

Physician. Editors must ensure that strong claims are not published unless there is supporting evidence. In particular, editors should prevent publication of assertions that claims are supported by evidence when they are not.

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Response

Dr Lexchin and colleagues correctly note that the data on the long-term benefits of antiobesity medications are perhaps not as robust as I made them out to be. There is no doubt that high dropout rates and lack of follow-ups are severe methodologic shortcomings of studies in this field. Nevertheless, from the long-term data available, weight maintenance (especially in per-protocol analyses) in participating individuals appears substantially superior to the nonpharmacologic controls of these studies.¹

A seemingly modest 5% to 10% reduction in body weight (achieved in most pharmacologic trials) is generally associated with clinically meaningful improvements in risk factors (of obesity) and quality-of-life indicators.²

The key challenges of pharmacotherapy are how to match the right patient with the right drug and how to ensure long-term compliance and adherence to the medication in order to maximize the benefits. Obesity is a remarkably heterogeneous condition; the expectation that any one drug will work for all patients with obesity is probably unrealistic.

I fully agree with Dr Lexchin and his colleagues that more research is needed to discover the best use of these medications; nonpharmacologic strategies are clearly unsuccessful in providing long-term control of this condition.³

—Arya M. Sharma MD PhD FRCPC

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Editor's response

Reviewing and preparing an article for publication is a multilayered process. Here are some of the steps:

- Step 1:** When a paper is submitted to *Canadian Family Physician (CFP)*, it undergoes initial review by the CFP Manuscript Coordinator to determine if the paper includes all the required information (as per author guidelines found on the CFP website at www.cfp.ca, under "Authors").
- Step 2:** The article is reviewed by the Editor and assigned to the appropriate Associate Editor.
- Step 3:** The Associate Editor undertakes an in-depth review of the submission and recommends if the paper should go on for further review or if it should be rejected.
- Step 4:** Depending on the type of paper (eg, research, clinical reviews, case reports), manuscripts will be submitted for peer review (usually to 2 to 5 peer reviewers).

Step 5: Some manuscripts will also undergo an in-depth assessment by a statistical reviewer.

Step 6: The Associate Editor makes a recommendation for either revisions or rejection, based on the peer review (if applicable), to the Editor, who reviews the paper and results of the peer review. A final decision is made.

Step 7: If a paper is returned to the author for revisions, the revised paper will undergo at least 2 more reviews at CFP. Some papers will also be sent out for another round of peer review, depending on the nature of the revisions.

Step 8: Once an article is accepted for publication, it is reviewed and edited by our in-house manuscript editors.

Step 9: When the in-house editorial process has been completed, the author(s) will have an opportunity to review the edited manuscript (galley).

Step 10: A final proofread of the manuscript takes place before publication.

Despite these many steps, sometimes mistakes are made. Dr Lexchin and colleagues correctly point out that there were several incompletely substantiated statements made in Dr Sharma's article. That is why the review process does not end at publication. Readers have an opportunity to participate in post-publication review, as Dr Lexchin and his colleagues have done.