Writing an invited commentary

ABSTRACT
An invited commentary is a short article that describes an author’s personal experience of a specific topic. Unlike a review article, the author gives his own opinions and perspectives. It typically addresses a current, hot and often controversial subject. It may take two formats, namely, provide an expert author's personal views of and insight into a current hot topic, or add balance to another paper being commented upon, with addition of the author’s own perspective.

Keywords: commentary, invited commentary, medical writing, opinion, perspective, scientific paper

INTRODUCTION
The invited commentary, also known as a commentary, is a short article that describes an author’s personal experience of a specific topic. The subject may be a controversial one, and the author’s perspective is provided. This type of paper should also outline the various viewpoints that exist. Invited commentaries are therefore quite different from review articles, with which they are often confused. Invited commentaries are usually invited by the editor. Only potential authors considered to be an expert on the subject would be so invited. Hence, being asked to contribute an invited commentary is usually regarded as an honour. However, writing a good commentary is difficult, and both experience and finesse are required. The invited commentator is expected to provide insight on a particular topic to the readership.

Invited commentaries may also be known by other names, depending on the house style of individual journals. For example, in Annals of Internal Medicine, they are known as Perspectives (defined as an “essay representing opinions, presenting hypothesis, or considering controversial issues”); in the American Journal of Roentgenology, they are called Opinions (defined as a “short article giving the author’s personal judgement on a controversial topic”); in the Canadian Association of Radiologists Journal, they are named simply as Essays (defined as a “short article dealing with controversial issues or current affairs relevant to journal readers, and which cannot be presented under other formats”); while in the Medical Journal of Australia, the “For Debate” article provides “discussion of a controversial topic and may consist of a longer article discussing a controversial issue or two shorter articles by authors with opposing views”. Therefore, for this category of paper, it is particularly important to carefully study the target journal’s Instructions to Authors and to construct the submitted manuscript exactly according to the prescribed guidelines.

STRUCTURE AND CONTENT
An invited commentary may be classified into two broad categories: it may be based on a current hot topic, or it may be commissioned to accompany an original paper on the same topic. A current hot topic may be a subject that is assessed by the editor as being currently important or relevant to journal readers, or one that is controversial as to require opposite or further views. The invited commentator is also expected to give a balanced overview on the subject and to discuss the different aspects and their relevance. The invited commentator should be aware of the journal readership and tailor his commentary accordingly.

Box 1. Types of invited commentaries:
1. Stand-alone commentary
   - highlights a controversial hot topic or essay presenting the author’s opinions/experience
   - provides the author’s perspective
2. Commentary accompanying an original paper
   - gives opposing viewpoints to provide a balanced overview
   - provides the author’s perspective

If the commentary is regarding an original paper published in the journal, it is incumbent on the invited commentator to be intimately familiar with the article and its references. If the paper projects a controversial
view, then the commentary may aim to give an opposing viewpoint to provide balance, so that readers who are less familiar with the subject are presented with both sides of the argument. In writing an invited commentary, there is potential for differences in opinion, expertise or experience. If there is controversy and debate on the subject of the review, commentators should not be afraid to express their personal views and opinions based on experience. It is also legitimate to provoke debate, if appropriate, where there is uncertainty. The commentator should however be particularly careful, especially if he does not agree with the paper being commented on, as the authors of the article commented upon may be given the opportunity to rebut the commentator’s views.

The structure of an invited commentary varies according to whether it is a stand-alone commentary or whether it was commissioned to accompany another article (usually an original article) in the same issue of the journal. There are also varying requirements, depending on the individual journal’s Instructions to Authors. In general, commentaries are short, with a small number of references limited to those used to support the author’s opinion. It usually has no an unstructured or no abstract. The latter may consist of only one to two paragraphs of text, including concluding sentences with a take-home message.

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**Box 3. Examples of different journal requirements for invited commentaries:**

<table>
<thead>
<tr>
<th>Journal</th>
<th>Word limit</th>
<th>References</th>
<th>Tables/figures</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am J</td>
<td>1,250</td>
<td>≤ 5</td>
<td>≤ 5</td>
<td></td>
</tr>
<tr>
<td>Roentgenol</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ann Intern Med</td>
<td>1,500</td>
<td>≤ 20</td>
<td>≤ 2</td>
<td>Unstructured abstract (≤ 175 words)</td>
</tr>
<tr>
<td>Lancet</td>
<td>700</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Br J Radiol</td>
<td>800–2,500</td>
<td>≤ 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can Assoc Radiol J</td>
<td>1,000</td>
<td>≤ 10</td>
<td>≤ 2</td>
<td></td>
</tr>
<tr>
<td>Med J Aust</td>
<td>1,500</td>
<td>25</td>
<td>Dot point abstract (≤ 250 words)</td>
<td></td>
</tr>
<tr>
<td>NEJM</td>
<td>900</td>
<td>≤ 10</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Box 4. Common problems with invited commentaries:**

- Resembles an invited review.
- Excessively long manuscript.
- Not focused.
- Too many references.
- No clear take-home message.
- Too many tables and illustrations.

**SUMMARY**

A well-written commentary should be short and clear, and typically addresses a current, hot and often controversial subject. It should provide an expert author’s personal opinions of and insight into a current hot topic, or add balance to another paper being commented upon, with addition of the author’s own perspective.

**Box 5. Take-home points:**

- An invited commentary should be short and focused.
- It may address a controversial topic.
- It provides an expert’s perspective on a current hot topic

**REFERENCES**

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
### Multiple Choice Questions (Code SMJ 201006A)

**Question 1.** The purpose of an invited commentary is to:
- (a) Report a previously undescribed clinical presentation in a single patient. [ ] [ ]
- (b) Appraise and synthesise the literature for a specific topic. [ ] [ ]
- (c) Describe a modification of an existing equipment. [ ] [ ]
- (d) Provide balance to another article appearing in the same journal issue. [ ] [ ]

**Question 2.** The structure of an invited commentary includes:
- (a) An optional introduction section. [ ] [ ]
- (b) A detailed results section. [ ] [ ]
- (c) A summary with a take-home message. [ ] [ ]
- (d) At least 75 references. [ ] [ ]

**Question 3.** The following statements about an invited commentary are true:
- (a) The topic discussed may be controversial. [ ] [ ]
- (b) An extensive literature review is required. [ ] [ ]
- (c) It should be short and focused. [ ] [ ]
- (d) A detailed description of statistical methods is required. [ ] [ ]

**Question 4.** The following are common problems with an invited commentary:
- (a) Indistinguishable from an invited review. [ ] [ ]
- (b) Too many references. [ ] [ ]
- (c) A large number of tables. [ ] [ ]
- (d) Author’s personal opinions are provided. [ ] [ ]

**Question 5.** The typical requirements for an invited commentary are:
- (a) Word count of 800–2500 words. [ ] [ ]
- (b) 5–25 references. [ ] [ ]
- (c) 20–30 figures. [ ] [ ]
- (d) Structured abstract of 300 words. [ ] [ ]

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**Doctor’s particulars:**

Name in full:   
MCR number:   Specialty:   
Email address:   

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**SUBMISSION INSTRUCTIONS:**

1. Log on at the SMJ website: [http://www.sma.org.sg/cme/smj](http://www.sma.org.sg/cme/smj) and select the appropriate set of questions.
2. Select your answers and provide your name, email address and MCR number. Click on “Submit answers” to submit.

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**RESULTS:**

1. Answers will be published in the SMJ August 2010 issue.
3. All online submissions will receive an automatic email acknowledgment.
4. Passing mark is 60%. No mark will be deducted for incorrect answers.
5. The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council.

**Deadline for submission:** (June 2010 SMJ 3B CME programme): 12 noon, 20 August 2010.