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**RE: CAY P, LEUNG B, CURLEWIS K, STONE A, ROPER T, RICKETTS D.  
QUOTATION ERRORS RELATED TO THE DISTAL RADIUS ACUTE FRACTURE  
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(ONLINE AHEAD OF PRINT)**

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## LETTER TO THE EDITOR-IN-CHIEF

Dear Editor,

We read with interest the recent paper by Cay and colleagues (Cay et al., 2021) that sought to examine the rate of quotation errors arising from articles referencing the Distal Radius Acute Fracture Fixation Trial (DRAFFT) (Costa et al., 2014). The authors defined a major quotation error as ‘one that was not substantiated by, was unrelated to or contradicted the findings of DRAFFT’ (Cay et al., 2021). We thank the authors for highlighting two articles from our centre that they defined as containing major quotation errors.

The articles from our centre were study protocols for prospective randomised trials of operative *versus* non-operative management, one relating to fractures of the humeral diaphysis (the HUmeral Shaft Fracture FIXation [HU-FIX] Study) (Oliver et al., 2019) and the other to associated medial malleolus fractures in unstable fractures of the ankle (the Medial malleolus: Operative Or Non-operative [MOON] Trial) (Carter et al., 2019). Both studies are deliberately pragmatic, leaving specific management decisions (relating to operative technique, postoperative immobilisation and physiotherapy input) to the discretion of the treating surgeon so that the results might be generalisable. As Cay and colleagues observed, both the HU-FIX Study and MOON Trial protocols reference DRAFFT after a summary of the pragmatic elements of those studies. We feel it was appropriate to cite DRAFFT in this way, given that DRAFFT is a large, randomised trial which also incorporated pragmatic elements into the design to improve the external validity of the findings. Indeed, we would commend the DRAFFT paper to Cay and colleagues as an excellent overview of the value of pragmatic randomised trials like the HU-FIX Study and MOON Trial. The paper details the pragmatic

nature of DRAFFT, with key aspects such as ‘the details of the surgery’, ‘the use or otherwise of a cast’ and ‘other rehabilitation input beyond the written information sheet’ all being left to the discretion of the treating surgeon(Costa et al., 2014). The DRAFFT Group explained their reason for doing so was ‘to ensure that the results of the trial could be generalised to as wide a group of patients as possible’(Costa et al., 2014).

The citation of the DRAFFT paper in our study protocols could not have been interpreted as relating to the clinical findings of DRAFFT, given that the reference was made in the context of study design in both instances. We would invite Cay and colleagues to consider that it is possible to cite a reference precisely because it relates to study design (or any other aspect of a study), even if it does not relate to the study findings. Moreover, while it is unrealistic to expect quotation errors will never occur in academic literature, we suggest authors may wish to communicate with other centres directly if they are uncertain about the context or nuance of a cited reference. This may be preferable to inappropriately ascribing major quotation errors and then publicising those assertions to the wider orthopaedic community.

*Word count: 483/500*

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