

Our Ref: ALM-000002684: SK

Thursday, 5 May 2022

Dr Mohamed Helmy

Email: helmy.m@gmail.com; helmy.m@protonmail.com



Dear Dr Helmy,

RE: PRELIMINARY ASSESSMENT – DISMISSAL OF COMPLAINT

1. On 18 January 2021, the Conduct and Integrity Office received your complaint outlining concerns around various stroke and Alzheimer's disease studies which had been conducted at various institutions ('the Complaint').
2. The Complaint contained a series of allegations regarding UNSW Researchers, including:
 - (a) Allegation 1: Misleading content and/or conclusions and duplicate publication regarding Yatawara C, Guevarra A, Ng KP, Chander R, Kandiah N. Interactions Between Acute Infarcts and Cerebrovascular Pathology Predict Poststroke Dementia. *Alzheimer Dis Assoc Disord.* 2020 Jul-Sep;34(3):206-211. doi: 10.1097/WAD.0000000000000384. PMID: 32483018.
 - (b) Allegation 2: Misleading content and/or conclusions, duplicate publication, and data falsification regarding Yatawara C, Guevarra AC, Ng KP, Chander R, Lam BYK, Wong A, Mok V, Kandiah N. The role of cerebral microbleeds in the incidence of post-stroke dementia. *J Neurol Sci.* 2020 May 15;412:116736. doi: 10.1016/j.jns.2020.116736. Epub 2020 Feb 15. PMID: 32088471.
 - (c) Allegation 3: Duplicate publication of Wong FCC, Yatawara C, Low A, Foo H, Wong BYX, Lim L, Wang B, Kumar D, Ng KP, Kandiah N. Cerebral Small Vessel Disease Influences Hippocampal Subfield Atrophy in Mild Cognitive Impairment. *Transl Stroke Res.* 2021 Apr;12(2):284-292. doi: 10.1007/s12975-020-00847-4. Epub 2020 Sep 7. PMID: 32894401.
 - (d) Allegation 4: Misleading content and/or conclusions and duplicate publication regarding Low A, Ng KP, Chander RJ, Wong B, Kandiah N. Association of Asymmetrical White Matter Hyperintensities and Apolipoprotein E4 on Cognitive Impairment. *J Alzheimers Dis.* 2019;70(3):953-964. doi: 10.3233/JAD-190159. PMID: 31306121.
 - (e) Allegation 5: Possible misconduct by a collaborator regarding Lo JW, Crawford JD, Desmond DW, Godefroy O, Jokinen H, Mahinrad S, Bae HJ, Lim JS, Köhler S, Douven E, Staals J, Chen C, Xu X, Chong EJ, Akinyemi RO, Kalaria RN, Ogunniyi A, Barbay M, Roussel M, Lee BC, Srikanth VK, Moran C, Kandiah N, Chander RJ, Sabayan B, Jukema JW, Melkas S, Erkinjuntti T, Brodaty H, Bordet R, Bombois S, Hénon H, Lipnicki DM, Kochan NA, Sachdev PS; Stroke and Cognition (STROKOG) Collaboration. Profile of and risk factors for poststroke cognitive impairment in diverse ethnoregional groups.

Neurology. 2019 Dec 10;93(24):e2257-e2271. doi: 10.1212/WNL.0000000000008612. Epub 2019 Nov 11. PMID: 31712368; PMCID: PMC6937495.

- (f) Allegation 6: Possible misconduct by a collaborator regarding Lo JW, Crawford JD, Samaras K, Desmond DW, Köhler S, Staals J, Verhey FRJ, Bae HJ, Lee KJ, Kim BJ, Bordet R, Cordonnier C, Dondaine T, Mendyk AM, Lee BC, Yu KH, Lim JS, Kandiah N, Chander RJ, Yatawara C, Lipnicki DM, Sachdev PS; STROKOG Collaboration*. Association of Prediabetes and Type 2 Diabetes With Cognitive Function After Stroke: A STROKOG Collaboration Study. *Stroke*. 2020 Jun;51(6):1640-1646. doi: 10.1161/STROKEAHA.119.028428. Epub 2020 May 14. PMID: 32404039.
- (g) Allegation 7: Misleading content and/or conclusions and duplicate publication regarding Guevarra AC, Ng SC, Saffari SE, Wong BYX, Chander RJ, Ng KP, Kandiah N. Age Moderates Associations of Hypertension, White Matter Hyperintensities, and Cognition. *J Alzheimers Dis*. 2020;75(4):1351-1360. doi: 10.3233/JAD-191260. PMID: 32417773.
- (h) Allegation 8: Misleading content and/or conclusions and duplicate publication regarding Lo JW, Crawford JD, Desmond DW, Godefroy O, Jokinen H, Mahinrad S, Bae HJ, Lim JS, Köhler S, Douven E, Staals J, Chen C, Xu X, Chong EJ, Akinyemi RO, Kalaria RN, Ogunniyi A, Barbay M, Roussel M, Lee BC, Srikanth VK, Moran C, Kandiah N, Chander RJ, Sabayan B, Jukema JW, Melkas S, Erkinjuntti T, Brodaty H, Bordet R, Bombois S, Hénon H, Lipnicki DM, Kochan NA, Sachdev PS; Stroke and Cognition (STROKOG) Collaboration. Profile of and risk factors for poststroke cognitive impairment in diverse ethnoregional groups. *Neurology*. 2019 Dec 10;93(24):e2257-e2271. doi: 10.1212/WNL.0000000000008612. Epub 2019 Nov 11. PMID: 31712368; PMCID: PMC6937495.
- (i) Allegation 9: Misleading content and/or conclusions and duplicate publication regarding Lo JW, Crawford JD, Samaras K, Desmond DW, Köhler S, Staals J, Verhey FRJ, Bae HJ, Lee KJ, Kim BJ, Bordet R, Cordonnier C, Dondaine T, Mendyk AM, Lee BC, Yu KH, Lim JS, Kandiah N, Chander RJ, Yatawara C, Lipnicki DM, Sachdev PS; STROKOG Collaboration*. Association of Prediabetes and Type 2 Diabetes With Cognitive Function After Stroke: A STROKOG Collaboration Study. *Stroke*. 2020 Jun;51(6):1640-1646. doi: 10.1161/STROKEAHA.119.028428. Epub 2020 May 14. PMID: 32404039.
- (j) Allegation 10: Misleading content and/or conclusions and duplicate publication regarding Tang EYH, Price CI, Robinson L, Exley C, Desmond DW, Köhler S, Staals J, Yin Ka Lam B, Wong A, Mok V, Bordet R, Bordet AM, Dondaine T, Lo JW, Sachdev PS, Stephan BCM; STROKOG Collaboration. Assessing the Predictive Validity of Simple Dementia Risk Models in Harmonized Stroke Cohorts. *Stroke*. 2020 Jul;51(7):2095-2102. doi: 10.1161/STROKEAHA.120.027473. Epub 2020 Jun 17. PMID: 32568644; PMCID: PMC7306263.
- (k) Allegation 11: Misleading content and/or conclusions and duplicate publication regarding Sachdev PS, Lo JW, Crawford JD, Mellon L, Hickey A, Williams D, Bordet R, Mendyk AM, Gelé P, Deplanque D, Bae HJ, Lim JS, Brodtmann A, Werden E, Cumming T, Köhler S, Verhey FR, Dong YH, Tan HH, Chen C, Xin X, Kalaria RN, Allan LM, Akinyemi RO, Ogunniyi A, Klimkowicz-Mrowiec A, Dichgans M, Wollenweber FA, Zietemann V, Hoffmann M, Desmond DW, Linden T, Blomstrand C, Fagerberg B, Skoog I, Godefroy O, Barbay M, Roussel M, Lee BC, Yu KH, Wardlaw J, Makin SJ, Doubal FN, Chappell FM, Srikanth VK, Thrift AG, Donnan GA, Kandiah N, Chander RJ,

Lin X, Cordonnier C, Moulin S, Rossi C, Sabayan B, Stott DJ, Jukema JW, Melkas S, Jokinen H, Erkinjuntti T, Mok VC, Wong A, Lam BY, Leys D, Hénon H, Bombois S, Lipnicki DM, Kochan NA; STROKOG. STROKOG (stroke and cognition consortium): An international consortium to examine the epidemiology, diagnosis, and treatment of neurocognitive disorders in relation to cerebrovascular disease. *Alzheimers Dement (Amst)*. 2016 Nov 18;7:11-23. doi: 10.1016/j.dadm.2016.10.006. PMID: 28138511; PMCID: PMC5257024.

3. On 19 May 2021, as the Designated Officer under the **UNSW Research Misconduct Procedure v2.0** ('**Research Misconduct Procedure**', ATTACHMENT A), I determined that the complaint should proceed to a Preliminary Assessment. I assigned Cameron Smith as the Assessment Officer (AO).
4. On 20 May 2021, Dimitrios Pandioras, Case Manager, wrote to you requesting clarification about the scope of your complaint.
5. On 27 May 2021, you requested that some of the allegations which were outlined to you for confirmation by Mr Pandioras (allegations 5, 6, and 10) be dismissed.
6. On 7 June 2021, I dismissed allegations 5, 6, and 10 and on 8 June 2021, you were notified of the same.
7. During 2021, the AO confirmed that Nanyang Technological University and the University of Singapore had also received the complaints and in turn dismissed the allegations.
8. On 31 March 2022, the role of Assessment Officer was reallocated to Shaun Khoo due to staffing changes within the CIO and you were notified of this change.
9. On 8 April 2022, the AO wrote to you outlining his plan to submit a recommendation to me, as DO, to dismiss the complaint. You were invited to make any further submissions you considered relevant. You were also provided with detailed reasoning of the AO's rationale for the recommendation to dismiss the allegations (see ATTACHMENT B).
10. Having received no response, the AO again wrote to you on 20 April 2022 requesting any further submissions.
11. Having received no response, on 28 April 2022, the AO wrote to me recommending that the complaint be dismissed under section 3.7 of the Research Misconduct Procedure. The AO's rationale for dismissal is described in ANNEXURE A.
12. On 28 April, I accepted the AO's recommendation and dismissed the complaint. This letter constitutes notification to you of the outcome of UNSW's consideration of your complaint under the UNSW Research Misconduct Procedure.
13. This is a **strictly confidential** process and I ask you to continue to maintain confidentiality in relation to this matter. **You are not permitted to disseminate or publish any documentation or information you have received from the UNSW CIO, including on any public platform in any format.** Please do not discuss this matter with anybody else unless they have a legitimate reason to know. Confidentiality obligations extend to any person whom you believe has a legitimate reason to know, or whom you nominate as a

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legitimate support person. Should you have any questions about confidentiality obligations please contact our office for advice.

14. If you have any questions regarding this correspondence please contact me at research.integrity@unsw.edu.au.
15. Please **acknowledge receipt** of this correspondence.
16. The dismissal of this complaint is the final step in this matter which is now concluded.

Yours sincerely,

Yim Chan
Deputy Director
UNSW Conduct & Integrity

ANNEXURE A

I have accepted the below rationale of the AO in support of the dismissal of the Complaint:

- (a) Allegation 1: The complaint only alleged that a series of papers were “at best poorly aligned, at worst self-contradictory”. Conflicting, poorly aligned, or even contradictory results between publications do not amount to misleading dissemination of research under the **UNSW Research Code of Conduct**. Principle 1 (Honesty) found in the **UNSW Research Code of Conduct** requires UNSW researchers to truthfully and accurately report their results, even if these results conflicted with their own prior studies or conclusions.

The AO’s review of paper’s contents and results from plagiarism detection software did not identify overlap with previously published results, indicating that it was not a duplicate publication.

- (b) Allegation 2: The complaint only alleged that a series of papers were “at best poorly aligned, at worst self-contradictory”. Conflicting, poorly aligned, or even contradictory results between publications do not amount to misleading dissemination of research under the **UNSW Research Code of Conduct**. Principle 1 (Honesty) found in the **UNSW Research Code of Conduct** requires UNSW researchers to truthfully and accurately report their results, even if these results conflicted with their own prior studies or conclusions.

The AO’s review of paper’s contents and results from plagiarism detection software did not identify overlap with previously published results, indicating that it was not a duplicate publication.

The AO also found that there was no evidence of data falsification. The complaint, citing Knudsen et al. (2001; doi: 10.1212/wnl.56.4.537), alleged that the paper “(falsely) applies post-mortem Boston criteria to (unknown) imaging criteria in living persons.” However, the AO’s review of the paper and Knudsen et al. (2001) found that Knudsen et al. (2001) did not suggest that the Boston criteria could only be used on post-mortem tissue, but that Knudsen et al. (2001) had “performed clinical-pathologic correlation” and concluded that “the diagnosis of probable CAA can be made during life with high accuracy”.

- (c) Allegation 3: The AO reviewed the paper and was able to identify clear differences between it and other publications, for example, in the design of the study and its participants and results. Furthermore, plagiarism detection software did not indicate any substantial textual overlap that would indicate plagiarism or a duplicate publication.

- (d) Allegation 4: The complaint mentioned the paper but only described its results. The complaint did not provide any evidence of any misleading reporting within the paper, nor would differences between the paper and other studies amount to misleading conduct or dissemination of research.

The AO reviewed the paper and results from plagiarism detection software and no evidence of duplicate publication was found. The AO noted that it was the only paper cited in the complaint that referred to “asymmetry”.

- (e) Allegation 5: This allegation was dismissed at your request.
- (f) Allegation 6: This allegation was dismissed at your request.
- (g) Allegation 7: The complaint did not identify what was misleading within this paper. The complaint only alleged that a series of papers were “at best poorly aligned, at worst self-contradictory”. Conflicting, poorly aligned, or even contradictory results between publications do not amount to misleading dissemination of research under the **UNSW Research Code of Conduct**. Principle 1 (Honesty) found in the **UNSW Research Code of Conduct** requires UNSW researchers to truthfully and accurately report their results, even if these results conflicted with their own prior studies or conclusions.

The AO reviewed the paper and results from plagiarism detection software and no evidence of duplicate publication was found.

- (h) Allegation 8, 9, and 11: The AO noted that you had, in an email on 27 May 2021, described some of the authors as “forthright”, claiming that they “acted ethically and scientifically”, and describing the articles covered by these allegations as “important contributions to the scientific record” and “of exemplary nature and exceptional quality”.

The AO further reviewed the complaint regarding the paper(s) and their reliance on two previous studies: Dong et al. (2012; doi: 10.1136/jnnp-2011-302070) and Kandiah et al. (2011; doi: 10.1016/j.jns.2011.07.013). Regarding Dong et al. (2012) the findings were summarised but never mentioned again.

Regarding Kandiah et al. (2011), the criticisms in the complaint amounted to, at most, differences of scientific opinion and interpretation. Further details are given below:

- i. The complaint cited Debette and Markus (2010; doi: 10.1136/bmj.c3666) to argue “that white matter hyperintensity was (is?) an incidental finding, meaning MRI is not prescribed or indicated for the putative presence of white matter hyperintensities”. However, Debette and Markus (2010) explicitly identify both clinical and research implications, “In terms of research, white matter hyperintensities could constitute a potentially useful intermediate marker for the identification of new risk factors for stroke and dementia.”
- ii. The complaint cites Fazekas et al. (1987; doi: 10.2214/ajr.149.2.351) which stated that reports on MRI and dementia were “anecdotal and controversial”, but the AO noted that Fazekas et al. (1987) also stated “More information is needed to evaluate fully the potential of MR in the diagnosis of dementia” which would seemingly validate doing more research studies like Kandiah et al. (2011).
- iii. The complaint makes criticisms of Kandiah et al. (2011) for not defining an abbreviation (DSCH), but the AO noted that this appeared to be a typographical error because it could be cross-referenced with statistical results for DWMH in Table 2.
- iv. The complaint questioned the use of the term “white matter disease” and whether this terminology would place the topic of the paper within its own exclusion criteria. The AO noted that a term like “disease” can have a wide range of meanings, depending on the audience and context, varying from any kind of pathology to specific conditions defined by diagnostic standards, such as the World Health Organization’s International Classification of Diseases.

The AO also reviewed Dong et al. (2012) and Kandiah et al. (2011) for duplicate publication and found no evidence of duplicate publication. Therefore, the AO suggested that citing or relying on these two papers could not possibly amount to a breach of the ***UNSW Research Code of Conduct***.

- (i) Allegation 10: This allegation was dismissed at your request.