

Choosing topics and drafting biomedical scholarly papers: An innovative and systematic approach

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Associate Professor of Medicine

Member, World Association of Medical Editors

Organizations developing standards of science writing



Enhancing the QUALity and
Transparency Of health
Research



Guidance on writing and structuring



CSE's White Paper on Promoting Integrity in Scientific Journal Publications, 2012 Update

http://www.councilscienceeditors.org/wp-content/uploads/entire_whitepaper.pdf

Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

Updated December 2016

2. Who Is an Author?

The ICMJE recommends that authorship be based on the following 4 criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

B. Author Responsibilities—Conflicts of Interest

Public trust in the scientific process and the credibility of published articles depend in part on how transparently conflicts of interest are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.

2. Reporting Guidelines

Reporting guidelines have been developed for different study designs; examples include CONSORT (www.consort-statement.org) for randomized trials, STROBE for observational studies (<http://strobe-statement.org/>), PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org/>), and STARD for studies of diagnostic

III. Statistics

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to judge its appropriateness for the study and to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as *P* values, which fail to convey important information about

g. References

1. General Considerations

Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Although references to review articles can be



Statement on Publication Ethics for Editors and Publishers

- Publication ethics papers are presented by CSE, COPE, ICMJE.
- ✓ **ETHICAL PUBLISHING AND POST-PUBLICATION COMMUNICATION:** --Authorship disclosures, ORCID; --Responsibility for the integrity of the works and post-publication communication; --Acknowledgments; --Peer review; --Conflicts of interest; --Research misconduct; --Corrections and retractions; --Referencing and citing; --Journal impact metrics; --Ethical research and publishing environment; --Predatory publishing.



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Too often, good research evidence is undermined by poor quality reporting.

The EQUATOR Network is an international initiative that seeks to improve reliability and value of medical research literature by promoting transparent and accurate reporting of research studies.

PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)



PRISMA

TRANSPARENT REPORTING of SYSTEMATIC REVIEWS and META-ANALYSES



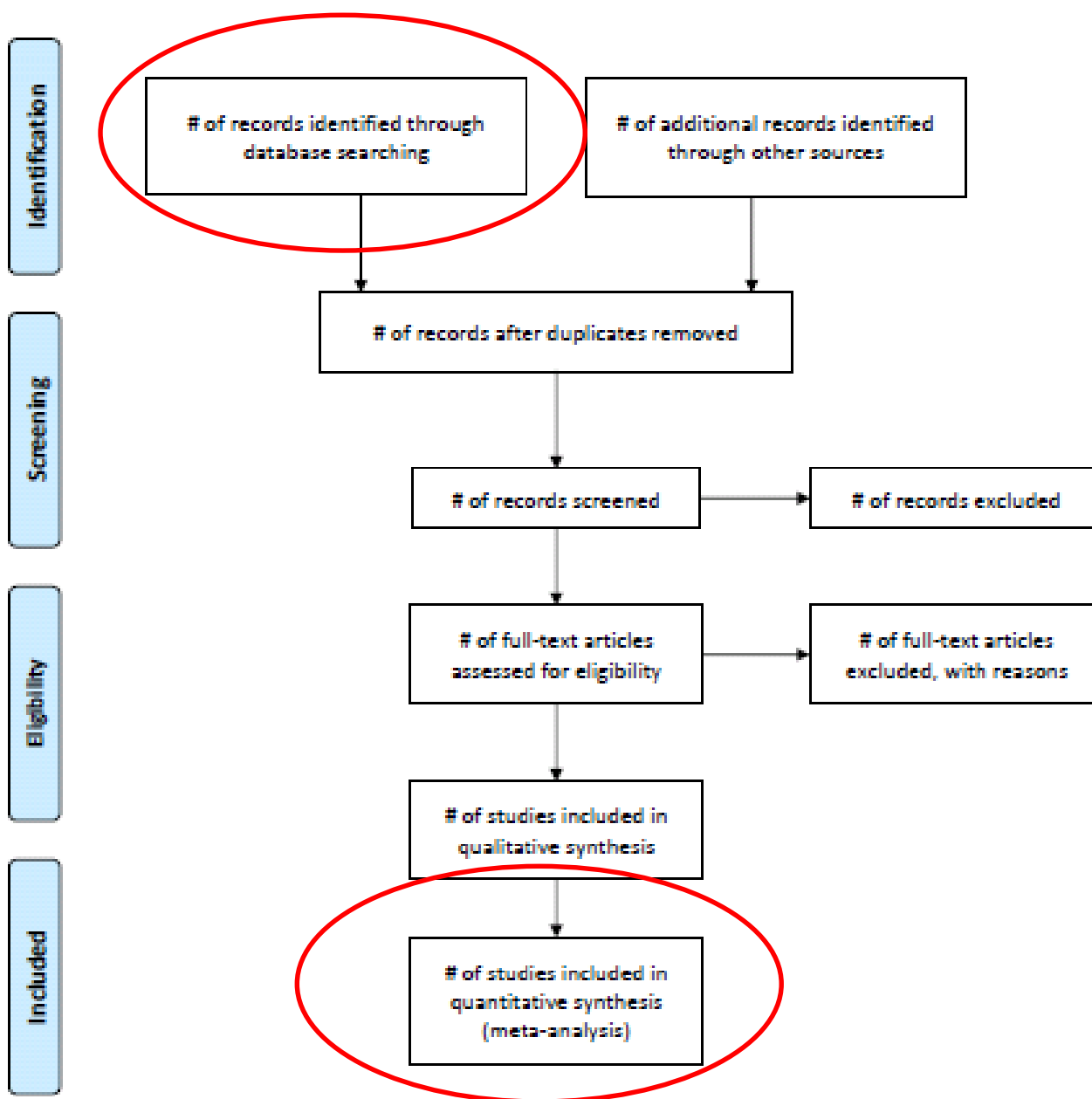
PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	

ABSTRACT			
Structured summary			
INTRODUCTION			
Rationale			
Objectives			
METHODS			
Protocol and registration			
Eligibility criteria			
Information sources			
Search			
Study selection			
Data collection process			
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	



PRISMA 2009 Flow Diagram





Topic	Item	Checklist item description	Reported on Page
Title	1	The words "case report" should be in the title along with what is of greatest interest in this case	_____
Key Words	2	The key elements of this case in 2 to 5 key words	_____
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	_____
	3b	The main symptoms of the patient and the important clinical findings	_____
	3c	The main diagnoses, therapeutics interventions, and outcomes	_____
	3d	Conclusion—What are the main "take-away" lessons from this case?	_____
Introduction	4	Brief background summary of this case referencing the relevant medical literature	_____
Patient Information	5a	Demographic information (such as age, gender, ethnicity, occupation)	_____
	5b	Main symptoms of the patient (his or her chief complaints)	_____
	5c	Medical, family, and psychosocial history including co-morbidities, and relevant genetic information ..	_____
	5d	Relevant past interventions and their outcomes	_____
Clinical Findings	6	Describe the relevant physical examination (PE) findings	_____
Timeline	7	Depict important milestones related to your diagnoses and interventions (table or figure)	_____
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, questionnaires)	_____
	8b	Diagnostic challenges (such as financial, language, or cultural)	_____
	8c	Diagnostic reasoning including other diagnoses considered	_____
	8d	Prognostic characteristics (such as staging in oncology) where applicable	_____
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care)	_____
	9b	Administration of intervention (such as dosage, strength, duration)	_____
	9c	Changes in intervention (with rationale)	_____
Follow-up and Outcomes	10a	Clinician-assessed outcomes and when appropriate patient-assessed outcomes	_____
	10b	Important follow-up test results	_____
	10c	Intervention adherence and tolerability (How was this assessed?)	_____
	10d	Adverse and unanticipated events	_____
Discussion	11a	Discussion of the strengths and limitations in the management of this case	_____
	11b	Discussion of the relevant medical literature	_____
	11c	The rationale for conclusions (including assessment of possible causes)	_____
	11d	The main "take-away" lessons of this case report	_____
Patient Perspective	12	Did the patient share his or her perspective or experience? (Include when appropriate)	_____
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes <input type="checkbox"/> No <input type="checkbox"/>

Examples of titles

Literature Review

Web-based distance learning for nurse education: a systematic review

S. Du¹ Master Degree, **Z. Liu¹** Master Degree, **S. Liu⁴** Bachelor Degree, **H. Yin¹** Master Degree, **G. Xu²** PhD, **H. Zhang¹** PhD & **A. Wang³** PhD Candidate

Rheumatol Int (2015) 35:393–404
DOI 10.1007/s00296-014-3141-9

Rheumatology
INTERNATIONAL

REVIEW ARTICLE - CLINICAL TRIALS

Physical activity in spondyloarthritis: a systematic review

Tom O'Dwyer · Finbar O'Shea · Fiona Wilson

Titles in Russian articles

Scopus

97 document results

TITLE-ABS-KEY ("platelets" AND "russia")

Klinicheskaja laboratornaja diagnostika

Volume 61, Issue 1, 1 January 2016, Pages 46-48

THE REFERENCE VALUES OF AGGREGATION OF PLATELETS IN ADULT POPULATION OF THE ASTRAKHAN OBLAST USING AGGREGOMETER MULTIPLATE (Article)

Petrova, O.V., Shashin, S.A., Tarasov, D.G., Jukova, E.R., Panova, E.V., Gracheva, N.P.


Abstract

The modern international standards recommend each laboratory to develop or to confirm available in literature the reference intervals for every laboratory indicator. In the Astrakhanskaja oblast, sampling of 128 healthy males and females were examined for aggregation function of thrombocytes using impedance technique and applying aggregometer Multiplate ("Verum Diagnostica", Germany). The study used as inducers peptide activating receptor of thrombin; arachidonic and adenosine diphosphoric acids. The reference range of aggregation of thrombocytes with peptide activating receptor of thrombin, at aggregometer Multiplate, in healthy population of the Astrakhanskaja oblast made up to 815.2-1498.4 AU/min, with arachidonic acid--660-1341 AU/min. with adenosine diphosphoric acid--598-1120 AU/min.

Terapevticheskii Arkhiv

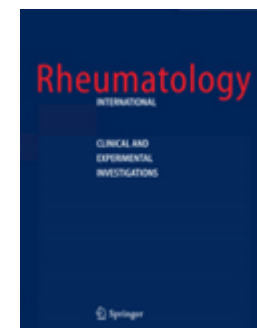
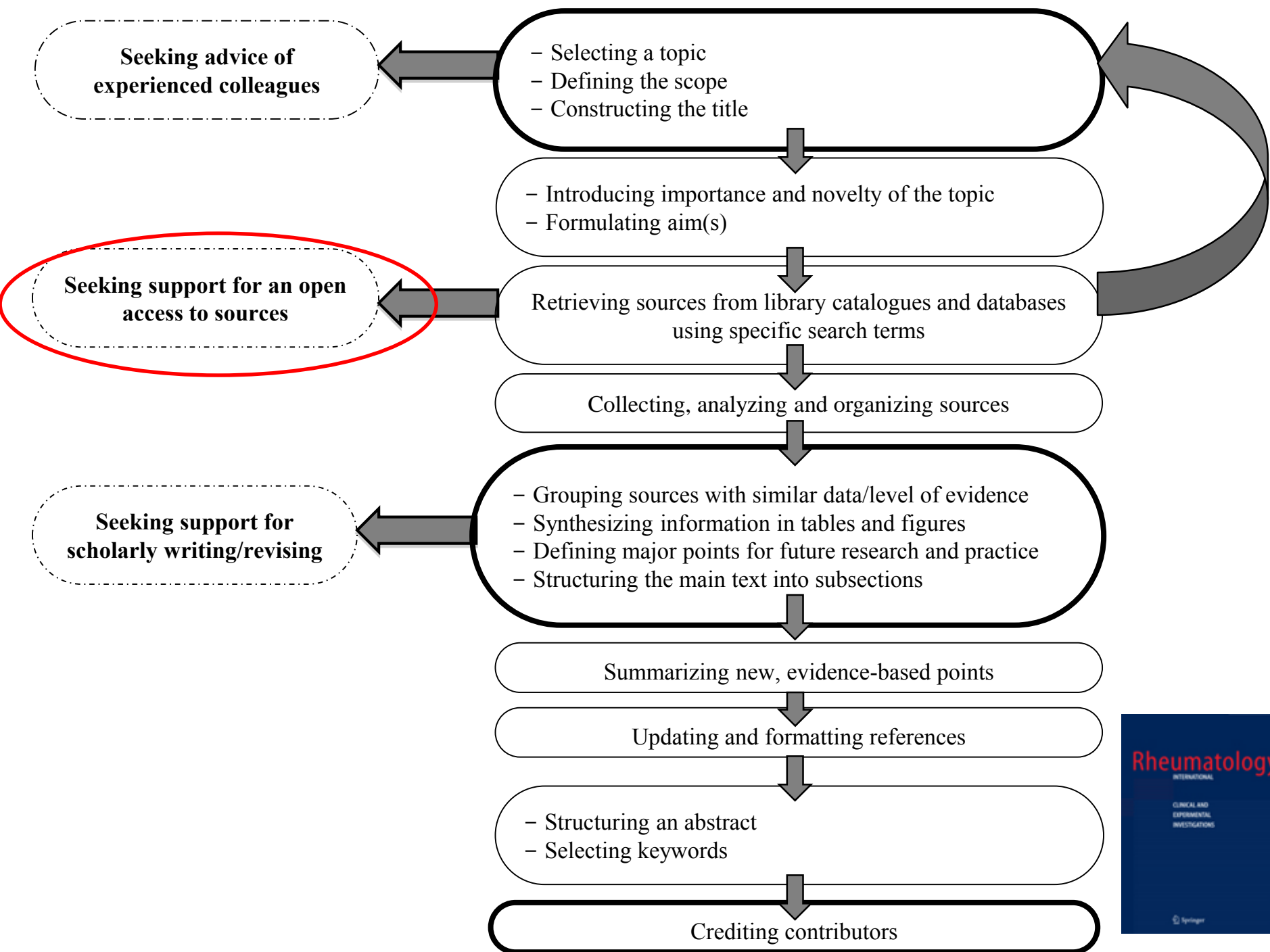
Volume 88, Issue 7, 2016, Pages 25-30

Diagnosis of latent polycythemia vera: A clinician's opinion (Review)

Melikian, A.L.^a , Subortseva, I.N.^a, Kovrigina, A.M.^a, Kolosheynova, T.I.^a, Abdullaev, A.O.^a, Kuznetsova, P.I.^b, Sudarikov, A.B.^a, Kulikov, S.M.^a

^a National Research Center for Hematology, Ministry of Health of Russia, Moscow, Russian Federation

^b Neurology Research Center, Ministry of Health of Russia, Moscow, Russian Federation



SPECIAL ARTICLE

Medicine General & Social Medicine

JKMS

<http://dx.doi.org/10.3346/jkms.2013.28.9.1270> • *J Korean Med Sci* 2013; 28: 1270-1275

Multidisciplinary Bibliographic Databases

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3763098/pdf/jkms-28-1270.pdf>



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SPECIAL ARTICLE

Editing, Writing & Publishing

JKMS

<http://dx.doi.org/10.3346/jkms.2016.31.5.660> • *J Korean Med Sci* 2016; 31: 660-673

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4835589/pdf/jkms-31-660.pdf>

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TITLE-ABS-KEY ("rheumatoid arthritis" AND "platelets")

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Ferluga, J., Kouser, L.,
Murugaiah, V., Sim,
R.B., Kishore, U.

2017

Molecular Immunology
84, pp. 84-106

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<input type="checkbox"/> 1	Neutrophil extracellular traps in neuropathy with anti-neutrophil cytoplasmic autoantibody-associated microscopic polyangiitis	Takeuchi, H., Kawasaki, T., Shigematsu, K., Kawamura, K., Oka, N.	2017	Clinical Rheumatology 36(4), pp. 913-917	0

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


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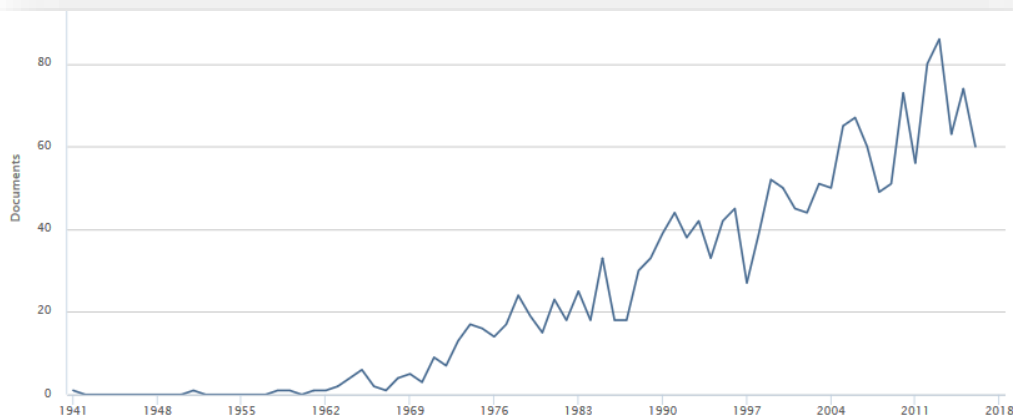
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	Document title	Authors	Year	Source	Cited by
<input type="checkbox"/> 1	NETosis as source of autoantigens in rheumatoid arthritis	Corsiero, E., Pratesi, F., Prediletto, E., Bombardieri, M., Migliorini, P.	2016	Frontiers in Immunology 7(NOV),485 Open Access	0

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TITLE-ABS-KEY ("rheumatoid arthritis" AND "platelets")

	Document title	Authors	Year	Source	Cited by
<input type="checkbox"/> 1	IL-17 and Th17 cells	Korn, T., Bettelli, E., Oukka, M., Kuchroo, V.K.	2009	Annual Review of Immunology 27, pp. 485-517	2314
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<input type="checkbox"/> 2	Omega-3 fatty acids in health and disease and in growth and development	Simopoulos, A.P.	1991	American Journal of Clinical Nutrition 54(3), pp. 438-463	1478
View abstract <input type="checkbox"/>					
<input type="checkbox"/> 3	Interleukin-6 in biology and medicine	Akira, S., Taga, T., Kishimoto, T.	1993	Advances in Immunology 54, pp. 1-78	1036



Source	Documents
<input checked="" type="checkbox"/> Journal Of Rheumatology	69
<input checked="" type="checkbox"/> Annals Of The Rheumatic Dis...	56
<input checked="" type="checkbox"/> Scandinavian Journal Of Rhe...	34
<input checked="" type="checkbox"/> Rheumatology	32
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| <input type="checkbox"/> Controlled Study | (469) > | <input type="checkbox"/> Synovial Membrane |
| <input type="checkbox"/> Aged | (393) > | <input type="checkbox"/> Support, Non-U.S. Gov't |
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1. [Platelets in rheumatoid arthritis: exploring the anti-inflammatory and antithrombotic potential of TNF inhibitors.](#)
Gasparyan AY, Kitas GD.
Ann Rheum Dis. 2016 Aug;75(8):1426-7. doi: 10.1136/annrheumdis-2015-208720. Epub 2016 Apr 4. No abstract available.
PMID: 27045106
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[Indomethacin in rheumatoid arthritis: clinical effects, pharmacokinetics, and platelet studies in responders and nonresponders.](#)
Baber N, Halliday LD, van den Heuvel WJ, Walker RW, Sibeon R, Keenan JP, Littler T, Orme ML.
Ann Rheum Dis. 1979 Apr;38(2):128-36.
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☐ [Pre-treatment clinical assessment in head and neck cancer: United Kingdom National](#)

1. [Multidisciplinary Guidelines.](#)

Robson A, Sturman J, Williamson P, Conboy P, Penney S, Wood H.

J Laryngol Otol. 2016 May;130(S2):S13-S22.

PMID: 27841110

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☐ [National Lipid Association Recommendations for Patient-Centered Management of](#)

2. [Dyslipidemia: Part 2.](#)

Jacobson TA, Maki KC, Oringer CE, Jones PH, Kris-Etherton P, Sikand G, La Forge P.

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Web of Science (SCI)

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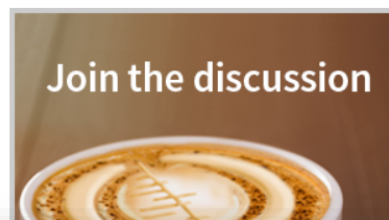
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The *Cochrane Database of Systematic Reviews (CDSR)* is the leading resource for systematic reviews in health care. The *CDSR* includes **Cochrane Reviews** (the systematic reviews) and protocols for Cochrane Reviews as well as editorials. The *CDSR* also has occasional supplements. The *CDSR* is updated regularly as Cochrane Reviews are published 'when ready' and form monthly issues; see [publication schedule](#).

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- ☐ [Population-level interventions in government jurisdictions for dietary sodium reduction.](#)
1. McLaren L, Sumar N, Barberio AM, Trieu K, Lorenzetti DL, Tarasuk V, Webster J, Campbell NR.
Cochrane Database Syst Rev. 2016 Sep 16;9:CD010166. [Epub ahead of print] Review.
PMID: 27633834
- ☐ [Pain-relieving agents for infantile colic.](#)
2. Biagioli E, Tarasco V, Lingua C, Moja L, Savino F.
Cochrane Database Syst Rev. 2016 Sep 16;9:CD009999. [Epub ahead of print] Review.
PMID: 27631535
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☐ [Rituximab for rheumatoid arthritis.](#)

9. Lopez-Olivo MA, Amezaga Urruela M, McGahan L, Pollono EN, Suarez-Almazor ME.
Cochrane Database Syst Rev. 2015 Jan 20;1:CD007356. doi: 10.1002/14651858.CD007356.pub2. Review.
PMID: 25603545
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☐ [Sulfasalazine for ankylosing spondylitis.](#)

10. Chen J, Lin S, Liu C.
Cochrane Database Syst Rev. 2014 Nov 27;(11):CD004800. doi: 10.1002/14651858.CD004800.pub3. Review.
PMID: 25427435
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Rituximab for rheumatoid arthritis (Review)

Lopez-Olivo MA, Amezaga Urruela M, McGahan L, Pollono EN, Suarez-Almazor ME

AUTHORS' CONCLUSIONS: Evidence from eight studies suggests that rituximab (two 1000 mg doses) in combination with methotrexate is significantly more efficacious than methotrexate alone for improving the symptoms of RA and preventing disease progression.

Specialist databases

- **Chemical Abstract Service (CAS)**

<https://www.cas.org/>



- **International Pharmaceutical Abstracts**

<http://www.proquest.com/products-services/ipa-set-c.html>



- **Information Services for Physics, Electronics, and Computing**

<http://www.theiet.org/resources/inspec/>



- **AGRICOLA**

(AGRICultural OnLine Access)

<http://agricola.nal.usda.gov/>



- **GeoRef**

www.americangeosciences.org/georef/

- **ERIC (Education Resources Information Center)**

<http://eric.ed.gov/>

Example of search strategy

THE LANCET

Search strategy and selection criteria

We searched the Cochrane Library (2000–09), Medline (2000–09), and Embase (2000–09). We used the search term “rheumatoid arthritis” in combination with terms relevant for every section of the article, including: “cytokines”, “auto-antibodies”, “genetic risk factors”, “prevalence”, “incidence”, “assessments”, “outcome measures”, “co-morbidities”, and every specific treatment approach. We mainly selected publications from the past 5 years, although we did not exclude commonly referenced and highly regarded older publications. We also searched the reference lists of articles identified by this search strategy and selected those we judged relevant. We selected high-quality systematic reviews in preference to individual studies. Other review articles and books were cited to provide readers with more details and references than this Seminar can accommodate.

Hepatic Shock Differential Diagnosis and Risk Factors: A Review Article

Hassan Soleimanpour,¹ Saeid Safari,² Farzad Rahmani,³ Arezu Nejabatian,⁴ and Seyed Moayed Alavian^{5,6,*}

2. Evidence Acquisition

To gather relevant articles we used most reliable evidences about hepatic shock or ischemic hepatitis. At first we searched for systematic review articles, clinical trials, original articles, books and used reputable internet databases such as PubMed, Scopus, Index Copernicus, DOAJ, EBSCO-CINAHL, Science direct, Cochrane library and Google scholar and Iranian search database like SID and Iranmedex. We used keywords such as hepatitis, liver injury, shock, liver function disorder and ischemic hepatitis.

Inclusion criteria for this study were all studies about hepatic dysfunction due to various causes such as hypoxia, respiratory disorders, circulation disorders, drugs, trauma and infection. Studies published in other languages except English, were excluded from our study. All studies were analyzed by authors and their quality assessed; unrelated articles or articles with low quality excluded from



Structuring reviews

- **Unbiased search. Retrieve sources with strong evidence from PubMed/WoS**
- **Consider highly-cited sources**
- **Look at the reference lists in Scopus, SpringerLink**
- **Dates**
- **Contact authors of some papers**
- **Do not cite unpublished sources, textbooks, congress abstracts, dissertations, not peer-reviewed magazines and newspaper articles**

How to find keywords

Format: Abstract ▾

Rheumatology (Oxford). 2015 Jul;54(7):1226-35. doi: 10.1093/rheumatology/keu460.

Cost-effectiveness of TNF inhibitors vs rheumatoid arthritis: a Markov model

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Author information

Abstract

OBJECTIVE: The objective of this study was to estimate the cost-effectiveness of certolizumab, etanercept, golimumab, infliximab) treatment in patients with rheumatoid arthritis (RA) is cost-effective when accounting for production losses. Excluding production losses, TNFi treatment is cost-effective for up to 6D.

RA is cost-effective when accounting for production losses. Excluding production losses, TNFi treatment is cost-effective for up to 6D.

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KEYWORDS: Markov chain; antirheumatic agent; arthritis; cost-effectiveness; receptors; rheumatoid; tumour necrosis factor; type I

PMID: [25573840](#) DOI: [10.1093/rheumatology/keu460](#)

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GEOBASE Subject Index: science and technology

EMTREE medical terms: animal cell; animal experiment; animal model; article; autoinflammatory disease; controlled study; gout; human; human cell; inflammation; mouse; neutrophil; nonhuman; peritonitis; priority journal; pseudogout

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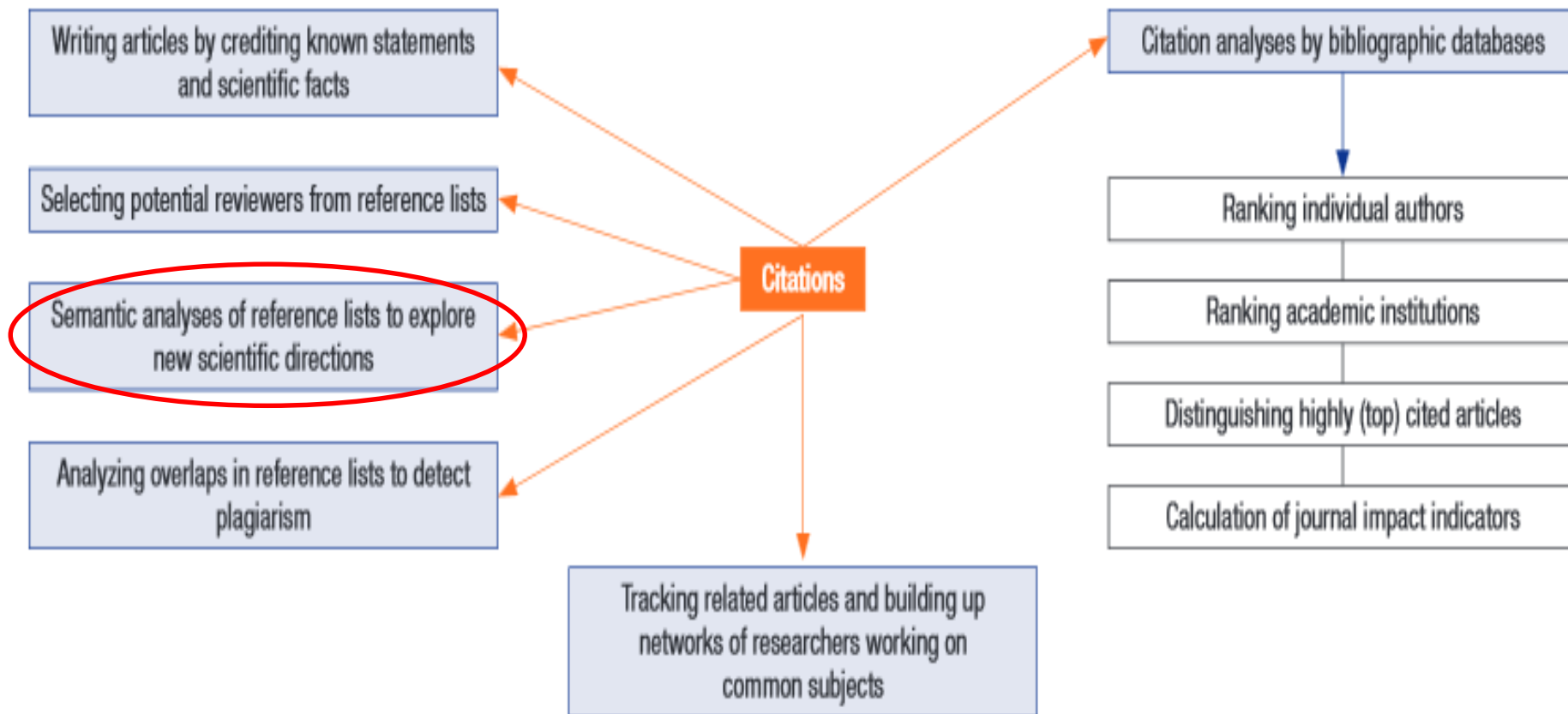


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