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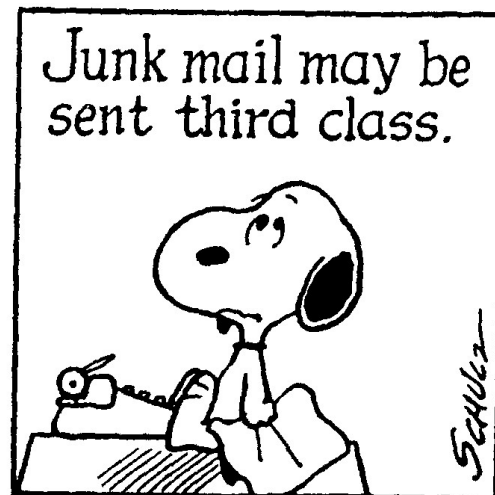
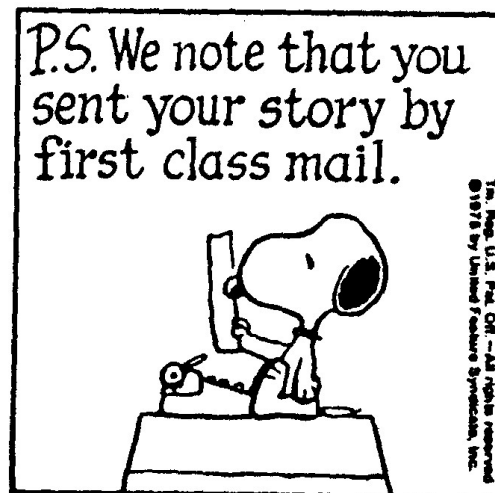
John H Holmes, PhD

Professor of Medical Informatics in Epidemiology
University of Pennsylvania, Philadelphia, PS, USA











Learning Objectives

After the lecture, participants will be able to:

- Understand the **types** and **structure of publications** (journals, conferences)
- Plan and **get started** on a scientific manuscript
- Understand how to **prepare manuscripts for publication**, including tables, graphs, references, etc.
- Realize **ethical aspects**, such as authorship, duplicate submission, electronic publication
- Understand the **submission, review, and editorial decision process**
- Know information technology tools that can support the manuscript preparation: mindmapping, bibliographic references, etc.



Outline

- I Preparing a manuscript: from idea to submission
- II Submitting a manuscript: from submission to final decision
- III Receiving a manuscript: the Editor's perspective
- IV Ethical aspects
- V Helpful hints & errors to avoid
- VI Questions & Discussion



Thoughts

- Why do we publish (or need to publish)?



I - Preparing a Manuscript: From Idea to Submission



One size fits all ?



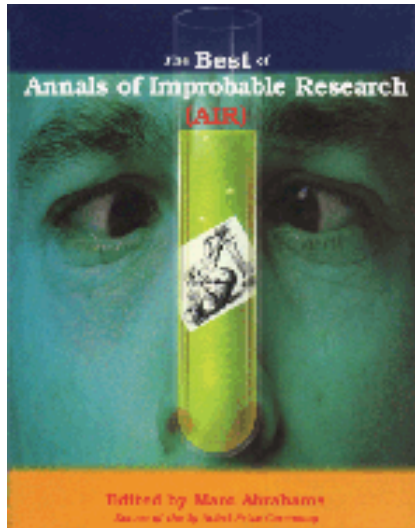
ELECTROMAT



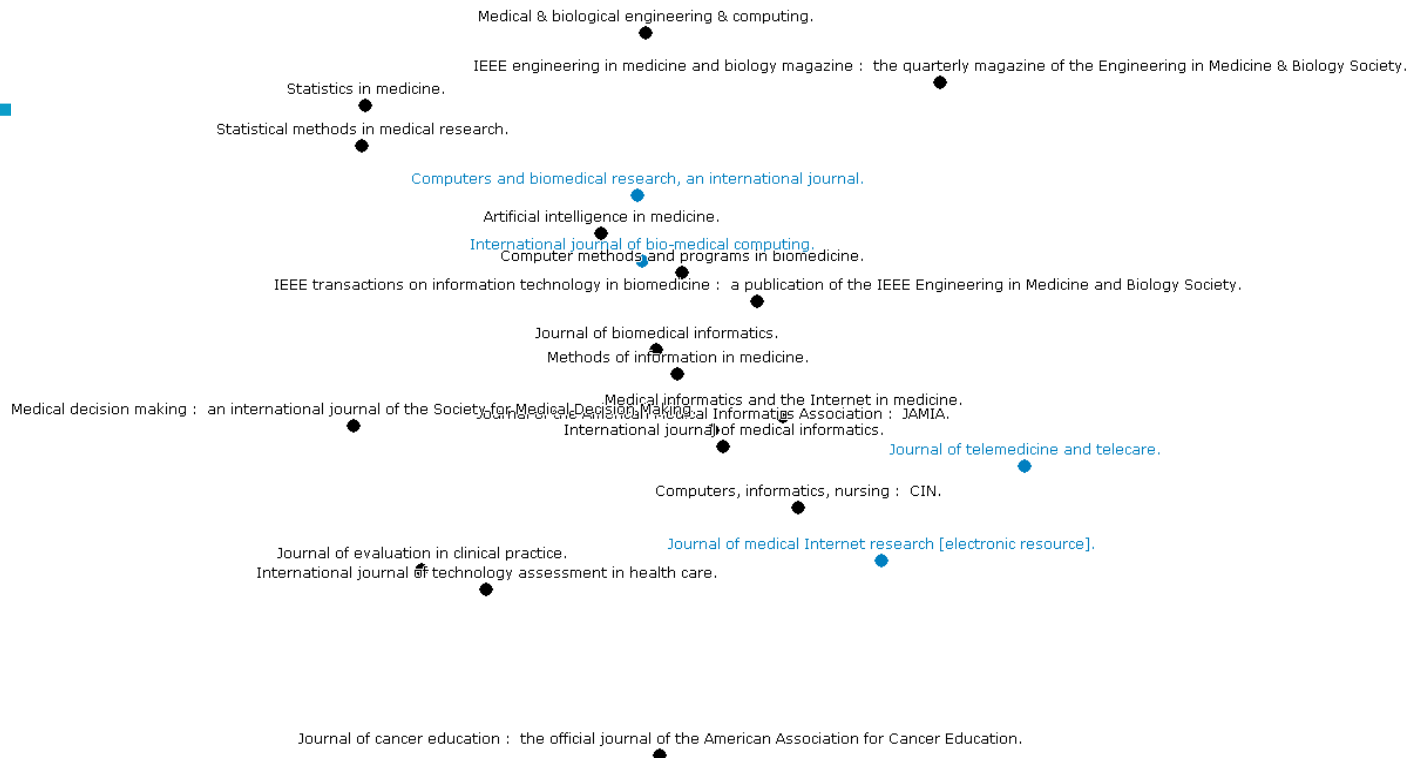


Targeting Your Audience

- Choose an **audience**, create a list of journals, **target** a journal



JOURNAL OF NEGATIVE
RESULTS IN BIOMEDICINE





8 – 12 JULY 2023 | SYDNEY

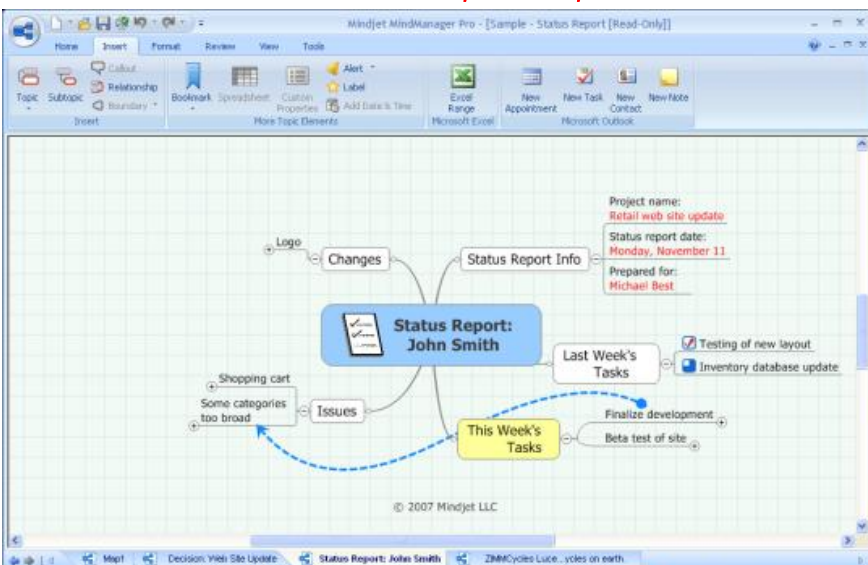
<https://www.scimagojr.com/journalrank.php?category=2718>

Title	Type	4 SJR	H Index	Total Docs. (2021)	Total Docs. (5years)	Total Refs. (2021)	Total Citas (5years)	Citable Docs. (5years)	Citas / Doc. (5years)	Ref. / Doc. (2021)	
1 Lancet Digital Health	journal	6.024	30	129	219	2497	2130	77	9.73	19.36	
2 Medical Image Analysis	journal	4.172	143	358	426	21960	6106	424	15.24	61.34	
3 npj Digital Medicine	journal	3.236	28	167	159	7957	2140	133	13.49	47.65	
4 GigaScience	journal	2.568	64	120	469	5661	3500	432	6.90	47.18	
5 Implementation Science	journal	2.550	113	108	363	5672	2731	360	6.73	55.07	
6 Journal of the American Medical Informatics Association : JAMIA	journal	2.016	158	372	702	8866	4751	638	7.04	23.93	
7 BMC Medical Research Methodology	journal	1.933	135	288	712	11281	4679	712	4.52	39.86	
8 JMIR Public Health and Surveillance	journal	1.893	41	243	365	9886	3374	360	10.88	40.68	
9 Journal of Medical Internet Research	journal	1.736	158	1255	2345	64435	17964	2331	7.52	51.94	
10 JCO clinical cancer informatics	journal	1.669	19	134	278	1129	1192	274	4.52	8.43	
11 Journal of Telemedicine and Telecare	journal	1.667	80	188	289	6421	2107	284	6.23	25.14	
12 Computerized Medical Imaging and Graphics	journal	1.485	82	130	212	6210	1599	210	8.40	47.77	
13 JMIR mHealth and uHealth	journal	1.362	68	353	1262	17480	7538	1262	5.50	49.52	
14 Computer Methods and Programs in Biomedicine	journal	1.329	115	550	1086	24833	8552	1061	7.64	45.15	
15 Computers in Biology and Medicine	journal	1.309	102	788	1036	45181	7888	1027	7.47	57.34	
16 Biomedical Signal Processing and Control	journal	1.211	84	780	982	36454	5819	980	5.86	46.74	
17 International Journal of Medical Informatics	journal	1.125	114	217	605	9654	3333	598	5.54	44.49	
18 Health systems and reform	journal	1.134	21	29	110	1273	366	68	3.80	43.90	
19 Journal of Medical Systems	journal	1.121	89	110	798	3791	5044	782	5.47	34.46	
20 Journal of Biomedical Informatics	journal	1.128	112	234	582	12208	5018	509	9.40	52.17	
21 Journal of NeuroEngineering and Rehabilitation	journal	1.128	102	185	431	10644	2296	429	5.12	57.54	
22 Internet Interventions	journal	1.096	38	133	185	7538	1078	182	5.34	56.68	

23 Telemedicine Journal and e-Health	journal	1.041	81	209	522	5019	2722	472	5.23	24.01	
24 International journal of computer assisted radiology and surgery	journal	1.000	58	222	596	5789	2342	584	3.77	26.08	
25 Journal of Pathology Informatics	journal	0.962	20	34	102	1116	293	91	3.04	32.82	
26 Learning Health Systems	journal	0.922	12	50	69	1665	201	58	3.22	33.30	
27 Journal of the Medical Library Association : JMLA	journal	0.900	62	94	255	2551	769	223	1.94	27.14	
28 JMIR Aging	journal	0.887	12	47	94	2567	383	94	4.51	54.62	
29 Health Information and Libraries Journal	journal	0.869	42	56	120	1636	374	104	3.48	29.21	
30 Digital Health	journal	0.836	15	87	140	3751	614	137	4.35	43.11	
31 BMC Medical Informatics and Decision Making	journal	0.833	79	371	753	15107	3008	750	3.64	40.72	
32 Preventive Medicine Reports	journal	0.824	38	362	681	14222	2004	666	2.66	39.29	
33 JMIR Medical Informatics	journal	0.805	33	279	440	12926	1547	440	3.43	46.33	
34 Informatics in Medicine Unlocked	journal	0.794	22	288	377	14978	2218	276	6.12	52.01	
35 JMIR Pediatrics and Parenting	journal	0.780	11	67	98	2618	367	98	4.00	39.07	
36 Journal of Patient-Reported Outcomes	journal	0.771	15	127	234	4315	675	230	2.20	33.99	
37 Applied Clinical Informatics	journal	0.755	31	151	298	6079	889	287	2.84	40.26	
38 JAMIA Open	journal	0.747	14	85	168	3124	437	161	2.52	36.75	
39 JMIR Diabetes	journal	0.745	15	40	71	1948	227	71	2.98	48.70	
40 Health Information Management Journal	journal	0.730	24	39	64	1148	210	55	3.43	29.44	
41 Journal of Biomedical Semantics	journal	0.719	39	22	65	1037	217	65	2.18	47.14	
42 Journal of Biomedical Informatics X	journal	0.715	6	0	20	0	86	20	4.30	0.00	
43 JMIR Cardio	journal	0.691	11	35	44	1373	126	44	2.95	39.23	
44 Journal of Healthcare Engineering	journal	0.684	37	924	496	27697	2076	474	4.22	29.98	
45 Health Informatics Journal	journal	0.652	42	111	370	4743	1159	366	2.99	42.73	



- Initial outline
- Mind mapping
- Write, write, write



How to write effective copy

- What's effective?
 - Where do you start?
 - Computers and writing
- What do you want to accomplish?
 - Don't edit yourself...
- What does the reader want to accomplish?
 - "What's in it for me?"
 - Basic needs breed specific points
- Examine your Features and Benefits
 - What you offer and why it's important
- Organizing your thoughts (using an outline)
 - Drag and drop your way from random to orderly
 - The "Inverted Pyramid"
 - Most important items at the top
 - Organize by importance
 - Then organize by topic
- Filling in the blanks
 - Putting meat on them bones
 - Don't edit yourself (yet), just write
 - Rearrange if necessary
- Editing yourself
 - Save file under new name
 - Show writing to someone you respect
 - Give yourself a few days for their comments to sink in
 - Writing as you speak—conversationally
 - Shorter sentences are better than long ones.



Writing is no longer a solitary job!

Team Effort

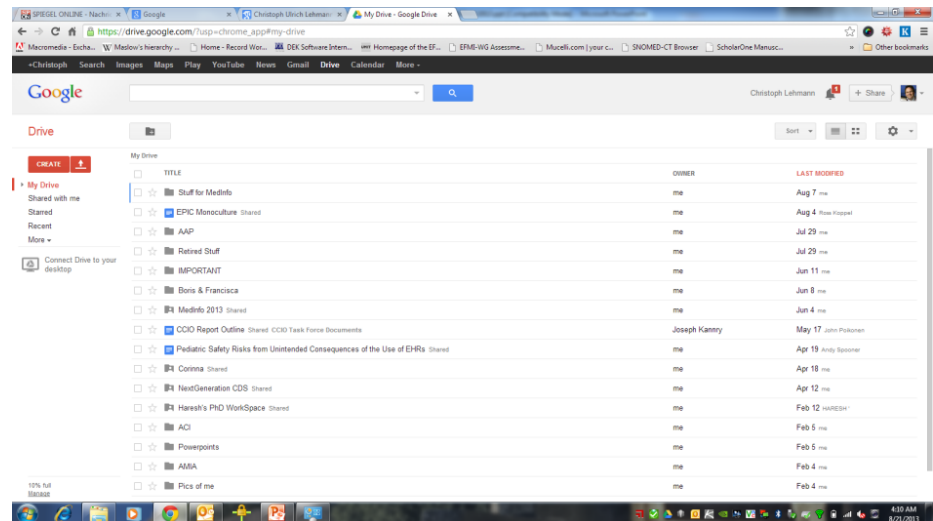
- Leverages each person's strength
- Faster
- More Fun





Shared Workspace

- Collaborative writing efforts
 - Shared environments
 - Wiki
 - Dropbox
 - Google Drive
 - SharePoint
 - Concurrent work
 - Commenting and highlighting
 - Versioning
 - Restore old drafts





Types of Papers

- **General:**

original research, reviews, short communication, case reports, editorials, letters to the editor,

- **Special:**

technical briefs, methodological papers, application of information technology, research letters, ...



IMRAD

- Introduction
 - Why this study? What is the research question?
- Methods
 - When, where, and how?
- Results
 - What did the study find? Hypothesis true?
- Discussion
 - Why does it matter? Limitations? How does it fit with previous findings? What should be researched next?



- Title
- Author information
- Acknowledgments
- Word count (observe limits)
- Keywords
- Address of corresponding author
- Abstract
- Text (IMRAD): double-spaced
- References
- Legends
- Tables
- Figures

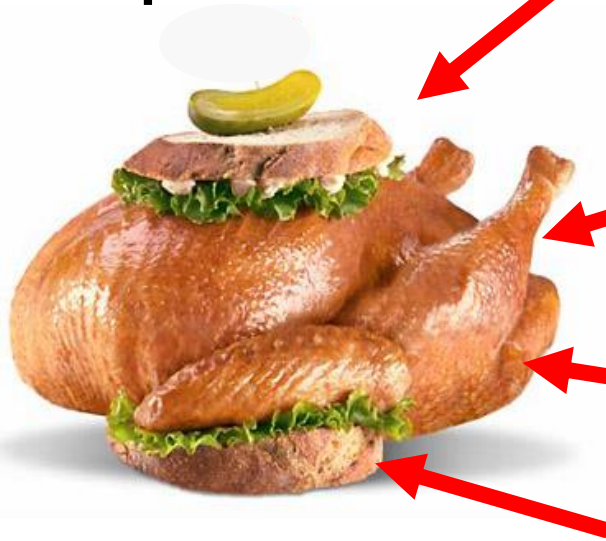
1-2 pages

1-2 pages
recommendations
recommendations
1-3 pages
recommendations

- Author contributions
- Conflict of interest (sponsors, agency information)
- Trials registration, statements such as the CONSORT



Research Paper



Introduction:

- High level problem statement
- mid-level problem statement
- “research gap”
- goal of this study

Methods:

- setting, population, procedures/ statistical analyses, etc.
- reproducible

Results:

- Data (without interpretation)

Discussion:

- Interpretation of data
- put in context with existing research
- limitations



Revising Your Manuscript

- Revise your manuscript
- Special attention: title, abstract
- Technical writing ↔ creative writing
- Spelling
- Punctuation

Let's eat Grandma! ↔ Let's eat, Grandma!

- Considerations for authors whose primary language may not be English (translation services)

Oxford Comma





Some Thoughts

- ...the scientific and medical literature is still abundant with lengthy, unclear prose that is likely to confuse readers...
- ...a reader who cannot extract the significance of a paper from its title is unlikely to read further
- ...there is nothing more disconcerting than trying to assemble a story from a jigsaw puzzle of results
- If the discussion must perform intellectual or literary acrobatics to interpret and convince, the results are obviously not sufficiently convincing on their own

Cited from: Bredan AS, van Roy F. Writing readable prose: When planning a scientific manuscript, following a few simple rules has a large impact. EMBO reports 7, 9, 846–849 (2006)

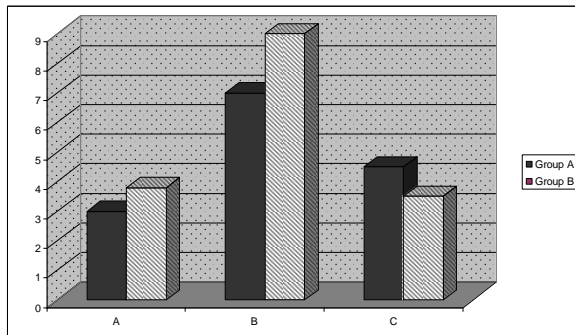


Tables & Figures

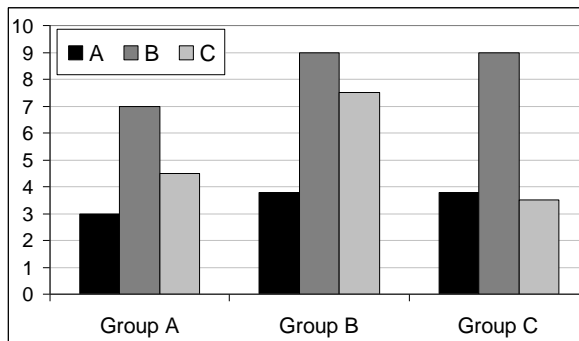
- **Integral** part of a paper
- Tables and figures summarize **key messages**
- Need to be able to **stand alone**
- **Avoid redundancy** of information:
text ↔ tables / figures
- Keep information **simple**
- Keep structure as simple as possible

MEDINFO23 Tables & Figures

8 – 12 JULY 2023 | SYDNEY, AUSTRALIA



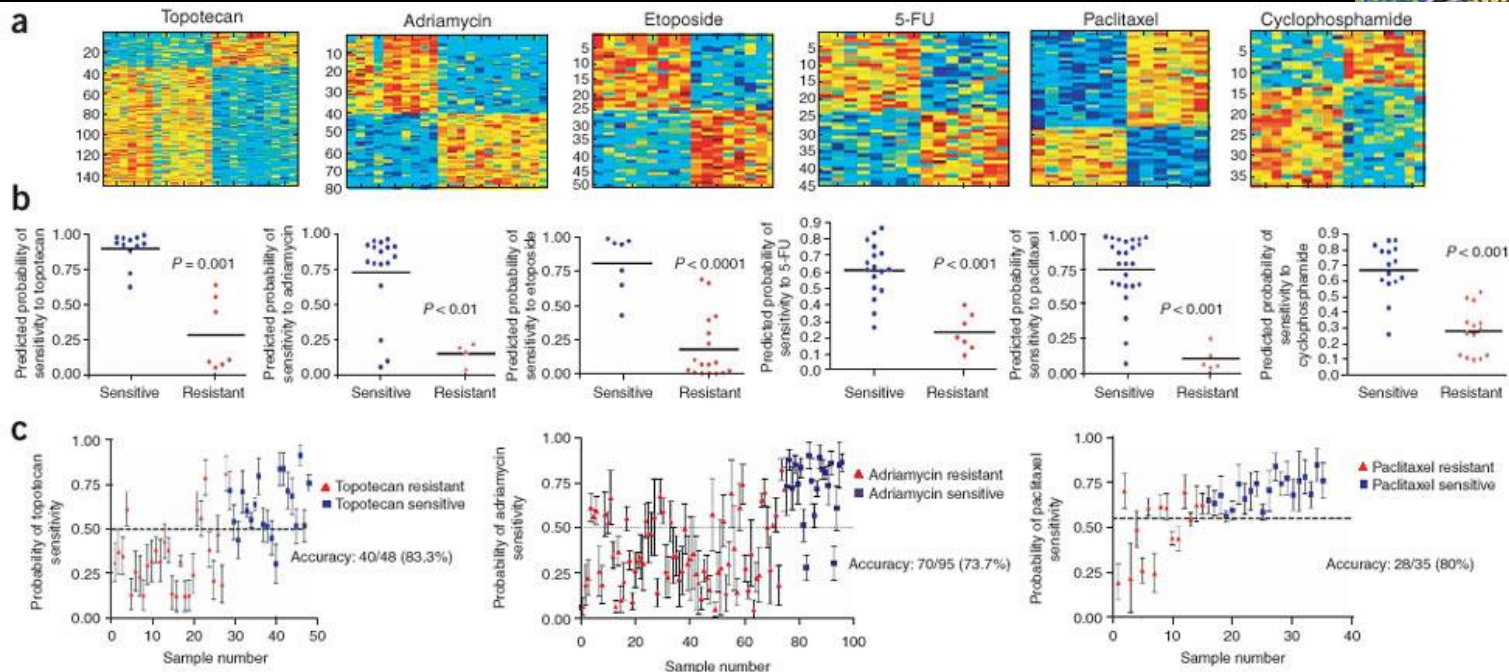
Drug	Group A	Group B	Group C	Group D	Group E
A	3	3.8	3.8	5.5	3.8
B	7	9	9	6.3	9
C	4.5	7.5	3.5	3.5	3.5
D	4.8	6.8	5.2	2.8	4.2
E	2.5	9.3	3.8	7.1	3.5



Drug	Group				
	A	B	C	D	E
A	3	3.8	3.8	5.5	3.8
B	7	9	9	6.3	9
C	4.5	7.5	3.5	3.5	3.5
D	4.8	6.8	5.2	2.8	4.2
E	2.5	9.3	3.8	7.1	3.5

MEDINFO23 Tables & Figures

8 – 12 JULY 2023 | SYDNEY, AUSTRALIA



*Potti et al. Genomic signatures to guide the use of chemotherapeutics
Nature Medicine - 12, 1294 - 1300 (2006)*



	US cohort	International Cohort
Patients	2,069	1,048
Mean age	57	64.1
Female	52	51.5
Admission rate	58%	100%
30-day mortality	6.5 % (Confidence Interval = 3.3-5.1)	9% (Confidence Interval = 8.1-10.1%)

Table 2. Patient demographics.



Table 2. Pneumonia Patients: Demographic information

	US cohort (n = 2,069)	International cohort (n = 1,048)
Age, mean, years (std dev)	57.0 (23.8)	64.1 (22.4)
Female, %	52.0	51.5
Hospital Admission rate, %	58%	100%
30-day mortality (95% CI)	6.5 % (5.3-7.1%)	9.0% (8.1-10.1%)



- data is data are
- different than different from
- et al. et al
- between among ("between" when you are talking about distinct, individual items even if there are more than two of them)
- which that (that before restrictive clause - Gems that sparkle)
- It's its
- Avoid "very" and certainly "very unique"
- Do not split infinitives: "to boldly go where no man has gone before"
 - ... one suspects that they wanted to slightly conceal the fact ...
 - ... one suspects that they wanted to conceal the fact slightly...
- He, she or s/he? They?
- Verb "use"
- Modifiers: adjective / adverbs
- Avoid parentheses
- Avoid using: "in order to: **In order to** improve your writing → to improve your writing
- Tell a story with actions as verbs and characters as subjects → **active voice**



Abbreviations:

Introduction of abbreviations text, abstract, frequency, common/uncommon (CPR), in tables & figures, trademarks[™], registered ®

Numbers:

write out if smaller than 10; >40,000 or 41,395; avoid starting a sentence with a number: “40 out of 230 cases” but “Forty out of 230 cases...”

Artificial precision:

79 of 98 (80.6122%) patients → artificial precision

~, about, approximately, millions of millions; “significant”

Redundant modifiers:

- During that period of time, the membrane area became pink in color and shiny in appearance. → - During that period, the membrane became pink and shiny.

- Serious crisis; large in size

Simplification of phrases:

The educational process and public recreational activities are the responsibility of the county government. → The county is responsible for education and public recreation.



- Elements of a **standard reference**:
 - authors
 - title
 - journal
 - year
 - volume
 - page numbers
- What to reference; how many; self-citation; in-press/in-print/forthcoming; abstracts; theses; personal communications, URLs
- **Reference management system**, e.g., EndNote®, ReferenceManager®

URL references:

- http://www.nlm.nih.gov/bsd/uniform_requirements.html
- Last accessed



Five biomedical informatics journals were compared with MEDLINE® for journal, authors, title, year, volume, and page number accuracy.

Among 656 eligible references **34.3%** included at least one error.

One or more errors were found in the bibliography of **84%** of the articles:

- author (39.0%)
- journal (31.2%)
- title (17.7%)
- page (7.4%)
- year (3.5%)
- volume (1.3%)

Authors are responsible for the accuracy of references.



Get started !!

- **Getting started** is the worst part of a writer's work
- A job **worth doing** is not necessarily a job worth **doing well**
- Journals & editors & readers **want to read your contribution**
- Involve your **peers** for initial feedback
- **20% is writing** and **80% is re-writing**;

it is an evolutionary process





II - Submitting a Manuscript: From Submission to Final Decision



Submitting Your Paper

- **Instructions for authors**
 - Formatting
 - Readability
- **Cover letter**
 - Content and declaration
- **Optional suggested reviewers**
 - How to suggest reviewers





Manuscript Management System

- Some journals use manuscript management system (MMS) to track the whole process of:
 - Submission
 - Revision
 - Decision
- Information available includes number of manuscripts, manuscript status, review and decision status, etc.
- MMS serves as communication center with the Editorial Office



Communicating with Editorial Office

- Whom to address
- Types of correspondences
 - Inquiries
 - Withdrawals
 - Corrections
 - Appeals
 - Use your manuscript's ID
- Automatic Tools
 - Plagiarism
 - Review Process / Authorship

Types of

PLAGIARISM

to be aware of

- Global or complete
- Verbatim or direct
- Source-based
- Paraphrasing
- Mosaic or patchwork
- Ghost-writing
- Self
- Accidental





Revising Your Manuscript

- If **major** or **minor** revisions are indicated, manuscript should be revised according to the **reviewers' comments and suggestions**
- All revisions should be completed within a **reasonable time-frame**, some journals would specify such a time-frame



Replying to Reviewers' Comments

- Prepare a **comprehensive letter** to submit together with revised manuscript
- **All major comments/suggestions** should be addressed **POLITELY** for each reviewer preferably point by point
- **Highlight** amendments and additions
 - Provide two versions of manuscript with and without track changes (but remove format changes)
- It is OK to discuss **disagreements** and **justifications**



Example:

Reviewer #3

Comment #1: ...

.....

Comment #5: “The discussion section mentions Can you clarify what you mean by ‘xxxxx’?”

Reply: Thank you for your question. We provided additional details about “xxx” that explain and characterize better how

Or refer to
track change

Previous: “Similar flags exist for various conditions such as patients who represent a

Revised (page 13, 1st paragraph): “Similar flags



Final Decision to Publication

- Once a final decision is made, authors will be asked to prepare **final draft**, usually with separate files for diagrams and figures
- **Copy editing** services are sometimes provided
- Authors need to go through **galley proofs**
- Article may first be **available electronically**, with a digital object identifier (DOI) that can be used to locate the paper, before putting in print.



- Poor experimental design and/or inadequate investigation
- Failure to conform to the targeted journal (e.g. Journal topic)
- Poor English grammar, style and syntax
- Insufficient problem statement
- Methods not described in detail
- Overinterpretation of results
- Inappropriate/incomplete statistics
- Unsatisfactory/confusing presentation of data
- Conclusions not supported by data
- Incomplete/inaccurate/outdated review of literature
- Comments of reviewers insufficiently addressed



III - Receiving a Manuscript: The Editor's Perspective



• Handling submitted manuscripts

- First decision: in/out of scope
- Does it meet the journal's requirements

• Peer review

- Most journals have external review: a pool of potential reviewers that may be asked to review your manuscript
- Some systems allow for a classification of your manuscript that can be mapped against the classifications of the reviewers
 - Be specific, use more than one classification term (Clinical information system as sole classification is not very helpful)
 - Use the journal's classifiers, don't make your own



- Peer review process

- Service to the community (reviewers do not get paid)
- In principle constructive as to increase the quality of research and of the publications of that research

- Editorial decisions

- Based on the reviewers recommendations
 - Conflicting recommendations
- Editorial review

- Communicating with authors



IV - Ethical Aspects



- Substantive intellectual contributions
 - conception and design, or
 - acquisition of data, or
 - analysis and interpretation of data
- Drafting or revising critically the manuscript
- Final approval of the published manuscript
- All three conditions must be met!
- www.icmje.org



-
- Acquisition of **funding, collection of data**, general **supervision** of a research group **alone** does not qualify for authorship
 - All listed authors should qualify for authorship, all that qualify for authorship should be listed



-
- Some journals require a **description** of the contributions of each author to the manuscript.
 - Some journals require that one or more authors act as “**guarantors**”; they take responsibility for the integrity of the study as a whole.



-
- All contributors, not qualifying as authors should be **acknowledged**.
 - Technical help, general support, writing assistance.
 - Also **financial support** should be mentioned in the acknowledgment – also for writing assistance
 - Ask for **written permission** to have someone acknowledged.



-
- This is about **potential perceived** conflict of interest.
 - About potential biases
 - Financial and personal relationships of authors
 - (Conditions of) financial support
 - Agreements on use of data, on analysis of data, on writing of the manuscript
 - The **non existence of conflicts** of interest should be reported as well.



-
- Relevant when making **several publications** based on the same material.
 - Authors often have to **transfer the copyright** to a publisher.
 - Be sure not to copy material of others (and yourself) without **proper attribution** and without **receiving permission**
 - Figures in publications, but also usage of a publication in a thesis



-
- Publishing work of others under your own name is not allowed. This holds for **full texts**, but also when it is an **idea** that has been taken from someone else.
 - Remember that this also holds for **web-pages**.
 - The guidelines of the Committee on Publication Ethics suggest to consider informing the superior of the author or the person responsible for research governance.



- To get the scientific record straight **duplicate publication** should be avoided.
- For additional information on how unethical publication behavior is dealt with see the website of the Committee on Publication Ethics
 - www.publicationethics.org.uk



- Duplicate submission
- **Serial unaltered submissions** (journal hopping)
- Serial **minimally altered publications** (first proceedings then in peer reviewed journal)
- **Self-plagiarism**
 - See for details: On Exemplary Scientific Conduct Regarding Submission of Manuscripts to Biomedical Informatics Journals
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V – Reference material



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