Τα Λάθη της Συγγραφής

Σταύρος Γκράβας

Ουρολογική Κλινική
Πανεπιστημίου Θεσσαλίας

Conflict of interest

Speaker Honoraria and/or Company Consultant:
GSK
Pierre Fabre Medicament
Lilly
Angelini Pharma Hellas

Δημοσίευση;;; Γιατί;;;

Νέες παρατηρήσεις – έρευνα → προάγουν γνώση → βελτίωση αντιμετώπισης ασθενών

Δημοσιεύσεις → εξέλιξη, φήμη κλινικής, χρηματοδότηση
Συγγραφή → καθαρή σκέψη, πειθαρχία, αναλυτική ικανότητα, βιβλιογραφική ενημέρωση, διεγείρει τον εγκέφαλο, δίνει ευχαρίστηση
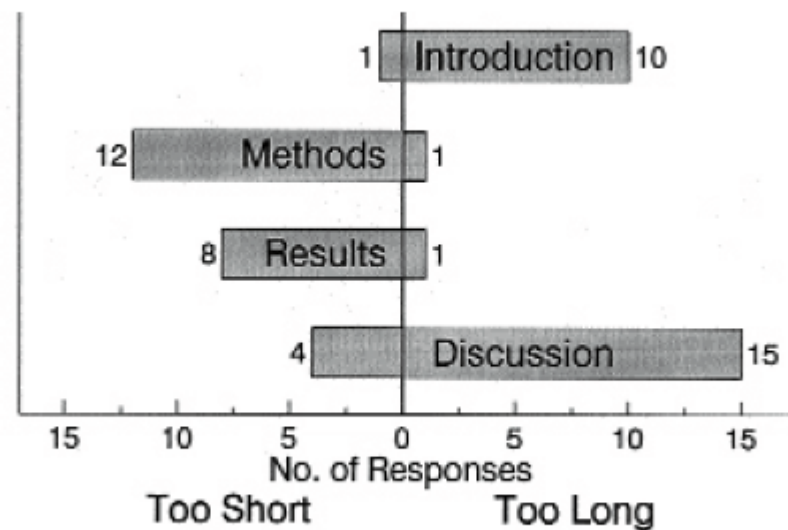
"Work; finish; publish"
M. Faraday (1791-1867)
"Publish or perish"
WCE 2010 Chicago

Common Reasons for Rejecting Manuscripts at Medical Journals: A Survey of Editors and Peer Reviewers

Figure. Sections of a manuscript that are too long and too short. Which section is usually too short? Which section is usually too long?

Byrne DW. Publishing your medical research paper: what they don't teach in medical school. Baltimore: Lippincott Williams & Wilkins; 1998. p 58.

Byrne DW, Science Editor 2000

Table 1
General Deficiencies in Medical Manuscripts

			P
Question 1 [12]			
What is the single most common type of flaw that results in outright rejection of a manuscript?			<0.001
Design of study	20	(71%)	
Interpretation of the findings	4	(14%)	
Importance of the topic	4	(14%)	
Presentation of the results	0	(0%)	
Question 2			
Which section usually contains the most flaws?			<0.001
Methods	16	(55%)	
Discussion	7	(24%)	
Results	6	(21%)	
Introduction	0	(0%)	
Question 3			
Which section is most often responsible for outright rejection?			<0.001
Methods	15	(52%)	
Results	8	(28%)	
Discussion	6	(21%)	
Introduction	0	(0%)	

Byrne DW, Science Editor 2000

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Table 2
Specific Deficiencies

Question 4. Deficiencies in Interpretation[12]

Which of the following eight deficiencies is most often
responsible for outright rejection?

			P
			<0.001
Conclusions unsupported by data1	7	(61%)	
Data inconclusive	7	(25%)	
Data too preliminary	2	(7%)	
Unconvincing evidence of cause and effect	2	(7%)	
Results not generalizable	0	(0%)	
Excessive bias in interpretation	0	(0%)	
Insufficient recognition of previous research	0	(0%)	
Economic consequences ignored or overinterpreted	0	(0%)	

Question 5. Questions About Importance of Research[12]

Which of the following four deficiencies is most often
responsible for outright rejection?

			P
			<0.001
Results unoriginal, predictable, or trivial1	9	(79%)	
Few or no clinical implications	3	(13%)	
Results of narrow interest, highly specialized	2	(8%)	
Issues outdated or no longer relevant	0	(0%)	

Question 6. Deficiencies in Presentation[12]

Which of the following eight deficiencies is most
often responsible for outright rejection?   0.002

Inadequate or inappropriate presentation of the data	9	(32%)
Rationale confused, contradictory	7	(25%)
Failure to give a detailed explanation of the experimental design	7	(25%)
Essential data omitted or ignored	2	(7%)
Poorly written; excessive jargon	2	(7%)
Boring	1	(4%)
Important work by others ignored	0	(0%)
Excessive zeal and self-promotion	0	(0%)

Question 7[2]

Which of the following eight deficiencies is most often
responsible for outright rejection?   0.006

Poor methods	10	(36%)
Inadequate results	7	(25%)
Poor presentation	3	(11%)
Inappropriate statistical analysis	3	(11%)
Weak discussion	2	(7%)
Lack of originality	2	(7%)
Weak conclusions	1	(4%)
Failure to adhere to journal format and policy	0	(0%)

Byrne DW, Science Editor 2000

Table 3
Deficiencies in Design and Interpretation

Question 8

			P
Which of the following six deficiencies is most often responsible for outright rejection?			0.070
Research design problems	8	(30%)	
Deficiency in methodology	7	(26%)	
Poor conceptualization of problem or approach	7	(26%)	
Inadequate control of variables	2	(7%)	
Duplication of previous work	2	(7%)	
Inadequate protection of human subjects	1	(4%)	

Question 9

Which of the following four deficiencies is most often responsible for outright rejection?			0.003
Failure to collect data on variables that could influence the interpretation of results	15	(52%)	
Poor response rates in surveys	8	(28%)	
Subjects lost to follow-up and inadequate duration of follow-up in long-term studies	3	(10%)	
Extensive missing data and quality-control problems	3	(10%)	

Question 10[7]

Which of the following seven deficiencies is most often responsible for outright rejection?			<0.001
Biased sample which reduced the representativeness of the population studied	10	(34%)	
Confounding factors that were not taken into account	10	(34%)	
Inadequate sample size	6	(21%)	
Insufficient information about the patient population	1	(3%)	
Vague endpoints, such as "much improved", without explanation	1	(3%)	
Straying from the hypothesis or changing the objective	1	(3%)	
Poor control of numbers (errors or inconsistencies)	0	(0%)	

Common Reasons for Rejecting Manuscripts at Medical Journals: A Survey of Editors and Peer Reviewers

Table 4
Writing Deficiencies

Question 11 — P

Of the following 9 writing problems listed below which is most common? — <0.001

Verbiage, wordiness	12	(43%)
Poor flow of ideas	6	(21%)
Poor syntax, poor grammar	5	(18%)
Redundancy	3	(11%)
Excessive abstraction	1	(4%)
Unnecessary complexity	1	(4%)
Wrong words	0	(0%)
Excessive compression	0	(0%)
Unnecessary qualification	0	(0%)

Λάθη συγγραφής και υποβολής

- Ποιο περιοδικό
- Ποιοι οι αναγνώστες

Λάθη και αποφυγή:
Πριν την έναρξη

- Οδηγίες του περιοδικού προς συγγραφείς
- Ένα πρόσφατο άρθρο για να δει κανείς το style του περιοδικού
- Προσοχή στον αριθμό λέξεων: Το εννοούν!
- Αριθμός πινάκων, εικόνων και αναφορών

	Abstract	Abstract Words	Max Text Words	Max # Figs. & Tables	Max # References
Ambulatory & Office Urlogy	Structured	250	3000	4	30
Author Reply to Editorial Comment	N/A	N/A	500	1	5
Basic and Translational Science	Structured	250	3000	4	30
Book Review	N/A	N/A	1500	2	15
Commentary	None	N/A	2000	3	25
Editorial Comment	None	None	500	2	10
Endourology & Stones	Structured	250	3000	4	30
Female Urology and Voiding Dysfunction	Structured	250	3000	4	30
Grand Rounds	N/A	N/A	1500-case and 1000-discussion	4	15
Health Outcomes Research	Structured	250	3000	4	30
History	N/A	N/A	2000	2	25
Images in Clinical Urology	Non-structured	100	200	3	10
Infectious Diseases	Structured	250	3000	4	30
Infertility	Structured	250	3000	4	30
Laparoscopy & Robotics	Structured	250	3000	4	30
Letter to the Editor	N/A	N/A	500	1	5
Male Sexual Dysfunction	Structured	250	3000	4	30
Medical Oncology	Sructured	250	3000	4	30
Oncology	Structured	250	3000	4	30
Pediatric Case Report	Non-Structured	100	1200	3	15
Pediatric Urology	Structured	250	3000	4	30
Point-Counterpoint	N/A	N/A	2000	2	15
Prostatic Diseases and Male Voiding Dysfunction	Structured	250	3000	4	30
Rapid Communication	Structured	250	1500	4	15
Reconstructive Urology	Structured	250	3000	4	30
Review Article	Non-Structured	100	4000	3	50
Supplement Article	Non-Structured	250	3000	4	30
Surgeon's Workshop	Structured	250	3000	3	30
Surgical Techniques	Structured	250	3000	3	30
Technology & Engineering	Structured	250	3000	4	30
Update	Non-Structured	250	3000	3	20

Εισαγωγή

- ΠΡΟΣΟΧΗ:

- Το τι ερευνά η μελέτη πρέπει να είναι ξεκάθαρο

  Research Question: PICO

  Population-Intervention-Comparator-Outcome

- Σύντομη ≈ 200-300 λέξεις

  Αδάμ και Εύα

- Σχετικές βιβλιογραφικές αναφορές

Υλικό και μέθοδος

- Ο πυρήνας του άρθρου

- Χρειαζόταν διαφορετικός τύπος – σχεδιασμός μελέτης

- Το αρχικό πρωτόκολλο δεν τηρήθηκε (πρακτικές δυσκολίες)

Υλικό και Μέθοδος

- Περίοδος εισαγωγής – παρακολούθησης ασθενών
- Τύπος μελέτης (αναδρομική, προοπτική, συγκριτική, τυχαιοποιημένη)
- Κριτήρια εισαγωγής / επιλογή ασθενών
- Κριτήρια αποκλεισμού / Γιατί;
- Συμμόρφωση με κανόνες ηθικής

Preliminary Results of Prostate Vaporization in the Treatment of Benign Prostatic Hyperplasia by Using a 200-W High-intensity Diode Laser

Chien-Hsu Chen, Po-Hui Chiang, Yao-Chi Chuang, Wei-Ching Lee, Yen-Ta Chen, and Wei-Chia Lee

UROLOGY 75: 658–663, 2010.

PATIENTS AND METHODS

Study Population

This study included 55 patients diagnosed with LUTS secondary to BPH, treated between December 2007 and July 2008. All the patients responded poorly to medical treatment. A digital rectal examination was performed, and the serum prostate-specific antigen (PSA) levels were determined. Prostate biopsy was performed if prostate cancer was suspected. The subjective symptoms were evaluated using the following parameters: International Prostate Symptom Score (IPSS), maximum uroflow rate ($Q_{max.}$), prostate volume, postvoid residual (PVR) urine volume, quality of life score (QoLs), and PSA level. Complete blood cell count and serum chemistry profile were determined and urine analysis was performed before the surgery. The inclusion criterion for the patients was urinary symptoms of moderate to severe intensity, as indicated by $Q_{max.} \leq 15$ mL/s and IPSS ≥ 10. Urodynamic studies, including pressure-flow studies, were preformed only in cases in which neurogenic bladder was suspected. Informed consent was obtained from all the patients. Patients with neurogenic bladder, prostate cancer, prostate volume ≤ 25 mL, or those who had previously undergone urethral surgery were excluded from this study. Patients with ongoing treatment with anticoagulants, such as aspirin, clopidogrel and warfarin, were not excluded in this series. This study was approved by the institutional review board of our hospital.

Υλικό και Μέθοδος

- Τεχνικές ή μέθοδοι ή θεραπείες
  - *λεπτομερής περιγραφή πρωτότυπων μεθόδων/τεχνικών*
  - *αναφορά (citation) γνωστών μεθόδων*
  - *θεραπείες που συγκρίνονται*
  - *Δόση, συχνότητα*
- Follow up

Procedure Performed With 200-W Diode Laser

The physicians performing the procedure were highly experienced using potassium-titanyl-phosphate (KTP) laser and TURP. The surgery was performed using a diode laser with a power of 200 W (Urolaser 980: Limmer Laser, GmbH, Berlin, Germany). A side-firing laser fiber was introduced through a 24F Wolf continuous flow cystoscope into the prostate. Normal saline was used as an irrigant. The procedure was performed under general or spinal anesthesia. The power is usually set to 150 W with continuous wave mode at the start of the procedure. The lateral lobes were vaporized bilaterally at first. After the working space from bladder neck to verumontanum was created, the power setting was increased to 200 W to widen the cavity. The middle lobe, if present, was vaporized after completing the lateral lobe vaporization. The dedicated fiber emits the laser beam in a side-firing manner to permit vaporization, without direct tissue contact with the fiber surface. An output power of 150 W was used for vaporization of the apical and the anterior regions of the prostate. When bleeding was observed, the laser beam (at the same power setting) was directed to that region to achieve hemostasis. The end-point of the procedure is a deobstructed patent channel. Finally, a 20F 3-way Foley catheter was inserted and all the patients received prophylactic antibiotic therapy for 7 days after the operation.

Measurements

The following parameters were assessed at baseline, 1 month after the surgery, and then at an interval of 6 months: IPSS, $Q_{max.}$, PVR urine volume, and QoLs. The prostate volume and PSA level were assessed at baseline and 6 months after the operation. The prostate volume was calculated using transrectal ultrasound. The peri- and postoperative complications were recorded.

Preliminary Results of Prostate Vaporization in the Treatment of Benign Prostatic Hyperplasia by Using a 200-W High-intensity Diode Laser

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Υλικό και μέθοδος

- Μικρό δείγμα
- Στατιστική ανάλυση: λανθασμένη ή ακατάλληλη
- Παράγραφος
- Ζητήστε βοήθεια Βιοστατιστικός

Benign Prostatic Hyperplasia

The Effects of Combination Therapy with Dutasteride and Tamsulosin on Clinical Outcomes in Men with Symptomatic Benign Prostatic Hyperplasia: 4-Year Results from the CombAT Study

Claus G. Roehrborn [a,*], Paul Siami [b], Jack Barkin [c], Ronaldo Damião [d], Kim Major-Walker [e], Indrani Nandy [e], Betsy B. Morrill [e], R. Paul Gagnier [e], Francesco Montorsi [f]
on behalf of the CombAT Study Group

2.3. Study end point and statistical analyses

The primary end point at 4 yr was time to first event of AUR or BPH-related prostatic surgery, defined as the number of days from the date of first dose of randomised study drug to the date of the initial event. The proportion of subjects experiencing AUR or BPH-related surgery was a supportive end point to the primary analysis. To address multiplicity, secondary end points were analysed in a predefined hierarchy (Table 1). Additionally, all primary and secondary end points defined and initially tested at 2 yr were included as secondary end points at 4 yr and analysed according to the hierarchy at year 2 [10]: We report IPSS, Q_{max}, and prostate volume outcomes in this paper.

The intent-to-treat population was the primary population analysed, consisting of all subjects randomised to double-blind study treatment. The primary comparison was combination versus tamsulosin, for which the study was powered at 94%; a comparison of combination versus dutasteride was also performed. The primary analysis used a log rank test stratified by investigative site cluster. Superiority for combination versus tamsulosin and dutasteride was based on a two-sided p value at $\alpha = 0.01$. The relative risk (hazard ratio) for the treatment effect and associated two-sided 95% confidence intervals were estimated using a Cox proportional hazards model with treatment as the only covariate and stratified by investigative site cluster.

Αποτελέσματα: Λάθη και αποφυγή

- Κακή παρουσίαση
- Όλα τα βασικά αποτελέσματα στο κείμενο (*ΟΧΙ: the survival is shown in table 4b.*)
  (*ΟΧΙ ψάξιμο σε Πίνακες και Γραφικά*)
- Παρουσιάστε τιμές (μέση-μεσαία), σταθερές αποκλίσεις , ποσοστά, τιμές p, διαστήματα αξιοπιστίας
- ΠΡΟΣΟΧΗ: Όχι επανάληψη των ίδιων πληροφοριών με το κείμενο στους Πίνακες
- ΠΡΟΣΟΧΗ: Αριθμητικά λάθη (καχυποψία, προχειρότητα)

Tables & Figures
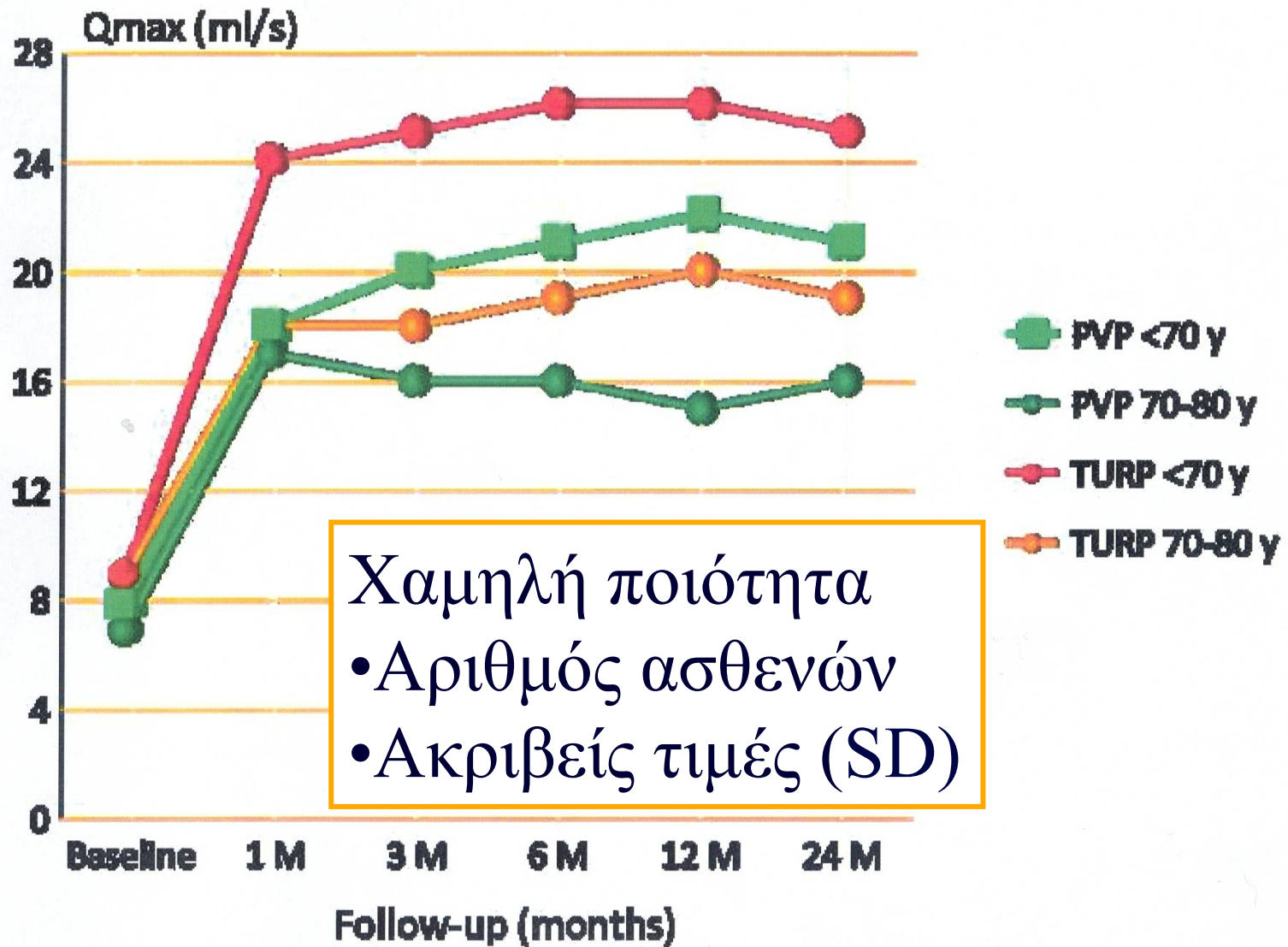
Συζήτηση

Συνήθη λάθη

- Πολύ μεγάλη

Αποφύγετε τον πειρασμό
Συζητήστε μόνο ότι είναι σχετικό

- Εμφάνιση νέων αποτελεσμάτων

- Επανάληψη αποτελεσμάτων

- Μην προχωράτε σε θεωρίες βασιζόμενοι σε μικρό δείγμα

- Μη στατιστικώς σημαντική διαφορά δεν σημαίνει ισότητα!

- Στατιστική σημασία δεν σημαίνει κλινική σημασία

"I can't 'write what I know!' You know how long that would take?!"

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Λάθη και αποφυγή: Συζήτηση

Φερθείτε έξυπνα:

• Κάντε κριτική στην ίδια τη μελέτη σας

• Αναγνωρίστε τους περιορισμούς της και εξηγείστε γιατί παρουσιάζονται!

• Αναγνωρίστε τις προοπτικές που ανοίγονται και προτείνετε νέες μελέτες βασιζόμενοι στα ευρήματα σας

Λάθη και αποφυγή: Συμπεράσματα

- Δεν δικαιολογούνται από τα στοιχεία
- Ποτέ να μη γράφονται πριν την ανάλυση των στοιχείων με βάση προσωπικές αντιλήψεις
- Ο κριτής/αναγνώστης θα κατέληγε στα ίδια συμπεράσματα;
- 'Further studies are required'! (γιατί όχι πριν την υποβολή;)

Βιβλιογραφικές αναφορές

- Δεν αναφέρονται όλα τα σημαντικά άρθρα

  Κριτές - Απόρριψη

- Πρόσφατες *vs* Παλιές

  Μόνο αν είναι εξαιρετικά σημαντικές

- Είναι σωστές οι αναφορές; Περιοδικό, αριθμός style (SOS: αλλάξτε)

- Περιοδικό (IF)

Κακή χρήση γλώσσας

- Ακρίβεια, σαφήνεια, συντομία

"Proper words in proper places make the true definition of style." Jonathan Swift

- Δώστε το σε συνάδελφο

"Δεν καταλαβαίνω τις θελεις να πεις" vs "Ορθογραφία"

- Ξαναγράψτε το άρθρο
"Good writing is rewriting." Truman Capote

Απαντώντας στα σχόλια των κριτών

- Να αναμένετε και να επιθυμείτε τα σχόλια
- Μελετήστε πολύ προσεκτικά τι έγραψαν οι κριτές
- Απαντήστε σε κάθε σχόλιο ένα προς ένα με ευγένεια
- Θυμηθείτε να κάνετε τις αλλαγές και στο κείμενο
- Δε χρειάζεται να κάνετε όλες τις αλλαγές που προτείνονται αν δεν συμφωνείτε: Επιχειρηματολογήστε

Απόρριψη

"Το χειρόγραφό σας είναι καλό και πρωτότυπο.
Αλλά το μέρος που είναι καλό, δεν είναι
πρωτότυπο και το μέρος που είναι πρωτότυπο,
δεν είναι καθόλου καλό."

Samuel Johnson (1709-1784)

Απόρριψη

- Οι κριτές δεν έχουν κάτι προσωπικό με τους συγγραφείς
- Μη θυμώνετε με αντικρουόμενα σχόλια
- Όλοι έχουμε γνωρίσει την απόρριψη
- Διορθώστε το άρθρο (αν γίνεται) και υποβάλλετε το σε άλλο περιοδικό

'Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger' Franklin Jones

Γιατί απορρίπτονται τα άρθρα

- Οι κριτές κάνουν λάθη

- Μεγάλος συναγωνισμός

- Χρόνος

	2008	2009	2010	2011	2012	2013
Straight Reject	40%	52%	53%	48%	49%	47%
Reject After Peer Review	47%	36%	37%	43%	42%	40%
Accept After Peer Review	13%	12%	10%	9%	9%	13%

European Urology: Acceptance – rejection rates (original articles)

Συμπεράσματα

- ## Έγκυρο - πειστικό

  Χωρίς λογικό χάσμα

  Τεκμηριωμένη μετάβαση α
  την ερώτηση στο
  συμπέρασμα

- ## Καλογραμμένο

  Τήρηση κανόνων

Μήνυμα

Το γράψιμο ενός άρθρου μπορεί να διδαχθεί
και να καλλιεργηθεί: Γράψτε και διαβάστε

- Ένας επαγγελματίας συγγραφέας είναι ένας ερασιτέχνης που δεν τα παράτησε

Richard Bach, 1936- , Αμερικανός συγγραφέας

Ευχαριστώ πολύ