

# HOW TO WRITE A PAPER

*D P Mikhailidis BSc MSc MD FCPP FCP FRSPH  
FFPM FRCP FRCPath  
Academic Head*

**Dept. of Clinical Biochemistry  
(Vascular Disease Prevention Clinics)  
Royal Free campus, University College  
London**

# DECLARATION OF INTEREST

- Attended conferences and gave talks sponsored by *MSD* , *AstraZeneca* and *Libytec*

# DECLARATION OF INTEREST

- **Lead: Guidelines for Medical Management of Carotid Artery Stenosis (*Eur Soc Vasc Surg*)**
- **Chairperson: European Expert Panel on Small Dense Low Density Lipoprotein**
- **Co-chairperson: Expert Panel on Post-Prandial Hypertriglyceridaemia**
- **Executive Board member: *International Atherosclerosis Society (IAS), 2016-18***

# MY CREDENTIALS

## Editor-in-Chief

- *Curr Vasc Pharmacol* (IF = 2.966)
- *Curr Med Res Opin* (IF = 2.653)
- *Expert Opin Pharmacotherapy* (IF = 3.534)
- *Angiology* (IF = 2.970)
- *The Open Cardiovasc Med J*

# MY CREDENTIALS

## Principal Editor

- *Platelets* (IF = 2.982)

## Section Editor

- *Curr Pharmaceutical Design* (IF = 3.452)

## Editorial Board Member

- *In vivo*
- *Clin Appl Thromb Hemostas*
- *J Cardiovasc Pharmacol Therapeut*

# MY CREDENTIALS

## REFEREEING

Over 1,000 papers for 108 different journals

## AUTHOR

1,130 entries on *MEDLINE* in Nov 2015

## CITATIONS

20,256 on *ISI Core Collection* in Nov 2015

## H-factor

62 on *ISI Core Collection* in Nov 2015

# PROCEDURE

Select a journal (**level? scope?**)

Cover letter

Format text in journal style

Submit

Receive response

Respond to referee comments or resubmit

Check proofs

# STRUCTURE OF A *PAPER*

- **Title page** (+ short title)
- **Abstract** (+ key words)
- **Introduction**
- **Methods** (subheadings)
- **Results** (same subheadings)
- **Discussion** (do not forget limitations)
- **References** (style, style, style!!!)
- **Acknowledgements**
- **Declaration of Interest** (*essential*)
- **Author contribution** (*gradually becoming essential*)

# STRUCTURE OF A *REVIEW*

- Title page
- Abstract (+ key words)
- Introduction
- Methods
- Results
- Discussion (limitations)
- References
- Acknowledgements
- Declaration of Interest
- *Size ???*
- *Invited or submitted review???*

# STRUCTURE OF A *LETTER*

- Very short text (*the shorter the better*)
- Few references (e.g. 5)
- Few messages (e.g. 1 - 3)
- To ***contradict*** a finding
- To ***re-interpret*** a finding
- To ***support*** a finding
- To ***present*** early (unpublished?) findings
- Mostly related to publications in the same journal

# STRUCTURE OF AN *EDITORIAL*

- PRESTIGIOUS, especially in high ranking journals
- “Few” references
- “Few” messages
- Related to publications in the same journal
- Usually *invited* (how to get invited?)

# SOME GENERAL ADVICE

## ABBREVIATIONS:

- Hour, hours, hrs, h
- in Abstract and in Main Text (list of abbreviations?)
- Be consistent! (e.g. using several abbreviations for the same thing)
- Be sensible! (e.g. VD)
- Units mg/L or mg/l? Also add mmol/l?

# SOME GENERAL ADVICE

## ABSTRACT:

- **AMAZINGLY! Key findings not included**
- **Details are included in the Abstract but not in the text!**
- **Key words?**
- **Include *p* values, species or number of patients, duration of treatment .....**
- **Word limit**

# SOME GENERAL ADVICE

## REFERENCES:

- Consistent
- In journal style in both reference list and in the text

# SOME GENERAL ADVICE

## SPELLING:

- *Spellcheck* set to the correct language!  
(use it!)
- English/American (e.g. aemia/emia)

# SOME GENERAL ADVICE

## STATISTICS:

- **Distribution: Gaussian or not?**
- **No SEM, use SD**
- **Median and range**
- **Be sensible (e.g. cholesterol 123.45 mg/dl)!**
- **Separate section in METHODS**
- **95% CI?**

# SOME GENERAL ADVICE

## STATISTICS:

- A meta-analysis of 92 patients! One study had 65 patients and 3 studies the remaining patients.

# **SOME GENERAL ADVICE**

**This man's height is?**

**This man's weight is?**

# **SOME GENERAL ADVICE**

**This man' height is 176.83 cm**

**This man' weight is 100.27 Kg**

# SOME GENERAL ADVICE

***Rushing*** serves no purpose!

***Discuss*** findings among the team and then write them

***Short sentences*** (20 - 30 words. Not a whole paragraph!)

***Decimal points*** not commas (2.88 ***NOT*** 2,88)

Read ***whole text*** (avoid repeating yourself)

# SOME GENERAL ADVICE

*Nobody is always right! The team opinion is the best bet.*

*Several areas of expertise may be included in a paper.*

*Success of the mission → get published →  
**get cited***

# SOME GENERAL ADVICE

*You may only have minutes of attention from an Editor before he/she makes a decision.*

## Factors:

- *Does the Editor know you or your centre?*
- *Ranking of your centre or authors?*
- *Presentation quality*
- *Are you a helpful referee for the journal?*
- *Cover letter?*

# SOME GENERAL ADVICE

*You must be able to defend every sentence.*

*XX was markedly increased in patients with YY disease compared with control subjects.*

# SOME GENERAL ADVICE

*You must be able to defend every sentence.*

*XX was markedly increased in patients With YY disease compared with control subjects. But the  $p$  value is not significant!!*

# SOME GENERAL ADVICE

*These results were statistically significant  
( $p = 0.001$ ).*

*What is wrong with that wording?*

# SOME GENERAL ADVICE

*These results were statistically significant  
( $p = 0.001$ ).*

*What is wrong with that wording?*

*If they are significant with a  $p$  value then they  
Were obtained by a statistical test!*

*Change to:*

*These results were significant ( $p = 0.001$ ).*

# SOME GENERAL ADVICE

*“We enrolled 91 patients who were diagnosed to have CMP. The patients were divided into 3 groups; patients with idiopathic CMP (n = 33), ischemic CMP (n = 31) and controls (n = 27). ”*

# **SOME GENERAL ADVICE**

*ALL tables and figures must be able to  
“stand alone”.*

# SOME GENERAL ADVICE

*High levels of X are associated with a higher prevalence of disease Z.*

# SOME GENERAL ADVICE

*High levels of X are associated with a higher prevalence of disease Z.*

- 1) *“High” and “higher” in the same sentence (e.g. use raised levels)*
- 2) *Levels = serum, plasma or blood? Other details e.g. fasting?*

# SOME GENERAL ADVICE

*A clinically relevant treatment target*

=

*A relevant treatment target*

# REFEREEING

- *No more agreement than expected by chance*
- *Arrogant referee or has a personal agenda*
- *Editor can ignore a referee's comment but the authors cannot*
- *Bias: should not be there but unfortunately is. Influenced by quality of submission.*

# REFEREEING

## Clarity of response is crucial !

- *Point by point response in different colour*
- *You can refute a comment*
- *Point to inconsistent comments or to lack of honesty*
- *Your paper cannot cover everything*
- *Cite your own work (within reason !). Big journals preferably*

# REFEREEING

## *Clarity of response is crucial !*

- *Referees please do not abuse the privilege!*
- *Keep it simple*
- *Improve the paper*

*These days referees are difficult to find (poor text → editor does not want to bother referees)*

# MARKERS OF 'RESEARCH' SUCCESS – an individual's *metrics*

1] MEDLINE entries

2] CITATIONS (ISI, core collection)

3] H (Hirsch) factor

4] EDITORSHIPS

# MARKERS OF 'RESEARCH' SUCCESS

*These markers are available on the internet.  
Therefore, you cannot hide.*

*List of most cited people in several fields  
(e.g. clinical medicine). University and  
country rankings. Most cited paper list.*