

HOW TO WRITE A PAPER

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**Dept. of Clinical Biochemistry
(Vascular Disease Prevention Clinics)
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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 = 2.3)
- *Curr Med Res Opin* (IF = 2.643)
- *Expert Opin Pharmacotherapy* (IF = 3.534)
- *Angiology* (IF = 2.931)
- *Clinical Lipidology* (IF = 0.769)
- *The Open Cardiovasc Med J*

MY CREDENTIALS

Principal Editor

- *Platelets* (IF = 3.0)

Section Editor

- *Curr Pharmaceutical Design* (IF = 3.0)

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

1,171 entries on *MEDLINE*, Nov 2016

CITATIONS

22,483 on *ISI Core Collection*, Nov 2016

H-factor

64 on *ISI Core Collection*, Nov 2016

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 (*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- To ***present*** early (unpublished?)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. do not use several abbreviations for the same thing)
- Be sensible! (e.g. VD)
- Units: mg/L or mg/l?
- Add values in 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: very strict!**

SOME GENERAL ADVICE

REFERENCES:

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

SOME GENERAL ADVICE

Plaque rapture = Plaque rupture

Rapture: a feeling of intense pleasure or joy

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.*

