

# TEN Keeps of Writing Medical Articles

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## Why TEN Keeps?

- To prepare the better manuscript and be published for **Authors**
- To review manuscripts easier for **Reviewers**
- To select and edit manuscripts efficiently for **Editors**

# Purpose of Publication

- Scientific contribution for professionals
  - Transition of private new knowledge to public known knowledge
  - Public offer to agree and cite publications
  - Academic benefits
- Write manuscripts based on the purpose of publication: **Easy to read and to understand → TEN Keeps**

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## TEN Keeps 1

**Keep Design of Articles:** Design article structure before writing

- Scientific contents
- Conclusion
- Target journal: factors considered
  - Scope, JIF, Publication feasibility
- Authors in order and Contributors
- References

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## TEN Keeps 2

### **Keep Uniform of Target Journal to prepare the manuscript**

- Keep journal's format in details
- Uniforms
  - NLM style (Vancouver style)
  - APA style (Harvard style)
  - Mixed style

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## TEN Keeps 3

### **Keep Consistency:** Keep flow in the same order of concepts and words throughout the manuscript

- Title
- Abstract
- Text
- Key words

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## TEN Keeps 4

**Keep Rapid Drafting and Slow Cooking:** Drafting as soon and cook it slowly and repeatedly

- **Rapid drafting:** correct & no loss
- **Slow cooking:** TEN Keeps

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## TEN Keeps 5

**KESSS! Keep Sentences Simple and Sexy:** Make sentences short within 30 words in a sentence

- Short sentences for better readability
- The shorter, the better!
- The longer, the worse readable!

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# TEN Keeps 6

**Keep Scientific Confidence:** Authors should be confident for their results and make clear conclusions based on the confidence.

- All authors are responsible for data!
- Author's confidence can produce scientific value!
- Scientific confidence is the core of an article!

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## 결론문 예시

Our results indicate that combination of [ $^{18}\text{F}$ ]-FDG-PET/CT and [ $^{124}\text{I}$ ]-PET/CT affords a valuable diagnostic method that can be used to make therapeutic decisions in terms of whether further surgery is required or whether radioactive-iodine treatment is appropriate in patients with DTC who are tumor-free on conventional imaging studies but who have high Tg levels. However, continuing and cooperative study are still necessary, due to existence of a considerable number of patients who could not be localized tumor recurrence by these diagnostic modalities.

# TEN Keeps 7

**Keep Rule of TEN 1:** Only 10% of title readers read abstract after screening articles by title.

- Meeting point with readers
- Attractive titles invite readers.

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## Rule of TEN 1

- Titles must be attractive to readers: Professional
- Simple, Clear, Specific → SEXY!
- Combination of key words
- Important one first
- The shorter, the better!

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# Principles of Title Writing

- Title form
  - Phrase
  - Sentence
  - Title and subtitle
- Within 12-15 words, 100 spaces
- ‘A’ (Stimulating, Inhibitory) Effects of ‘B’ (Drugs, Materials, Methods) on ‘C’ (Diseases, Patients, Diagnosis, Findings, ...) in ‘D’ (Area, Time, Population...)
- Follow any instruction of target journal

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## Writing Tips for Titles 1

- Clear expression
- Avoid
  - Serial number
  - Abbreviations
  - Commercial brand names
- Inadequate expression to avoid: The, A -, Of, On, Results, Study (Studies), Notes on, An approach to, A study of, Some aspects of, Investigation of, Observation on, A novel method for, The effect of ....

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## Title Example 1

- 2004년 서울에서 발생한 비정형성 폐염 67례의 보고
- Report of 67 cases of atypical pneumonia in Seoul, 2004
- Epidemic atypical pneumonia: Sixty-seven cases in Seoul in 2004
- Epidemic atypical pneumonia in Seoul: 67 cases experienced in 2004

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## Title Example 2

- Clinical analysis of 67 atypical pneumonia cases in an epidemic occurrence in Seoul in 2004
- Epidemiological aspects of atypical pneumonia in Seoul, 2004
- Epidemic occurrence of atypical pneumonia in Seoul in 2004
- Sixty-seven cases of atypical pneumonia of epidemic occurrence in Seoul in 2004

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# TEN Keeps 8

**Keep Rule of TEN 2:** Only 10% of abstract readers read the text. Finally only 1% of title readers read the text.

- **Attractive title and informative abstract** may call citation. We should try to raise the readers' proportion over the 1%.

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## Rule of TEN 2

### Writing Good Abstract

- Structured or Unstructured abstract
- Clear and understandable, essential core contents
- Length limit: 250 words
- Abstract swims alone through the web: informative
- Most readers read abstract only with Tables or Figures and decide citation

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## Abstract Writing Tip 1

- **Writing Flow:** Question to Answer
  - Background or Purpose
  - How? Materials and Methods
  - What? Results
  - So what? Conclusion
- Avoid reviewing, reference citing
- Follow guidelines if any

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## Abstract Writing Tip 2

- Describe core results in detail with numeric data.
- Avoid numbering of results
- Explain abbreviations
- Conclusion is essential and same with in the text.

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## **Ureterolithiasis: Value of the Tail Sign in Differentiating Phleboliths from Ureteral Calculi at Nonenhanced Helical CT**

**PURPOSE:** To determine the value of the tail sign in differentiating phleboliths from ureteral calculi at nonenhanced helical computed tomography (CT).

**MATERIALS AND METHODS:** The enhanced helical CT scans in 82 patients with a confirmed diagnosis of pelvic urolithiasis were retrospectively reviewed. Each calcification along the ureter was classified as a phlebolith or a ureteral calculus on the basis of clinical and imaging findings and was analyzed for the presence of a tail sign.

**RESULTS:** Eighty-two patients each had a single ureteral calculus. None of these calculi were associated with a positive tail sign. Sixty-nine phleboliths were present in 35 patients. Forty-five phleboliths (65%) were associated with a positive tail sign. Of the remaining 24 phleboliths, 17 (25%) were associated with a negative tail sign and seven (10%) were indeterminate. The tail sign has a sensitivity of 65% (45 of 69; 95% CI: 53%, 75%) and a specificity of 100% (82 of 82; 95% CI: 96%, 100%) in differentiating phlebolith from ureteral calculi.

**CONCLUSION:** The tail sign is an important indicator that a suspicious calcification represents a phlebolith. Absence of the tail sign indicates that the calcification remains indeterminate.

## **Long-term efficacy of early versus delayed radiotherapy for low-grade astrocytoma and oligodendroglioma in adults: the EORTC 22845 randomised trial**

**BACKGROUND:** Postoperative policies of "wait-and-see" and radiotherapy for low-grade glioma are poorly defined. A trial in the mid 1980s established the radiation dose. In 1986 the EORTC Radiotherapy and Brain Tumor Groups initiated a prospective trial to compare early radiotherapy with delayed radiotherapy. An interim analysis has been reported. We now present the long-term results. **METHODS:** After surgery, patients from 24 centres across Europe were randomly assigned to either early radiotherapy of 54 Gy in fractions of 1.8 Gy or deferred radiotherapy until the time of progression (control group). Patients with low-grade astrocytoma, oligodendroglioma, mixed oligoastrocytoma, and incompletely resected pilocytic astrocytoma, with a WHO performance status 0-2 were eligible. Analysis was by intention to treat, and primary endpoints were overall and progression-free survival. **FINDINGS:** 157 patients were assigned early radiotherapy, and 157 control. Median progression-free survival was 5.3 years in the early radiotherapy group and 3.4 years in the control group (hazard ratio 0.59, 95% CI 0.45-0.77;  $p < 0.0001$ ). However, overall survival was similar between groups: median survival in the radiotherapy group was 7.4 years compared with 7.2 years in the control group (hazard ratio 0.97, 95% CI 0.71-1.34;  $p = 0.872$ ). In the control group, 65% of patients received radiotherapy at progression. At 1 year, seizures were better controlled in the early radiotherapy group. **INTERPRETATION:** Early radiotherapy after surgery lengthens the period without progression but does not affect overall survival. Because quality of life was not studied, it is not known whether time to progression reflects clinical deterioration. Radiotherapy could be deferred for patients with low-grade glioma who are in a good condition, provided they are carefully monitored.

## Comparison of a Strategy Favoring Early Surgical Resection vs a Strategy Favoring Watchful Waiting in Low-Grade Gliomas

**CONTEXT** There are no controlled studies on surgical treatment of diffuse low-grade gliomas (LGGs), and management is controversial. **OBJECTIVE** To examine survival in population-based parallel cohorts of LGGs from 2 Norwegian university hospitals with different surgical treatment strategies. **DESIGN, SETTING, AND PATIENTS** Both neurosurgical departments are exclusive providers in adjacent geographical regions with regional referral practices. In hospital A diagnostic biopsies followed by a "wait and scan" approach has been favored (biopsy and watchful waiting), while early resections have been advocated in hospital B (early resection). Thus, the treatment strategy in individual patients has been highly dependent on the patient's residential address. Histopathology specimens from all adult patients diagnosed with LGG from 1998 through 2009 underwent a blinded histopathological review to ensure uniform classification and inclusion. Follow-up ended April 11, 2011. There were 153 patients (66 from the center favoring biopsy and watchful waiting and 87 from the center favoring early resection) with diffuse LGGs included. **MAIN OUTCOME MEASURE** The prespecified primary end point was overall survival based on regional comparisons without adjusting for administered treatment. **RESULTS** Initial biopsy alone was carried out in 47 (71%) patients served by the center favoring biopsy and watchful waiting and in 12 (14%) patients served by the center favoring early resection ( $P < .001$ ). Median follow-up was 7.0 years (interquartile range, 4.5-10.9) at the center favoring biopsy and watchful waiting and 7.1 years (interquartile range, 4.2-9.9) at the center favoring early resection ( $P = .95$ ). The 2 groups were comparable with respect to baseline parameters. Overall survival was significantly better with early surgical resection ( $P = .01$ ). Median survival was 5.9 years (95% CI, 4.5-7.3) with the approach favoring biopsy only while median survival was not reached with the approach favoring early resection. Estimated 5-year survival was 60% (95% CI, 48%-72%) and 74% (95% CI, 64%-84%) for biopsy and watchful waiting and early resection, respectively. In an adjusted multivariable analysis the relative hazard ratio was 1.8 (95% CI, 1.1-2.9,  $P = .03$ ) when treated at the center favoring biopsy and watchful waiting. **CONCLUSIONS** For patients in Norway with LGG, treatment at a center that favored early surgical resection was associated with better overall survival than treatment at a center that favored biopsy and watchful waiting. This survival benefit remained after adjusting for validated prognostic factors.

## Association between use of lung-protective ventilation with lower tidal volumes and clinical outcomes among patients without acute respiratory distress syndrome: a meta-analysis

### **CONTEXT:**

Lung-protective mechanical ventilation with the use of lower tidal volumes has been found to improve outcomes of patients with acute respiratory distress syndrome (ARDS). It has been suggested that use of lower tidal volumes also benefits patients who do not have ARDS.

### **OBJECTIVE:**

To determine whether use of lower tidal volumes is associated with improved outcomes of patients receiving ventilation who do not have ARDS.

### **DATA SOURCES:**

MEDLINE, CINAHL, Web of Science, and Cochrane Central Register of Controlled Trials up to August 2012.

### **STUDY SELECTION:**

Eligible studies evaluated use of lower vs higher tidal volumes in patients without ARDS at onset of mechanical ventilation and reported lung injury development, overall mortality, pulmonary infection, atelectasis, and biochemical alterations.

### **DATA EXTRACTION:**

Three reviewers extracted data on study characteristics, methods, and outcomes. Disagreement was resolved by consensus.

### **DATA SYNTHESIS:**

Twenty articles (2822 participants) were included. Meta-analysis using a fixed-effects model showed a decrease in lung injury development (risk ratio [RR], 0.33; 95% CI, 0.23 to 0.47; I<sup>2</sup>, 0%; number needed to treat [NNT], 11), and mortality (RR, 0.64; 95% CI, 0.46 to 0.89; I<sup>2</sup>, 0%; NNT, 23) in patients receiving ventilation with lower tidal volumes. The results of lung injury development were similar when stratified by the type of study (randomized vs nonrandomized) and were significant only in randomized trials for pulmonary infection and only in nonrandomized trials for mortality. Meta-analysis using a random-effects model showed, in protective ventilation groups, a lower incidence of pulmonary infection (RR, 0.45; 95% CI, 0.22 to 0.92; I<sup>2</sup>, 32%; NNT, 26), lower mean (SD) hospital length of stay (6.91 [2.36] vs 8.87 [2.93] days, respectively; standardized mean difference [SMD], 0.51; 95% CI, 0.20 to 0.82; I<sup>2</sup>, 75%), higher mean (SD) PaCO<sub>2</sub> levels (41.05 [3.79] vs 37.90 [4.19] mm Hg, respectively; SMD, -0.51; 95% CI, -0.70 to -0.32; I<sup>2</sup>, 54%), and lower mean (SD) pH values (7.37 [0.03] vs 7.40 [0.04], respectively; SMD, 1.16; 95% CI, 0.31 to 2.02; I<sup>2</sup>, 96%) but similar mean (SD) ratios of PaO<sub>2</sub> to fraction of inspired oxygen (304.40 [65.7] vs 312.97 [68.13], respectively; SMD, 0.11; 95% CI, -0.06 to 0.27; I<sup>2</sup>, 60%). Tidal volume gradients between the 2 groups did not influence significantly the final results.

### **CONCLUSIONS:**

Among patients without ARDS, protective ventilation with lower tidal volumes was associated with better clinical outcomes. Some of the limitations of the meta-analysis were the mixed setting of mechanical ventilation (intensive care unit or operating room) and the duration of mechanical ventilation.

### ***Example of Unstructured Abstract:***

#### **Characterization of *Mycobacterium tuberculosis* complex isolates from Greek patients with sarcoidosis by Spoligotyping.**

**A, B)** Spoligotyping was undertaken with 38 *Mycobacterium tuberculosis* isolates from Greek sarcoidosis patients and 31 isolates from patients with tuberculosis. **C)** Fifty percent of the isolates from sarcoidosis patients and 16.13% of the isolates from patients with tuberculosis were represented by a unique pattern, whereas the remaining isolates belonged to seven shared types. **D)** Interestingly, half of the isolates from sarcoidosis patients did not resemble the spoligotypes of the isolates from patients with tuberculosis, most of which pertained to shared spoligotypes.

### ***Example of Unstructured Abstract:***

#### **Low risk of mother-to-child transmission of hepatitis C virus in Yaounde, Cameroon**

**A, B)** To assess mother-to-child transmission (MTCT) of hepatitis C virus (HCV) in Cameroon, 5,008 pregnant women were screened for HCV antibodies. **C)** Eighty-nine (1.8%) were HCV-antibody (HCV-Ab) positive. Among these, 7 (7.9%) were HBsAg positive, 6 (6.7%) HIV-positive, and one (1.1%) was co-infected by both hepatitis B virus (HBV) and HIV. Sixty-eight (76%) out of 89 HCV-Ab positive pregnant women were HCV-RNA positive. The HCV genotype determination indicated the predominance of genotype 4 (45.3%), followed by the genotypes 1 (28.1%) and 2 (26.6%). The mean HCV-RNA levels of 41 women at the time of delivery was 4.8 (range 0.06-34.7) x 10(6) RNA copies/mL. Finally, 35 women delivered 36 live children. None of those screened at 6 weeks and 6 months of age were HCV-RNA positive. **D)** The failure to detect HCV vertical transmission suggests that the mother-to-child transmission (MTCT) is not a major route of HCV transmission in Cameroon.

# TEN Keeps 9

**Keep Rule of First and Last:** Organize text structure by **Topic at the first** and **Conclusion at the last**.

- Topic Paragraph & Conclusion Paragraph.
- Topic Sentence & Conclusion Sentence

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## Scheme of Text Structure 1 Introduction

- IMRAD Text
- Paragraph Scheme of Introduction
  - 2-3 Paragraphs
  - First: Topic paragraph
  - Middle: Extension paragraph
  - Last: Conclusion paragraph

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# Structure of Introduction

**Topic Paragraph:** Introduce audience to the article by explaining known facts

**Extension Paragraph:** Connect known to unknown

**Conclusion Paragraph:** Summarize what is done

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## Sentence Structure

- Sentences in a Paragraph
  - More than 2 sentences in a paragraph
  - First: Topic sentence
  - Middle: Extension sentence
  - Last: Conclusion sentence

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# Scheme of Discussion Structure

- Paragraph Scheme of Discussion
  - 4-6 Paragraphs
  - First: Topic paragraph
  - Middle: Extension paragraphs, One paragraph for one item
  - End of extension: Limitations of the study
  - Last: Conclusion paragraph

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## Structure of Discussion

**Topic Paragraph:** Summarize core results

**Extension Paragraphs:** Explain core results one by one with literature review. Concentrate supporting data for conclusion.

**Limitation Paragraph:** Describe limitations

**Conclusion Paragraph:** Describe scientific conclusion in present tense by summarizing conclusion sentences of each paragraph.

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# Sentence Structure of Discussion

- Sentences in Paragraphs
  - More than 2 sentences in a paragraph
  - First: Topic sentence
  - Middle: Extension sentences
  - Last: Conclusion sentence

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## Sentence Structure of Paragraph

**Topic Sentence:** Introduce findings one by one of individual items briefly

**Extension Sentences:** Explain the finding with literature review. Supportive or contradictive for conclusion.

**Conclusion Sentence:** Describe scientific conclusive meaning of the item.

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# TEN Keeps 10

**Keep Connecting Words:** Connect sentences by repeating common words within a paragraph. That keeps fluent flow of reading and easy understanding.

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## Topic Paragraph & Connecting Words

Praziquantel has been **used comprehensively** in both clinics and field as a broad-spectrum anthelmintic for the treatment of trematode or cestode infections. Though it is regarded as safe generally, **the comprehensive use of praziquantel** inevitably induces several **common adverse reactions**, such as, abdominal pain, diarrhea, dizziness, sleepiness, and headache.<sup>1</sup> Most of these **adverse reactions** are transient and rapidly subside without specific treatment. In addition to these **common adverse reactions** an **anaphylactic reaction** may occur, but it is very rare and neglected usually. A search of the literature revealed that two cases of **anaphylactic shock** have been attributed to praziquantel.<sup>2-3</sup>

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# Slow Cooking

- **Slow Cooking of Manuscripts:** Trim manuscripts more attractive
  - KESSS
  - Rule of TEN 1
  - Rule of TEN 2
  - Rule of First and Last
  - Connecting Words

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# 논문작성 권장순서

- Tables & Figures
- Abstract
- Results
- Materials and Methods
- Introduction
- Discussion

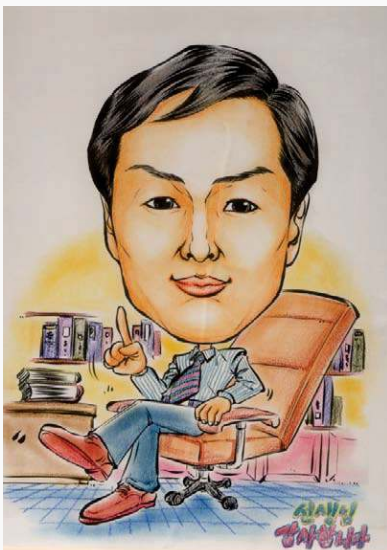
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## 군더더기 요령 추가

- Prepare the manuscript reader friendly
- Prepare the manuscript journal friendly
- Review the manuscript internally and externally
- Language review by an original speaker
- Back up the file
- Keep research and publication ethics through all procedure

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**Thank You for Attention!**  
**Good writing makes the  
manuscript published!**



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