

논문투고 및 투고 후 소통하기:
영문교정작업, 실제논문투고하기,
revision 답변달기, query form 작성하기

연세의대 이정윤

좋은 아이디어를 얻기위하여,

- 타인으로부터 유익한 암시를 받을 때가 있음.
- 새로운 아이디어는 두사람 이상의 지식 및 아이디어를 함께 모을 때 생겨나는 경우가 있음.
- 토론은 잘못된 발견에 유익한 방법임. 혼자 독립하여 동료와 이야기를 나누지 않는 연구자는 틀린 길을 걸어가다 많은 시간을 낭비하게 되는 경우가 있음.
- 토론과 의견의 교환은 기분을 상쾌하게 하고 자극하여, 진취적으로 만들기 때문에 곤란에 당면하여 고민할 때 도움이 됨.
- 토론의 또 다른 유익한 기능은 도움이 되지 않는 고정된 사고 습관에서 탈피할 수 있음.

나의 첫 저널 투고,

- 2012년 공보의 3년차부터
- 국민건강임상연구 자료를 가지고 논문을 작성
- 저널 투고를 시작
- 저널 형식을 맞추지 못하여 수정하여 제출할 것이라는 메일을 받음

영문교정작업

- 첫 영문교정 작업은 Editage에,
- 이후는 개인 editor와 작업을 진행하였음.

- 교정한 것을 그대로 받아들이기?
- 의학표현 등에 대하여 어색할 수 있음

- Communication with Editor

**Jung-Yun Lee** <yodrum682@gmail.com>

Christine에게 ▾

16. 5. 23. ☆

Hi, here's another work for treatment preference.

This is case for ovarian cancer.

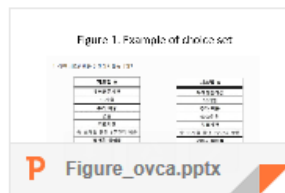
Could you please check the attached files and send me the estimates?

I am looking forward to hearing from you soon.

All the best,

Jung-Yun Lee

첨부파일 3개

**Christine Dentten** <cdentten@gmail.com>

나에게 ▾

16. 5. 26. ★



영어 ▾



한국어 ▾

메일 번역

영어 ▾

Hi Jung-Yun Lee,

Good to hear from you again.

I would be happy to edit this paper for you. I estimate that the cost would be GBP 75-80, and I would aim to return the paper to you early next week.

Just let me know if you would like me to go ahead.

All the best,

Christine

Jung-Yun Lee <yodrum682@gmail.com>

Christine에게 ▾

Dear Christine,

I appreciate your help.

I think this is very important study for the patients.

Christine Dentten <cdentten@gmail.com>

16. 6. 6. ☆

나에게 ▾

영어 ▾ > 한국어 ▾ [메일 번역](#)

영어 번역

Good morning,

Please see my comments below.

I hope that helps.

Christine

Christine Dentten
editor | copywriter
christinedentten.com

Sent from my iPad

On 06 Jun 2016, at 02:03, Jung-Yun Lee <yodrum682@gmail.com> wrote:

Dear Christine,

I appreciate your help.

I think this is very important study for the patients.

Some questions are follows:

1.
Our results suggest that the current cost of bevacizumab is sufficiently high that the majority of ovarian cancer patients are not willing to pay to accept a small incremental increase in progression-free survival. (your revision)

->

Our results suggest that the current cost of bevacizumab is too high that the majority of ovarian cancer patients are not willing to pay to accept a small increase in progression-free survival.

: In my opinion, "small incremental increase" seems duplicated. &

-- a small increase is fine

"sufficiently high" vs. "too high" , do you prefer "sufficiently"?

-- too high is incorrect. Use sufficiently high or so high (so high is more informal)

실제논문투고하기

- 누가해야 하는가?
- First author가?
- Corresponding author가?
- 책임저자의 역할은 무엇인가?

Notification to co-authors of submission to BMC Cancer BCAN-D-18-01016

받은편지함 x

jungyunlee@yuhs.ac x



BMC Cancer Editorial Office <em@editorialmanager.com>

Jung-Yun에게 ▾

4월 20일 (3일 전) ★



영어 ▾



한국어 ▾

메일 번역

영어 번역 안함 x

BCAN-D-18-01016

Prediction of Perioperative Complications after Robotic-Assisted Radical Hysterectomy for Cervical Cancer Using the Modified Surgical Apgar Score

Dear author:

You are receiving this email because you have been listed as an author on a manuscript recently submitted to BMC Cancer. The manuscript details are below.

Title: Prediction of Perioperative Complications after Robotic-Assisted Radical Hysterectomy for Cervical Cancer Using the Modified Surgical Apgar Score

Authors:

Corresponding author:

If you are not aware of the submission, or if you should not be listed as contributing author, please notify the Editorial Office. Contact details for the Editorial Office are available under "Contact Us" on the journal website.

Kind regards,

Editorial Office

BMC Cancer

<https://bmccancer.biomedcentral.com/>

투고 전 circulation의 예,

CEA for Stage IB cervical cancer, from Korean/Canadian/US perspectives

받은편지함 x

받은편지함 x



Kwon, Janice [VA] <Janice.Kwon@vch.ca>

나, kjwksh, Younhee, Tae-Jin, Blair, David에게

15. 5. 13. ☆



영어

> 한국어

메일 번역

영어 번역 안함 x



Jung-Yun Lee <yodrum682@gmail.com>

kjwksh, Younhee, Tae-Jin, Janice, Blair, David에게

15. 5. 12. ☆



Dear all,

I am Jung-Yun Lee from Yonsei University.

First of all, I appreciate your help and participation in this study.

Based on the cost from each country, I made key tables and figures.

For effectiveness,

I applied utility scores from previous study (Jewell et al. 2011)

survival outcomes were estimated from Phase III trials.

Due to limited studies, effectiveness is same from each country.

For cost,

cost for each strategy varies according to country.

However, base case analysis support primary surgery (the most cost-effectiveness strategy among three strategies).

Our results might be due to lower complication rate and higher utility scores after surgery alone.

When applying primary surgery to Stage IB cx ca, about half patients underwent surgery alone.

For US (surgery cost is relatively high), triage strategy is potentially cost-effective at very high test accuracy and at the lower range of MRI costs.

Could you please check the manuscript and key table/figures and give me comments?

All the best,

Jung-Yun Lee

Dear Dr. Lee:

Thank you for circulating the draft. You have done an impressive amount of work.

A few questions/comments (and I have added a few edits to the manuscript):

1. Table 1 - I haven't read the paper by Jewell et al 2011, but the utility associated with the RH high risk group is comparable/higher than that of CCRT? The RH high risk group has radical surgery followed by adjuvant radiotherapy, and given the increased morbidity after combined modality treatment for the high risk group, I would have expected that the utility should be lower than CCRT.
2. Table 2 - did you include utilities associated with the major complications (fistula, bowel obstruction, etc)?
3. Table 4 - it might be easier to read if this data is presented in a graph instead of a table. For example you could plot utilities vs. effectiveness in QALYs to illustrate how decreasing the utility of CCRT will decrease the quality-adjusted life expectancy for this strategy, and below a certain threshold (I am guessing around 0.85 or 0.84), it is dominant over primary surgery. Or you could generate a 2-way sensitivity analysis by varying the composite utility of RH and CCRT, given a willingness-to-pay threshold of \$50,000.
4. Table 5 - similarly, this data could be presented in a graph - I think it would be easier to read.

Is your analysis meant to be applicable to all Stage IB patients? There is a selection bias towards RH for women who are younger, healthier, with a better performance status and small Stage IB tumors, so the overall survival reported with RH will always be higher than that for CCRT. In our centre we would always offer surgery to women with small Stage IB1 tumors, but chemoradiotherapy for those with Stage IB2. If we were to compare outcomes between all Stage IB patients undergoing RH vs. those receiving CRT, I think the latter group will have a lower survival, simply because they have a larger tumor/higher risk of nodal disease and recurrence. There is only a subset of patients with larger Stage IB1 tumors for whom there would be uncertainty about treatment, so in Canada this analysis would be relevant to this subgroup and not to all Stage IB.

Thank you for allowing me to participate. Best regards, JSK

Janice S. Kwon, MD MPH FRCSC
Division of Gynecologic Oncology
University of British Columbia and BC Cancer Agency
2775 Laurel Street, 6th Floor
Vancouver, BC
V5Z 1M9
Tel: 604.875.4268
Fax: 604.875.4869

투고 전 circulation의 예,

CEA for Stage IB cervical cancer 받은편지함 x

Jung-Yun Lee <yodrum682@gmail.com> 15. 8. 9. ☆

Younhee, Tae-Jin, Janice, Blair, David, kwksh에게

Dear all,

First of all, I am very sorry for the late reply.

I really appreciate your comments for this study.

I attached the manuscript, table, figure.

According to the co-authors' comments, I revised the manuscript.

Final conclusions are follows.

Base case analysis showed that the triage strategy was the most cost-effective of the three strategies in all countries at the willingness-to-pay threshold of \$100,000 per QALY.

Please take a look. If you have any queries, please let me know.

For the next step, we are going to choose the target journal.

Could you please recommend the target journal for this?

All the best,

Thank you very much for participating in this work. I am looking forward to hearing from you soon.

김윤희 <jjo02@naver.com> 15. 8. 10. ☆

나, 이태진교수님에게

영어 > 한국어 > **메일 번역** [영어 번역 안함 x](#)

안녕하세요~ 김윤희입니다.

메일 확인할 때 검토하지 않으면 시기를 놓칠 것 같아 몇 가지 부분만 선택적으로 확인하였습니다.

1. table 결과표와 확률적 민감도 분석 결과: 이번에는 결과와 그림이 완벽하게 일치하는 것 같습니다~
2. 경제성 분석 부분: 관련하여 사소한 것 메모 세 개 달았습니다.
3. 임계값 관련: 이 부분 이태진 교수님과 상의드려야 할 것 같아 이태진 교수님께 같이 메일 드립니다. 현재 본문에 임계값이 2~3 GDP로 되어 있습니다. 양봉민 교수님도 그렇고 저 또한 후진국에서 DALY를 사용하여 산출하는 경제성 분석에 대한 기준으로 WHO에서 제시한 기준을 임계값으로 사용하는 것은 무리스럽다고 판단합니다. 1인당 GDP로 하면 미국 결과는 알라질 수 있을 것 같아 해당 국가의 교수님과 상의하셔야 하지 모르겠으나 한국은 비용-효과적이라는 결론에 변함이 없으므로 1인당 GDP로 임계값 기준을 설정해주시면 좋겠습니다. 물론 1인당 GDP 또한 암묵적인 것입니다. 제가 참여한 경제성 분석 연구에서 이와 같은 기준(2~3 GDP)이 사용되는 것에 우려가 있습니다.

Tae-Jin Lee <tjlee@snu.ac.kr> 15. 8. 10. ☆

김윤희, 나에게

저도 지금 논문을 검토해 보았습니다.

김윤희 박사 의견처럼, threshold로 10만불/QALY는 너무 높은 것 같습니다.

더군다나, discussion 시작부분에 usual WTP threshold 라고 하셨는데...이에 대해 동의가 이루어진 바는 없습니다.

또 한국, 미국, 캐나다의 threshold가 다 동일해야 할 이유도 없습니다.

NECA의 연구에서 나온 WTP per QALY 가 약 3만불 정도인 것으로 기억합니다. 이것을 reference로 하거나 1인당 GDP 기준으로 해도 한국의 경우는 triage strategy 가 여전히 cost-effective 하다고 볼 수 있으므로, 이를 근거로 수정이 필요할 것 같습니다.

사소한 것이긴 한데, 초록과 해당 본문에 \$10,000/QALY 라고 나오는데...이건 오타이지요?

이태진 드림

Tae-Jin Lee, Ph.D.
Professor in Health Economics
School of Public Health, Seoul National University
1 Gwanak-ro, Gwanak-gu, Seoul 151-742, South Korea
Tel) +82-2-880-2726; Fax) +82-2-745-9104

투고 전 COI 의 확인,

Request for COI. 받은편지함 x



Jung-Yun Lee <yodrum682@gmail.com>

14. 8. 21. ☆

David, Jason, kjwksh에게

Dear authors,

I hope you are going well.

Unfortunately, the manuscript "The cost-effectiveness of selective lymphadenectomy based on a preoperative prediction model in patients with endometrial cancer: Insights from the US and Korean healthcare systems" was rejected from J Clin Oncol.

Now we are going to submit this article to "Gyn Oncol".

Could you please fill up the attached file (COI for Gyn Oncol)?



Jae-Weon Kim <kjwksh@gmail.com>

14. 8. 21. ☆

나에게



영어 > 한국어 [메일 번역](#)

[영어 번역 안함](#) x

파일 보냄
추가 첨부한
interactive ICMJE 파일을 참조 바람.

김재원

Jae-Weon KIM | Professor | Gynecologic Oncology
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Please consider the environment before printing this e-mail.

...

실제논문투고 준비하기

- Target journal 의 checklist가 있으면 참고하기
- Cover letter 확인
- Title page (저자 숫자, 표기형식 등 확인)
- Abstract : word count / 제목 변경
- Manuscript, Reference 정리 (Endnote 사용)
- Table, Figure 요구표

자주하는 실수들

- Title page ; authorship 표기
- Word count ; abstract
- Reference style ; [1] or 1
- Table, figure 의 footnote ; * or a

CHECK LIST FOR AUTHORS

Required Submission Criteria

Order of Submission

The order of your new submission should be as follows:

- 1) Cover Letter
- 2) Conflict of Interest Forms (one per author)
- 3) Manuscript File (should include title page, abstract, full manuscript body text, conflict of interest statement, references, and table/figure legends)
- 4) All Regular Tables (in order of citation within the manuscript text)
- 5) All Regular Figures (in order of citation within the manuscript text)
- 6) All Supplementary Materials (including Surgical Film file)
- 7) Highlights

General

- Ensure the limitation on the **number of authors** has been observed. Please refer to the table below for article specifications. If you have more than the limited number of authors, you must provide justification in your cover letter. The justification should include a detailed list of each author's contribution to the article. If the handling editor feels that the number of authors is excessive, you may be asked to remove authors from the submission. Please note that if you add authors (beyond the limitation) at the revision stage, justification must be provided as well as a signed conflict of interest form for each new author. After your article is accepted, you may not add authors to the manuscript without prior approval from the editorial office. To determine authorship of manuscripts submitted to *Gynecologic Oncology*, please use the following criteria provided by the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (available from Secretariat Office, American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572).
- Suggest at least **two potential reviewers** who are experts in the field and provide reviewer's full name and current functioning email addresses for each.
- Provide a **cover letter** that outlines the significance of the findings, the contribution of the individual authors, and any other information pertinent to the review and publication of the manuscript. If your paper has more than the allowed number of authors for the article type, your cover letter should also provide detailed information regarding each author's contribution to the article. All financial support should also be stated in the cover letter.
- Conflict of Interest Forms** for all authors are signed and included with the submission. Please note that manuscript will not be seen by editors or reviewers until all conflict of interest forms are included with the submission. Forms may be downloaded here: http://cdn.elsevier.com/promis_misc/YGYNO_and_GORE_ICMJIE_COI.pdf
- A **Conflict of Interest statement** is included in the main manuscript file and appears before the reference listing
- Pages are numbered** consecutively
- Lines are numbered** consecutively. All line numbers should be provided on the left margin of the page, and each and every line should be numbered. Please number all pages continuously and do not restart the line numbering on each page. You may add line numbers in Microsoft Word by clicking on "File", select "Page setup", select the "Layout" tab, click on the "Line Numbering" button, check the "Add Line Numbering" box, and select "Continuous"
- Lines are double-spaced**
- Word count / table & figure limitations** are observed both on the abstract and on the manuscript text.

Gynecologic Oncology: Detailed Requirements for Submitted Manuscripts

Article Type	Abstract	Abstract Length (words)	Manuscript Length (words)	Tables and/or Figures (max.)	Supplementary Material	No. of Authors (max.)	References	Highlights***
Research Paper	Structured	250	4000	6	No Limit	No Limit*	40	Required
Systematic Review and/or Meta-Analysis Article	Structured or Unstructured	300	5500	6	No Limit	4	70	Required
Society Position Statements or White Papers	Not required	n/a	6000	6		No Limit*	50	Required
Editorial	No abstract	n/a	1600	n/a	No Limit	4	10	Required
Clinical Commentary	No abstract	n/a	1600	n/a	No Limit	4	10	Required
Surgical Film	Structured	250	n/a	1 'still' figure	1 film**	4	4	Required

* If the research has been conducted by a multi-center group, the group should identify a writing committee which is directly responsible for the manuscript.

** The maximum file size is **100 MB** (after conversion to mp4). Videos will be published in mp4 format only. Formats accepted for conversion include: mpg, avi, mov, wma, wmv, swf, rm, fla.

*** For all article types **highlights are required**. The research highlights are 2-3 bullet points (a maximum of 20 words for each bullet point) which is not identical to the article title or the full abstract. Please see <http://www.elsevier.com/researchhighlights> for examples.

- The manuscript is **written in clear and proper English**.
- All files are presented in the **proper order**. Files should be ordered according to the number which appears next to the file description on the "Attach Files" screen.

Title page

- Every submission must include a title page as the **first page of the manuscript file** (please note: not the system generated built PDF, but rather the Microsoft Word document or RTF file that you upload to your submission). Please note that the corresponding author listed on your title page must match the corresponding author entered in our systems; should this information conflict, we reserve the right to contact either or both authors for correspondence.
- Includes **full title** of manuscript.
- Includes **all author names** in the style and order to be published.
- All **current author affiliations** are provided.
- The **corresponding author** is denoted.
- The current postal address, telephone number, fax number, and **functioning email address** is provided for the corresponding author.
- If an author has moved since the work described in the article was done, or was visiting at the time, a **"Present address"** (or **"Permanent address"**) may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes

Abstract

- Word count** limitations are observed.
- For Research papers and Surgical films, a **structured abstract** is required. The abstract must be divided into the following sections: Objective, Methods, Results, and Conclusions.
- For Systematic Reviews and/or Meta-Analysis Articles either a structured abstract or unstructured abstract is acceptable.

References

- References are cited in text by **number in order of appearance**.
- All references provided in the reference listing have been **cited within the text** of the manuscript.
- References should be cited in the text by Arabic numerals in square brackets, [1], [2], etc., in order of appearance and follow the **Vancouver Style** (http://www.library.uwa.edu.au/education_training_and_support/guides/citing_your_sources_-_vancouver_style). Only articles that have been published or are in press should be included in the references. Unpublished results or personal communications should be cited as such in the text.
[1] Ostor AG, Duncan A, Quinn M, Rome R. Adenocarcinoma in situ of the uterine cervix: an experience with 100 cases. *Gynecol Oncol* 2000;79:207-10.
[2] Hay R. Atlas of human tumor cell lines. San Diego: Academic Press; 1994.
[3] DiSaia PJ, Creasman WT. The adnexal mass and early ovarian cancer. In: DiSaia PJ, Creasman WT, editors. *Clinical gynecologic oncology*. 5th ed. St. Louis: Mosby-Year Book;1997. p. 253-61.
[4] Breast Cancer Information Core (BIC) databases (http://www.nhgri.nih.gov/Intramural_research/Lab_transfer/Bic/).

Tables and Figures

- Table and figure limitations** are observed. Any excess tables or figures are supplied as supplementary materials.
- Please see <http://www.elsevier.com/artworkinstructions> for **additional instructions**
- All figures are provided in EPS, TIFF, JPEG, or PDF **file format** and all tables are provided in DOC or RTF file format.
- All figures pass system **quality check** on the "QC Check" screen and are provided in high-resolution.
- All tables and figures are **labeled and files are named** according to the order of appearance in the manuscript.
- Each table or figure has an **accompanying legend**. Labels on legends should match labels on figures or tables. All table and figure legends should be provided in a list in the order of appearance of citation within the manuscript text. This list should appear at the end of your manuscript file (not in a separate file) after your reference listing. Please ensure that the label on each legend matches the label on the corresponding figure. Legends for supplementary figures should be labeled "S1", "S2", etc.
- Neither tables nor figures are embedded in the manuscript text. Figures should be provided in a **separate file**, while tables may be presented either in a separate file or at the end of your manuscript file.
- All figures and tables are **readable and appear in full** in the system built PDF. Nothing should be cut off from the edge of the page or be otherwise unreadable.
- For Surgical Films, all videos must be submitted as a supplementary item and should be no larger than 100MB. All videos should be provided in either MPG, MP4, AVI, GIF, or MOV file format. All video submissions should also contain a figure still either a frame from the video or animation or a separate image. The figure still should adhere to the file format guideline specified above.
- If, together with your accepted article, you submit **usable color figures** then Elsevier will ensure, at no additional charge, that these figures will appear in color on the Web (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your

accepted article. Please indicate your preference for color in print or on the Web only. For further information on the preparation of electronic artwork, please see <http://www.elsevier.com/artworkinstructions>. Please note: Because of technical complications which can arise by converting color figures to "gray scale" (for the printed version should you not opt for color in print) please submit in addition usable black and white versions of all the color illustrations.

Supplementary Materials

- All supplementary materials must be provided in **separate files**. Supplementary materials are intended for **online publication only** and will not be published in print. Like regular figures and tables, supplementary materials are subject to a quality check to ensure that they are publishable. Supplementary figures and tables should be labeled "S1", "S2", etc.

Highlights

- For all article types except Letters to the Editor **highlights are required**. The research highlights are 2-3 bullet points (a maximum of 20 words for each bullet point) which is not identical to the article title or the full abstract. Please see <http://www.elsevier.com/researchhighlights> for examples.

MANUSCRIPT SUBMISSION CHECKLIST

This checklist is meant to be a guide for submission to JGO. It is for reference purposes only. Please see the Information for Authors page at <http://ejgo.org/src/JGO-Instructions-20160829.pdf> for additional and more detailed instruction. Manuscripts may be returned that do not adhere to JGO's instructions for authors.

Manuscript File (include in the following order):

- Title Page (include all of the following information):
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Reject 후 다른저널에 제출

JCO/2017/758797 - Final Decision

받은편지함 x



emilie.gunn@asco.org

나에게



영어

> 한국어

메일 번역

TITLE: Comparative Effectiveness of abdominal versus laparoscopic radical hysterectomy for cervical cancer in the postdissemination era

- PLEASE DO NOT REPLY TO THIS EMAIL -

Dear Dr. Lee:

Thank you for your submission to Journal of Clinical Oncology. I have read your manuscript in full detail.

I am sorry to report that we are unable to accept your manuscript for publication. Many considerations factored into our decision, but we had particular concern regarding the ability of the observational database to support your conclusion that laparoscopic hysterectomy had favorable outcomes and lower costs compared to abdominal hysterectomy. Specifically, you note that the laparoscopic surgery patients were younger and more recently diagnosed than abdominal surgery patients. These facts alone could account for much of the observed differences in outcomes, but there are likely many other unmeasured factors related to selection of patients for the different procedures that could play a role as well. We would suggest reconsidering your analysis before identifying another journal for your paper.

Journal of Clinical Oncology receives an average of 5,000 submissions per year, of which more than 3,000 are Original Reports, and less than 13% of these are ultimately accepted for publication. In view of the many manuscripts that we receive for consideration, it is sometimes necessary to make an editorial decision as to whether a paper's priority is high enough to warrant full review. Rejection of a manuscript based upon priority considerations should not be taken to imply that the study lacks merit. Rather, the expedited review process is ultimately designed to permit you to more rapidly resubmit the paper to a more appropriate journal.

Sincerely,

Scott Ramsey, MD, PhD
Consultant Editor
Journal of Clinical Oncology

Initial Editorial Review

- **Reject without Peer Review**

- ✓ Too much manuscript submitted to the journal
- ✓ Editors wish to use reviewers only for papers with a good probability of acceptance
- ✓ To make the authors submit the manuscript to another appropriate journal quickly

가능한 빨리, 제출하는 것이 좋다.

	Subject	Cor A	영문교정	1st	2nd	3rd	4th	5th
36	Treatment Preference- EMCA			Annals of Oncology	Cancer	Br J Cancer	Cancer medicine	ASO
		KY	O	reject	reject -> Cancer medicine recommended	reject	reject with comment	minor revision -> minor revision -> accept

Peer-review

- **After initial editorial review**
 - ✓ Editor reviews paper by herself/himself
 - ✓ Editor assigns to associate editor
 - ✓ Editor or associate editor assigns to peer reviewers
 - ✓ Authors select preferred peer reviewers

Peer-review 과정의 이해

Reviewer Invitation for [REDACTED]

받은편지함 x



Journal of Gynecologic Oncology

나에게

4월 18일 (5일 전) ★



영어 > 한국어 매일 번역

영어 번역 안함 x

Dear Dr. Lee,

You have been invited to review a manuscript for Journal of Gynecologic Oncology.

I would be grateful if you would review a paper entitled "[REDACTED]" for this journal.

This is the abstract:

Background: Medical models assist clinicians in making diagnostic and prognostic decisions in complex situations. In advanced ovarian cancer, medical models could help prevent unnecessary exploratory surgery. We designed two models to predict suboptimal or complete and optimal cytoreductive surgery in advanced ovarian cancer.

Methods: We collected clinicopathologic and surgical data from 110 patients with advanced ovarian cancer. Computed tomographic and laparoscopic data from these patients were used to determine peritoneal cancer index (PCI). These data were used to construct two-by-two contingency tables and our two predictive models. Each model included three risk score levels; the R4 model also included operative PCI, while the R3 model did not. Finally, we used the original patient data to validate the models (narrow validation).

Results: Our models predicted suboptimal or complete and optimal cytoreductive surgery with a sensitivity of 83% (R4 model) and 69% (R3 model). Our results also showed that PCI > 20 was a major risk factor for unresectability.

Discussion: Our medical models successfully predicted suboptimal or complete and optimal cytoreductive surgery in 110 patients with advanced ovarian cancer. Our models are easy to construct, based on readily available laboratory test data, simple to use clinically, and could reduce unnecessary exploratory surgery.

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The manuscript reference is JGO-18-0014.

If possible, I would appreciate receiving your review in 14 days. You may submit your comments online at the above URL. There you will find spaces for confidential comments to the editor, comments for the author and a report form to be completed.

With kind regards,

Editorial Office
Journal of Gynecologic Oncology

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Peer-review 과정의 이해

JGO-18-0014

Original Submission

Jung Yun Lee, MD, PhD (Reviewer 1)

Reviewer Recommendation Term:	Reject
Overall Reviewer Manuscript Rating:	60
Custom Review Question(s)	Response
Are you willing to review the revision of this manuscript?	No: .

Manuscript Rating Question(s):	Scale	Rating
The subject addressed in this article is worthy of investigation.	[1-3]	3
The information presented was new.	[1-5]	2
The conclusions were supported by the data.	[1-10]	5

Comments to Editor:

Is there a financial or other conflict of interest between your work and that of the authors?

YES ___ NO ___o

Please give a frank account of the strengths and weaknesses of the article:

Comments to Author:

This study evaluated a radiologic-laparoscopic model to predict suboptimal debulking surgery in advanced ovarian cancer. They performed pilot study by analyzing same data used for its construction. This issue is important in ovarian cancer management.

I have some questions.

1. How did you calculate positive weight / negative weight and points in table 1? Please explain in methods section with reference.
2. They used several parameters from CT, laparoscopy, operative findings. In practice, preoperative model is useful whether to do primary debulking surgery or not. Please mention why this model is important in advanced-stage ovarian cancer treatment? How about the accuracy of CT-PCI?
3. 8 page results section is too short. Please explain figure 3/ 4 in manuscript.
4. It would be much better if the authors validated their model in an external cohort.

Close

Editorial decision after peer-review

- **Accept as it is**
- **Reject**
- **Minor revision**
- **Major revision**

Accept as it is

- **“Accept as it is” is extremely rare for original articles**
- **Next step**
 - ✓ Congratulations!
 - ✓ Page proofs
 - ✓ E-pub ahead of print

Reject

- ✓ Probability **40-90%**
- ✓ Most journals accept 30% or less (NEJM, Lancet, JAMA, BMJ accept less than 10%)
- ✓ Do not be discouraged.
- ✓ It's part of growing older.

Reject-NEXT STEP

- **Do it**

- ✓ Try to find out the reasons why

- ✓ Accept the advantage of the reviewer's comments

- : They may review your manuscript for the other journal too

- ✓ Submit the manuscript to another journal

- : Publish or Perish.

Reject-NEXT STEP

- **Don't do it**

- ✓ Do not as editor to reconsider your manuscript.
- ✓ Do not find out an anonymous reviewer.
- ✓ Don't let it deter you from submitting to the journal in the future.

Frequent Reasons for Reject

- Results are not sound
- Interpretations are wrong or overstated
- Findings are not significant enough
- Ethical problem
- Badly presented manuscript

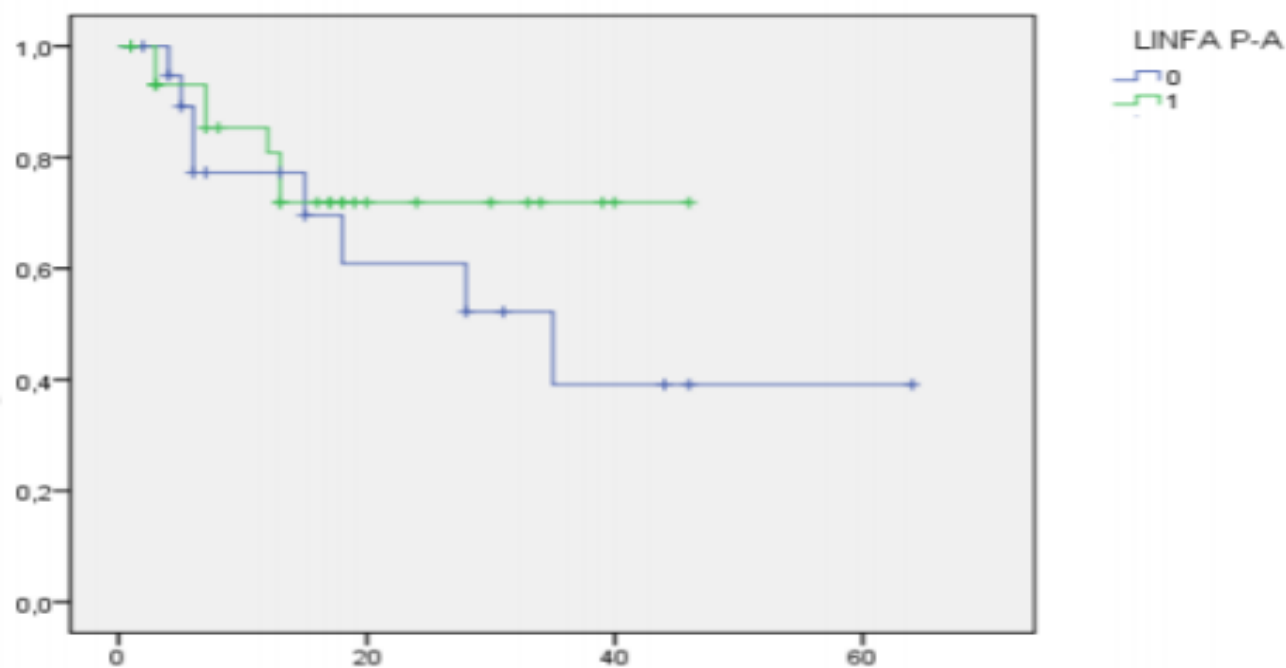


Figure 2. Disease-free interval among groups ($p=0,326$) (Mantel-Cox)

Table 1: FIGO stages (p<0,001)

	Group 1	Group 2
IIA2	0	1 (2,3%)
IIB	23 (74,1%)	11 (25,5%)
IIIB	7 (22,5%)	10 (23,2%)
IVA	1 (3,22%)	0
IVB	0	21 (48,8%)

Minor Revision

“I am pleased to inform you that it is considered acceptable for publication in _____ provided revisions are made.”

Minor Revision

- Some elements in the manuscript must be clarified, restructured, shortened or expanded.
- Basically, the manuscript is worth being published.
- “Minor revision” **does NOT guarantees** acceptance after revision!

Major Revision

“Your manuscript has been reviewed by the Editorial Board and by special expert referees. **Although it is judged not acceptable for publication** in Obstetrics & Gynecology in its present form, we would be willing to **give further consideration to a revised version.**”

Major Revision

- Significant deficiencies must be corrected before acceptance
- Usually involves (significant) textual modifications
- Additional experiments

- **Prompt and Proper response** according to the Reviewer's comments is the key point.
- The manuscript may finally be published in the journal.

GOT AN R&R FROM A JOURNAL

- ✓ Put off for a few days.
- ✓ Do not react emotionally.

**REVIEWERS CRITICIZED MY
RESEARCH**

Revising a Manuscript



Revising a Manuscript: Ten Principles to Guide Success for Publication

James M. Provenzale^{1,2}

OBJECTIVE. The process of revising a manuscript and successfully responding to the comments of reviewers and the Editor can be difficult. This article provides some practical steps to guide authors in this task and attain publication of their manuscript.

CONCLUSION. Following the principles outlined in this article will enable authors to successfully meet the challenges of manuscript revision and hasten the route to publication.

It is a rare author who has not, at some point, received a notice from a journal that a manuscript must be substantially revised before it can be published or one that states that the manuscript is rejected. However, most manuscripts receiving a recommendation of Reconsider with Major Revisions from the *AJR* editorial staff are subsequently published in the *AJR* (Haines GR, personal communication). Furthermore, most manuscripts rejected by the *AJR* are ultimately published, after revision, in another journal [1]. These facts should be encouraging to *AJR* authors and an impetus to quickly revise a manuscript after responding to reviewers' comments. However, for many authors, the process of revising a manuscript is an unnecessarily slow and arduous one.

A number of articles have been published that outline the principles of composing a manuscript [2–5]. In addition, guidelines to allow reviewers to better understand the features that journal editors seek in a manuscript have recently been published [6, 7]. However, relatively little has been published addressing the issue of how authors can most effectively revise a manuscript after receipt of reviewer recommendations. The intent of this article is to provide all authors of scientific manuscripts (not solely *AJR* authors) with practical suggestions for revising a manuscript in a manner that will increase the likelihood that the revised manuscript will be accepted for publication. The discussion that follows relates to both manuscripts that are allowed to be resubmitted to the original

journal and those that were rejected outright. Furthermore, the principles outlined in this article should prove helpful not only to authors at the start of their writing career but also to more senior investigators who seek to provide guidance to more junior colleagues.

The Initial Response to the Reviewer's Comments

On receiving a judgment of Reconsider with Major Revisions (or worse, a rejection notice), authors often feel a variety of emotions, including disappointment and, on occasion, resentment. After all, authors have put much painstaking effort into writing their manuscript; it may seem that many months of hard work will now fail to be rewarded. It is natural for some authors to believe that their manuscript has been misunderstood. Furthermore, in some instances, the author may be under the impression that the manuscript has not been given a fair chance at publication for various reasons.

On receiving a request for substantial revisions or a rejection notice, it may be helpful to put aside the reviewer's comments for a few days, which allows time to judiciously weigh your response and overcome any emotional response that might interfere with successful resubmission. A short delay will often allow the response to the editor and reviewers to be written in a more dispassionate manner than a response generated very soon after receipt of the reviews.

The manuscript revision process is one in which the author's emotions (and, in some cases, sense of professional self-worth) may

Keywords: manuscript, publication, reviewers, revision

DOI:10.2214/AJR.10.5553

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²Departments of Radiology, Oncology, and Biomedical Engineering, Emory University School of Medicine, Atlanta, GA.

WEB

This is a Web exclusive article.

AJR 2010; 195:W382–W387

0361–803X/10/1956–W382

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1. Decide Whether to Resubmit the Manuscript to the Same Journal

- Determine whether you can truly meet the objections of the Reviewers.
- Sometimes the comments provided by the reviewers cannot be adequately addressed without radically altering the manuscript.
- Best discussed with a more experienced author who may help with the decision whether to resubmit to the same journal or submit to a different journal.

Reviewer reports:

Wahyu Wulaningsih (Reviewer 1): The study concerns ovarian cancer survival between 1995 and 2014 and was based on the Korea Central Cancer Registry. The strength of the study is the national coverage of the data and the long study period. I think the manuscript is well-written and the topic is important. However, there are certain points which could be improved to provide more understanding into the subject. In particular, there could be more emphasis in how potential confounders were addressed. Please see my detailed comments below.

Major comments

1. The authors mentioned that bevacizumab was started to be covered by insurance in 2015. Could this event have influenced changes in the trend of ovarian cancer survival? Have the authors considered conducting a time series analysis comparing trends of survival before and after 2015, to assess any potential impact of the change in policy? Otherwise, how did the authors account for this event in the analysis?
2. What proportion of the population is covered by the national cancer registry? Was there any missing or inconsistent data and if any, how was that handled?
3. What was the reason for using 4 months as the cut-off to define primary treatment? Delays in treatment may have occurred due to certain factors e.g. comorbidities. Could this have explained why patients who underwent surgery had better outcomes? How did the authors account for comorbidities and other confounders such as BMI and lifestyle?
4. How was follow-up time defined in the Cox regression? This should be made clear. Also, Cox regression should be mentioned in the Methods. Did the authors check the proportionality of the hazard assumption?
5. Was there information on cause of deaths, and was there any change in the rates of dying from cancer and non-cancer causes during the 20 years?
6. The authors have correctly mentioned economic cost and insurance coverage as potential determinants of the use of targeted therapy. Although there was no information on socioeconomic status, could there have been information on other sociodemographic or health system-related indicators, such as region, urban/rural residence, or hospital status?
7. Information on SEER staging was only collected since 2005. Did the authors only included data collected since 2005 onwards for the multivariable analysis including SEER stage? Please clarify and provide the number of patients who died and the total number of patients for each category in Table 4.

Minor comments:

1. Abstract: Please mention the length of follow-up.
2. Methods: please provide references for methods used in the study e.g. staging, calculation of survival rates.

This study focuses on a very important and timely area of research as the current prognosis for ovarian cancer remains relatively poor. The main aim of the paper is to estimate the changes in ovarian cancer survival during the period 1995-2014. Importantly, the study presents key findings which indicate that the survival rates for specific sub-types and stage of the disease have improved while the rates remained stable for others. This paper also has several strengths including its relatively large sample size and its novel study population. However, the following areas need to be improved:

Abstract

1. Background:
 - a. The first sentence does not adequately justify why this study is important.
 - b. The last sentence, "during the last 20 years"- The author should add "prior to the era of targeted therapy" or replace during the last 20 years with "during the period 1995-2014. "
2. Methods: The author needs to restate this sentence to clearly explain why Cox proportional hazard regression was conducted "For example, Cox proportional hazard models were created to assess the associations of demographic factors, clinicopathological factors, with ovarian cancer survival".
3. Results-
 - a. The author needs to add the number of deaths which occurred during the study period.
 - b. The author stated that the aim is to assess changes over a 20-year period. However, the author excluded the period 2000-2009 from the main results. The author, therefore, needs to report the survival rate for these periods to provide the reader with an overall picture of the changes in survival over the entire period.
4. Conclusion:
 - a. The authors should also include the findings for stage of the disease.
 - b. The author stated that one of the study's hypotheses is to identify unmet clinical needs. The author needs to verify what is meant by unmet clinical needs and, how was this hypothesis tested?

Introduction

1. Lines 6-8: Since the emphasis of this paper is on ovarian cancer survival, the authors should report the trend in ovarian cancer survival rather than focus on the incidence of the disease.
2. Lines 8-13: This sentence can be rephrased as follows: Approximately 75% of newly diagnosed patients present with advanced-stage disease, which partly explains the high mortality rate for this disease. The author also needs to include a reference at the end of the sentence.
3. The second paragraph needs to be condensed and be more focused on the study's hypothesis.
4. Lines 23-26: The author needs to be specific about the effect of surgical cytoreduction, i.e. does it lead to improved or worse survival.
5. Lines 37-42 the author needs to more clearly indicate the benefit/s of chemotherapies in the management of recurrent disease.
6. This work appears to build on research that was previously done by Jung et al, 2017. The key findings from Jung et al should, therefore, be documented in the introduction. The authors also need to highlight the gaps which the study aims to fill?
7. Last sentence- See the comment above about unmet clinical needs.

Methods

1. First paragraph:

- a. The first sentence could start as follows: This study utilized data from the Korean National Cancer Incidence Database (KNCIDB), which includes KCCR data and information regarding the patients' demographic characteristics, primary cancer site, morphology, diagnosis date, and initial treatment.
- b. This could then be followed by the sentence starting "The Korea Central Cancer Registry (KCCR) was launched." The author should also indicate what type of data was collected by KCCR.
- c. The exclusion and/or inclusion criteria should also be clearly stated in this paragraph.

2. Second paragraph

- a. A description of the outcomes(i.e. ovarian cancer, staging, histological subtypes, etc.) and treatment modalities can be reported in the second paragraph
- b. The author also needs to describe how death was ascertained (e.g. death certificates)

3. Last paragraph

- a. Which statistical method was used to estimate the hazard ratios? What is the independent variable for this analysis? What is the time scale?

Results

1. The findings on the overall 5-year RSRs may not be adding much to what is already known about overall ovarian cancer survival in the current study population. As noted earlier, this was covered by Jung et al for the period 1993-2014, and, therefore, does not need to be repeated.
2. Figure 2- The legend needs to be clearer.
3. Table 3- The rates for overall early stage diseases could be deleted. These rates were already reported in Table 2.
4. Table 4: The title needs to be improved (What is the outcome and what are the exposures?).
5. The author assessed the associations between selected prognostic factors and ovarian cancer survival. The associations between these prognostic factors and ovarian cancer was not discussed in the Introduction nor was it included as one of the study's hypothesis. This needs to be incorporated in the Introduction.

Discussion

1. The discussion is too long and strays from the study's hypotheses. The ideas also do not flow logically.
2. Paragraph 1
 - a. The line starting, "The present study is one of the largest.... Should be moved to the strengths."
 - b. In addition to serous ovarian cancer, the author needs to also summarise the findings for other histological subtypes and stage of the disease.
4. How do the findings in the current study compare to similar studies?
5. The author placed too much emphasis on studies which explored the relation between various treatment modalities and prognosis. This was not main focus of this paper.

Conclusion

- a) The author needs to include a sentence within the conclusion which indicates that the survival rates for these subtypes remained low. A similar sentence should also be included in the discussion.
- b) "Given the low survival rate in cases with advanced-stage disease and the mucinous/clear cell subtypes"- Does the author mean advanced-stage mucinous/clear cell subtypes?

General

- a) Some in-text citations are missing.

2. Contact the Editor Regarding Unresolved Issues

- Authors are often reluctant to contact the journal editor for many reasons.
- Conversing with authors regarding their concerns is one of the important roles of the journal editor.

3. Prioritize the Reviewers' Comments

- **Make a list point-by point.**
- **Not all comments are equally important**
 - ✓ Some comments are merely suggestions for improvement.
 - ✓ Particular comments are extremely important for publication.
 - A very comprehensive response is needed
 - To provide less than what is requested results in “REJECT”

4. Approach the Reviewer as a Consultant Rather Than an Adversary

- The reviewer's comments have led to an improvement in the manuscript.
- The reviewer has performed the review as a courtesy.
- Generally, the reviewer is not compensated financially.
- **“We thank the reviewer for this helpful comment”**

5. Deal With Reviewer Comments With Which One Does Not Agree

- **Disagreement with reviewers' comments?**

- ✓ It is best to make all changes requested by reviewers.

- **A comment is based on a misunderstanding**

- ✓ The misunderstanding is due to lack of clarity on the author's part and not the fault of the reviewer.

- ✓ Politely suggest the comment may be based on a misunderstanding.

6. Disagree Without Being Disagreeable

- **Disagree with a reviewer**

- ✓ Make certain that they fully understand the reviewer's comments.
- ✓ Discussion with a coauthor → another party may provide insights into the review

- **Nonetheless, disagree with a reviewer**

- ✓ Polite rebuttal with a careful choice of words
- ✓ A logical response based on the facts is very important.
- ✓ If that cannot reasonably be provided, the reviewer is correct after all.

7. Devise a Strategy for Responding to Divergent Comments

- **Try to accommodate both requests when they are not mutually exclusive.**
- **At times the requests are indeed mutually exclusive.**
 - ✓ Indicate in the response letter that another reviewer specifically commented on the issue.
 - ✓ Contact the editor, indicate the discrepancy, and ask for advice.

8. Put in the Work and Show All That You Have Done

- **Very clearly indicate all the changes.**
 - ✓ Allow reviewers to very clearly see the changes.
 - ✓ Copy and paste the reviewers' comments into a response letter to the editor.
 - ✓ List a particular response in the letter below the corresponding reviewer comment.
 - ✓ Highlight the edited text in the annotated version.

9. If Requested, Shorten the Manuscript

- **Assign priority to various paragraphs.**
 - ✓ According to background Information
 - ✓ Introduction and Discussion
 - ✓ Figures or Tables

10. Review the Medical Literature Before Resubmission

- **Search for new articles since the time of the first submission.**
 - ✓ These articles should be cited.
 - ✓ It may enhance the manuscript by providing a fuller and more up-to-date assessment of the topic.
 - ✓ It may provide evidence supporting the hypothesis proposed in the original manuscript.

Query form 작성하기

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AUTHOR QUERY FORM

Journal: Journal of Gynecologic Oncology

Manuscript ID: JGO-18-0026.R2

Author: Yong Jae Lee, Young Shin Chung, Jung-Yun Lee, Eun Ji Nam, Sang Wun Kim,
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Sincerely yours,

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Q2	Abstract We changed all the 'primary <u>cytoreductive</u> surgery (PDS)' in the text to 'primary <u>debulking</u> surgery', Please confirm this change.	
Q3	Keywords We changed 'Interval <u>Debulking</u> Surgery' to ' <u>Debulking</u> Surgical Procedure' by referring to MeSH. Please confirm this change. http://www.ncbi.nlm.nih.gov/mesh	
Q4	Supplementary Table 1, 2 Table Numbers were amended in accordance with the order of quotation in main text. Please check it.	
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Thank you for your attention!
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