美捷登新年大礼：

发表 SCI 论文实用指南

美捷登主编夏老师在丁香园论英文论文的写作与发表集锦

美捷登生物科技有限公司(www.medjaden.com)编

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前言

美捷登主编夏老师在丁香园与广大战友共同探讨、学习近五年，积累、总结了许多关于英文论文写作与发表的知识和经验。近年来，常有许多战友就同样的问题 PM 咨询夏老师。虽然，通过这种形式，夏老师了解了丁香园战友的需求，结识了不少丁香园朋友，但他毕竟是义务在丁香园发帖、复帖。而且，他在美捷登亦是兼职性质。因此，我们觉得有必要将夏老师过去的所有有关英文论文写作与发表的帖子，分门别类、归纳组织并适当加工总结。这样既方便有需要的战友，又节约夏老师大量的时间。

夏老师的帖子大多简明扼要，有条有理。有些帖子深含寓意，是对夏老师 20 年的科研及论文写作发表经验的提炼和升华，常常能引起有论文写作发表经验的战友的共鸣；有些帖子看似常识，却是初试论文写作发表战友的指路明灯。

为了让战友了解帖子上下文关系和问题及其回复的完整性，我们亦选择性地保留其他战友的帖子（以蓝色表示）。每一帖的标题用红色标明，并加上链接。同时，有些很重要但夏老师未参与讨论的议题，我们附上夏老师在其他论坛的讲座或放在附录，予以补充。

我们衷心希望这本夏老师论英文论文的写作与发表集锦能真正地帮到所有需要的战友。因此，我们希望喜欢该帖的战友力顶，让其他战友有机会及时看到。同时，我们更需要所有战友对该帖提出宝贵意见和建议，使这份集锦更加充实和完整。

第一篇　总论（精华帖）

http://www.dxy.cn/bbs/post/view?bid=45&id=12604749&tpg=1&ppg=1&sty=3&age=0#12604749

【共享】发表 SCI 论文的一些小技巧（I）　[精华]

2008-08-26 11:07 **美捷登主编：**

如何发表 SCI 论文，丁香园很多战友都有谈到这个话题，再来说这个话题似乎是老生常谈。所以，今天美捷登编辑剑走偏锋，将 SCI 论文发表中大家可能比较感兴趣的一些小技巧整理出来，与大家分享。

一．SCI 论文，并没有想像中的难写

1.要熟悉你的专业，实验方法；要尊重结果，实事求是面对结果，下笔之前多看看文献，尤其是国外近期文献。相信只要是正确试验得来的结果都是可以解释的，是可以发表的。

2.对于初写者，“抄写”不可避免，妙在“抄写”技巧。同类性质的研究文章，撰写格式大同小异，所以，格式可以“照抄”。常用句型可灵活“抄”用。有些描述性、结论性的句子在读懂的情况下尽量用自己的语言表达和总结。但千万不可照抄未读懂的原句，否则，小者笑话百出，大者断送文章前程。

3.尽量使用你熟悉的词汇。不要故意使用华丽、少用或罕见词汇。

4.要舍得投入精力和时间。

5.文章写成后，一定要请导师、老板、共同作者或者同事审阅，有必要的话也可以请信誉度高的专业服务公司（比如美捷登）把关，提高成功率。

二．　如何投稿

论文投向哪份杂志其实还是有学问的。一般视课题的新颖及创造性、实验结果的完整及可靠性和论文写作质量而定。

如果你有足够的时间（1 年以上）等，最好先投比你的目标杂志更高的杂志，哪怕是 Lancet, NEJM,JAMA 等都不妨一试。这些杂志要么直接拒稿，要么送审后退稿（及少数直接收稿）。前者一般不到一周完成，

后者 1-2 个月。所以即使拒稿，你不会有任何损失，反而有可能收到非常有建设性的意见或建议。要知道，给这则杂志审稿的全非等闲之辈。他们在一针见血提出里文章的"软肋"的同时，往往会提出许多改进论文的良好建议。

如果你没有时间等，想让论文一次中的，又不愿"下嫁"你的大作，那么就要费心选择了。首先要正确判断你文章的内容及水平，在从资料库 ISI Web of Knowledge http://www.isiwebofknowledge.com 查找相关专业的杂志。再根据杂志刊名，杂志内容，IF 及年发表量等选择。进入杂志网站并参考其目录和发表的文章均有助于会杂志的选择。

三． 如何选择审稿人

许多杂志编辑希望你推荐 3-4 名审稿人，并很可能向你推荐的审稿人发审稿邀请。所以推荐审稿人还是有学问的。

如果你推荐的审稿人太忙或者太"牛"，他们根本不会理睬一般杂志的邀请，你的文章就可能不能及时找到审稿人。其实杂志对审稿人的身份要求不是太高的，但审稿人必须是某专业的专家。因此，许多在某专业发过论文的（我指的是英文 SCI）的作者都会收到审稿邀请信。因此，你在推荐审稿人时，不必太"挑剔"。

建议：

1. 推荐国外发过与你结果、结论相似文章的作者；
2. 推荐你论文中曾引用论文的作者；
3. 推荐你或你老板认识的同专业的教授、副教授。在国际有些影响的国内的学者也可以，这些学者在国内不一定是"牛"人，但深受国外学术界尊重。

四．关于撤稿

有作者投稿后因种种原因需要撤稿，但又担心编辑不高兴，甚至会被打入黑名单。

其实这种担心是没有必要的。但需要说明的是，你为什么要撤稿？材料方法不可靠，结果不能重复，还是设计本身有问题？这都是撤稿的理由。

但目前因体制原因国内有许多作者一稿多投，当文章被其中一份杂志接受后，作者就开始要求其他杂志撤稿。此种一稿多投的行为为国外学者所不齿。因为这样会浪费编辑和审稿人的大量时间。

五． 如何请国外 SCI 杂志减免版面费用

关于这个问题，其实是有点小窍门的，比如可以减少使用的图片，将彩色变为黑白等等……

这里所说的几个问题，可能只是沧海一粟。希望对大家有一点作用。

要了解更多详情，请登陆 丁香通美捷登 答疑专题。

发表 SCI 论文专帖链接《发表 SCI 论文的一些小技巧 (II)》：
http://www.dxy.cn/bbs/post/view?bid=45&id=12767562&sty=1&tpg=1&age=0

http://www.dxy.cn/bbs/post/view?bid=45&id=12767562&sty=1&tpg=1&age=0
Re:【共享】发表 SCI 论文的一些小技巧 (II) [精华]
2008-09-17 12:10 **美捷登主编：**
前面我们的帖子《发表 SCI 论文的一些小技巧 (1)》http://www.dxy.cn/bbs/post/view?bid=45&id=12604749&sty=1&tpg=1&age=0 得到了广大丁香园战友们的热烈响应。应战友的要求，也为答谢长期支持美捷登的战友，我们会根据我们的经验，陆续将一些往往被大家忽视但又比较重要的话题进行总结、整理、精炼，以系列形式呈现给大家，希望对更多有志于发表 SCI 论文的战友提供进一步的帮助。

六 论文投出后的命运

网上投稿完成后，作者会即时收到稿件通知。如果论文题材（Content）不适合所投刊物，编辑会比较快地回信退稿。如果格式(Format)有问题，编辑部也会即时要求重投（Re-submission）。否则，作者就进

入等待期。收到稿件后，编辑会挑选 2－3 名审稿人（很可能是由您自己推荐的）对论文进行评审。论文评审大多是对作者采用匿名形式。国外审稿人不是专职人员，也无评审费。但他们是已经在本领域建立了地位的"牛人"或者对本领域有相当研究但还不太知名的学者。前者比较忙碌，后者因考虑评审也可给自己带来声誉，所以会小心谨慎地进行评审。因此 两者完成评审可能都需要花较长时间。等待 2-3 个月是很普遍的。投稿者应对此予以理解，并耐心等待。除按收稿通知建议时间与编辑联系外，一般应给评审 3 个月时间。若仍无消息，可以与编辑联系催促一下。千万不要投稿一周就开始催促或过于频繁地催促，这样不仅不礼貌还会给编辑留下很不好的印象。（记住，也有比你更无耐心的编辑）。好的杂志一般都是按照杂志本身的时间规律去办事的。

审稿结束，作者会收到稿件评审意见和编辑的仲裁结果 -编辑在审稿过程中是仲裁和最后决策者。一般本质上有四种结果：拒绝（Rejection），修改后再投（Re-submission）, 修改（大修（Major revision）或小修（Minor revision)，及接受(直接接受(Acceptance)或有条件接受(Conditional acceptance upon satisfactory revision))。

七 如何对待编辑来信

1. 拒绝（Rejection）

国外刊物的拒稿率高低不等，5 分以上的杂志拒稿率可高达 80%，一般杂志拒稿率在 30％以上。所以，如果收到这样的答复，应根据评审意见修改文稿，然后根据修改质量再投其它杂志。通常是投到影响因子更低的杂志。但是，如果审稿人提出了非常有建设性的意见和建议，而你又感觉已充分合理地回答了这些意见和建议，你完全可以投向更好的杂志。

2. 修改后再投（Re-submission）

十几年前似乎没有修改后再投的情况。现在也不是所有杂志有这个类别。

这种情况时有发生。往往表明论文竞争力不够，甚至有缺陷。通常需要补试验或资料。多个审稿人之间意见也不一致，褒贬参半，编辑无法定夺。所以会退回作者修改。这时，作者应该认真阅读编辑和每个审稿人的意见和建议，至少补充审稿人建议的一个试验（能全部补充当然更好），然后有理有据的回答审稿人的每一个问题。修改后再投的论文被当作新投稿件，会重新编号，往往会给原审稿人重新评审，甚至送另一批审稿人评审。但只要认真回应了编辑和审稿人的意见和建议，论文大多是会被接受的。

3. 修改（大修（Major revision）或小修（Minor revision)

修改与修改后再投不同的是，修改后的文章不会重新编号，只在原编号后加 R1。

其实，许多杂志的"大修"其修改程度不亚于上述的"修改后再投"。不易轻视。同样，修改后的文章很可能会送原审稿人评审。一般被接收的机会很大。"小修"的文章一般原则上已被接受，但有少量地方需作者确认修改，故与有些杂志的"有条件接受"差不多（见下）。

4. 接收（Accepted with or without minor revision）

除少数杂志外，绝大多数杂志，尤其高质量的杂志，不会"直接接受(Accept as it is)"第一次投稿的论文。最好的情况是"有条件接受（Accepted with or without minor revision）"，也就是只要作者同意做某方面的修稿或补充，论文即被接受。

但大多收论文经过第一次修后接收。有时需要第二次修改。一般修改两次还不能让审稿人满意，编辑往往会拒稿。

八，如何回答审稿人

如何回答审稿人（或写回复信 Reply Letter）是一门艺术，我们将会另辟专贴，详细举例介绍。

国外审稿人是义务的，可以根据文章质量和自己的看法自由地提出意见和建议。国外审稿人绝大多数治学严谨，很注重 reputation，可以说拿信誉当生命。当他们接到审稿要求时，如果很忙或不懂你的专业或领域，他们会 decline。但只要答应审稿，一般都是尽职尽责的完成审稿任务。因此，当你接到审稿人的意见时，首先要摆正心态，保持冷静。不要用"偏见"的心态去断定审稿人有"偏见"、"歧视"。做研究的确很辛苦，发表文章也确实很不容易。但审稿人同样也很辛苦，也很不容易。他们认认真真地阅读你的文章，给你提出中肯的意见，甚至很好的建议。如果还被你措辞强硬的怪罪一阵，换着谁也会生气。要知道，找理由拒绝一篇文章并不是一件很难的事情。因此，这个时候，你一定要好好的静下心来，好好分析理解审稿人的意见，找出问题的所在。

1.所有问题必须逐条回答；2.尽量满足意见中需要补充的实验；3.满足不了的也不要回避，说明不能做的合理理由；4。对于你不认同的意见，也要委婉有技巧地回答，做到有理有据有节；5. 审稿人推荐的文献一定要引用，并加以讨论。

九，论文被接受后的事项
论文被接受后，就会收到印刷编辑寄回的校样。校样不容许大幅改动，除非有原则错误。校稿时主要查看基金号是否写错，作者名字是否写错（大部分杂志是不允许投稿后增减作者的），图表中的数据是否有误。有的杂志清样校正后的稿子是不允许再改动的。再改动要收费，并且延误出版。校样一般需要尽快寄还给印刷编辑。寄校样时，出版商会要求填写版权转让书（Transfer of Copy Right），并告知支付版面费的办法和订购单行本的方法。以往绝大多数杂志不收版面费，现在，随着 Open access 流行，收版面费的杂志多了，但至少半数以上的杂志仍然不收版面费。
是否需要单行本，需要多少单行本？以往网络不发达，许多同行会写信或明信片索要论文，邮寄单行本是很通行的办法。但目前向作者索要论文的已经不多，而且作者很容易从网上得到自己论文的 pdf 文本，电邮给索要者即可。
一般用个人信用卡(Credit Card)或单位的（Purchase Order）支付版面费。很多杂志容许你选择论文发表后寄 Invoice 给你。让你在论文发表后再付费。信用卡在国内外已很普遍，非常方便、可靠。所以，不必担心资料"被盗"的情况。

十，论文被发表后的事项
论文一旦发表，不宜撤稿。在许多人眼里，"撤稿"几乎等同"学术不端行为"。所以，一稿多投或一稿多发亦涉及诚信问题，应在发表论文之前慎重考虑。
另外，论文发表后，你有可能收到来自不发达国家或国内学者的论文索要信。这表明，你的论文有人感兴趣，其次，有人可能会阅读并引用你的论文，从而增加你的知名度。许多大学按论文所在杂志的影响因子和被引用次数来评价论文水平。对此，你应抱积极态度，尽量用电子邮件发给他们你在网上下载的 pdf 文本。

发表 SCI 论文专帖链接《发表 SCI 论文的一些小技巧 (1)》
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Re:【经验】论著素材哪里来？远在天边，近在眼前！ [精华]
2009-03-29 02:20 **美捷登主编：**
大多数圆子里的战友跟我当年一样是身处科研、实验一线的研究生、博士后或刚刚毕业希望继续搞科研的年轻人，除了课题设计外，还要日以继夜的查看文献、学方法、做试验、分析结果。只有这些一线的"战士"才最了解自己的研究领域的各方面的现状和需要解决的问题，也只有这些"战士"才最需要论著。那么，写论著的素材（题目和数据等）从哪里来呢？其实，从上面的"查看文献、学方法、做试验、分析结果"所有过程中都可以激发灵感，"查看文献"不仅可以优化课题设计，为出好结果、发好文章奠定坚实基础，还可以引发些英文综述的激情（已在其他帖中讲解）。"学方法、做试验"不仅可以加强理论知识、掌握实验技能、更能了解目前方法的不足和需改进的地方，从中思考是否可以改进、改良现有方法，甚至发明新的方法。"分析结果"更是极其重要。任何相关的结果都不应放过，如果实验材料和方法本身没有问题，所有结果都应该受到尊重和重视。很多新发现都是从看似无关的结果中得到的。
下面谈谈我发论著的经验。
我在博士及博士后的 5 年里，主要从事幽门螺杆菌的研究。以第一作者发了 10 多篇论著。这些论文大致可分三类。

一、既定实验的完美结局
我主要的课题分两个方面，幽门螺杆菌耐药性和幽门螺杆菌感染"根除治疗"后复发。
前一课题所发的主要论文有：
1. Prevalence of metronidazole-resistant Helicobacter pylori in dyspeptic patients. Xia HX, Daw MA, Beattie S, Keane CT, O'Morain CA. Ir J Med Sci. 1993 Mar;162(3):91-4. PMID: 8473130 [PubMed - indexed for MEDLINE]
2. Clarithromycin resistance in Helicobacter pylori: prevalence in untreated dyspeptic patients and stability in vitro. Xia HX, Buckley M, Keane CT, O'Morain CA. J Antimicrob Chemother. 1996 Mar;37(3):473-81. PMID: 9182104 [PubMed - indexed for MEDLINE]
后一课题所发的主要论文有：
1、Recrudescence of Helicobacter pylori after apparently successful eradication: novel application of

randomly amplified polymorphic DNA fingerprinting. Xia HX, Windle HJ, Marshall DG, Smyth CJ, Keane CT, O'Morain CA. Gut. 1995 Jul;37(1):30-4. PMID: 7672675 [PubMed - indexed for MEDLINE]
2、Recrudescence of Helicobacter pylori infection in patients with healed duodenal ulcer after treatment with different regimens. Xia HX, Gilvarry J, Beattie S, Hamilton H, Keane CT, Sweeney EC, O'Morain CA. Am J Gastroenterol. 1995 Aug;90:1221-5. PMID: 7639218 [PubMed - indexed for MEDLINE]
这些结果应该说是比较理想的，特别是后一课题，结果已足够博士毕业（在国外，不一定要发 SCI 论文才可毕业，但实验结果必须要达到 Internal and External Examiners 的要求）。所以，我 94 年博士毕业，论文结果部分在 95-96 年发表，最后一篇在 1999 年才发。

二、"副"产品和"小"试验

我在博士期间最大的收获莫过于"副"产品了。尤其是微生物方法学方面。另一实验室中国学者的课题需要大量幽门螺杆菌细胞作抗原（该学者老板每月根据细菌量付给我一定的报酬）。幽门螺杆菌固体培养生长缓慢，产量极低，而当时没有成熟的液体培养法。这就催生了我的第一篇方法学论著 Enhanced cultivation of Helicobacter pylori in liquid media. Xia HX, English L, Keane CT, O'Morain CA. J Clin Pathol. 1993 Aug;46:750-3. PMID: 8408702 [PubMed - indexed for MEDLINE]
由于我们在幽门螺杆菌研究方面做得比较"有名"，许多国家的学者向我们要菌株。这就涉及到幽门螺杆菌菌株转运问题。幽门螺杆菌是一种微需氧，很难生存的细菌，没有合适的环境，很快就会死亡。为此，我在同事的启发和帮助下在实验室做了幽门螺杆菌生存试验，找到了合适的转运培养基。然后付诸实施。由此发热量偏方法学论著（1、Determination of the optimal transport system for Helicobacter pylori cultures. Xia HX, Keane CT, O'Morain CA. J Med Microbiol. 1993 Nov;39(5):334-7. PMID: 8246249 [PubMed - indexed for MEDLINE]；2、Transportation of Helicobacter pylori cultures by optimal systems. Xia HX, Keane CT, Chen J, Zhang J, Walsh EJ, Moran AP, Hua JS, Megraud F, O'Morain CA. J Clin Microbiol. 1994 Dec;32(12):3075-7. PMID: 7883907 [PubMed - indexed for MEDLINE]）
与此同时，我也大胆"标准化" 幽门螺杆菌药敏试验方法，发了论著 Standardization of disk diffusion test and its clinical significance for susceptibility testing of metronidazole against Helicobacter pylori. Xia H, Keane CT, Beattie S, O'Morain CA. Antimicrob Agents Chemother. 1994 Oct;38(10):2357-61. PMID: 7840570 [PubMed - indexed for MEDLINE]。 该"标准化"被多次引用。
此外，我也根据一时的想法做了一些小的试验（这些试验成功与否完全影响不到课题大局和毕业）， 发了两篇小文章（Pre-formed urease activity of Helicobacter pylori as determined by a viable cell count technique--clinical implications. Xia HX, Keane CT, O'Morain CA. J Med Microbiol. 1994 Jun;40:435-9. PMID: 8006937 [PubMed - indexed for MEDLINE]； Comparison between McCoy cell line and HeLa cell line for detecting Helicobacter pylori cytotoxicity: clinical and pathological relevance. Xia HH, Gallagher C, Hyde D, Talley NJ, Keane CT, O'Morain CA. Ital J Gastroenterol Hepatol. 1999 Nov;31:663-8. PMID: 10730556 [PubMed - indexed for MEDLINE]）

三、意外观察、意外收获

幽门螺杆菌很"娇嫩"，但我无意中发现有些菌株是可以经受"锻炼"的，即从微需氧"trained"到需氧。为此，我做了些验证试验，发了篇短文 Culture of Helicobacter pylori under aerobic conditions on solid media. Xia HX, Keane CT, O'Morain CA. Eur J Clin Microbiol Infect Dis. 1994 May;13(5):406-9. PMID: 8070454 [PubMed - indexed for MEDLINE]

这只是我"意外观察、意外收获"的开端，真正有"革命性"的还是我到悉尼大学任高级研究人员(Senior Research Officer) 意外发现的结果。由于时间关系，下次再谈。

http://www.dxy.cn/bbs/post/view?bid=45&id=14278315&sty=3&age=0&tpg=1&ppg=1#14278315
2009-03-29 11:35 **美捷登主编：**

colortea wrote:
谢谢夏老师的分享！

关于那些有完美设想，但没有完美结果的实验如何处理？

是转移方向、是发表阴性结果、还是其他？

请夏老师就这方面谈谈经验！

版主好像在给我出"难题"。 不过，我倒是真的发了几篇"阴性"结果的论著。
在我写完上面第三点后，我一定加上第四点：即**有完美设想，但没有完美结果的实验。**

http://www.dxy.cn/bbs/post/view?bid=45&id=14287037&sty=3&age=0&tpg=1&ppg=1#14287037
2009-03-30 22:08 **美捷登主编：**

刚到 Prof. NJ Talley 位于悉尼西郊的悉尼大学教学医院 Nepen Hospital 的实验室时，除了一张床，一套测胃肠道压力 Barostat 装置和一台给病人解闷的电视机外，几乎没有任何实验室所需的东西，包括试剂、移液管、冰箱、离心机等，更不用说我需要的细菌培养箱。而且，试验人员仅我一人，Prof. Talley 是功能性疾病专家，但基本没做过基础研究。所以，对我来说，很基础的研究课题根本没有条件开展。因此，我只好利用我熟悉的幽门螺杆菌的培养、药敏和 PCR 技术来设计课题。

一般认为，幽门螺杆菌菌株在人体有排他性，即所谓"一人一菌"。我设计的课题就是要验证这一现象。因此就有了一项称之为"Mapping study"的研究项目，即从胃的不同部位（底、体、角、窦）取多个活检标本作幽门螺杆菌培养，病理、快速尿素酶试验、并采血备用。同时将临床、内镜诊断、病理等资料收集在设计好地 CRF(临床记录表，或临床报告表)上。

澳洲做内镜病人不多，而且，进入课题的病人事先必须签 Consent Form，采血必须由注册的有资格的医务人员执行。所以，近三年才收集 200 多例。而幽门螺杆菌感染阳性率仅在 40%左右（国内为６０％左右）。我充分利用这些病人的活检标本和血清做的许多工作，发表了些"**副产品**"（1、Metronidazole- and clarithromycin-resistant Helicobacter pylori in dyspeptic patients in western Sydney as determined by testing multiple isolates from different gastric sites. Xia HH, Kalantar J, Talley NJ.J Gastroenterol Hepatol. 1998 Oct;13(10):1044-9；2、High sensitivity and specificity of a laboratory-based serological test, pylori DTect ELISA, for detection of Helicobacter pylori infection. Xia HH, Kalantar JS, Wyatt JM, Adams S, Cheung K, Eslick GD, Talley NJ. Diagn Microbiol Infect Dis. 2000 Feb;36(2):69-74.；3、Can helicobacter pylori serology still be applied as a surrogate marker to identify peptic ulcer disease in dyspepsia? Xia HH, Kalantar JS, Mitchell HM, Talley NJ. Aliment Pharmacol Ther. 2000 May;14(5):615-24；4、Demographic and endoscopic characteristics of patients with Helicobacter pylori positive and negative peptic ulcer disease. Xia HH, Phung N, Kalantar JS, Talley NJ. Med J Aust. 2000 Nov 20;173(10):515-9.）

然而，我原本设计的验证实验（genotyping）却因条件所限一直未能开展。**正当我为此感到沮丧的时候，我在分析由病理科发出的病理报告结果时意外发现，绝大多数幽门螺杆菌感染的病人其胃角黏膜为胃窦型，而未感染的病人胃角黏膜为胃体型。**这一发现使我欣喜若狂。因此，我和 Prof. Talley 决定在不告诉我们的意图的情况下让病理科同事严格按国际公认的"Sydney 标准"对所有病例重新阅片。结果，不但证实了我的原来的观察，还显示这一现象与胃萎缩性胃炎、胃肠化生（癌前病变）有关。**为此，我"发明"了"Antralization"这一概念，**发表在 Am J Gastroenterol 上（Antral-type mucosa in the gastric incisura, body, and fundus (antralization): a link between Helicobacter pylori infection and intestinal metaplasia? Xia HH, Kalantar JS, Talley NJ, Wyatt JM, Adams S, Chueng K, Mitchell HM. Am J Gastroenterol. 2000 Jan;95(1):114-21.）

此后，我完全放弃了原来设计的课题，全力投入在"Antralization"之中。这一"项目"成为我进入香港大学医学院的"敲门砖"，近 500 万港币的基金也由此而得。并相继发表了数篇有关论著（１、Topographic association of gastric epithelial expression of Ki-67, Bax, and Bcl-2 with antralization in the gastric incisura, body, and fundus.. Xia HH, Zhang GS, Talley NJ, Wong BC, Yang Y, Henwood C, Wyatt JM, Adams S, Cheung K, Xia B, Zhu YQ, Lam SK. Am J Gastroenterol. 2002 Dec;97(12):3023-31；２、Antralization at the edge of proximal gastric ulcers: does Helicobacter pylori infection play a role? Xia HH, Lam SK, Wong WM, Hu WH, Lai KC, Wong SH, Leung SY, Yuen ST, Wright NA, Wong BC. World J Gastroenterol. 2003 Jun;9:1265-9. ３、Aberrant epithelial expression of trefoil family factor 2 and

mucin 6 in Helicobacter pylori infected gastric antrum, incisura, and body and its association with antralisation. Xia HH, Yang Y, Lam SK, Wong WM, Leung SY, Yuen ST, Elia G, Wright NA, Wong BC. J Clin Pathol. 2004 Aug;57:861-6. 4、Antralization of gastric incisura is topographically associated with increased gastric epithelial apoptosis and proliferation, but not with CagA seropositivity. Xia HH, Wong BC, Zhang GS, Yang Y, Wyatt JM, Adams S, Cheung K, Lam SK, Talley NJ. J Gastroenterol Hepatol. 2004 Nov;19(11):1257-63；5、Pancreatic duodenal homeobox-1 (PDX1) functions as a tumor suppressor in gastric cancer. Ma J, Chen M, Wang J, Xia HH, Zhu S, Liang Y, Gu Q, Qiao L, Dai Y, Zou B, Li Z, Zhang Y, Lan H, Wong BC. Carcinogenesis. 2008 Jul;29(7):1327-33. Epub 2008 May 13；6、Alterations of Gastric Homeoprotein Expression in Helicobacter pylori Infection, Incisural Antralisation, and Intestinal Metaplasia. Zhu S, Xia HH, Yang Y, Ma J, Chen M, Hu P, Gu Q, Liang Y, Lin H, Wong BC. Dig Dis Sci. 2008 Aug 27. [Epub ahead of print]）

目前，"Antralization or Antralisation"这一概念已被许多学者应用。我希望也相信将来在这方面会有更大的突破（我虽离开科研一线，但会时时关注）。

这就是我说的"**意外观察、意外收获**"！

下次，在谈谈版主提到的"**有完美设想，但没有完美结果的实验**"。

http://www.dxy.cn/bbs/post/view?bid=45&id=14310618&sty=3&age=0&tpg=1&ppg=1#14310618

2009-04-02 10:52 **美捷登主编：**

colortea wrote:

谢谢夏老师的分享！

关于那些有完美设想，但没有完美结果的实验如何处理？

是转移方向、是发表阴性结果、还是其他？

请夏老师就这方面谈谈经验！

这是个非常有意义的话题。

首先，我们的课题一定不会是凭空设计的，要么根据发表文献的直接证据（如文献报道某基因在癌症 A 的表达增加，我们继续在癌症 A 做机理研究，或在癌症 B 中验证），要么根据现有理论和文献结果（如某新的基因/因子(novel gene/factor)在某癌症发生发展中的基因调节作用）。如果方法和材料没有错，我们就应该相信自己的结果。即使是阴性结果也应该，也能够如实发表。应该承认，阴性结果的接受率和发表杂志的 IF 都较阳性结果低（见附件）。但写得好，也是可以发好杂志的，关键是应邀和讨论部分一定要有逻辑性的，令人信服。

曾经有报道指出，幽门螺杆菌感染与糖尿病有关，而另有报道否认这种关系。这些报道要么病理少，要么设计或方法有问题。因此，我们利用一大型的前瞻性的糖尿病课题的标本（本课题非前瞻性，属于 Post hoc 分析）来验证幽门螺杆菌感染与糖尿病及其相关症状的关系。结果为阴性，但发表在 Am J Gstroenterol 上（Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Xia HH, Talley NJ, Kam EP, Young LJ, Hammer J, Horowitz M. Am J Gastroenterol. 2001 Apr;96(4):1039-46）。

在我读硕士期间，我也有阴性结果，写成中文文章（当时不知道要发 SCI）后被老板"枪毙"。那是篇关于"二联疗法"治疗幽门螺杆菌感染失败的文章，现在看来当时完全是可以发的 SCI 的，因为当时就有单用红霉素治疗幽门螺杆菌感染的论文。不过，正如上面所得，阴性论文很难法，老板也不乐意。所以，在设计课题时一定要谨慎，尤其是研究生，只能成功、不可失败。如果试验失败（方法、材料没错，结果无显著意义），就应该及时检讨设计问题，必要时更改课题。另外，做课题、写论文应该及早进行，给自己留有余地，以防"阴性结果"。

下面是我过去就有关阴性结果所发的帖子，有 10 之多，希望能回答版主的问题。

1 、
http://www.dxy.cn/bbs/post/view?bid=45&id=13580604&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
见转贴。
Re:【经验】为何阴性结果投稿这么困难
2 、
http://www.dxy.cn/bbs/post/view?bid=45&id=13244887&tpg=1&ppg=1&sty=1&age=0#13244887
netmee wrote:
我做它是因为"此蛋白在其他损伤模型中有作用"，而且通过理论推理也应该在我现在的模型中有作用，但是做出来的确是没有作用。
阴性结果也很有意义，对我这个模型。它推翻了按理论推理得出的看似有道理的结果，其背后必有未被发现的新机制。

讨论非常重要。多看文献，找出支持你的结果的证据，提出为什么得出阴性结果的假设。
3 、
http://www.dxy.cn/bbs/post/view?bid=45&id=8945191&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
如果国内发不了阴性结果，何不考虑发英文杂志。英文杂志不但不比中文杂志难发，而且也发阴性结果。只是看你想不想"家丑外扬"（有些上市中成药对其所谓的适应症无效），同时，看你能不能承受发表前后来自各方（可能也包括你老板）的压力。
本人曾发过阴性结果的文章 （Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Am J Gastroenterol. 2001 Apr;96(4):1039-46. 影响因子=5.116)。
你也可以先与一些中文杂志编辑联系，看看谁愿意说真话。
说不定你的文章开创国内学术"讲真话"的先河，其引用率不会亚于"阳性"结果。
科学家首先要有科学、严谨、诚实的态度！
4 、
http://www.dxy.cn/bbs/post/view?bid=45&id=10192320&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
所言极是。附本人两篇阴性文章，供参考。
1: Jones KL, Wishart JM, Berry M, Russo A, Xia HH, Talley NJ, Horowitz M.
Helicobacter pylori infection is not associated with delayed gastric emptying or upper gastrointestinal symptoms in diabetes mellitus. Dig Dis Sci (IF 1.448). . 2002 Apr;47(4):704-9. PMID: 11991596 [PubMed - indexed for MEDLINE]

2: Xia HH, Talley NJ, Kam EP, Young LJ, Hammer J, Horowitz M. Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus.
Am J Gastroenterol (IF 5.608). 2001 Apr;96(4):1039-46. PMID: 11316144 [PubMed - indexed for MEDLINE
5 、
http://www.dxy.cn/bbs/post/view?bid=45&id=13230827&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
netmee wrote:
举个例子：我最近做了某个蛋白在某种损伤模型中的作用，结果发现基因缺陷和野生型的老鼠在这个损伤模型中的相关指标没有差异！我重复了 3 遍啊！从动物模型到分子生物学实验！3 组独立的实验！我相信它真的是没有差异的。怎么办？直接把病理+real time+western+tunnel+死亡率结果发出来告诉人家此基因缺陷与否不影响这个损伤？想都不用想肯定不会被接受，因为没做到东西太多！随便哪一个环节都可以被怀疑，被挑毛病。
所以我要找阳性结果，因为这个蛋白 A 在体内有一个功能类似的蛋白 B，我下一步要证明 A 的敲除，导致 B 在体内代偿性表达增高，导致基因缺陷鼠在这一模型上与野生型鼠表现没有差异。
是不是真的这样，做了才知道，但是，直接把阴性结果发出去肯定不会被接受！

首先要问，你为什么要做"某个蛋白在某种损伤模型中的作用"这个课题？该不会是在梦中或一觉醒来忽

然心血来潮想到某个蛋白在某种损伤模型中有作用吧。
我想一定是有原因的。要么有人在其他模型中表明了某个蛋白在其他损伤模型中有作用，或者有人用类似蛋白在你做的模型中表明有作用。再或者某"大牛"在他的假说中"振振有词"、"有根有据"地预言"某个蛋白在某种损伤模型中有作用"。而你想到要去用实验来证明"某个蛋白在某种损伤模型中确有作用"。
那么，结果只能有两种，阳性或阴性。我认为无论结果如何都有发表意义，只是大多杂志愿意发阳性结果罢了。但只要你对你的阴性结果的解释能对某理论或研究方向产生影响，还是有杂志收的（见本人上面的两篇）。

6 、
http://www.dxy.cn/bbs/post/view?bid=45&id=10215723&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
gaofeilab wrote:
没有做不到，只有想不到，其实大家说的杂志早已有人办了，不过现在可能还没有 IF。请看：
http://www.jnrbm.com[/color]

很好的信息！！

7 、
http://www.dxy.cn/bbs/post/view?bid=45&id=13252310&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB

Here is an example of a paper on "negative" results.
Kidney Int. 2001 Jul;60(1):341-9.

Multicenter trial of one HLA-DR-matched or mismatched blood transfusion prior to cadaveric renal transplantation.Hiesse C, Busson M, Buisson C, Farahmand H, Bierling P, Benbunan M, Bedrossian J, Aubert P, Glotz D, Loirat C, Rondeau E, Viron B, Bleux H, Lang P.
Service de Néphrologie, Hôpital Bicêtre, Le Kremlin-Bicêtre, France. hiesse@worldnet.fr

BACKGROUND: The beneficial effect of blood transfusions before cadaveric renal transplantation on allograft survival, although previously well documented, has become controversial in light of their adverse effects. Recently, it has been suggested that their clinical benefits are due to HLA-DR sharing between the blood donor and recipient. METHODS: In this prospective study, 144 naive patients were randomly assigned to receive one unit of blood matched for one-HLA-DR antigen (N = 49), or one unit of mismatched blood (N = 48), or to remain untransfused (N = 47). Graft survival and acute rejection rate were analyzed in 106 cadaveric renal allograft recipients receiving the same immunosuppressive protocol. RESULTS: Graft survival was similar in the three groups at one and five years: 91.7 and 80% in untransfused patients, 90.3 and 79.3% in patients transfused with one DR-antigen-matched unit, and 92.3 and 83.7% in patients transfused with HLA-mismatched blood. The difference in the incidence of six-month post-transplant acute rejections was not statistically significant in the three groups: 12 out of 36, 33.3% in nontransfused patients; 6 out of 31, 19.4% in patients transfused with one DR-matched blood; and 13 out of 39, 33.3% in patients transfused with mismatched blood. CONCLUSION: The results of our prospective randomized trial showed that in a population of naive patients, one transfusion mismatched or matched for one HLA-DR antigen given prior to renal transplantation had no significant effect on the incidence and severity of acute rejection, and did not influence overall long-term graft outcome. Considering the potentially deleterious adverse effects of blood transfusions, the costs, and the considerable logistical efforts required to select and type blood donors, such a procedure cannot be recommended in a routine practice for patients awaiting cadaveric kidney transplantation.

8 、
http://www.dxy.cn/bbs/post/view?bid=45&id=10179253&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB

阴性结果可能影响了审稿人及编辑的兴趣，但不是编辑拒稿的主要原因。
1。 你的课题设计不具新意-"the large body of existing literature about XXX and its role in tumorigenesis and metastasis."

2。你的结果不多且很肤浅-"only a moderate amount of data"，"observations (all of them negative results) and does not provide a mechanism supporting these observations".
3。你已在其他杂志发了有意义的结果，这点足以让编辑拒稿。"It seems as though the data presented in the current study may just be "left over" data from the previous study that the authors are trying to get published."
4.语言问题。不是主要问题。"several English spelling/grammar mistakes "

第一审稿人可能不太懂你的专业，基本没有实质意见。所以，他的 Comments 对编辑的影响力不大。

虽然文章没有接受，第二审稿人的意见对你改进文章非常有帮助，你应根据其意见扬长避短，同时，看些最新的参考文献，看看有没有值得借鉴的地方。再改投其他杂志。既然文章已写，就不要怕再花时间。我相信，只要你锲而不舍，你的文章会有它的归宿。

9 、
http://www.dxy.cn/bbs/post/view?bid=45&id=11457823&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
难道仅仅因为文章发得多，影响因子不高就要受到谴责和非议，这也太不公平了。
科研不可能都得到课题设计所预期的结果，得不到或得到阴性结果的比比皆是。阴性结果难发，大家都知道。但阴性结果不是没有意义，至少告诫大家不要再走弯路。还有，"副产品"也是很有发表价值的。一个无意中的"小"发现或"小"发明也能是一个新的科研领域的开始，或者一个新的技术革命的开端。
"弄虚作假"、"无中生有"的"科研成果"和一稿多发的现象才是需要鞭打和惩罚的。
请放掉千千万万为了毕业或晋升而发低分的同行吧，错不在他们。

10 、
http://www.dxy.cn/bbs/post/view?bid=45&id=14057058&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
最近有战友咨询阴性结果如何发 SCI。
虽然在过去有过类似的帖子，但都不完整和系统。
可否出个专帖专门介绍阴性或有争议结果的杂志，如 Journal of Negative Results in BioMedicine http://www.jnrbm.com/home/， Journal of Negative Results-- Ecology & Evolutionary Biology http://www.jnr-eeb.org/index.php/jnr， Journal of Interesting Negative Results in Natural Language Processing and Machine Learning http://jinr.site.uottawa.ca/ 等。

http://www.dxy.cn/bbs/post/view?bid=45&id=13723128&tpg=1&ppg=1&sty=1&age=0#13723128
Re:【交流】专题半月谈 - 如何回复编辑和审稿人 [精华] （共九讲）
2009-01-15 10:28 **美捷登主编：**

2008 年 medjaen 在论文版交流了<发表 SCI 论文的一些小技巧 >

http://www.dxy.cn/bbs/post/view?bid=45&id=12604749&sty=1&tpg=1&age=0 和 <发表 SCI 论文的一些小技巧 (II)> http://www.dxy.cn/bbs/post/view?bid=45&id=12767562&sty=1&tpg=1&age=0
后，得到战友和版主的普遍关注和高度评价。由于篇幅有限，不能对那些小技巧一一展开讨论。
应战友要求，在版主的支持下，本人在此设立一个半月谈专题-如何回复编辑和审稿人实例分析。

需说明以下几点：
1.为了突出问题的典型性，有些"实例"已经过修饰，故已不是作者原稿（或原意）。
2.修改和注解谨代表本人观点。对于同一问题可能有不同或更好的修改方法或回答方式。欢迎讨论。
3.同时亦欢迎各高级战友按以下格式增加实例（请注意版权问题）。
希望战友回帖时紧紧围绕主题，不要讨（争）论与主题无关的话题。

论文题目：
所投杂志：
投稿结果：
编辑/审稿人问题：
作者原答：
建议改答：

注解请写在文中相应的地方或单独列出。

2009-01-15 10:29 美捷登主编：

15 January 2009 （第一讲）给编辑的回复信

论文题目：Pharmacokinetic and pharmacodynamic studies on the antivirus effects of A (一种中草药) against virus B （一种病毒）

所投杂志：Life Sciences

投稿结果：这次大修后又经过一次小修，被接受发表

编辑信内容（注：有删节）：

Dear Mr. XXX,

Your manuscript has been examined by the editors and qualified referee. We think the manuscript has merit but requires revision before we can accept it for publication in the Journal. Careful consideration must be given to the points raised in the reviewer comments, which are enclosed below. If you choose to submit a revision of your manuscript, please incorporate responses to the reviewer comments into the revised paper. A complete rebuttal with no manuscript alterations is usually considered inadequate and may result in lengthy re-review procedures.

A letter detailing your revisions point-by-point must accompany the resubmission.
You will be requested to upload this Response to Reviewers as a separate file in the Attach Files area.

We ask that you resubmit your manuscript within 45 days. After this time, your file will be placed on inactive status and a further submission will be considered a new manuscript.

To submit a revision, go to http://ees.elsevier.com/lfs/ and log in as an Author.
You will see a menu item called Submission Needing Revision. You will find your submission record there.

Yours sincerely,

Joseph J. Bahl, PhD
Editor
Life Sciences

Format Suggestion: Please access the Guide to Authors at our website to check the format of your

article. Pay particular attention to our References style.
Reviewers' comments:
Reviewer #1:
XXXXX （略）
Reviewer #2:
XXXXX （略）

Editors note and suggestions: （注：编辑的建议）
Title: Re-write the title to read more smoothly in contemporary English>>>
Pharmacokinetic and pharmacodynamic studies of the antiviral effects of A against virus B.

Abstract: Re-write the abstract to read more smoothly.

A, an alkaloid isolated from C (注：一种中草药), was tested for antiviral activity against virus B. Both in vitro and in vivo assays along with serum pharmacological experiments showed A to have potent antiviral activity. The pharmacokinetic profile of A in Sprague/Dawley rat plasma after oral administration was measured by HPLC. Blood samples taken at selected time points were analyzed to study potential changes in antiviral pharmacodynamics as measured by infectivity of viruses. From the similarity of the serum concentration profiles and antiviral activity profiles it is concluded that A it self, rather than a metabolite, exerted the effect against the virus prior to bioinactivation. The need for effective clinical agents against virus B and these results suggest the possibility of benefit from further experiments with A.

The authors should check to be sure that the terms blood samples, plasma and serum are always used appropriately throughout the abstract and text.

Introduction: some sentences can be made less passive. example 1st paragraph
>>>> A appears to be the most important alkaloid isolated from the plant, its structural formula is shown in Fig 1. ... While it produced a general inhibition of antibody production lymphocyte proliferation was stimulated (Xia and Wang, 1997). These pharmacological properties suggest a potential use in the treatment of viral myocarditis against virus B that could be studied in experiments in cell culture and animals.
>>>The authors should check the entire manuscript for spelling errors (example given: in your text alkaloid is incorrectly spelled alkaloid)
>>>The authors should read the guidelines to the authors and not include the first name of the authors being cited in the text. In the reference section the first name should be abbreviated as shown in the guideline to authors (thus the earlier text reference should be (Liu et al., 2003)and the remaining one should be (Chen et al., 2002)

>>>>>The authors instead of directly answering the first complex question of reviewer #1 may include the three questions as future research aim in the discussion section.

>>>>>>Rather than redrawing figure the authors may choose to amend the wording of the statistical

analysis section to state that the result of tables are means +-SEM and for figures are +- SD.

>>>>> reviewer #1 comment number 8 and reviewer # 2 comment 3 might be satisfied by inclusion of a representative photo of cells and heart showing CPE. Remember most readers of the journal have never seen what you are trying to describe.

Because I think that you can deal with all of the points raised I am hoping to see a revised manuscript that you have carefully checked for errors. If you have questions or do not know how to respond to any of the points raised please contact me at bahl@u.arizona.edu Joseph Bahl, PhD Editor 2 Life Sciences

作者回复信原稿：
Dear Dr. Bahl,

I'm （注：正式信函不要简写）very appreciate （注：不适合作为给编辑回信的开始，同时有语法错误）for your comments and suggestions.

I （注：实际上是学生做的）have conducted in vivo antivirus experiments again （注：要表明是应审稿人或编辑建议而作）. Mice were sacrificed on 15 days and 30 days after infection. Death rate, heart weight to body weight ratio (HW/BW), virus titers and pathologic slices （注：用词错误）were calculated （注：用词不当）. Production of mRNA of IL-10, IFN-γand TNF-αwere （注：语法错误）measured by RT-PCR.

I have revised this manuscript and especially paid much attention to your comments and suggestions. I would like to re-submit it to LIFE SCIENCE. Title of manuscript has been changed to "The antivirus effects of A against virus B and its pharmacokinetic behaviour in SD rats serum" to make it more clear and smooth.

Answers to Reviewers' questions were as follows: （注：可附在给编辑的回复信后）

Reviewer #1:
XXXXX
Reviewer #2:
XXXXX

Editors note and suggestions:
Title: Re-write the title to read more smoothly in contemporary English
Answer: I have rewrite the title to "The antivirus effects of A against virus B and its pharmacokinetic behaviour in SD rats serum" to make it more clear and smooth（注：多处语法错误）.

Abstract: Re-write the abstract to read more smoothly.
Answer: I have revise the abstract carefully to make it more smooth and informative（注：语法错误）.

The authors should check to be sure that the terms blood samples, plasma and serum are always used

appropriately throughout the abstract and text.
Answer: I have paid attention to this question and it is clearer （注：不具体）.

Introduction:
some sentences can be made less passive.
Answer: I have revise the whole paper to make sentences less passive and obtained help of my colleague proficient in English （注：语法错误，句子不通顺）.

The authors should check the entire manuscript for spelling errors
Answer: I'm very sorry to give you so much trouble for those spelling errors （注：不必道歉，按建议修改即可）. I have carefully corrected them.

The authors should read the guidelines to the authors and not include the first name of the authors being cited in the text. In the reference section the first name should be abbreviated as shown in the guideline to authors (thus the earlier text reference should be (Liu et al., 2003) and the remaining one should be (Chen et al., 2002)
Answer: I changed the style of references.

Rather than redrawing figure the authors may choose to amend the wording of the statistical analysis section to state that the result of tables are means +-SEM and for figures are +- SD.
Answer: （注：作者请编辑公司帮回答）

reviewer #1 comment number 8 and reviewer # 2 comment 3 might be satisfied by inclusion of a representative photo of cells and heart showing CPE. Remember: most readers of the journal have never seen what you are trying to describe.
Answer: Thank you for your suggestions. I have supplemented pictures of cardiac pathologic slices in the paper (Fig2).

I have to apologize for giving you so much trouble because of those misspelling and confusing statements （注：一般不是延误或人为失误，不必轻易道歉，按建议修改即可）. Your comments and suggestions really helped me a lot. I have put great efforts to this review. I wish it can be satisfactory.

If there's （注：正式信函不要简写）any information I can provide, please don't hesitate to contact me.

Thank you again for your time and patience. Look forward to hear （注：语法错误）from you.

Yours Sincerely
Xxxx Xxxx (通讯作者名)

建议修改稿：
Dear Dr. Bahl,

Thanks you very much for your comments and suggestions.

As suggested, we have conducted in vivo antivirus experiments. Mice were sacrificed on 15 days and 30 days after infection with virus B. Mortality, heart weight to body weight ratio (HW/BW), virus titers and pathologic scores were determined. In addition, mRNA expression of IL-10, IFN-γ and TNF-α were measured by RT-PCR.

We have revised the manuscript, according to the comments and suggestions of reviewers and editor, and responded, point by point to, the comments as listed below. Since the paper has been revised significantly throughout the text, we feel it is better not to highlight the amendments in the revised manuscript （正常情况最好表明修改处）.

The revised manuscript has been edited and proofread by a medical editing company in Hong Kong.

I would like to re-submit this revised manuscript to Life Sciences, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely

Xxxx Xxxx (通讯作者名)

Replies to Reviewers and Editor

First of all, we thank both reviewers and editor for their positive and constructive comments and suggestions.

Replies to Reviewer #1:
Xxxxx （略）
Replies to Reviewer #2:
Xxxxx （略）

Replies to the Editors note and suggestions:
Title: Re-write the title to read more smoothly in contmeporary English
Answer: I have rewrite the title to "The antivirus effects of Sophoridine against Coxsackievirus B3 and its pharmacokinetics in rats" to make it more clear and read more smoothly.

Abstract: Re-write the abstract to read more smoothly.
Answer: I have rewritten the abstract to make it more informative and read more smoothly.

The authors should check to be sure that the terms blood samples, plasma and serum are always used

appropriately throughout the abstract and text.
Answer: I have paid attention to this issue, and they are now used appropriately throughout the abstract and text in the revised manuscript.

Introduction:
some sentences can be made less passive.
Answer: I have revised the whole paper to make sentences less passive with the help of the editing company.

The authors should check the entire manuscript for spelling errors
Answer: This has been done by us as well as the editing company.

The authors should read the guidelines to the authors and not include the first name of the authors being cited in the text. In the reference section the first name should be abbreviated as shown in the guideline to authors (thus the earlier text reference should be (Liu et al., 2003) and the remaining one should be (Chen et al., 2002)
Answer: I have changed the style of references according to the journal.

Rather than redrawing figure the authors may choose to ament the wording of the statistical analysis section to state that the result of tables aremeans +-SEM and for figures are +- SD.
Answer: SD has been used throughout the text, and shown in the Figs. 3 and 4 in the revised manuscript.

reviewer #1 comment number 8 and reviewer # 2 comment 3 might be satified by inclusion of a representative photo of cells and heart showing CPE. Remember: most readers of the journal have never seen what you are trying to describe.
Answer: Thank you very much for the suggestion. I have added pictures of cardiac pathologic changes in the revised manuscript (Fig. 2).

2009-02-01 00:21 美捷登主编：

31 January 2009 （第二讲）给审稿人的回复信
论文题目： Clinical implications of XXXX (一种病理指标) in X cancer
所投杂志：BMC Cancer.
结果：这次大修后被接受发表（同时编辑在接受信中提出课题是否得到伦理委员会同意的问题。作者在论文适当地方加上了有关陈述）

审稿人内容（有删节）：
Reviewer's report
Clinical implications of XXXX (一种病理指标) in X cancer
Version: 1 Date: 12 June 200X
Reviewer: XXXX XXXX (A Japanese Reviewer)
Reviewer's report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. XXXXX.
2. XXXXX.
3. XXXXX.

4) The clinico pathological parameters examined are reported in Table 1. Among the primary tumor characteristics, the Authors consider the diameter, but ignore T stage. Consequently the T parameter is not considered in the multivariate analysis. In other studies, T stage has emerged as an independent factor. The Authors should therefore state the reason for their unusual choice. Nor is the number of metastatic nodes reported in this table. Moreover, for tumor differentiation, the Authors distinguish between two groups (differentiated vs undifferentiated), instead of between the usual 3 categories (G1, G2 and G3). I have never heard of the histological classification used by the Authors (massive, next and diffuse). They might therefore state their reasons for choosing it, providing a reference, if available.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

XXXXX.

Discretionary Revisions (which the author can choose to ignore)

(None)

What next?: Reject because too small an advance to publish

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

[*b]Statistical review:* Yes, but I do not feel adequately qualified to assess the statistics.

作者原答: T stage is considered in the multivariate analysis, and some modification has been made in tumor differentiation and histological classification.

建议改答： We accept Dr. XXX comment (表明你对审稿人的欣赏和赞同). In the revised version of the manuscript, T stage has been added in the multivariate analysis, and description of tumor differentiation and histological classification has been modified; the histological classification in the original manuscript has been replaced by the generally accepted classification (Page 6, line 15; Table 4) (同意审稿人的建议，并根据其建议进行修改。同时指出在何处做了修改。).

加注: 作者原回答与修改后的回答并无本质差别，正文中的修改也是一样的。但作者原回答会给审稿人"不太乐意"或"轻描淡写"的印象。因为审稿人花了 122 个单词来就此问题发表建议，而作者只用了 20 个。修改后的回答，相信一开始就赢得审稿人的好感。你的回答不光是给审稿人看的，杂志编辑也会看（至少审稿人会这么认为），所以，审稿人会有种满足感（国外审稿人没有酬劳，得到作者和编辑的认可是他们审稿最主要的目的）。建议得到认可（当然，这里审稿人的确是正确合理的），而且作者还按其建

议对文章进行修改，相信绝大多数审稿人是不会（不好意思）再拒绝修改稿的（所谓伸手不打笑面人）。当然，这篇文章起死回生、二审通过审稿关，关键是杂志编辑手下留情，给了作者再投(Re-submission)的机会。
有时，审稿人的建议得到作者认可，但作者无法按建议修改，尤其补做试验。这种情况将在以后举例说明。

2009-02-06 22:42 **duyinapoleon wrote:**

如何回复审稿人的尖锐提问？
论文题目：Misdiagnosis of A (一种先天性疾病) as 某某 tumor: a case report
所投杂志：Neuro-Ophthalmology
投稿结果：大修

注：前段时间投了一个影响因子较低的杂志（2006IF0.06），内容为某某先天性疾病在门诊被误诊为肿瘤而收入院，住院时经过详细检查而确诊。今天刚刚收到大修通知：
其中，Referee 2 提的意见非常尖锐。认为我们可能是诊疗措施不够规范，这样的误诊报道 interesting 但是不适于发表。虽然的确是我们门诊没有认真而详细的检查造成（门诊病人太多，而且这种先天性疾病太罕见，收入院除了为手术的目的，另一个也是为了详细的检查）。该如何回复 Referee 2 的意见？

另外，Referee 2 意见如此尖锐，肯定给的意见是拒稿，但主编给了大修的通知，不知道他的潜在意思？我该从哪方面着手修改？

不知道跟贴求助是否合适，如果不合适，请版主通知我，将另开新帖，谢谢。同时也希望前辈们出手相助，感谢了

审稿人意见如下：
Referee: 1
Comments to the Author
On PDF file
Page 4 line 17 -- should read: " accidentally a month before."

Page 4 line 43 -- should read: " (fig 2). Macula "

Introduction mentions - the conditon frequently requires no treatment--

On your reference #3 the authors mention patching to try to improve vision -- one patient had a good outcome, multiple not done, and few failures. Was patching attempted (recent papers have advocated patching even older children)?

Did the retinal specialist who referred the patient performed a full exam including dilated fundus examination before performing a CT of the orbits?

Color photo would be a plus.

Was B scan ultrasonography of the eye performed? This would have helped to support a clinical diagnosis of a dilated retinal examination with less cost.

Referee: 2
Comments to the Author
The authors try to caution eye specialists and neurosurgeons not to do major orbital surgery on children without doing a dilated fundus examination with an indirect ophthalmoscope. In their case, once the correct diagnosis was made, by properly examining the eye, surgery was not necessary. A thorough pre-operative examination of the eye should be a automatic prerequisite to orbital surgery for poor vision, so I do not think their paper presents a unique idea.

They have an interesting case, and a case report reviewing the subject might be of value, but I think they may have to be satisfied that they practiced good medicine and saved a child from an unnecessary operation, but that it did not merit publication.

2009-02-07 00:29
审稿人的意见和建议很重要，一般编辑都会尊重审稿人的建议。但在有多个审稿人且建议不一致的时候，编辑自己会根据文章内容作出决定。半月谈第二讲的案例便是典型一例。

我认为，第二审稿人非常明白你的病理和发病理报告的意图，也给了正面的评价。遗憾的是，他/她在每段的最后一句得出了与前面不一致的结论。这是编辑愿意给你机会的原因。该审稿人应该是非英文背景的，学术水平一般，对病理报告是否应发表的评判能力有限。但你应认真回答他/她的意见。

你可以将针对第二审稿人意见的答复贴上，大家帮你修改。如愿意，给编辑的回复信也可在此贴讨论修改。

当然，战友不知你的病理报告内容，只能就你公开的信息发表看法，可能有些偏颇，最后应由你自己拿定主意。

2009-02-10 22:10 **duyinapoleon wrote:**
Dear editor,

Thank you for arranging a timely review for our manuscript. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made to the text are in red so that they may be easily identified. With regard to the reviewers' comments and suggestions, we'd like reply as follows:
（因为编辑给我的信是非常程式化而没有实质内容的，所以我就以上面这段来回复他，可以吗？）

To Referee 1
.....

4.Color photo would be a plus.

Answer: Although color fundus photo might be better for this case report, the black-and-white photograph is enough as it show clearly the optic disc and retinal vasculature pattern, which could differentiate A（一种先天性疾病） from other excavated congenital optic disc anomalies. An additional charge is needed for the color photo, but our study is not supported by any grant. So I will reserve the black-and-white photo.（不知道我这样拒绝彩图是否合适？）

To Referee 2

1. The authors try to caution eye specialists and neurosurgeons not to do major orbital surgery on children without doing a dilated fundus examination with an indirect ophthalmoscope. In their case, once the correct diagnosis was made, by properly examining the eye, surgery was not necessary. A thorough pre-operative examination of the eye should be a automatic prerequisite to orbital surgery for poor vision, so I do not think their paper presents a unique idea. 【duyinapoleon 注：本来散瞳（doing a dilated fundus examination）是眼科医生常规应该做的事情，但是因为我们门诊工作量太多，有些不典型的病例被忽略了这一检查。本例就是因为这个原因而导致了误诊的关键一步。我是否应该在回复审稿人并原文中承认这种低级的错误？这着实很让人头疼。如果承认了，那么这个 case report 是不是只适合给刚刚开始实习的医学生看？当然，"视力模糊 1 月"的主诉成为这个先天性疾病被误诊为"肿瘤"的又一要素。】

Answer: Although correct diagnosis can be made by thorough examinations, doctors are often misleaded by a "wrong" chief complaint. In our case, the retinal specialist who made a misdiagnosis at first, was misleaded by "blurred vision in the left eye over a month" and did not pay enough attention to differentiate a congenital disease from "tumor". In the other hand, it is also the result of too many patients we have to manage per working day (most large hospital in China is on this occasion) and doctors in outpatient clinic have not much time to perform thorough ophthalmic examination. So, the clinical misdiagnosis is not complete occasional event. We could learn a lot from this case.

2. They have an interesting case, and a case report reviewing the subject might be of value, but I think they may have to be satisfied that they practiced good medicine and saved a child from an unnecessary operation, but that it did not merit publication.

Answer: The initially misdiagnosis was made by our two specialists (one is a retinal specialist and the other orbital). Moreover, the reasons for the misdiagnosis have been discussed in our case report, which would be useful for other doctors, especially for residents to avoid the same mistake. And we believe our radiology images in our case will contribute to a better understanding of this condition.

虽然稿件的状态是大修，但是个人觉得审稿人 2 没有给出什么修改意见。审稿人 1 给出的修改意见已经我都作出了相应的修改。但是，这样修改似乎也不过是细枝末节，算得上"大修"？我在怀疑我的修改是不是做得不够？！

2009-02-15 06:22 美捷登主编：

这期半月谈专题与 duyinapoleon 战友共同主讲。

15 February 2009 （第三讲）给审稿人的回复信

论文题目：Misdiagnosis of A (一种先天性疾病) as 某某 tumor: a case report
所投杂志：Neuro-Ophthalmology
投稿结果：大修，结果未知（前途未卜，因为该审稿人建议拒稿，但审稿人给作者机会）

审稿人审稿内容及作者原答和建议改答（有删节）：
Reviewer 2's report
审稿人问题 1
The authors try to caution eye specialists and neurosurgeons not to do major orbital surgery on children without doing a dilated fundus examination with an indirect ophthalmoscope. In their case, once the correct diagnosis was made, by properly examining the eye, surgery was not necessary. A thorough pre-operative examination of the eye should be a automatic prerequisite to orbital surgery for poor vision, so I do not think their paper presents a unique idea.

作者原答
Answer: Although correct diagnosis can be made by thorough examinations, doctors are often misleaded by a "wrong" chief complaint（wrong 可能表示主诉症状本身误导，也可能表示病人说错，也可能是收诊医生记录错误）. In our case, the retinal specialist who made a misdiagnosis at first （at first 用词不当）, was misleaded by "blurred vision in the left eye over a month" and did not pay enough attention to differentiate a congenital disease from "tumor" （需说明两者关联）. In （On） the other hand, it is also the result of too many patients we have to manage per working day (most large hospital （hospitals）in China is (are) on this occasion) and doctors in outpatient clinic have not much time to perform thorough ophthalmic examination (不应太绝对). So, the clinical misdiagnosis is not complete occasional event. We could learn a lot from this case.

建议改答
Answer: We agree with the referee that correct diagnosis can be made by proper and thorough examinations （首先肯定审稿人的观点 to make him/her happy）. However, doctors are often misled by an "atypical" （比 wrong 要具体且客观）chief complaint, especially when there are too many patients in an outpatients department such as in a Chinese ophthalmic hospital （这句点出误诊原因，下面再逐一解释）. In our case, both the retinal specialist and orbital specialist who made the initial misdiagnosis, were misled by the symptom of "blurred vision in the left eye over a month", which is characteristic of an "acquired disease", and thus he did not pay enough attention to differentiate a congenital disease from a "tumor" （指出没有想到先天性疾病的原因 1）. On the other hand, like most large hospitals in China, doctors in the Outpatient Department have to manage up to X (number) patients we per working day and thus some may have little time to follow the "good clinical practice" and perform thorough ophthalmic examinations （误诊原因 2）. Consequently, the misdiagnosis inevitably occurred. This case report presents the lesion and reiterate the importance of thorough ophthalmic examinations prior to any surgery （这句表明为什么该病例报告值得发表）.

审稿人问题 2
They have an interesting case, and a case report reviewing the subject might be of value, but I think they may have to be satisfied that they practiced good medicine and saved a child from an unnecessary operation, but that it did not merit publication.

作者原答
Answer: The initially misdiagnosis was made by our two specialists (one is a retinal specialist and the other orbital) （词句的意义不明）. Moreover, the reasons for the misdiagnosis have been discussed in our case report, which would be useful for other doctors, especially for residents to avoid the same mistake (说服力比较弱). And（正规书信和论文不宜用 And 开句）we believe our radiology images in our case will contribute to a better understanding of this condition(说服力比较弱).

建议改答

Answer: We did feel relieved and satisfied when the unnecessary surgery was avoided （正面回应审稿人的肯定意见）. However, the fact that initial misdiagnosis was made by two experienced but busy specialists (one is a retinal specialist and the other orbital), cannot be ignored in our clinical practice（表明我们不能因为我们避免了不必要的手术而自满）. We feel that it would be beneficial to report the case and share our experience or lesion with other doctors, in order to avoid or minimize the same mistake （因此，我们希望发表该病例报告已警示同行）. In addition, we believe that the radiology images from our unique case will contribute to a better understanding of this congenital disease （虽不重要，但也许编辑喜欢）.

加注：

1.该文的特色是一审稿人觉得本病例报告不值得发表，但编辑愿意给作者 rebuttal 的机会。其实，该审稿人的评语总体来讲是不错的。但令人不解的是，每条评语最后一句得出跟前面截然不同的结论。可能他/她并不是"大牛"，不太能掌握病例报告发表的标准。

2.作者的回答总体还是非常好的，只是语气稍欠委婉，理据说服力需更进一步加强。

2009-02-15 20:35 **duyinapoleon wrote:**

首先真诚地感谢夏老师的鼓励和百忙中抽出时间帮忙回复审稿人。这篇个案是我们从 07 年开始写，辗转多个杂志，经过了 3 次"面目全非"的修改才成今天这样的面貌。我也是从这个个案开始练习英文写作，到现在虽无 article 类型文章，但已有数篇 letter 发表或正在发表。这个个案是目前唯一能冲击 article 的题材，所以宁愿降低影响因子，也要过一把 article 瘾

另外，说到"主讲"那是千万个不敢当啊，我只想说说 rebut 审稿人的经历。从一开始投稿，第二作者（也没有 sci 经验）就对我说，从误诊的角度写这个个案不好，因为万一被审稿人提出为什么会犯这样的低级错误，那多难堪啊？果不其然，referee#2 就提了我们最不愿看到的问题。极度头疼。但是想起大学英语课时老师曾和我们开玩笑，家长反对大学生恋爱有 N 种理由，那么，我们支持恋爱能不能有 N 种理由？例如增强自信心，学会如何关心别人...？（题外话，本人非常感谢这位英语老师，是他教会了我如何用自己的大脑思考问题。）据此，纵使审稿人提出 N 种反对发表的理由，我们也可以找到 N 中支持发表的理由进行辩驳。需要做的就是如何在这些理由当中找到合理的，并且是最有力的。何况，在我们这篇个案中，编辑给大修，估计很大程度是想听听我们是用什么理由来说服他，让他心满意足的接受文章。因为，referee#1 提出的意见都很好满足。

最后，再次感谢大家，尤其是夏老师的帮助，让我们比较顺利的完成了这次 rebutment。可惜没见过先例，要不然就在 acknowledge 中感谢夏老师

2009-3-2，文章大修后直接被接受，感谢，感谢

2009-03-01 10:25 **美捷登主编：**

这期半月谈专题与 blueman1320 战友共同主讲。

28 February 2009 （第四讲）给编辑的申诉信

论文题目：Prophylactic NSAIDs use in post-ERCP pancreatitis

所投杂志：Gut

结果：编辑直接拒稿，作者重新修改并申诉，申诉成功，直接接受。

编辑信内容（有删节）：
GUT/2008/156323
Prophylactic NSAIDs use in post-ERCP pancreatitis
Authors' names （略）

Dear XXX,
Thank you for submitting this manuscript to Gut, which was discussed at the last Editorial Committee meeting. We are sorry to say that we are unable to accept it for publication, as it did not achieve a high enough priority score to enable it to be published in Gut. We favour letters which add new data and did not feel that you letter did this sufficiently.
Please remember that Gut receives about eight times as many manuscripts as we are able to publish, therefore regrettably it follows that many perfectly adequate papers must be rejected. This decision must be based not only on quality, but also timeliness and priority against other subject areas.

For more details, please go to:
http://submit-gut.bmj.com
enter you Author Area and click on the 'Manuscripts with decisions' queue.
We are sorry to disappoint you on this occasion.

With kind regards.
Professor Robin Spiller
Handling Editor

Professor Robin Spiller
Editor

作者申诉信原文：
Dear editors,

Thanks for your kindly help in our previous manuscripts (GUT/2008/156323 and GUT/2008/156711).

The decision of the editorial board was a little disappointed to me. We had discussed the topic again and rewrite the manuscript according to the suggestions of the editorial board. We also invited our friend Harry Hua-Xiang Xia for insightful editing the paper.

Although Elmunzer et al. concluded that rectal administration of NSAIDs is effective in preventing PEP (these results are of significant clinical implications), several issues remain unsolved. For example, do risk factors influence the prophylactic effect? So, we performed a complimentary meta-analysis based on the methodology and the source articles identical to those used by Elmunzer et al. Also, it must emphasized that there were several limitations of the both meta-analyses including small sample sizes (for both subjects and studies), inconsistent definition of PEP, and less representative populations.

We believe the issues raised will improve the quality of the meta-analysis. Thanks for your re-consideration.

On behalf of my co-authors, I am submitting the enclosed material "Rectal Administration of NSAIDs in the Prevention of Post-ERCP Pancreatitis: a Complimentary Meta-analysis" for possible publication in GUT. I have read most of the papers that the journal had published and I believe our research to be in accordance with the style of the JOURNAL.

We have reviewed the final version of the manuscript and approved it for publication. To the best of our knowledge and belief, this manuscript neither has been published in whole or in part nor is it being considered for publication elsewhere.

We state that there is no conflict of interest and ethical adherence in this study.

Best Regards,

Authors' names and affiliations （略）

作者申诉信建议修改文：

Dear Professor Spiller （在已知编辑姓氏和职称时请不要再泛称 editor，以示尊重）

Thanks for your letter in response to our previous submission of Letter to Editor (GUT/2008/156323)（事实上，编辑并没有帮助，而是回复）.

The decision of the Editorial Board might be because that we did not make it clear that the letter supports the overall conclusion of the Elmunzer et al., but provides additional analysis and points out the weaknesses of the meta-analysis. We further discussed the topic again and have modified the Letter according to your letters. In addition, we also invited Dr. Harry Hua-Xiang Xia, who is an internationally recognized gastroenterologist, to join the authorship team and make comments and edit the manuscript. （这一段非常重要。陈述失望心情于事无补。相反，应说明由作者引起的可能导致论文被拒的原因（很多作者论文被拒后归咎于审稿人或编辑不理解论文的价值），并再次强调论文的价值所在。加上本人为作者也许对论文被接收有一定作用，但关键还是在于强调论文本身的价值。）

We believe the Letter is publishable for the following reasons. First, although Elmunzer et al. concluded that rectal administration of NSAIDs is effective in preventing PEP, which is of significant clinical implications, several issues remain unsolved. For example, do risk factors influence the prophylactic effect? So, we performed a complimentary meta-analysis based on the methodology and the source articles identical to those used by Elmunzer et al. We further revealed that administration of NSAIDs was associated with decreased incidence of PEP in patients with low (RR = 0.29, 95% CI: 0.12-0.71, P = 0.006) and high risks (RR = 0.40, 95% CI: 0.23~0.72, P = 0.002). Second, there were several limitations of the meta-analyses originated from the source articles. These include small sample sizes (for both subjects and studies), inconsistent definition of PEP, and less representative populations. These limitations should be more clearly acknowledged in the paper by Elmunzer et al. （这一段是核

心。能否说服编辑在此一博。原信缺乏数据，而且稍欠层次和说服力）。

Therefore, we wish to re-submit the further revised version for your re-consideration. （原信有三段与本申诉无关，建议删掉）。

With best regards,

Yours sincerely,

Authors' names and affiliations （略）

加注：
1.该文的特色是编辑委员会觉得本信稿(Letter to Editor)不值得发表，并说明原因， 即稿源太多（8 倍），本文无新意。但作者坚持认为该信稿有新意，故决定申诉(Appeal)。
2.在看了该信稿并与作者交流后，本人认为值得申诉。并一起讨论修改原文及申诉信。该信稿很快被接受（并成为作者特殊的结婚礼物）。
3.论文写作与发表只有一般规则，没有绝对定律。只要你坚信是有价值的东西（试验结果或心灵火花）都有发表的潜力，关键在于如何准确将价值的东西表达出来。
4. 对待拒稿，要有良好心态。多多检讨课题设计和论文写作中的问题，而不是抱怨审稿人或编辑没有认真阅读你的论文。遇到审稿人对论文有误解时，我常用的一句话是"We are sorry that we did not make it clear", 或 "We are sorry for the misunderstanding due to unclear descriptions in our previous manuscript" 而不是"The reviewer doesn't understand…"或"The reviewer is wrong….".等等。在我的回复信中，审稿人从没有"错"。

2009-03-09 10:38 **general520 wrote:**
主编老师的讲解很精彩，我也才刚刚发表了一篇外文文章，但不知该如何回复编辑的来信，主编老师能指导一下吗？不胜感激
我向 JBB 投了一篇关于肝癌患者和调 T 之间关系的文章
编辑回信说他认为这篇文章属于临床研究而不是研究性文章，还列出了临床研究文章的定义，有没有那位老师遇到过类似的问题，应该如何答复呢？下面是信的原文：
First of all, I would like to introduce myself. I am Hend Rostom, an
Editorial Staff member at Hindawi Publishing Corporation and I am
handling all the editorial work regarding your manuscript JBB/432149
titled "Clinical significance of the proportion of xxx (不是药物)in patients with hepatocellular carcinoma——a single
center randomized controlled study."

After checking the content of your manuscript, I found that the
manuscript?'s type is more fitting to be a ?Clinical Study? than a
?Research Article.?

According to our definition, the "clinical study" is as follows: "A
Clinical Study presents the methodology and results of study that was

performed within a clinical setting. These studies include both controlled clinical trials as well as retrospective analyses of a body of existing cases. If a Clinical Study is presenting the results of a controlled trial, it is necessary for that trial to be registered in a publicly available registry. In all cases, Clinical Studies should include a description of the patient group that was involved, along with a thorough explanation of the methodology used in the study and the results that were obtained. Clinical Studies should adhere to all ethical guidelines that are required by the jurisdiction in which the study was conducted."

Accordingly, I would appreciate if you let me know your feedback concerning this issue.

2009-03-09 12:31 美捷登主编：

I think what you need to do is the following:
1. Read carefully the scope of JBB:
Journal of Biomedicine and Biotechnology is a peer-reviewed, open access journal that publishes original research articles as well as review articles in several areas of life sciences. The subject areas covered by the journal are:
Agricultural Biotechnology
Animal Biotechnology
Biochemistry
Bioinformatics
Biophysics
Cell Biology
Genetics
Genomics
Immunology
Microbial Biotechnology
Microbiology
Molecular Biology
Oncology
Pharmacology
Plant Biotechnology
Toxicology
Virology

2. Check if your research content fits any of above.

3. If yes, read carefully the letter of Hend Rostom, and the definitions included. If you believe your study is NOT a clinical study, then explain why.

4. In clinical trials, especially phase II studies, there are PK, PD, or biomarker sub-studies. Theses sub-studies may be submitted to basic journals, like JBB.

By the way, Hend Rostom is only an Editorial Staff member. His duty may be to initially triage (categorize) all submitted articles. So, he may be not sure of the type of your article.

2009-03-15 11:39 美捷登主编：

这期半月谈专题与北溟小鱼战友共同主讲

15 March 2009 （第五讲）给审稿人的回复信

论文题目：Systematic analysis of microRNA involved in resistance of gastric cancer cell to the chemotherapeutic drug
所投杂志：cancer letter
投稿结果：major revision

审稿人内容（有删节）：
2. In Figure 4B, the authors showed growth inhibition in response to treatment with a MAPK inhibitor in SGC7901/VCR cells. What is the effect of the MAPK inhibitor on cell growth in parental SGC7901 cells? The authors should add this experiment in Figure 4B.
Moreover, if the authors say that microRNAs and the MAPK pathway are involved in resistance to chemotherapy, the effect of the MAPK inhibitor on expression of microRNAs (miR-34a, miR-148a, miR-21, let-7i, etc.) and their targets (E2F3, PXP, K-RAS, PTEN, etc.) should be analyzed in SGC7901/VCR cells.

作者原答：
As suggested, we have detected the effect of the MAPK inhibitor on cell growth in parental SGC7901 cells and the results have been added in our manuscript.
As for the relationship between the microRNAs, MAPK pathway and the drug resistance, our results showed a group of microRNAs may be involved in drug resistance and pathway mapping of their targets gene indicated that MAPK pathway was related to the drug resistance. The precise effect of the MAPK inhibitor on expression of microRNAs and their targets was under investigation.

建议改答：
We thank the reviewer 's valuable suggestion （谢谢之类的词必要时一定要用。但要避免滥用，如每段或每个回复点都用）and conducted an additional experiment （强调补实验，因为下面要求的实验不打算补）on the effect of the MAPK inhibitor on cell growth in parental SGC7901 cells and the results have been added in the revised manuscript.

In the present study, XXXX （what results? 与 下面的"pathway mapping of their targets gene"对应。）suggest that a group of microRNAs may be involved in the drug resistance and the pathway mapping of their targets gene indicates that the MAPK pathway is also involved in the drug resistance. Thus, we said that "microRNAs and the MAPK pathway are involved in resistance to chemotherapy" in the previous version. We understand the reviewer's point, and agree with the reviewer that the effect of the MAPK inhibitor on expression of microRNAs should be analyzed in SGC7901/VCR cells to determine whether they are dependently or separately involved in the resistance to chemotherapy. We believe that the regulatory relationship between microRNAs and the MAPK pathway in resistance to chemotherapy is a very important topic. Thus, we would like to carry out a separate but more extensive experiment on this topic (如果说 under investigation, 也许审稿人会要求提供初步结果。但换一种说法，即作者同意审稿人的意见，并认为需做独立的、更深入的研究。这样可能避免补实验。的确，作者认为所要求补的实验有点脱离该论文的主题，但这点不便跟审稿人 argue）. Accordingly, we have modified the sentence to address the reviewer's point（实验不打算补了，但对审稿人的意见不能无动于衷）. However, if the reviewer feels that it is essential to add this result in this manuscript, we would be willing to carry out the additional experiments（有些审稿人很固执，所以要给他、给自己留有余地）.

加注：
北溟小鱼给我咨询如何回答审稿人这个意见时我的答复如下：
首先我们来分析为什么审稿人会提出这个问题。从审稿人提出的"if the authors say that microRNAs and

the MAPK pathway are involved in resistance to chemotherapy”，我判断很可能你在讨论中指出“microRNAs and the MAPK pathway are involved in resistance to chemotherapy”。但审稿人认为，你的实验结果不足以支持上述论断，因而提出这一问题。
然后我们来讨论如何回答这一问题。我认为回答和解决这个问题有两种方法：
1.如果作者坚信“microRNAs and the MAPK pathway are involved in resistance to chemotherapy”，那么就需按审稿人的建议补试验。除了时间、精力和金钱外，还要面临试验结果与预期结果不符的风险。同时正如作者所言，“感觉再做这个实验的目的貌似与我原来的研究目的相背离”。
2.完全放弃或部分放弃“”microRNAs and the MAPK pathway are involved in resistance to chemotherapy’观点。前者完全删掉这句话或这个暂不成立的观点，后者是用间接、委婉的语气来阐述这一“假设”，最好有文献支持。
何去何从，由作者定夺。但就这篇论文而言，如果作者尽量回答了所有审稿人的其他问题，即使不补该项试验，我想被接受的可能性也相当大。

这里，我想进一步强调的是，在英文论文中，作者尽量不要夸大、延伸该研究结果应该得出的理论价值和应用意义。应该“就事论事”。对于常发中文论文的作者尤其应引以为戒。

2009-03-31 08:12 美捷登主编：

31 March 2009 （第六讲）给审稿人的回复信

论文题目：A (a chemical substance) inhibits oxidative stress induced adhesion between endothelial cells and monocytes via NF-κB
所投杂志：European Journal of Pharmacology.
结果：这次大修后又被要求作论文格式调整，然后被接受

审稿人内容（有删节）：
Comment 3: The last sentence at p.10 'The inhibition mechanism involved the B' is not supported by direct evidence, but by indirectκdownregulation of NF- evidence at the most (see above).

作者原答：
We agree with the reviewer’s point. The experiment about the effect of A on the hydrogen-peroxide B has been performed again （重复还是附加？要写清楚）, and theκinduced expression of NF- B inκresult showed that A indeed down-regulated the expression of NF- hydrogen-peroxide induced vascular endothelial cells. So we do not revise the B”κlast sentence “The inhibition mechanism involved the downregulation of NF- (最后一句与第一句矛盾。既然同意审稿人的观点，就应该作相应的修改。显然，作者并不太认可审稿人的观点，且有重复或附加试验支持。但即便如此，重复或附加试验也不能给出直接证据，所以，不可太绝对。其实，审稿人已经很明确但比较委婉的提出他/她的观点。那么，作者也应作相应让步。这样，审稿人才愿意接受。

建议改答：
The experiment determining the effect of A on the hydrogen-peroxide induced B has been performed again（重复还是附加？要写清楚）, and the resultsκexpression of NF- B in hydrogen-peroxideκshowed that A indeed down-regulated the expression of NF- induced vascular endothelial cells. Nevertheless, we accept the reviewer’s suggestion and have revised the last sentence slightly as “The inhibition mechanism is most likely to involve the downregulation of B”.κNF-

加注：

1.坦率地说，审稿人的意见本身有问题。这里只是说 The inhibition mechanism B，并没有说"直接"。而且要我看 The inhibition mechanismκinvolved the downregulation of NF- B is involved inκB（我会用 Downregulation of NF-κinvolved the downregulation of NF- the inhibition mechanism）比 The inhibition mechanism is most likely to involve the downregulation of B 更恰当。但为了这无关痛痒的一句话得罪审稿人不值得。所以，我建议删掉第一句，稍微修改最后一句。非原则问题，该让步时且让步。其实，第二句都多余。一句 WeκNF- accept the reviewer's suggestion and have revised the last sentence slightly as "The inhibition mechanism is most likely to involve the downregulation of B"足够回答整个问题。κNF-

2.有些作者在回答审稿人的问题时，不是直截了当，一语中的，而是转弯抹角，罔顧左右而言它，加些不大相干的数据，参考文献，甚至图表等。结果，论文 2000 字，回复信 2500，弄得审稿人晕头转向。本人的回复信极少超过 800 字（有些战友可能已知道 800 字的含义）。我认为，大幅修改的地方应体现在修改稿中，而不是在回复信中（我强烈建议不要将修改稿中的大段大段修改内容重复在回复信中，否则，会增加很多不必要的工作量）。还有，回复信内容并非多多益善，否则，有可能无意制造新的疑问，所谓"言多必失"。

2009-04-15 21:45 美捷登主编：

这期半月谈专题与 yeyang1222 战友共同主讲。

15 April 2009 （第七讲）给编辑的申诉信

论文题目：The inhibition of **** prevents angiotensin II induced cardiomyocytes hypertrophic response:involvement of the RhoA/Rho kinase pathway

所投杂志：Biochemical Pharmacolog

结果：尽管一审稿人明确建议接受，编辑却直接拒稿。作者决定申诉，结果未知。

编辑信内容（有删节）：

Your submission has been reviewed by our editorial consultants. While they felt this study addresses an issue of topical interest, the priority score assigned to this work was not sufficient for publication in Biochemical Pharmacology. Find appended the reviewers' comments and suggestions.

Thank you for giving us the opportunity to consider this work. Although the outcome was not favorable, I trust that you will find the referees' suggestions of value as you continue your research in this area.

Sincerely,

Giora Z. Feuerstein, M.D., M.Sc., F.A.H.A.

Editor, Biochemical Pharmacology

审稿人意见（有删略）

Reviewer #1:

The study investigate ……. The authors demonstrated that (1) ….., (2) ….. and (3) ……. The proposed pathways were tested with interventions at each of the different stages and supported by the findings of this study. In addition to measuring markers of hypertrophy, the authors also demonstrated …….

This is an interesting study and should be published.

Reviewer #2:
This study uses a well established model of …… in which ……. Using a range of pharmacological tools the authors confirm the role of …….
Specific comments
1. The concentration of 1.uM AngII, although used in the in vitro assays is on the high side, can the authors repeat their experiments with a range of concentrations of AngII?
2. The authors should also perform dose response experiments for the other inhibitors in the study (XXXX, XXXX etc).
3. The images in Figure 3A are very poor and it is unclear what they are representing?
4. Have the authors compared the responses of their neonatal cardiomyocytes to adult cardiomyocytes as AngII signalling to mediate hypertrophic responses can differ between the two lineages? This would be valuable data more relevant to the in vivo setting in hypertrophy in adults as opposed to cardiac growth in the developing neonate.
5. The cell surface area data would be better represented for interpretation as actual values rather than percentage of control values.
6. The manuscript needs some careful proofreading.

作者申诉信原文 （原信写得不错，仅有少许语法错误）：
Dear editor：
Thank you very much for your letter. After having carefully read your letter and the reviewers' comments, I feel confused as there is positive comment from reviewer one, and the reviewer two appears to suggest revising the version. You say the priority score of this article was not high enough to justify publication in your journal. We understand that the misunderstanding might be caused by the unclear description in our manuscript, but we believe that the results are of merit and the paper is potentially publishable in the journal. Thus, we would ask you to re-consider our research and give us a second opportunity.

作者申诉信建议修改文：
Dear Dr. Feuerstein, （在已知编辑姓氏和职称时请不要再泛称 editor，以示尊重）
Thank you very much for your letter. We would also like to thank the reviewer 1 for the very positive and encouraging comments and the reviewer 2 for the critical but constructive comments (尤其要提到审稿人和他们的肯定评语和建议).
After having carefully read your letter and the reviewers' comments, I feel little bit confused as your decision appears not to be consistent with the recommendation of reviewer 1 and comments raised by the two reviewers(we understand that the reviewer two suggests revision of the manuscript)
（confused 是因为决定性与审稿意见不符，不是因为审稿人的肯定意见）.
We acknowledge that the overall priority score assigned to our work may be not sufficient, in the present form, for publication in your journal. However, we believe that our work is of merit and can be further improved by incorporating and implementing the comments of the reviewers, especially the reviewer 2 （这里可能没有 misunderstanding，但我们需站在编辑角度猜测论文目前的版本可能不宜发表，但相信论文有价值、在按审稿人意见修改后质量将有大的提高）. Also, we will send the manuscript

to a native speaker for language proofreading before re-submission.
Therefore, we would be most grateful if you could re-consider our work and give us a second opportunity （同样的意思，用 we would be most grateful if you could 要客气、委婉些，因为我们在求他们）.
Looking forward to hearing from you,

With kind regards,
Yours sincerely,

Yours sincerely,

Authors' names and affiliations

加注：
1.该文的特色是两位审稿人中，一位除了给予肯定评语外，没有提出任何实质性的意见，并直接建议接受。另一位在肯定论文之外提出许多颇有建设性但很有挑战性的修改建议。然而，所谓的编辑顾问认为 While they felt this study addresses an issue of topical interest, the priority score assigned to this work was not sufficient for publication in Biochemical Pharmacology。所以，作者认为有必要申诉(Appeal)。
2.在看了审稿人意见和编辑决定信后，本人认为申诉有必要，不会损失什么，但成功的机会不大（希望我的判断有误）。首先，第一审稿人建议接受，但除了总结论文的结果和结论外，没有提出任何有价值的实质意见，因而他/她的建议缺乏说服力。第二审稿人的几条意见比较 Critical。我想他/她的初衷应该是想让论文修改后更完美。不知编辑出于何种理由直接"毙"了该文。
3.我对申诉信心不足的另一个原因还在于，即使这次申诉成功，补试验、修改论文将是很大的工程。除非作者有足够的时间和经费。还有，谁也不能保证补试验的结果是预期的结果。
4. 综上所述，我建议在申诉的同时，积极按第二审稿人的建议修稿，随时准备投另一杂志（我本人坚决反对一稿两投）。

2009-04-24 22:18 **美捷登主编：**

cissia wrote:
夏老师：我想问问在给点对点回答问题时有没有什么固定模式？

我想没有什么固定模式。
不过回答的内容、语气等需要有些策略。
请见【共享】发表 SCI 论文的一些小技巧 (II)
http://www.dxy.cn/bbs/post/view?bid=45&id=12767562&sty=1&tpg=1&age=0

我会在本周末就审稿人意见给你答复.

2009-04-26 00:57 **美捷登主编：**

cissia wrote:
请夏老师有空帮我看看这两个评审意见，评估一下我文章被接受的可能有多大？

我看了两位审稿人的意见，总的印象如下：

1、你的试验做得还不够深入，但不无新意。
2、你应该报告有意义的结果而不是所有结果，否则不能充分表明你论文的新意和价值。
3、论文虽长，但讨论重点不够突出。你应该紧紧围绕你的结果。
4、审稿人 2 非常 kind，为你的论文（尤其每张图）进一步修改提出了很具体的修改建议和意见。无论杂志编辑是否给你修改机会，你都应该按其合理意见尽量修改。
我看了你的论文题目，觉得其不仅显得有些抽象不具体（因而不能反映论文内容），而且有语法错误（i.e. …cells of after lung injury）。
另外，在这里，我想提醒大家的是，在杂志（英文）上发表的论文不同于我们的毕业论文。我们不应将所有原始的结果图表罗列放在杂志论文里。而是应该将有新意的、能反映论文价值的、往往是有统计学意义的结果精炼后制成图表。一般在杂志发表的论文里很少有超过 10 张独立的图表的（数个同类性质的图应制成一张合成图）。

2009-04-26 23:08 美捷登主编：

cissia wrote:
谢谢您的意见！真是受益匪浅。关于题目语法错误的问题是这样的，这篇文章经过专业的编辑公司改过，这个题目是他改过后的题目，开始我也觉得这个题目的语法不对，曾专门提出来过并修改成...cells after lung injury，可是收到的回复稿件中又把题目改成了原来的形式，我有点搞不懂，所以就按照公司给的题目投稿了，虽然我现在依然怀疑，您是否也觉得应该是...cells after lung injury 呢？
另外，如果我的回复信在贵公司修改不知如何收费？时间呢？期待您的回复。

我没有看你的全文，但觉得题目可以更具体些，以便被更多的作者在网络查询到，因而增加你论文被引用的机率。从审稿人意见，我猜想你用了两个模型进行比较，但目的是要看 XX 在 XX-induced XX fibrosis 中的变化，从而探讨 Fibrosis 的发病机理。但题目并没有反映 fibrosis。你现在的题目只有 12 个字（减掉 of)，加上 7-8 个字也不为多。
我认为"of"肯定多余。
至于修改回复信，我会 PM 给你，并通知美捷登论文管理人员。你也可以访问我们的网站。
Good luck.

2009-04-28 21:31 美捷登主编：

panghui1015 wrote:
美捷登主编老师的帖子，对我帮助很大!

请老师帮忙看看我的问题，谢谢您！
http://www.dxy.cn/bbs/post/view?bid=45&id=14502010&sty=1&tpg=1&age=0

panghui1015,
你的论文很明显被拒了。原因主要是" it breaks no new ground and is therefore unsuitable for publication in the Journal."和"The English grammar and syntax are quite poor"、" the paper is lengthy, poorly-written and cntains far more information than is necessary to make the necessary conclusions. "。
但修改后和一头更基础的杂志。

你红色的地方解答如下：

Reviewer: 2

1. Tables 1 & 2 show dozens and dozens of statistical tests between groups. However, the statistical analysis section of the manuscript does not indicate that a correction factor for multiple comparisons was considered when evaluating the statistical significance of the experimental results.

你在表 1 和表 2 中列出了几十项组建比较统计分析（结果），但在正文统计学部分并没有说明在评价试验结果的统计学意义时你考虑了多项比较的矫正因素。

2. Table 1 demonstrates the correlations between expression of ***and various clinicopathologic parameters of patients. Where there is no doubt that there are statistically significant correlations, it is clear that, on an individual case basis, the utility of the testing to predict prognosis or response to therapy is very low. This issue needs to be more thoroughly addressed in the Discussion section of the paper, If the authors are proposing clinical relevance for the analysis of *****expression, they need to present more rigorous objective measures of the utility of testing, including sensitivity, specificity, positive predictive value, and negative predictive value.

你如果提出 xxx 表达的检测具有临床（诊断）意义，你需要显示该实验应用更严密的更可观的指标，即敏感性，特异性，阳性预期值和阴性预期值。

2009-04-29 12:04 美捷登主编：

panghui1015 wrote:

老师:谢谢您的解答!

但"实验应用更严密的更可观的指标，即敏感性，特异性，阳性预期值和阴性预期值"。是要再用实验测这些指标吗?还是直接用统计学就能算出来?

谢谢老师再次指教!

敏感性，特异性，阳性预期值和阴性预期值是采用统计学方法将检测方法得到的结果与标准方法得到的结果计算得来。

看样子你还得补补统计学。

2009-05-01 00:04 美捷登主编：

30 April 2009 （第八讲）给审稿人的回复信

论文题目：Prevalence of XX(一种内镜下改变)and YY(一种病理改变)in asymptomatic Chinese adult population

所投杂志：Endoscopy

结果：修稿(Minor revision)。结果未知。

审稿人 1 内容：

Major comments:

Interesting paper about the prevalence of XX and YY in "XXYY" of the Chinese population. However, the indication for upper endoscopy in asymptomatic subjects as part of their regular medical examination is hard to understand and should be explained in detail. The authors describe the study subjects as "general population" – so why upper endoscopy was performed in asymptomatic subjects except from study reasons? Was the indication cancer prevention?

作者原答：

In China, the prevalence of upper gastrointestinal malignancy and peptic ulcers are higher than in the Western countries, and the cost of a diagnostic upper endoscopy could be as low as US$38. Thus, endoscopy is generally accepted as a practical approach to diagnosis and is also often used as a routine investigation tool at check-up centers. (这一部分应该用来回答审稿人的两个问题。但因为国外读者对国内医疗体制和实践不了解，所以应需要多些解释。还有第二个问题需要正面回答)。

This is the major limitation, which we also discussed in the discussion part, on whether the prevalence of XX and YY in our study represents the prevalence in the general Chinese population. Because the age, sex, and income distributions of subjects in our study are similar to those of the general population in ZZ city (According to the 2000 census data obtained from the local government), and all subjects were either self-referral, self-paid "healthy" adults, or employees for their regular medical check-up. Most of the patients were free of symptoms. The endoscopy is part of a complete medical examination that includes routine studies of blood, urine, stool, blood chemistry, and an ultrasound of the abdomen. We believe that our results at least reflect, to a considerable extent, the prevalence of XXYY including "silent XXYY" in the general population. (这一长段无助于回答上述两个问题。反而提出了些可能引起审稿人思考和疑虑的问题，增加了审稿人针对这一段另外提出问题的可能性。)

建议改答：

We thank the reviewer to raise this important issue, which has been further clarified in the revised version of the manuscript （感谢审稿人，并明确表示已作相应修改）. Like in many Asian countries, the prevalence of upper gastrointestinal malignancy as well as peptic ulcers are much higher in China than in most Western countries, but the cost for a screening upper endoscopy is as low as US$38. Although there is no authorized guideline for utilization of upper endoscopy for cancer prevention in China, upper endoscopy is generally accepted by the public community as a practical approach to early diagnosing upper gastrointestinal malignancy, and is thus often used as a routine investigational tool for the "regular" medical examination, either "self-refereed" or company organized, at the check-up centers （这一点作者需要根据国内情况核实）. Therefore, we would consider that cancer prevention or cancer detection was the direct indication for upper endoscopy （正面简洁地回答第二个问题）.

加注：

回答审稿人意见应该直截了当，而不应转弯抹角。既要直接、准确、完整地解释说明，又要点到为止(right to the point)。不要添油加醋，以免节外生枝，给审稿人抓住原审稿意见之外的"把柄"。一般来说，只要你合理地回答了审稿意见，审稿人都会放你过关。

2009-05-11 00:46 **afei77 wrote:**

请教敬爱的美捷登主编，评审人意见：The authors tried to present evidences indicating involvement of mitochondria but not death receptors or ER stress in the pathway of caspase activation induced by ***. However, these conclusions are overinterpretation of the results presented by the authors.而我确实是overinterpret 了，我在修改后的稿子里完全不提"not death receptors or ER stress "，而只着力于证明involvement of mitochondrial pathway,并且新增加了不少试验，请问这种情况怎么给人家写 Response,讨教了！

2009-05-11 08:02 **美捷登主编：**

I can understand the comment from the reviewer on your conclusions. Obviously, you are not the only

Chinese authors who overinterpret the results. So, you don't need to worry.
Since you agree with the comment and have added new experiments, I believe you will be able to strenthen your paper and reach your conclusion on the "involvement of mitochondrial pathway".
What I would suggest in your relpy to the comment is that while you should not include "death receptors or ER stress" in the conclusions, you may still propose the significance of your results in "death receptors or ER stress" or the association of your results with "death receptors or ER stress" in the Discussion, with supporting referecnes.
If you are not sure of this, you may the comment and your reply to me by PM.
Good luck.

2009-05-12 09:38 美捷登主编：

nothing wrote:
我投 Applied Biochemistry and Biotechnology 的返修稿终于有了结果，编辑的意见是"Based on the advice received, your manuscript could be accepted for publication should you be prepared to incorporate minor revisions.....”，并要求逐条回复。

审稿人仍要求小修，都是文字后面的简单问题。不过有第一条 comment，不知道怎么回复："1. As according my first review at comment 1 and 3.2, I would not be able to judge that they should be accepted or not. Therefore, it will be kind of the editor if the editor could decide for the judgment.”

请问，这个问题该如何回答比较好？我估计，这次小修的结果，只有编辑部看，不一定会送回审稿人看了。

I think that this reviewer is a kind person although his/her English is not so good. Perhaps you didn't satisfactorily address his/her comments 1 and 3.2, but he/she doesn't want to reject your paper straightaway.

In this case, you may reply like this:
We thank the reviewer for his/her flexibility. If the reviewer or the editor has any further comments or advice, we will be happy to address accordingly.

Good luck.

2009-05-17 12:37 美捷登主编：

这期半月谈专题与快乐跑垒手战友共同主讲。

16 May 2009 （第九讲）给审稿人的回复信

论文题目：Dynamic changes of territories 17 and 18 during VIRUS A (modified)-infection of human lymphocytes
所投杂志：DNA and Cell Biology
结果：修稿(Major revision)。结果未知。

审稿人 1 内容（有删节）：
2. According to my opinion, when the authors want to suggest that VIRUS A-dependent repositioning of HSA 17 (or other regions) might be involved in expression regulation of chromatin, they should provide

expression profiles for VIRUS A virus. Transcription maps for e.g. HSA 17 would be also useful (see Goetze et al., 2007). Note: There are commercial possibilities on how to get transcription profiles in your samples. VIRUS A expression could be also studied by FISH (see http://www.springerlink.com/content/h6q55355q85p4222/). This will be a very nice evidence of VIRUS A infection and virus location. When authors do not decide to get expression profile, the results have to be discussing at only structural level.

作者原答：

Thank you for your careful review and valuable suggestions.

In this study, we addressed the problem that dynamic reposition of specific chromosomes in VIRUS A infection (语法问题). It （It 所指不明）reflected an impact of VIRUS A infection on highly ordered interphase nuclear architecture. Whether repositioning of HSA 17 involved in expression regulation of chromatin or not, which is a problem that we are highly concerned (语法问题). Your comments are helpful, expression profiles for VIRUS A and Transcription maps for HSA 17 have also been considered in our study (语法问题及句子含义不明). However, we can not perform them at present for several (事实上只有两个) limits: firstly, a causal link between chromatin mobility and gene expression remain to be firmly established [1]. Many human gene clusters or locus move towards nuclear center for high-level expression [2-4], whereas Contrary movement towards the nuclear periphery was required for transcriptional activation for other genes according to previous reports [5,6]. Other studies indicated that repositioning of genetic regions are independent of transcriptional activities [7,8]. Studies on single genes involved in gene reposition and transcription suggested uncertain relationships. The whole chromosomal repositioning in VIRUS A infection is accompanied by gross modifications in nuclear architecture, involving activation or silencing of specific gene sets at appropriate time in whole genome. We can not sure how much the expression profiles for VIRUS A virus or transcription maps for HSA 17 verified our dynamic behavior in CT 17 (语法问题及句子含义不明). Secondly, shortage of found (拼写错误？), for example, expression chips for VIRUS A will no less then 100 thousands for 5 stages in infection (语法问题及句子含义不明).. For difficulties above all, we only report our preliminary experiments at present. Finally（下面所述不是 limitation）, I have revised this manuscript and especially paid much attention to your comments and suggestions. We discussed our results only in the structural level, and many previous studies also reported and discussed their observation in the structural level [7, 9-12 also cited in the manuscript] (少量语法问题). The expression profile that is identified to be suitable to verify our observation will be conducted in further work （审稿人并没有强调补试验，故不必画蛇添足）. Thank you for you kindly suggestions! （语法问题。不必太多 Thank you.惊叹号要慎用）.

We have also learned (有点"Chingish") the paper downloaded from the web site provided by you (http://www.springerlink.com/content/h6q55355q85p4222/). The author provided a 2D-FISH method for visualization of viral nucleotide sequences and expression patterns in the infected interphase nuclei. The method should be applied in further 3D-FISH to study VIRUS A expression.

建议改答：

Thank you for your careful review and valuable suggestions.

In this study, we addressed the problem on the dynamic reposition of specific chromosomes in VIRUS A infection. It （It 所指不明，建议修改）reflects an impact of VIRUS A infection on highly ordered interphase nuclear architecture. Whether or not repositioning of HSA 17 is involved in expression

regulation of chromatin, is a problem that we are highly concerned with. Your comments are helpful. The expression profiles for VIRUS A and transcription maps for HSA 17 were initially considered in our study. However, we cannot perform them at present due to the following limitations. Firstly, a causal link between chromatin mobility and gene expression remains to be firmly established [1]. Many human gene clusters or loci move towards the nuclear center for a high-level expression [2-4], whereas the contrary movement towards the nuclear periphery is required for transcriptional activation for other genes according to previous reports [5,6]. Other studies have indicated that repositioning of genetic regions is independent of transcriptional activities [7,8]. Studies on single genes involved in gene reposition and transcription suggested uncertain relationships. The whole chromosomal repositioning in VIRUS A infection is accompanied by gross modifications in the nuclear architecture, involving activation or silencing of specific gene sets at an appropriate time in whole genome. We are not sure how much the expression profiles for VIRUS A or transcription maps for HSA 17 verified our dynamic behavior in CT 17(句子含义不明，建议修改). Secondly, shortage of fund, for example, the expression chips for VIRUS A will cost no less than 100 thousands for 5 stages in infection(语法问题及句子含义不明，建议修改). Due to the above difficulties, we only report our preliminary experiments at present. Nevertheless, We have revised this manuscript and especially paid much attention to your comments and suggestions. We have now discussed our results only at the structural level in the revised manuscript, and cited a few relevant previous studies that also reported and discussed their observation at the structural level [7, 9-12].

We have also downloaded and read the paper you recommended (http://www.springerlink.com/content/h6q55355q85p4222/). The author provided a 2D-FISH method for visualization of viral nucleotide sequences and expression patterns in the infected interphase nuclei. We believe that 3D-FISH method should be applied in the future study on VIRUS A expression.

加注：

1、这篇论文投稿修稿有些代表性，那就是有些审稿人建议拒稿，而编辑"惜稿"，愿意给作者机会。这点在以前谈过。

2、这篇文章还有个特点就是审稿人在其他的审稿意见中建议补试验，但作者根本无法补做。所以只好尽力用理论描述加文献支持来回复审稿人。是否奏效，真的只能是"听天由命"。可谓"尽人事听天命"！

附美捷登主编与快乐跑垒手通讯纪录:

Dear Dr. XXX

Thanks for your message.

I read the comments. Although I am not the expert in your research area, and I haven't had a change to read your full paper, I would like to make a few comments on your situation.

1. Obviously, the reviewer 1 is very nice and gave many constructive comments on how to improve your study and presentation of your manuscript. The reviewer 2 obviously doesn't like your paper (not the idea of study). But he/she also provided some useful comments which will help improve your paper.

2. Fortunately, the editor decided to give you an opportunity to revise your paper. My own experience tells me that over 50% of papers that are rejected by a reviewer but given a chance to revise are accepted eventually, especially when the authors carefully responded to the comments. Therefore, I would encourage you to do your best to revise the paper.

3. When you have done so, you may consider sending your paper to us, ……

4. If you don't wish to send your paper to us,....
Best wishes,
Harry

Dear Dr. XXX
I proofread your paper, with some comments.
I understand that you cannot do any further experiments. Therefore, you have to 听天由命.
Honestly, I am not sure of the fate of your revised manuscript since I am not an expert in your area.
Based on your reply letter, I would assume that there are also many language problems in your manuscript, in addition to being unable to add required experiments.
However, if you are confident, then you may re-submit the revised manuscript as it is now. I wish to know the outcome.
Let me know if you have any questions,
Good luck,
Harry

尊敬的夏老师
我非常非常感谢您的无私帮助，改的很细致，很好。我的文章就是我自己写的，的确很差，我是这么想的如果内容没有问题的话，杂志想要的时候还会给我修改语言的机会，到时候我再想办法修改一下。我对这个文章更没有信心，反正我老板就是死活不补实验，还没有什么钱。听天由命吧。无论有怎样的结果，我都会及时通报给您的。
再一次感谢您的帮助！占用了您的宝贵时间
快乐跑垒手

2009-07-14 23:10 **pyfanyuchen wrote:**
美捷登主编 wrote:

加注：
1、这篇论文投稿修稿有些代表性，那就是有些审稿人建议拒稿，而编辑"惜稿"，愿意给作者机会。这点在以前谈过。
2、这篇文章还有个特点就是审稿人在其他的审稿意见中建议补试验，但作者根本无法补做。所以只好尽力用理论描述加文献支持来回复审稿人。是否奏效，真的只能是"听天由命"。可谓"尽人事听天命"！

夏老师一语道破，读起来颇有心得。
恰巧最近自己手头也有这样的例子，拿出来跟大家分享一下，班门弄斧，希望夏老师多多指导。

论文题目：Loss of enteric neurons accompanied by .....
所投杂志：Neurogastroenterology and Motility
结果：大修（major revision）,修回意见后接受(accept)。

Editor's Comments to Author: One reviewer is now satisfied with this paper, but the other (Rev 1), recommends one more experiment to be added, unless you feel you can address this point. I am pleased for you to do either as I like this paper and look forward to seeing it in the journal. I look forward to seeing the revision.
【编辑"惜稿"，给作者机会，让大修】

审稿人 **1** 内容（有删节）：

In this revised version the authors have addressed most of the original criticisms. However, still some issues remain to be addressed in order to support the proposed hypothesized link between a reduction in GDNF expression, pAkt and neuronal loss. In particular, the reported reduced expression of pAkt could be due to the fact that fewer neurons are present (as the data suggests). If the authors are suggesting that a decrease in GDNF is responsible for the reduction in pAkt then they will need to show total Akt expression and determine whether the ratio pAkt/Akt is changed. This is particularly important as the figures show that pAkt stain is completely absent at 12 weeks of diabetes while PGP9.5 is still visible.

作者原答：

We very much appreciate the reviewer's comments and good suggestions.

In our paper, we reported a reduction in GDNF expression, pAkt and neuronal loss induced by diabetes in rat model. Then we concluded that the enteric neuropathy may be partly mediated via a reduction of GDNF and its main downstream signaling pathway PI3K/Akt, which is based on PI3K/Akt is a survival signal for enteric neurons. As suggested by the reviewer, detecting the ratio pAkt/Akt will help to further confirm our conclusion.

However, as the specimens for this experiment have been stored for more than one year, we are afraid that it's difficult to get a satisfactory result or whether the possible result will be convincing. Moreover, there may be not enough time for us to establish the model of diabetic rats for the second time to get fresh specimens and add the additional experiment. Hence, here we try to use another way to further confirm our conclusion.

Anitha and Brami-Cherrier tested the percentage of pAkt/neurons (% of p-Akt positive neurons) to show changes of Akt phosphorylation in their papers. (Journal of Clinical Investigation 2006, 116: 344-356; references 8. J Neurosci, 2002, Oct 22: 8911-8921.) I think p-Akt/neurons could be used as a substitute for p-Akt/Akt, but I agree with you that p-Akt/Akt is better. In my revision I tested the protein of p-Akt/neurons (see figure below) and showed decrease along with disease course. As you said that pAkt stain is completely absent at 12 weeks of diabetes while PGP9.5 is still visible. In accordance with my figure the ratio almost decreased to zero at 12 weeks. It may due to there are also other signaling pathways to maintain survival of neurons besides Akt associated pathway.

Anitha M et al in their literature have well demonstrated that diabetic mice exhibit enteric neuronal apoptosis using the Ret/TUNEL method and the over-expressed GDNF could prevent diabetic neuronal apoptosis (Journal of Clinical Investigation, 2006, 116: 344-356; references 8). As our paper is only a preliminary study for diabetic colon dysfunction, we will do more work in our further research with your helpful suggestions.

我的建议改答：

Thank you for your critical comments and we totally agree with your suggestions which might be of great help to improve the quality of our manuscript.

We greatly accept the reviewer's suggestions that the ratio pAkt/Akt be used to strongly support our hypothesis that a decrease in GDNF is responsible for the reduction in pAkt. According to the reviewer's suggestions, we performed some modifications in our manuscript. First, we precluded that p-Akt/neurons could be used as a substitute for p-Akt/Akt to show changes of Akt phosphorylation, at least partly, as suggested by Anitha and Brami-Cherrier ((Journal of Clinical Investigation 2006, 116: 344; J Neurosci, 2002, 22: 8911). Therefore, in our revised manuscript, we performed the protein of p-Akt/neurons (see figure below) again. The figure showed that the ratio of p-Akt/neurons decreased and then almost to zero at 12 weeks, which is in accordance with the fact that pAkt stain is completely absent at 12 weeks of diabetes while PGP9.5 is still visible. It also suggested that there might be some other signaling pathways to maintain survival of neurons besides Akt associated pathway. Second, we have made also some modifications in the discussion part according to the reviewer's suggestions, which have been underlined with red color:

"In our manuscript, we draw the conclusion that the loss of enteric neuropathy may due to reduction of GDNF and its main downstream signaling pathway PI3K/Akt, at least partly. The conclusion was made as it might be PI3K/Akt is a survival signal for enteric neurons. However, there are still some limitations

in this present study. First, p-Akt/Akt might be more effective index that should be substitute for p-Akt/neurons; …… "

心得感悟：
1.只要有机会，就要抓住；
2.直面问题，不要顾左右而言它，能解决一点的解决一点，突出说明....其它不明说明的，呵呵，放在 discussion 中又何妨..

2009-09-30 23:00 美捷登主编：

yeyang1222 wrote:
一直没来感谢夏老师，那时候我第一次投稿被拒了，开始想申诉，中间咨询过夏老师，给了我不少建议。跟老板商量后后来放弃了，结合意见投向另一个 3 分多的杂志，在 8 月底接受了。
再次感谢夏老师！！！

非常高兴看到 yeyang1222 这样的帖子。它无异于国庆、中秋节送给我的厚礼！
没有什么比看到 DXYers 的文章被接受更让人欣慰的了。

我也要感谢丁香园战友对我的信任和尊重，这也是我再忙碌也要每天花上至少 1 个小时在丁香园的原因。

http://www.dxy.cn/bbs/post/view?bid=45&id=13078789&tpg=1&ppg=1&sty=3&age=0#13078789
Re:【共享】一篇英文综述的发表史 [精华]
2008-10-29 04:11 美捷登主编

本人从事 HP 研究 20 余年。两年多前，有感于 HP 经抗菌治疗根除后重复感染的报道不能完全说明真正的"再感染率"。 因而，让学生查阅了大量文献资料，结合我们以前发表的论文，写了篇综述。
由于学生和我本人在 2006 年底及 2007 年相继离开香港，论文直到 2007 年底完成。 今年初，送 Am J Gastroenterol (IF 6.101)，大约两周被退回，告知近期已发类似文章。后投 Nature Clin Prat Gastroeneterol & Hepatol (IF 4.415)，在经历 3 个月的等待后，得到的答复是"In light of the rare nature of topic, the number of article proposals we have received and the articles we already have commissioned, I'm afraid that we have decided not to commission your manuscript for the journal。
http://www.dxy.cn/bbs/post/view?bid=45&id=9302900&sty=1&tpg=1&ppg=3&age=0#12493137
由于时间延误，我们只好再查找最新文献，补充更新新的研究数据，并在 8 月 24 日投 Aliment Pharmacol Ther (IF 3.201). 一直到 10 月初没有收到编辑来信，文章一直处于在审状态。我给编辑部写了 email，很快得到回复，说只收到一人的审稿意见，而且责任编辑休假，并对审稿延误表示抱歉。两天后，主编根据一份审稿意见作出小修决定，我们在 10 月 13 日完成修改并再投稿。14 日论文被接受。
几天前，我们发现论文已在 PubMed 上 Pub Ahead.
http://www.ncbi.nlm.nih.gov/pubmed/18945250?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

几点感想：
1。在投综述给某杂志时应看看该杂志近期有没有类似综述发表。
2。 投稿给 Nature Clin Prat Gastroeneterol & Hepatol 前应该跟编辑部联系，看看该杂志对综述内容有没有兴趣。我的观察是该杂志以约稿为主。
3。 有些杂志如 Aliment Pharmacol Ther 通常审稿很快。但在近两个月没有回复的话，应该向编辑部查询。

4。综述文章在退稿后要及时更新。
5。千万不可一稿两投。
6。坚持就是胜利。

2008-10-29 08:38 自身抗体 wrote
谢谢 hhxx1021 战友与我们分享经验：
对于我们来说，SCI 综述似乎是可望而不可及的，但是在仔细分析了各种杂志对综述的要求后，我们发现，还是有一定的"突破点"的。
1.有些杂志的综述不需要一定是约稿的，大家都可以随便投的。如 MBR、BBRC 等。
2.不能为了写综述才去收集、整理文献，应该是建立在自己平时对你研究领域进展密切关注的基础上，提炼出精华和某一点的研究动向，最好有些展望。对于 NCP 系列，可以先写个 proposal 给杂志编辑，然后他们会在一周内讨论决定是否 proceed your proposal，如果采纳了你的 proposal，你就成功一半了。事实上，园里可能有不少战友也发过 SCI 综述，如 EXPERT REV 系列、EXPERT OPIN 系列等杂志里都有我们战友的作品，期待高手来分享经验!!!

2008-10-29 20:52 **blueman1320 wrote**

感谢 hhxx1021 的成功经验。

同意自身抗体的观点，"不能为了写综述才去收集、整理文献，应该是建立在自己平时对你研究领域进展密切关注的基础上，提炼出精华和某一点的研究动向，最好有些展望。"

本人在 EXPERT OPIN 上发表过一篇综述，期间的辛酸苦辣非一般能言。国外综述非常难发表，尤其是一定要有大量自己的观点。这点在国内由学生写综述这种状态下，基本上很少有高质量的综述。

综述，在我眼里，是最高级别的文献。其发表难于论著。当然，综述要想写的好，非常的难。但不是不可能。只要大家肯去尝试。

2008-11-04 22:37 美捷登主编：
sdqiludong wrote:
开始老板让写英文综述，老板只是想让我练练读文献和英文写作，我自己并未想到能发表，因为看到国外的综述都是些大牛们写的。不过老板给的任务也得好好完成，大量的看文献终于有一天觉得写的差不多了拿给老板看，老板说语法错误太多了，让师姐给该改改，师姐改完又让老板国外的同学改改，最终老板说投 MH，MH 拒稿速度还真快，估计也就 2-3h 吧就被拒了，很是灰心啊。
那天到园子里搜了搜各位老师，师兄师姐的投稿经验，就锁定了几本杂志，淡然影响因子都不太高，然后从 pubmed 上搜该杂志看看综述的比例以及中国人文章的比例，如果这两个比例都比较高的话(5%以上）就在看该杂志的主页，作者信息看看是否接受不非约稿的综述，以及对费用，字数，参考文献的要求，看看是否有合适的。
将想投的杂志发给老板，老板选了"cancer biology &therapy" IF 2.8 ,自己以为分数太高，不过老板说试试吧，反正我也不等着这个毕业，就投了，under review80 天后，编辑回信，审稿人提了几个很善良的问题，修改后再次投出，under review 14d 后 accepted。
我只是一名小硕，讲我的一点经验和大家分享。
我认为这篇文章发表的关键在于
1，老板选题较新
2，第一次投 MH 时是已经写好的综述硬逼着改成医学假说的格式，怪不得人家不接受，我想写之前最好先锁定要投的杂志，按照人家的套路来写，生的以后该啊该，还不一定接受
3，运气较好，reviewer 好像很善良，提得问题比较简单

以上是我的一点经验，请各位老师指正

发表综述的又一典型成功案例！
"有感而发，锲而不舍！"
sdqiludong，你的导师和我 20 多年前的硕导何等相似，只是我那时还不时兴发英文文章。衷心祝贺你，相信你一定更成功！

http://www.dxy.cn/bbs/post/view?bid=45&id=8213436&sty=3&age=0&tpg=1&ppg=1#8213436
Re:【交流】杂志稿约中提及申请版面费减免事宜，欢迎大家来交流 [精华]

2007-02-01 16:44 **blueman1320 wrote:**
最近留意到杂志稿约中很多都有提及"支付以上费用确有困难者可申请减免相关费用"，在中国及 SCI 杂志中都有这样的说法。
我的问题是：
1。申请减免是否会有论文发表造成影响？
2。如何申请减免？是否有比较固定的文件格式？

请有相关经验的战友来谈谈心得。没试过的战友也可以来提提想法：）

2007-02-14 06:59 **美捷登主编：**

近来许多战友在讨论国内学术期刊（杂志）收审稿费、发表（版面）费的问题。其实，市场经济，在合理合法的情况下，在互惠互利的原则下适当收费，并无可厚非，尤其学术期刊，读者群少，发行量小。当然，非法期刊、以期刊名义诈骗应给予高度警惕及有力打击。
在这里，我想与战友讨论的是，英文 SCI（主要国外)杂志收费问题。大多战友对发英文 SCI 文章望而生畏，除了英文及课题本身的问题外，对审稿费、发表费不无顾虑。
其实，国外大多数英文杂志不收任何费用，(除非有彩色图-文章接受后你可以选择发黑白图而不用交钱)。有战友会问，杂志不收任何费用岂不亏本？ 你放心好了。这些杂志多为某权威性学术机构属下的非盈利性的期刊，这些机构的会员会费往往也包括杂志在内，多数会员也比较踊跃认购杂志（每年几百美金)。这些在国际上顶尖的杂志，许多大学、研究单位及企业（如制药公司）以及科研、学术人员都会订购。由于读者众多，药品广告费收入也很可观。还有每年发表机构学术会议（如年会）摘要的收入。这些杂志的编辑和审稿人大多没有工资，属"义务劳动"换取"学术地位"。以 Gastroenterology, Gut 和 American Journal of Gastroenterology 为例。它们都是美国及英国胃肠疾病有关机构（AGA， British Society of Gastroenterology 和 ACG)的"官方"杂志。它们不会向作者收任何费用。其他许多胃肠病杂志如 European Journal of Gastroenterology &Hepatology, Journal of Gastroenteorlogy & Hepatology， Digestive & Liver Diseases 等具同样性质.
例外的有 Alimentary Pharmacology & Therapeutics (由私人承办）. 但它也不收任何费用。其内容对药物的开发及临床意义足以使它有相当的订户。
当然，也有一些杂志，尤其是基础研究的杂志（如 CancerResearch 等）会收发表费及审稿费。但好在这些杂志占的比例不大。
我写这些的目的有两个:
1.建议大家不要将目光只盯在国内核心期刊上，发英文 SCI 杂志可能更容易、省钱。
2.抛砖引玉。希望有投稿经验的战友们在本贴提供各专业收费（发表费、审稿费）及不收费杂志的杂志名，然后再整理，共战友们投稿参考。

2007-03-22 09:56 **美捷登主编:**
本人在两份杂志节省彩图发表费实例：
1. Journal of Clinical Pathology: 这份杂志不收发表费，但收彩图费（黑白可免费）。 我的文中共有 7 张彩图，每张收费在 150 英镑左右（具体忘了）（1 英镑=15.2 人民币）。 出版社主动来信提出有 6 张

图可以合并成一张，这样就变成两张了。因此，费用从 1000 镑变成了 300 镑。
2. Journal of Infectious Diseases:这份杂志收发表费（每页好像 65 美元）。同时收彩图费（每张大概 250 美元）。我有四张彩图（两张原位杂交，两张双染免疫组化），一张黑白（RT-PCR)。其中一张双染免疫组化被编辑选为封面，按规定，可减 100 美元。同时我选择将两张原位杂交图以黑白图发表。 这样，1000 美元彩图发表费变成 400 美元。

2007-04-05 23:21 **美捷登主编:**
Production fees for exceptional papers that are not sponsored by industry, a university grant, or alternative forms of support may be waived at the publisher's discretion.
请注意"exceptional papers"和"may be waived". 我想完全免费的可能性不大，除非你的文章真的 exceptional。 但你应尽早提出减免要求。6000 美元不是小数目！你可以说"Our paper is not sponsored by industry, a university grant, or alternative forms of support" (如果是这样的话）。

http://www.dxy.cn/bbs/post/view?bid=45&id=9734810&tpg=1&ppg=1&sty=3&age=0#9734810
Re:【讨论】英语论文标题写作技巧（续 2） [精华]
2007-08-09 13:15
长青藤编辑 wrote:
讨论标题：Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) and in hippocampus of streptozotocin-induced diabetic cognitive impairment rats. 出处：Exp Neurol 206:201-8；2007。为便于大家了解研究内容，摘要附在本文最后。
问题解析：
1）标题中 "and in hippocampus" 中的 "and" 破坏了句子结构，造成语义混乱。正确的写法是："Expression changes of -- in --" 而不是 "Expression changes of -- and in --"。
2) "streptozotocin-induced diabetic cognitive impairment rats" 在文字上欠通顺。
3) 研究结果（GAP-43 和 MKP-1 高低）没有表述出来。
4）可读性有很大改进余地。真正读懂这个标题必须知道 GAP-43 和 MKP-1 对学习记忆的重要性。这篇文章目标读者是对糖尿病和神经科学感兴趣的研究人员，而这个群体中满足上述条件者比例不大。
我的心得：
论文投往高端杂志被拒最常见的理由是：The scope of the study is not appropriate for the wide audience of this journal. We recommend submission to a journal in a more specific field. 杂志主编是在告诉作者研究课题的广泛性和重要性不够。广泛性和重要性不够，原因可能是研究本身的局限性，也可能是作者没有表述好。酒香还怕巷子深！
我的建议：
1）Decreased expression of two proteins critical for learning and memory in hippocampus of a rat model for diabetic dementia: growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1)
2）Cognitive impairment is associated with decreased expression of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of a rat diabetic model 这个标题没有直接点明但提示了 GAP-43 和 MKP-1 对认知功能的重要性。
这 2 个标题缺点：太长。如何进一步完善请各位看官发表意见。
———————————————————————————————

摘要：Diabetes mellitus (DM) may give rise to cognitive impairment, but the pathological mechanism involved was still unknown. We employed streptozotocin (STZ)-induced diabetic rats and test their capacity for learning and memory by three-arm radial maze. We determined the expression level of

growth-associated protein-43 (GAP-43) and mitogen activated protein kinase phosphatase-1 (MKP-1) in the hippocampus by immunohistochemistry. MKP-1 mRNA level in the CA1 and dentate gyrus (DG) Hippocampal area is further determined by RT-PCR method. We also observed the ultrastructures of Hippocampal neurons by transmission electron microscopy (TEM). All data were analyzed by the independent samples t-test. Four weeks after STZ induction, the diabetic rats showed decreased capacity for learning and memory as indicated by the increase in the error number and reaction time in three-arm radial maze test. TEM results showed the ultrastructures of diabetic hippocampus, including area CA1 and DG, neurons were characterized by swollen mitochondria, increased heterochromatin accumulation and reduced synaptic contacts. The optical density as well as the positive neuron number for GAP-43 and MKP-1 decreased significantly in the CA1 and DG Hippocampal area in diabetic rats ($P<0.01$). RT-PCR results also showed MKP-1 mRNA in the CA1 and DG Hippocampal area was decreased in the diabetic rats. These results indicated that DM could down-regulate GAP-43 and MKP-1 expression in Hippocampal area that is in charge of memory and cognition. As indicated by our study, the changes in GAP-43 and MKP-1 expression in hippocampus may play a role in the pathogenesis of diabetic dementia.

2007-08-10 22:22 **美捷登主编:**

Generally, I agree with kehongzhang.
My suggestion is:
Decreased expression of growth-associated protein-43 and mitogen-activated protein kinase phosphatase-1 in hippocampus of rats with streptozotocin-induced diabetic cognitive impairment
1. The title should reflect the content of the experiments, which covers the aim, methods and results. The title should concise and accurate.
2. Abbreviations should be avoided in the title since they don't add any value; they may be used without their full names in the title if they are commonly accepted such as DNA, RNA, etc.
3. It would be fine to put words like "critical for learning and memory" in a short title. But I don't think it is appropriate here.

2007-08-11 05:08 **美捷登主编:**
zhousjplasur wrote:
Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of streptozotocin-induced diabetic cognitive impairment rats.
这样标题我觉得不错，指标升高或降低可以放到摘要的结果里去论述

1." Changes in expression of XXX" is much better than "Expression changes of XXX";
2. There are many grammatical errors in "streptozotocin-induced diabetic cognitive impairment rats" - you can say "cognitively impaired rats" but not "cognitive impairment rats"; and no one can induce rats with streptozotocin!

http://www.dxy.cn/bbs/post/view?bid=45&id=10667299&sty=3&age=0&tpg=1&ppg=1#10667299
【讨论】谈谈你审稿的经历和体会 [精华]
2007-12-11 23:53
相信坛子里有很多兄弟有审稿的经历，希望谈谈自己的经历和体会供大家交流。
先谈谈我的：

大约是今年 8 月份接到 Cardiovascular drug reviews 的 Email 说我进入他们的审稿专家数据库，要求我在他们网站上注册。当时很惊奇，我不过是一个刚毕业的研究生，他们怎么知道我的。想来想去只可能是我一篇文章已经出网络版被他们看到，于是就注册了。
很快他们给我发了一篇综述的摘要给我看，问我是否愿意审这篇稿子，这篇综述跟我发表的文章属于同一各领域，我就同意了。于是系统自动把稿子发到我邮箱。一看文章，我头大了。这篇综述，是 Invited Review，作者是这一领域真正的专家，我的文章好几篇重要的参考文献都是他写的。综述写的几乎是天衣无缝，我懂的他都懂，我不懂的他也懂，而且作者是地道的英国人，英语写的更是无懈可击，我连文字的错误的挑不出。本想给个"不需要修改接受"，但总觉得这样太没水平了，于是反复的读了很多遍，总算找到综述对一个方面的内容没有涉及，于是建议作者增加这一方面的内容。为了说明这方面内容的重要性，我写了很大一段，并且引用了十篇参考文献（最近进一步阅读了文献发现我写的这一大段仍然不够深入，学海无涯啊！），惴惴不安的把审稿意见上传。上传后每天上网看编辑意见和作者是否有回复，是否接受我的意见，似乎不是在审稿，而是投稿。编辑要求作者 minor revision，同时把两个审稿人的意见返回作者，我也看到了另一个审稿人的意见，仅仅对作者对某一个研究的解读提了点意见。最后，看到了作者的回复，接受我的意见，增加我要求他增加的内容。
看到作者的回复，心里有一种考试通过的感觉。毕竟，审稿人在品评作者稿件的同时，自己的学术水平也摆在作者的面前，接受作者的品评。

这就是我第一次审稿的经历。体会：
1.必需认真对待，从小的方面说，这体现了自己的学术水平和学术声誉。从大了说，这关系到中国学者的声誉。（似乎太拔高了，呵呵）
2.必需全面的掌握相关文献，才能对作者的文章给出有品味的评价，并提出有价值的意见。
3.国外的综述（大多是该领域大牛写的）在文献的全面掌握，对该领域发展方向的把握，提供信息的广度和深度等方面原非国内综述可比。
4.国际期刊与国内期刊审稿人选择的不同，国内期刊关键要你是牛人（教授，博导，院长……），而不管你懂不懂。国际期刊要的是了解这一领域的人，不论你是否是牛人。因此，给国际期刊审过稿也并不是什么值得夸耀的事。

http://www.dxy.cn/bbs/post/view?bid=45&id=10682836&tpg=1&ppg=1&sty=3&age=0#10682836
2007-12-14 04:45 **美捷登主编:**
duanxuzhuxi 提出了又一个值得讨论、非常有意义的议题。禁不住要谈谈我的体会和感想。
1.和许多审稿者一样，第一次审稿是帮我在国外的博士导师。当时他给我一篇投给 J Med Microbiol 与我课题相关的文章，要我审。我提出了一些建议给他，但当时并不知道如何写审稿意见。 后来，结果如何就不得而知。发了第一篇论文后不久收到 Am J Gastroenterol 的审稿邀请，当时真不敢相信，那时我博士都还没有毕业。后来，发的文章多了，邀请审稿的杂志也不断增加。当时，没有电子网络系统，都靠邮寄。所以，我得以保存许多有杂志审稿邀请信函。目前，我审过稿的杂志包括 Gastroenterology, Gut, J Infect Microbiol, Clin J Microbiol, Cancer Research, Oncogene, 等 20 多家胃肠、感染性疾病、微生物及肿瘤杂志。
2. 国外杂志选择审稿人，主要看你的专长及学术贡献(EXPERTISE AND CONTRIBUTION)。世界学术知名人士肯定是他们的首选，但这些"牛"人日理万机，不会轻易给杂志审稿。他们除了临床、科研、学术及教学外，有些本身是某杂志的编辑（主编、副主编、责任编辑等），还有些是一些制药公司的顾问。一般而言，国外专家比较看重"诚信"，如果答应审稿，他们会认真去做并及时完成，否则会推辞审稿邀请。因此，除非是很"牛"的杂志，"牛"人一帮不会给一般杂志审稿。这样便给许多刚出茅炉的学者机会。对于国内学者来说，大多数国内"牛"人在国际上默默无闻，而现在许多博士、博士后的学术水平和英文水平并不亚于他们的导师，而且往往以第一作者发文章，所以他们收到的审稿邀请并不一定少于他们的导师。
3. 成为审稿人，在某种程度上是对自己科研和学术水平的认可。有些杂志会在其杂志鸣谢审稿人（每年最后一期），有些没有任何"表示"。更不用说"审稿费"。 就杂志而言，审稿人担任的无非是"裁判"的作用，目的是提高杂志的质量。成为审稿人，可以说是一种荣誉。是否有助于自己今后文章的发表我不得

而知，除非你进入编委会。但不是每一位都可以进入杂志编委会的，能成为编辑或副主编、主编的更微乎及微。（本人有幸成为一家杂志的副主编和两家杂志的编委。)我的体会是，成为审稿人，既不可"受宠若惊"，也不要"沾沾自喜"。

4. 审稿本身的目的是提高杂志质量，所以，审稿人应在论文的各个方面把关，包括课题的创新性、实验设计合理性、方法及结果的可靠性以及对结果解释和讨论的逻辑性。英文语言虽不是审稿人关注的首要问题，但许多审稿人会因英文语言（不知所云）不放弃审稿，直接建议作者改进语言后再审。否则，或有许多误会（MISUNDERSTANDING)。

5.如何审稿，见仁见智。世上没有完美的文章。仔细读读，再"牛"的作者，其论文也有不足之处。我曾审过 Helicobacter 主编的文章，同样提出许多建议和意见。所以，只要是你的专业，经过认真阅读，你一定能找到不足或需改进的地方。我迄今给 20 多家杂志近百篇文章审过稿，都会不同程度地提出 Comments. 我也发了近 150 篇文章，只有一个审稿人给过我的评语是"近乎完美""This paper cannot be improved better as it is almost perfectly writen"。那是篇发在 Am J Gastroenterol 上的论著。其实，我都知道那篇文章还是有欠缺的。否则， Gasteroenterology 不会拒稿。

谈了许多，希望给刚成为审稿人的战友一些启示，并祝他们事业成功。

2007-12-17 21:50 **美捷登主编:**

刚刚收到的杂志对本人已审文章的决定。供参考。

Ref: CAN-D-07-XXXXXR1 Title: XXXXXXX induced by XXXXX treatment or H. pylori infection in human gastric cancer cell lines

Article Type: Original Research Paper

Dear Dr hhx,

Thank you once again for reviewing the above-referenced paper. With your help the following final decision has now been reached: Accept

We appreciate your time and effort in reviewing this paper and greatly value your assistance as a reviewer for Cancer Letters. If you have not yet activated or completed your 30 days of access to Scopus, you can still access Scopus via this link:

http://scopees.elsevier.com/ees_login.asp?journalacronym=CAN&username=XXXXXX

You can use your EES password to access Scopus via the URL above. You can save your 30 days access period, but access will expire 6 months after you accepted to review.

Yours sincerely,

Jo

Jo XXXXXX

Administrative Editor

Cancer Letters

2007-12-19 22:25 **美捷登主编:**

jerrycs wrote:

在国外一个顶尖学府里面的一个和一个旅美学者促膝长谈了一下午。首先从我的 cv 谈起，他谈了自己审稿的一些体会。

他说他的工作特别忙，每月要审 60 篇左右的稿子。作为一个 pi，他还需要管理实验室，需要写一篇接一篇的文章，还需要给国内的合作实验室学生指导。所以，他不可能把一篇文章从头看到尾。他一般会在 30 分钟内给出"accept"或者"reject"的意见。根据他的意见，他认为:

1. 首先要写好摘要。摘要是第一印象。如果摘要里有错误或者无创新点，就立马被枪毙；
2. 其次是文章图表及其说明。如果 reviewer 对摘要印象不错，接下来会走马观花地读图表和 legends。再次对文章的科学性做出判断。
3. 接下来看结论。结论要能很好地支持图表内容，并要有判断，有分析，有完整的结论，对类似研究有启发和借鉴意义。
4. 最后，如果感觉的确不错，才会认真地从头看到尾，给出修改意见或者其他结论。

相信这些对我们的写作不无启发。可能道理大家都懂，但是真正落实起来不是有很多人注意。所以，我强烈建议大家在投稿前的润色时，可以考虑这些因素。

一个月 60 篇，有点夸张。
对于这种审稿态度，本人不敢苟同（一篇文章没有 2 个小时本人审不下来）。
不过，作为作者，投稿前真的要注意文章的润色，尤其是摘要，图表。另外参考文献一定要新。

2007-12-20 **美捷登主编 wrote:**

jerrycs wrote:
目睹了他的工作，确实很紧张。很多国外老板都很忙，如果每天花几个小时来审稿，估计累得够呛。半个小时可能有点夸张，但是半个小时之内应该决定了这篇文章录用与否。

你的信息对战友非常重要-那就是有些审稿人可以在 30 分钟内决定作者可能长达数年辛辛苦苦所做文章的命运（不知可否说草菅"文"命）。
如果时间不够，可以推辞审稿工作。邀请和推辞都是自由选择的。杂志在正式送文章前都会送给审稿人论文的题目和摘要，在得到审稿人肯定答复后才送全文。

2007-12-20 09:19 **美捷登主编 wrote:**

有战友 PM 我，想知道一些审稿的问题。我即兴作答，也希望与大家共享。

XXXX,
谢谢你的问题。
1。 当你收到审稿邀请时，一定要知道你对文章的内容是否了解，否则不要接受邀请。审稿一定要懂文章，千万不要不懂装懂。
2。一篇文章就是一个独立完整的故事。题目要反映文章的目的和结论，方法和结果要围绕目的、支持结论。参考文献支持文章的每一论断和方法。作为审稿人，一定要像读一篇故事一样阅读全文。
3。绝大多数文章都有发表价值，只是杂志的级别不同。同一篇文章对于级别很高的杂志，我可能建议"reject"，但对于较低的杂志，我可能在指出不足并尽量给出修改意见的同时建议"accept with (major or minor) revision"。
4。审稿措辞因人而异。本人应该属于"温和型"。所以一般比较委婉。我认为，我与作者素不相识，不应带有任何成见或偏见。
5。一般论文较多的问题包括在导言或方法中未给出专业术语定义或对专业术语描述不够（许多作者认为读者应该理所当然知道）、前后文专业术语或概念不一致、方法交代不全（结果便"无中生有"）、结论超出结果能支持的范围（即夸大文章意义）、参考文献太陈旧等。 当然，英文语言是非英语国家的通病。
6。附本人最近的审稿意见，仅供参考。
Example （1）： This extensive study determined the expression of MIF in tissues of normal breast, fibroadenoma of breast and primary breast tumor. In addition, serum MIF levels were detected in patients (with breast cancer) and (healthy) subjects. The authors also attempted to determine the prognostic value of MIF in breast cancer patients. Furthermore, in vitro experiments were carried out to

determine the role of MIF in regulating VEGF, IL-8, and in angiogenesis of HUVECs. While the study produced some significant results, the presentation of the results and preparation of the manuscript can be improved.

Major comments:
1. The information including Materials and Patients and Results from the present study is not adequate to determine the role of MIF in the prognosis of breast cancer. To address this issue, the study should be properly designed and prospectively carried out. A larger number of patients may be required, and serum MIF levels should be used in parallel to explore the value of serum MIF in predicting the prognosis of breast cancer. Therefore, I would suggest that this issue be left out of the manuscript to avoid the weakness of the study, to keep the focus of the study and to maintain the integrity of the manuscript. Accordingly, the title can be modified to be more precise and accurate.
2. The Abstract does not precisely reflect the content of the study. Some relevant methods and results are not described in the Abstract.
3. The Introduction is too long, and the aims need re-writing.
4. The term "tissue array" and citation of reference 28 in the Materials and Methods are misleading as the authors prepared the tissues for conventional IHC, not for microarray for proteomic profiling.
5. How was positive immunostaining of MIF, VEGF, and IL-8 defined? This is very critical since the authors used this term for statistical analysis.
6. What method was used to detect MVD?
7. The authors should clarify whether or not the serum samples were collected from a different cohort of patients.
8. Subheadings of Methods and Results should be more specific and informative.
9. The three cell lines used should be specifically described; which were breast cancer cell lines and which was "normal" epithelial cell line (what epithelium?).
10. The results of the "two in vitro assays" for angiogenesis should be more properly presented. Any figures?
11. Results of Western blotting were not presented in the text of Results and figure 7 is incomplete.
12. Table 2 is not needed, and the message can be described in the text. If the authors want to keep it, it should be Table 1.
13. Please define some abbreviations such as ER, MVD, PVDF, HER2 etc.
14. Please avoid use of Asian fonts (SimSun) that cannot be read. ug should be μg.

Example （2）: This is a well-designed and conducted clinical study and the manuscript was fairly prepared despite a few typos.
Major comments:
1. When you state "the efficacy and safety of standard triple therapy plus ecabet sodium has not yet been investigated", you may check all published articles and abstract presented at national and international conferences including DDW.
2. Since the p value is 0.204 for ITT and 0.044 for PP, which is very marginal, you must be very cautious to interpret your results. Thus, in the Discussion, you should make your statement (i.e. Actually, in this study, PP analysis confirmed…..) very carefully. After "although there was no ….," you may also need to acknowledge that fact that the marginal p value of 0.044 for PP.
3. One important limitation, which may not avoided by many clinical research centers, is that you don't have background information for drug (clarithromycin and amoxicillin) resistance in H. pylori. Thus, you cannot directly conclude whether the additional 10% effect is due to the overcome of drug-resistance by addition of ecabet in the triple therapy. You may point out this in your Discussion.
Minor points:
1. In Abstract, you should present the eradication rates for ITT and PP analysis.
2. In Abstract, The first sentence (i.e. At the end of the study" is inappropriately written, and not required. You may either modify it or delete it.
3. A comparison of eradication rates for all patients who completed the study is recommended.
4. Do you have a reference later than reference 2 (2003)?
5. You may check and correct some typos throughout the manuscript.

2007-12-25 08:59 **美捷登主编:**

Reply to a DXYer:

Dear Dr. XX,
Glad to receive your email.
I do wish we have a chance to meet and discuss paper-related issues.
I believe different editors have different styles or ways of reviewing articles since there is no universal standard. My style is that the main contents (the aim, methods, results and conclusion) of the article are briefly summarized in 2-3 sentences, in my own words (not directly derived from the article). This way, both the editor and author would be convinced that I have read and understand the article. Then, I would list the major comments on the weaknesses or limitations along with my suggestions. If there are many small mistakes, I would list the minor comments.
Generally, I list my comments according to the order of the article (from title to the references). But if there are major critical problems relating to the overall quality of the article, I would list these problems first, according to the priority or importance.
As for whether or not to use conjunctions, I think you need to read more articles to understand when to use "however" (I don't use but), moreover, further and in addition, then, subsequently, therefore, and thus, etc. "
As for how to use the verbs, it also depends on the preference of the author. I normally use "determine", "identify" for the overall aims, use "detect" for a categorical phenomenon (protein expression), and "measure" for a numerical variable (serum concentration). I use "assay" as a noun, not a verb. I don't use "calculate" unless mathematical calculation is really required.
But again, there is no absolute rule on how to use the verbs. If two words can convey the same meaning, either will do. That's why you find different expressions for the same meaning in different articles.
In fact, English is as same flexible as Chinese. But logic is as same essential as Chinese.

Hope my replies are of help.

Wish you a Merry Christmas and Happy New Year.

http://www.dxy.cn/bbs/post/view?bid=45&id=12470252&sty=3&age=0&tpg=1&ppg=1#12470252
Re:【交流】论文版讨论活动（四）---医学论文英语表达错误举例——如何地道的写摘要 [精华]
Colortea wrote:
2008-07-07 12:35

是什么"封锁"了你的研究成果？
是什么使得你屡遭拒稿？
作为英语不是母语的我们这些"老外"来说，如何地道的英语表达是我们英文写作面临的一大难题！为了使我们少出现、不再出现 chinglish，请站友能结合自己的经验谈谈摘要写作中容易出现的错误，及如何避免、如何更正！形式不限，可以是一段话，然后在文中修正错误；可以是容易出现的错误举例、提醒站友；可以是.....

呵呵，一步一步来，先从摘要谈起——如何规范、地道的写摘要！

以前长青藤编辑的一些讲座帖：

1.如何写好英语论文标题
http://www.dxy.cn/bbs/post/view?bid=45&id=9696716&tpg=1&ppg=1&sty=1&age=0#9696716

2.如何写好英语论文标题（续 1）
http://www.dxy.cn/bbs/post/view?bid=45&id=9697564&tpg=1&ppg=1&sty=1&age=0#9697564

3.英语论文写作研讨（1）
http://www.dxy.cn/bbs/post/view?bid=45&id=9721790&sty=3

4.英文论文如何开头？ — 实例讨论
http://www.dxy.cn/bbs/post/view?bid=45&id=9745794&tpg=1&ppg=1&sty=1&age=0#9745794

……

加分从宽！

PS：如能图文并茂的，加分再加分。

2008-08-04 23:44 **美捷登主编:**
colortea (版主及楼主）的原意是举例说明如何地道地写摘要。
本人已将两年前在上海长海医院的关于"Title"和"Abstract"的讲座主要内容上传。有战友建议将其中的实例拿出来讨论。
现试举一例，请大家讨论（不必加分）。
原摘要如下，请分析讨论，本人的意见将随后贴上。

AIM: To Analyze the effect of VacA on cytoskeleton, tumor development and stress response and inflammation by comparing the gene expression profile of gastric cancer SGC7901 cells challenged by VacA+ BCS and VacA- BCS.
METHODS: Gene expression profile change of gastric cancer epithelial cells SGC7901 challenged by VacA+ BCS and VacA- BCS was detected and estimated by cDNA microarray technique. Cytoskeleton change was observed through high-resolution laser scanning confocal microscopy (LSCM).
RESULTS: A total of 16,000 cDNA clones were detected and the results showed the percentage of heterogeneous expression gene in SGC7901 cells challenged by VacA+ BCS reached 5% compared with that challenged by VacA- BCS. There were 865 genes/EST with 2 fold differential expression level and 198 genes/EST with 3 fold differential expression level, among which, most genes were involved in vital cell events including signal transduction, regulation of gene expression, cytoskeleton, apoptosis, stress response and inflammation, cell cycle and tumor development.
CONCLUSION: VacA+ BCS can disrupt cytoskeletal architecture through affecting the expression of cytoskeleton-associated genes, induce directly the expression of tumor promoter-related genes while inhibit the expression of tumor suppressor genes, thus favoring the development of tumor. VacA+ BCS can also induce expression alteration of inflammation and stress response genes. This suggests that VacA may play an important role in the pathogenicity of H. pylori.

http://www.dxy.cn/bbs/post/view?bid=45&id=11708473&tpg=1&ppg=1&sty=3&age=0#11708473
Re:【讨论】Letter to the Editor - 如何与领域大牛探讨不同观点 [精华]

Changzhengzu wrote:

2008-04-27 20:53

看来版上不少同志发表过 Letter to the Editor，一般来说 Letter 分两种，一种是病例报道，另一种是针对杂志最近发表的文章的 Commet。
在此想问个问题，如果是后者，即针对某些人甚至国际权威（发在 Nature 等杂志上）发表的文章提些 Commet，会不会对今后发表 SCI 文章有影响，比如，会遭到别人反击！
前段时间，本人在某 5 分多的杂志上针对 Mayo Clinic 某专家的文章发了篇 Letter，该专家后来配发了 Reply；最近，本人又在某 10 多分（本专业排名第一）的杂志上看到这位专家发了一篇相关题材的文章，两篇文章均属本人研究领域，且本人对此颇有研究，故再想写篇 Letter 试试，但是有点后怕.....
因为：
1. 根据本人判断，该专家在国际上很有威望，以他为通讯作者的文章很多都发表在这本 10 多分的杂志上，因此他很可能是这本杂志的编委，其实本人很想在未来试投该刊的，这样一来，会不会影响偶今后的投稿；
2. 若本人连续两次挑战其研究，会不会触怒该专家，以至于其今后会对本人发表的文章进行反击；
3. 本人以后还想去 Mayo Clinic 进修，很有可能拜该专家为师，那该怎么办，他会对我.....？

2008-04-29 05:32 **美捷登主编:**

Letter to Editor 在很多 SCI 杂志都有。本人也发过两篇。
我相信国外绝大多数 Letters to Editor 都是就事论事，不对作者"人身攻击"。大家各拿出论点据理执争，偶然会有胜负，但通常没有输赢。这跟在国际性的学术大会上的争论（讨论）其实没有两样。台上"脸红脖子粗"，台下握手成朋友。
说不定楼主真的有可能到 Mayo Clinic 那位牛人拜他为师。

2008-04-29 12:00 **美捷登主编:**

Letter to the Editor 有时还很有趣很幽默。这里举个例，让大家娱乐娱乐，轻松轻松。

2005 年在 Am J Gastroenterol 上发了篇题为"Strong association between gallstones and cardiovascular disease."（Méndez-Sánchez N, et al. Am J Gastroenterol. 2005 Apr;100(4):827-30。）的文章。

我的朋友 Dr. Guy D. Eslick 写了篇 Letter to the Editor，题为"Gallstones and coronary heart disease: some authors have a lot of gall!"(Am J Gastroenterol. 2005 Oct;100(10):2362). 其中，some authors have a lot of gall!语气有些 Strong.

没想到作者答复针锋相对,其最后的结论那才叫绝。
先卖个关子，请战友们猜猜，有兴趣地在网上查查。 我明天贴上答案。

2008-04-30 04:46 **美捷登主编:**

作者在答复后，不忘加上一句：Finally, we have added to the title of Dr. Eslick's letter: Gallstones and coronary heart disease: some authors have a lot of gall! and some others have a lot of stones!
这样，论文中的 Gallstoners (胆结石）被 Dr. Eslick 和作者"一唱一和"的撤成了 Gall (胆量）和（石头）。前者说作者"胆量"够大，在资料统计有误的情况下妄下结论。后者则称 Dr. Eslick 在没有仔细阅读论文的情况下乱扔"石头"。

2008-04-30 05:56 **美捷登主编:**

morriselee wrote:
说实话，你这个朋友的 comment 也够蹩脚的。从他的 comment 里面别人能够学到什么吗？我看到的都是满嘴狂放言。没有看清楚原文就发评论，只会把自己的名声搞砸，让别人看到他的粗心大意或者是不懂装懂。

我也是这么认为的。他发了许多文章，好坏参差。有篇文章被引 117 次（Eslick GD, Lim LLY, Byles JE, Xia HHX, Talley NJ. Association of Helicobacter pylori infection with gastric carcinoma: a meta-analysis. American Journal of Gastroenterology 1999; 94: 2373-2379. Times Cited: 117）。
但很多文章（尤其短文）就署他一个人名。有篇发到 Med Hypothesis，我们老板提了许多建议，其中一条是不要挂他（老板）的名。不过，Dr. Eslick 写文章真的不错。他现在哈佛工作。网上可以查到他的大作。

2008-04-30 09:35 **美捷登主编:**

相关贴：老外针对我的文章写了 Letter to the Editor，杂志主编发给我看，我要如何回复？
http://www.dxy.cn/bbs/post/view?bid=45&id=10617053&tpg=1&ppg=1&sty=1&age=0#10617053

2008-05-01 02:51 **美捷登主编:**

想起 10 多年前的往事。
1994 年初，我和范学工教授（现湘雅医院副院长）在爱尔兰看到中华内科杂志上的一篇北京陈 SP 教授的述评文章，大意是幽门螺杆菌不是消化性溃疡的主要原因。和其他中文医学杂志上的述评一样，全文没有参考文献，只有作者的观点。我和范教授决定写篇短文反驳。文章投稿后石沉大海。
9 月份，我到美国休斯敦参加幽门螺杆菌会议，得知我国内老板（张锦坤教授）在洛杉矶参加世界胃肠大会，我专程赶到洛杉矶见他。不巧，当时的中华内科杂志主编（也可能是副主编）游苏宁也在。我们一同在药厂（Astra)的赞助下游玩迪斯尼。我问他我们文章的事，他说已经收到，准备发表。我很高兴。
11 月，我回国探亲，也拜访了我老板。在他家，他拿出我们的文章，说中华内科杂志征求他的意见，他建议不发表，希望我能理解。
我只好表示理解。所以，我们的那篇(Letter to editor)就这样流产了。
我认为国内现状依然是：
1。国内写述评的一定是"牛人"。述评无需参考文献，题目可大可小，全是指导性的权威性的甚至于口号式的，比如"开创 xxx"， "重视 xxx"， "提倡 xxx", "加强 xxx",等等。
2。国内杂志似乎没有(Letter to editor)专栏，尤其是对"牛人"的文章。原因恐怕还是"碍于面子"或怕"上纲上线"，搞不好成对头，对大家都不好。
这种状况不改变，就永远没有良性的学术争论。
改变这种状况要靠我们当代学者，包括 DXYers! 后生可畏，长江后浪推前浪！

2008-05-02 20:52 **美捷登主编:**

anhei2000 wrote:
正如这位兄弟所说，赞同人家的 Letter，不要紧，随便投（不过光是赞同人家的话，编辑一关就比较难过了）；要是反对或质疑的 Letter，就得谨慎了！

偶前段时间比较冲动，看到 NEJM 上发表了一篇 Letter，觉得作者提供的数据有问题，没有多加思考便给编辑发了份 Email，信中直指作者的数据是错误的，要求给予答复，并指明不要刊登本人的 Comment！Email 过去当天就收到编辑回信，表示他们接受了这封信，并转交给了某副编辑。

从那时起，小弟的心理那叫一个后悔莫及啊！一怕得罪编辑，二怕得罪作者，三怕连累俺领导和课题组……结果搞得几天晚上没睡好。1 个礼拜、2 个礼拜过去了，1 个月过去了……虽然这件事情渐渐淡忘了，但心理还是觉得不爽，心想肯定是偶提的意见太滥了，编辑和作者可能正在狂骂偶这个臭小子在浪费他们时间和感情。

不聊，2 个月过去了，今天一打开邮箱，终于收到 NEJM 编辑的来信，心理终于如释重负！！！真的像一块大石头掉下来了那样！至少偶没有乱弹琴，还是得到编辑和作者的认可了！在此，非常感谢原文作者和 NEJM 编辑认真的工作态度！此致
敬礼！

Your E-mail re: the Raman Letter, 2/28/08 Issue
Dear Dr. ***,
Thank you for your e-mail. After further investigation, the editors have determined that there was an error in Table 1 of the Raman letter. A correction notice will be published in a forthcoming issue of the Journal.
Thank you for your interest in, and close reading of, the Journal.
Sincerely,

Manager of Editorial Adminstration
New England Journal of Medicine

今后偶是不敢随便投反对或质疑的 Letter 了！

非常欣赏你的自信和勇气。希望在国际学术舞台继续有所作为，不要被国内"文化"所禁锢。
国外科研学术氛围、风气和态度与国内真的不一样。

"一怕得罪编辑，二怕得罪作者，三怕连累俺领导和课题组……结果搞得几天晚上没睡好。" 国内真正学者的悲剧！

http://www.dxy.cn/bbs/post/view?bid=45&id=13359731&tpg=1&ppg=1&sty=3&age=0#13359731
Re:【求助】准备发第一篇 sci，请问几个问题
2008-12-02 00:59 美捷登主编：

gcss8324 wrote:
小弟最近准备开始写论文，打算直接用英文写，投一篇 IF2.0 左右的就行。

我做的是构建病毒携带 shrna 片段做 rnai 的试验，pubmed 上查了不少类似的文章，大部分竟然都是中国人写的-_-!,看来中国人特别喜欢做这个啊。还都能发。我想问的是我需要注意些什么呢？还有就是质粒，病毒的构建都是我师兄做的，我可以直接用，以前构建也在中国发过文献，我在 materials and methods 部分可以直接说由本实验室构建并保有么？还是应该把详细的构建过程写出来啊？

谢谢各位高手提意见哦！！

1。你的研究一定要比别人的更深入，而不是简单重复。
2。你的研究结果一定要完整地说明一个故事，得出一个比较可信的结论。2 分的杂志，一个故事足矣。
3。如果详细的构建过程已经发表，你无需重复，但要简单描述，如 Briefly,xxxxxx, 然后引用前文。

4。新的方法一定要详细描述，包括过程(Procedure)及理由（Rationale)

http://www.dxy.cn/bbs/actions/archive/post/11501494_0.html
【讨论】如何赶在预期毕业前顺利发 SCI 论文？

2008-04-04 11:32 **美捷登主编：**

近年来，在论文版看到太多的战友有关发表 SCI 论文（这里指英文）的帖子，可谓喜怒哀乐愁，五味俱全。其中,"愁"的最多。在愁的过程中，还表现"急"、"躁"、"疑"、"虑"等抑郁症状。
本人发 SCI 的经验告诉我，从有完整的试验结果开始着手写论文初稿到论文正式接受发表，一般需 6-16 个月， 平均在 10 个月左右。
对于研究生来讲，如何合理安排论文写作时间表非常重要。这里谈谈我的不成熟的建议和设想。
1。在实验有初步结果时，就应该着手写论文的计划。先根据预期或初步结果查找最新文献，最好尝试写一篇你研究方向的英文综述（发不发没关系），这可以使你更准确掌握你的研究领域动态和存在的问题。你的专业英语也会有长足的进步。
2。如你英文基础好，而且导师英文及治学都不错，那么，通常，在有完全结果后再花 1-2 个月完成初稿（可同时作统计和重新查阅最新文献），导师（或其他英文好的同事朋友）一个月左右可完成审阅定稿。
3。投稿后，如进入审稿程序（有些稿件编辑会不送审稿直接退回作者），一般需等 1-6 个月，通常在 2-4 个月才有审稿结果和编辑答复。所以。不要刚投稿就写信催编辑。
4。如你要求不高，运气好，一投即中（大多需小修或大修，直接接受的很少），这样论文会在 6 个月内接受。但许多人不甘心发"小"文章，所以，所投杂志会远高于杂志本身水平，甚至 NEJM,JAMA,Lancet 等（如有时间，不妨试试好杂志，能进入审稿程序就有收获，即高级审稿人的意见）。这样，得到的编辑答复往往是拒稿或加做实验重新投稿。那么，你得做下一轮的投稿，换一份杂志得再花 3 个月左右，重新做实验（许多人根本不可能）及再重新投同一份杂志共需 3-6 个月。即使这样，也不能保证成功。
5。寻求编辑公司服务对于广大忙忙碌碌的临床研究人员是很有必要的。但对于研究生，尤其博士生，首先要苦练英文和英文写作，争取自己完成初稿和定稿。英文实在不好的同学（战友），也应该尽力完成初稿，在必要时才寻求编辑公司服务。"笨鸟先飞"是可取的。
希望同学（战友）心中对发 SCI 有个时间表以及完成时间表的规划。毕竟，能否毕业最终取决于是否发表 SCI 论文。

http://www.dxy.cn/bbs/post/view?bid=45&id=14659659&tpg=1&ppg=1&sty=3&age=0#14659659
Re:【交流】如何做一名合格的审稿人 [精华]

2009-05-15 08:03
Pyfanyuchen wrote
很久就有发表这个话题的想法了，随着大家发表 SCI 论文数量和质量的不断提高，相信很多朋友都能接受到一些国外 SCI 的审稿邀请等。日积月累，很多朋友一定积累了很多论文审稿的经验。

特开一贴，本着共同提高的原则，欢迎大家就自己的审稿经验进行交流。

如果涉及到具体实例，请大家参考以下模式：

所审稿件主要内容简要说明：

自己的评审意见：

与其它审稿人审稿意见的异同：

杂志的最终处理：

审稿经验总结：

2009-05-18 08:49 美捷登主编:

fixedsoldier wrote:
美捷登主编呢？我觉得你经验也很丰富，谈谈你的看法，如何？毕竟每个人所经历的情况不尽相同。问题只会越讨论越清楚，话越说越明。

不好意思，实在太忙，今天还要给个战友打电话，帮他解释某审稿人的意见。
觉得这是个很好的话题，本来打算整理总结下过去审稿纪录，再来和大家一起交流，现在只好仓促上阵了。
对于前面讨论的两个问题，我的看法是：
1.作为审稿人，对于国内外的论文理论上讲应该做到一视同仁。但作为中国人，实际情况可能不一样。海内外的中国人审稿人以及是否在国内受高等教育中国人审稿人对待来自国内稿件在身高前会有不同的心态。我相信许多国内审稿人是很公正的和善意的，会在提供有建设性的意见的同时给同胞一次机会。我一般是按这一原则作的。当然，对待国外稿件基本也是如此。

2.如其说决定论文接受与否的"生死权"在主编或责任辑辑，不如说论文是否接受取决于审稿人的评语和建议。大多数情况，编辑会视审稿评语、意见和建议来决定是否给作者机会或直接接收或拒绝。但有时，某个审稿人在评语中对论文有较高的评价，但却建议拒稿。此时，编辑会综合参考其他审稿人意见来决定。在我的"半月谈"帖子里专门谈到类似情况。反之亦然，有些审稿人在评语里提了许多"critical"甚至"fatal"意见，但却建议"revision"。编辑往往会根据其经验、杂志要求和其他编辑的评语作出拒稿的决定。毕竟，有些审稿人只是"专家"，不一定有足够的能力来判断"该论文"是否应在"该杂志"发表。（有些论文投 1 份的杂志，我会建议"accept, or minor revision",但投 5 分的杂志，我会"reject"。） 不管编辑如何决定，大多数杂志都会通知审稿人审稿结果（这是国内很多杂志作不到的）。

http://www.dxy.cn/bbs/post/view?bid=45&id=13203431&tpg=1&ppg=1&sty=3&age=0#13203431
Re:【交流】审稿有很多错误，我要 argue！ [精华]
2008-11-12 20:22
Mohanmud wrote:
昨天 desicion in process，本以为能看到 revision 变（1），今天一看发现 desicion （1）了，觉得完了，肯定被拒。

打开 decision letter，发现编辑只找了一个 reviewer，看完审稿意见，说的我的稿件一无是处，但是仔细看一下就发现好多他的审稿意见是基于错误的理解之上，居然连我用的细胞类型都说成别的，还有些问题其实根本就不是问题，他硬要吹毛求痴，反复述说，不知道是不是对我有仇，我的一篇相似内容的文章（当然不是一稿多投）已经发表在类似水平的杂志上，按理说不能这么一无是处。 如果他说：你文章的内容不适合发表在我刊上，我或许能接受，可是出现这么多错误的 comments，而且明摆着是找茬，老板说：发 email 给主编，argue！

我知道 argue 对于稿件的结果可能没啥改变，但是为了这口气，怎么也得挺直腰板，申诉一番。兄弟们，给我支持，我扎场子去了！

2008-11-12 22:21 **美捷登主编:**

感觉近年大修甚至小修后被拒的论文越来越多，而 Argue 成功的似乎不多。
但 Argue 还是很有必要的。首先，要"死"得明明白白。 有时编辑拒稿不给理由。写封信去，他或许会说出其具体的理由，以便进一步修改，投其他杂志。其次，审稿人出错的情况时有发生。写封信给编辑说明，编辑会根据错误性质做出相应措施，或许会在给你一次机会。当然，你必须读懂审稿人的意见。还有，必须以理服人，有理有利有节，目的是让编辑给你另一次机会。
Argue 成功的也是有的。这篇便是拒稿后 Argue 成功范例（Zheng MH, Xia HH, Chen YP. Rectal administration of NSAIDs in the prevention of post-ERCP pancreatitis: a complementary meta-analysis.Gut. 2008 Nov;57(11):1632-3.)

2008-11-12 22:36 **美捷登主编:**

mohanmud wrote:

这是我的首段
Dear editor:
Thank you very much for your hard-work in processing our manuscript. We have carefully read the comments of the reviewer. Unfortunately, we have found there are several misinterpretations made by the reviewer about our work which may directly correlate with your decision, although we admit some concerns should be addressed. Here, we would like to show some examples to you：

1.****
2****
3*****

This is a well written paragraph. It would be more accurate and appropriateif the word "misinterpretations" is replaced with "misunderstanding", and the sentence is changed as "Unfortunately, we notice that the reviewer had misunderstanding in several occasions, which may directly lead to your decision. Here, we would like to show some examples to you：

1.****
2****
3*****

We understand that the misunderstanding might be caused by the unclear description in our manuscript, but we believe that the results are of merit and the paper is potentially publishable in the journal. Thus, we would ask you to re-consider a re-submitted revised version of the manuscript.

****

2008-11-13 22:20 **美捷登主编:**

长青藤编辑 wrote:

我个人判断（没有看到你的论文，不能肯定，推测不对的话，请原谅），审稿人做出许多错误 comments 的原因是：论文没有组织好，或者在语言层面上有比较大的问题。还有一种可能：作者没有弄清会是什么样的人审稿。一份杂志请的审稿人代表了杂志的主体读者，肯定有一定学术水准，但不一定对论文研究的课题有非常深刻的理解。

我 2005 年参加 NIH 评审基金时，有一份申请，3 个主审中 2 名（包括我）给出了很好的评价，另一名给出了极为糟糕的评价。讨论过程中 2 名给出正面评价的主审在短短几分钟内说服了包括原先给出糟糕评价主审在内的整个评审团，这个申请在 50 多份申请中得到了第 2 好的分数。说明什么问题？不是给出糟糕评价的这名主审没水平，而是申请者没有弄清评审团里会有哪些人，可能是那些人主审，这些人的知识背景可能有怎样的差别。用个成语来概括：申请者在“对牛弹琴”。不是牛有问题，而是弹琴的人不知道牛的语言。

杂志审稿人和我们一样是人不是神。稿件看起来通顺易懂，他就会给你一个好的印象分。稿件理解起来比较困难，他就可能在不耐烦的情绪下做出一些草率的决定。

美捷登在回复信中加入了： We understand that the misunderstanding might be caused by the unclear description in our manuscript, but we believe that the results are of merit and the paper is potentially publishable in the journal. 很好。把责任全部推给别人，于事无补。谦虚一点（或者是客观一点），别人反而会更加尊重你。

非常同意长青藤编辑的文字说明。

2008-11-14 12:48 **美捷登主编:**

这是两个真实的事例，分别发生在今年 5 月和 10 月份。

第一篇是篇朋友的 Letter，送到 Gut(IF>10)，很快收到答复，“We are sorry to say that we are unable to accept it for publication, as it did not achieve a high enough priority score to enable it to be published in Gut. We favour letters which add new data and did not feel that you letter did this sufficiently." 这位朋友作者觉得编辑没有领会这篇 Letter 的价值，找到我。我们共同修改了 Letter,再 Argue. 也是很快，Letter 被接受。（同时也是 Gut 送给朋友结婚的大礼。）

另一位朋友的文章投 JGH 后要求小修，朋友和我都以为会立即接受。不料，修改后送回 JGH,一周后遭拒，没有理由。朋友当然不服，写信 Argue。这次责任编辑给了他的理由，他是该领域的专家，找到了这篇文章的软肋。没办法，朋友只好认输。不过，投另一份杂志时，应该再没有软肋了。

所以，Argue 并不损失什么，反而会有意外收获。

2008-11-16 03:26 **美捷登主编:**

mohanmud wrote:
今天收到编辑部的邮件，如下

Dear Dr. **,

The editors also wanted to stress that they cannot guarantee that your revised paper will be accepted for publication, **but they will send it out for re-review with the same reviewers.**

Regards,

首先，恭喜得到一次修改机会。
修改时请慎重对待你认为对你文章有误解的审稿人的意见。
"死马一定要当活马医"。
我们也曾有某审稿人"rejected"的文章在编辑"手下留情"下 appeal 成功的经历（虽然 appeal 成功的机会比一般退修要小）。

http://www.dxy.cn/bbs/post/view?bid=45&id=9734810&tpg=1&ppg=1&sty=1&age=0#9734810
Re:【讨论】英语论文标题写作技巧（续 2） [精华]
2007-08-09 13:15
长青藤编辑 wrote:
讨论标题：Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) and in hippocampus of streptozotocin-induced diabetic cognitive impairment rats. 出处：Exp Neurol 206:201-8；2007。为便于大家了解研究内容，摘要附在本文最后。

问题解析：

1）标题中"and in hippocampus"中的"and"破坏了句子结构，造成语义混乱。正确的写法是："Expression changes of -- in --"而不是"Expression changes of -- and in --"。

2) "streptozotocin-induced diabetic cognitive impairment rats"在文字上欠通顺。

3) 研究结果（GAP-43 和 MKP-1 高低）没有表述出来。

4）可读性有很大改进余地。真正读懂这个标题必须知道 GAP-43 和 MKP-1 对学习记忆的重要性。这篇文章目标读者是对糖尿病和神经科学感兴趣的研究人员，而这个群体中满足上述条件者比例不大。

我的心得：

论文投往高端杂志被拒最常见的理由是：The scope of the study is not appropriate for the wide audience of this journal. We recommend submission to a journal in a more specific field. 杂志主编是在告诉作者研究课题的广泛性和重要性不够。广泛性和重要性不够，原因可能是研究本身的局限性，也可能是作者没有表述好。酒香还怕巷子深！

我的建议：

1）Decreased expression of two proteins critical for learning and memory in hippocampus of a rat model for diabetic dementia: growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1)

2）Cognitive impairment is associated with decreased expression of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of a rat diabetic model 这个标题没有直接点明但提示了 GAP-43 和 MKP-1 对认知功能的重要性。

这 2 个标题缺点：太长。如何进一步完善请各位看官发表意见。

———————————————————————————————————

摘要：Diabetes mellitus (DM) may give rise to cognitive impairment, but the pathological mechanism involved was still unknown. We employed streptozotocin (STZ)-induced diabetic rats and test their capacity for learning and memory by three-arm radial maze. We determined the expression level of growth-associated protein-43 (GAP-43) and mitogen activated protein kinase phosphatase-1 (MKP-1) in the hippocampus by immunohistochemistry. MKP-1 mRNA level in the CA1 and dentate gyrus (DG) Hippocampal area is further determined by RT-PCR method. We also observed the ultrastructures of Hippocampal neurons by transmission electron microscopy (TEM). All data were analyzed by the independent samples t-test. Four weeks after STZ induction, the diabetic rats showed decreased capacity for learning and memory as indicated by the increase in the error number and reaction time in three-arm radial maze test. TEM results showed the ultrastructures of diabetic hippocampus, including area CA1 and DG, neurons were characterized by swollen mitochondria, increased heterochromatin accumulation and reduced synaptic contacts. The optical density as well as the positive neuron number for GAP-43 and MKP-1 decreased significantly in the CA1 and DG Hippocampal area in diabetic rats ($P<0.01$). RT-PCR results also showed MKP-1 mRNA in the CA1 and DG Hippocampal area was decreased in the diabetic rats. These results indicated that DM could down-regulate GAP-43 and MKP-1 expression in Hippocampal area that is in charge of memory and cognition. As indicated by our study, the changes in GAP-43 and MKP-1 expression in hippocampus may play a role in the pathogenesis of diabetic dementia.

2007-08-10 22:22 **美捷登主编:**

Generally, I agree with kehongzhang.

My suggestion is:

Decreased expression of growth-associated protein-43 and mitogen-activated protein kinase phosphatase-1 in hippocampus of rats with streptozotocin-induced diabetic cognitive impairment

1. The title should reflect the content of the experiments, which covers the aim, methods and results. The title should concise and accurate.

2. Abbreviations should be avoided in the title since they don't add any value; they may be used without their full names in the title if they are commonly accepted such as DNA, RNA, etc.

3. It would be fine to put words like "critical for learning and memory" in a short title. But I don't think it is appropriate here.

2007-08-11 05:08 **美捷登主编:**

zhousjplasur wrote:

Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of streptozotocin-induced diabetic cognitive impairment rats.
这样标题我觉得不错，指标升高或降低可以放到摘要的结果里去论述

1." Changes in expression of XXX" is much better than "Expression changes of XXX";
2. There are many grammatical errors in "streptozotocin-induced diabetic cognitive impairment rats" - you can say "cognitively impaired rats" but not "cognitive impairment rats"; and no one can induce rats with streptozotocin!

第二篇 论文素材来源

第 1 章 既定实验的完美结局

http://www.dxy.cn/bbs/post/view?bid=45&id=14343152&tpg=1&ppg=1&sty=1&age=0#14343152

一、既定实验的完美结局

我主要的课题分两个方面，幽门螺杆菌耐药性和幽门螺杆菌感染"根除治疗"后复发。
前一课题所发的主要论文有：
1. Prevalence of metronidazole-resistant Helicobacter pylori in dyspeptic patients. Xia HX, Daw MA, Beattie S, Keane CT, O'Morain CA. Ir J Med Sci. 1993 Mar;162(3):91-4. PMID: 8473130 [PubMed - indexed for MEDLINE]
2. Clarithromycin resistance in Helicobacter pylori: prevalence in untreated dyspeptic patients and stability in vitro. Xia HX, Buckley M, Keane CT, O'Morain CA. J Antimicrob Chemother. 1996 Mar;37(3):473-81. PMID: 9182104 [PubMed - indexed for MEDLINE]
后一课题所发的主要论文有：
1、Recrudescence of Helicobacter pylori after apparently successful eradication: novel application of randomly amplified polymorphic DNA fingerprinting. Xia HX, Windle HJ, Marshall DG, Smyth CJ, Keane CT, O'Morain CA. Gut. 1995 Jul;37(1):30-4. PMID: 7672675 [PubMed - indexed for MEDLINE]
2、Recrudescence of Helicobacter pylori infection in patients with healed duodenal ulcer after treatment with different regimens. Xia HX, Gilvarry J, Beattie S, Hamilton H, Keane CT, Sweeney EC, O'Morain CA. Am J Gastroenterol. 1995 Aug;90:1221-5. PMID: 7639218 [PubMed - indexed for MEDLINE]
这些结果应该说是比较理想的，特别是后一课题，结果已足够博士毕业（在国外，不一定要发 SCI 论文才可毕业，但实验结果必须要达到 Internal and External Examiners 的要求）。所以，我 94 年博士毕业，论文结果部分在 95-96 年发表，最后一篇在 1999 年才发。

第 2 章 仔细观察试验意外现象

http://www.dxy.cn/bbs/post/view?bid=45&id=14343152&tpg=1&ppg=1&sty=1&age=0#14343152

幽门螺杆菌很"娇嫩"，但我无意中发现有些菌株是可以经受"锻炼"的，即从微需氧"trained"到需氧。为此，我做了些验证试验，发了篇短文 Culture of Helicobacter pylori under aerobic conditions on solid media. Xia HX, Keane CT, O'Morain CA. Eur J Clin Microbiol Infect Dis. 1994 May;13(5):406-9. PMID: 8070454 [PubMed - indexed for MEDLINE]

这只是我"意外观察、意外收获"的开端，真正有"革命性"的还是我到悉尼大学任高级研究人员(Senior Research Officer) 意外发现的结果。由于时间关系，下次再谈。

2009-03-31 10:08 **美捷登主编:**

美捷登主编 wrote:

……

这只是我"意外观察、意外收获"的开端，真正有"革命性"的还是我到悉尼大学任高级研究人员(Senior Research Officer) 意外发现的结果。由于时间关系，下次再谈。

刚到 Prof. NJ Talley 位于悉尼西郊的悉尼大学教学医院 Nepen Hospital 的实验室时，除了一张床，一套测胃肠道压力 Barostat 装置和一台给病人解闷的电视机外，几乎没有任何实验室所需的东西，包括试剂、移液管、冰箱、离心机等，更不用说我需要的细菌培养箱。而且，试验人员仅我一人，Prof. Talley 是功能性疾病专家，但基本没做过基础研究。所以，对我来说，很基础的研究课题根本没有条件开展。因此，我只好利用我熟悉的幽门螺杆菌的培养、药敏和 PCR 技术来设计课题。

一般认为，幽门螺杆菌菌株在人体有排他性，即所谓"一人一菌"。我设计的课题就是要验证这一现象。因此就有了一项称之为"Mapping study"的研究项目，即从胃的不同部位（底、体、角、窦）取多个活检标本作幽门螺杆菌培养，病理、快速尿素酶试验、并采血备用。同时将临床、内镜诊断、病理等资料收集在设计好地 CRF(临床记录表，或临床报告表)上。

澳洲做内镜病人不多，而且，进入课题的病人事先必须签 Consent Form, 采血必须由注册的有资格的医务人员执行。所以，近三年才收集 200 多例。而幽门螺杆菌感染阳性率仅在 40%左右（国内为６０％左右）。我充分利用这些病人的活检标本和血清做的许多工作，发表了些"**副产品**"（1、Metronidazole- and clarithromycin-resistant Helicobacter pylori in dyspeptic patients in western Sydney as determined by testing multiple isolates from different gastric sites. Xia HH, Kalantar J, Talley NJ.J Gastroenterol Hepatol. 1998 Oct;13(10):1044-9；2、High sensitivity and specificity of a laboratory-based serological test, pylori DTect ELISA, for detection of Helicobacter pylori infection. Xia HH, Kalantar JS, Wyatt JM, Adams S, Cheung K, Eslick GD, Talley NJ. Diagn Microbiol Infect Dis. 2000 Feb;36(2):69-74.；3、Can helicobacter pylori serology still be applied as a surrogate marker to identify peptic ulcer disease in dyspepsia? Xia HH, Kalantar JS, Mitchell HM, Talley NJ. Aliment Pharmacol Ther. 2000 May;14(5):615-24；4、Demographic and endoscopic characteristics of patients with Helicobacter pylori positive and negative peptic ulcer disease. Xia HH, Phung N, Kalantar JS, Talley NJ. Med J Aust. 2000 Nov 20;173(10):515-9.）

然而，我原本设计的验证实验（genotyping）却因条件所限一直未能开展。**正当我为此感到沮丧的时候，我在分析由病理科发出的病理报告结果时意外发现，绝大多数幽门螺杆菌感染的病人其胃角黏膜为胃窦型，而未感染的病人胃角黏膜为胃体型。**这一发现使我欣喜若狂。因此，我和 Prof. Talley 决定在不告诉我们的意图的情况下让病理科同事严格按国际公认的"Sydney 标准"对所有病例重新阅片。结果，不但证实了我的原来的观察，还显示这一现象与胃萎缩性胃炎、胃肠化生（癌前病变）有关。**为此，我"发明"了"Antralization"这一概念，**发表在 Am J Gastroenterol 上（Antral-type mucosa in the gastric incisura, body, and fundus (antralization): a link between Helicobacter pylori infection and intestinal metaplasia? Xia HH, Kalantar JS, Talley NJ, Wyatt JM, Adams S, Chueng K, Mitchell HM. Am J Gastroenterol. 2000 Jan;95(1):114-21.）

此后，我完全放弃了原来设计的课题，全力投入在"Antralization"之中。这一"项目"成为我进入香港大学医学院的"敲门砖"，近 500 万港币的基金也由此而得。并相继发表了数篇有关论著（１、Topographic association of gastric epithelial expression of Ki-67, Bax, and Bcl-2 with antralization in the gastric

incisura, body, and fundus.. Xia HH, Zhang GS, Talley NJ, Wong BC, Yang Y, Henwood C, Wyatt JM, Adams S, Cheung K, Xia B, Zhu YQ, Lam SK. Am J Gastroenterol. 2002 Dec;97(12):3023-31；２、Antralization at the edge of proximal gastric ulcers: does Helicobacter pylori infection play a role? Xia HH, Lam SK, Wong WM, Hu WH, Lai KC, Wong SH, Leung SY, Yuen ST, Wright NA, Wong BC. World J Gastroenterol. 2003 Jun;9:1265-9. ３、Aberrant epithelial expression of trefoil family factor 2 and mucin 6 in Helicobacter pylori infected gastric antrum, incisura, and body and its association with antralisation. Xia HH, Yang Y, Lam SK, Wong WM, Leung SY, Yuen ST, Elia G, Wright NA, Wong BC. J Clin Pathol. 2004 Aug;57:861-6. ４、Antralization of gastric incisura is topographically associated with increased gastric epithelial apoptosis and proliferation, but not with CagA seropositivity. Xia HH, Wong BC, Zhang GS, Yang Y, Wyatt JM, Adams S, Cheung K, Lam SK, Talley NJ. J Gastroenterol Hepatol. 2004 Nov;19(11):1257-63；５、Pancreatic duodenal homeobox-1 (PDX1) functions as a tumor suppressor in gastric cancer. Ma J, Chen M, Wang J, Xia HH, Zhu S, Liang Y, Gu Q, Qiao L, Dai Y, Zou B, Li Z, Zhang Y, Lan H, Wong BC. Carcinogenesis. 2008 Jul;29(7):1327-33. Epub 2008 May 13；６、Alterations of Gastric Homeoprotein Expression in Helicobacter pylori Infection, Incisural Antralisation, and Intestinal Metaplasia. Zhu S, Xia HH, Yang Y, Ma J, Chen M, Hu P, Gu Q, Liang Y, Lin H, Wong BC. Dig Dis Sci. 2008 Aug 27. [Epub ahead of print]）

目前，"Antralization or Antralisation"这一概念已被许多学者应用。我希望也相信将来在这方面会有更大的突破（我虽离开科研一线，但会时时关注）。

这就是我说的"**意外观察、意外收获**"！

下次，在谈谈版主提到的"**有完美设想，但没有完美结果的实验**"。

第 3 章 善用"公共"资源

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第 4 章 研究生毕业论文

http://www.dxy.cn/bbs/actions/archive/post/11501494_1.html

【讨论】如何赶在预期毕业前顺利发 SCI 论文

2008-04-04 23:32 **美捷登主编:**

近年来，在论文版看到太多的战友有关发表 SCI 论文（这里指英文）的帖子，可谓喜怒哀乐愁，五味俱全。其中,"愁"的最多。在愁的过程中，还表现"急"、"躁"、"疑"、"虑"等抑郁症状。

为了让同学们（战友们）避免这种处境，我建议有经验的已经毕业的博士硕士就如何赶在预期毕业前顺利发 SCI 文章谈谈自己的经验或教训。

我先抛个砖，希望引更多的玉。

本人发 SCI 的经验告诉我，从有完整的试验结果开始着手写论文初稿到论文正式接受发表，一般需 6-16 个月， 平均在 10 个月左右。

对于研究生来讲，如何合理安排论文写作时间表非常重要。这里谈谈我的不成熟的建议和设想。

1。在实验有初步结果时，就应该着手写论文的计划。先根据预期或初步结果查找最新文献，最好尝试写一篇你研究方向的英文综述（发不发没关系），这可以使你更准确掌握你的研究领域动态和存在的问题。你的专业英语也会有长足的进步。

2。如你英文基础好，而且导师英文及治学都不错，那么，通常，在有完全结果后再花 1-2 个月完成初稿（可同时作统计和重新查阅最新文献），导师（或其他英文好的同事朋友）一个月左右可完成审阅定稿。
3。投稿后，如进入审稿程序（有些稿件编辑会不送审稿直接退回作者），一般需等 1-6 个月，通常在 2-4 个月才有审稿结果和编辑答复。所以。不要刚投稿就写信催编辑。
4。如你要求不高，运气好，一投即中（大多需小修或大修，直接接受的很少），这样论文会在 6 个月内接受。但许多人不甘心发"小"文章，所以，所投杂志会远高于杂志本身水平，甚至 NEJM,JAMA,Lancet 等（如有时间，不妨试试好杂志，能进入审稿程序就有收获，即高级审稿人的意见）。这样，得到的编辑答复往往是拒稿或加做实验重新投稿。那么，你得做下一轮的投稿，换一份杂志得再花 3 个月左右，重新做实验（许多人根本不可能）及再重新投同一份杂志共需 3-6 个月。即使这样，也不能保证成功。
5。寻求编辑公司服务对于广大忙忙碌碌的临床研究人员是很有必要的。但对于研究生，尤其博士生，首先要苦练英文和英文写作，争取自己完成初稿和定稿。英文实在不好的同学（战友），也应该尽力完成初稿，在必要时才寻求编辑公司服务。"笨鸟先飞"是可取的。
希望同学（战友）心中对发 SCI 有个时间表以及完成时间表的规划。毕竟，能否毕业最终取决于是否发表 SCI 论文。

2008-04-05 01:13 **fufu715** wrote:
hhxx1021 开的帖真是太好了！

我也结合自己的经历，从选题、实验、写初稿、投稿等过程，讲几点感受：

两年多前，刚开始做课题，没有写过英文文章的我，觉得发 SCI 文章是一件很遥远的事；在那时，能在中华系列杂志上发块"豆腐干"都可以激动好几天。但是渐渐地发现，发 SCI 文章其实并不难，只要努力了，就如李宁的广告词一样"impossible is nothing"！

（1）关于选题和实验设计：一般老板都会给个大方向，然后自己去选个小方向做做。刚刚进入研究生阶段时的我们，由于没有试过科研这淌水到底有多深，多多少少都有个通病："急功近利"，恨不得马上就开始做实验，然后明天出结果，后天投稿，而且投的是顶级杂志。其实选题和实验设计是最关键的，什么样的实验设计决定着你可以发什么样的文章，这一步千万要下足功夫，花三五个月没问题，把该看的文献都看了，该想的东西都想到了，接下来的事就好办了。切勿一开始就一个劲地钻进实验室，积极地跟着师兄师姐学实验方法，这些东西其实都是很简单的，用不着刻意花整块时间去学。

（2）关于实验：这里只有一点建议：要抓紧时间，想方设法节省时间！没有的材料要提前准备，碰到的问题要及时解决，实验的间隙要充分利用，……。如果自己课题组的实验条件不好，最好找个实验条件好的实验室去做。实验室就像煤炉，作为"煤球"的学生，放进冷煤炉很难马上发出应有的能量，只有到了热煤炉才能快速进入状态。所以建议大家都到"热煤炉"去做课题。

（3）关于写初稿：不要等到实验结束才动手写稿子，太迟了；不要先写好中文再写英文，太土了；不要一开始就想把稿子写得很好，心太大了。顺着思路先把文章框架构建好，然后再慢慢把内容补充进去。我很赞同 hhxx1021 的建议，可以在看文献的时候写篇英文综述，一来可以熟悉文献，二来可以积累写作经验，的确很好！

（4）关于投稿：选刊很重要！投稿前需要考虑几个问题：我的研究可以发多好的杂志？预期 IF 范围内有几本相关杂志？哪本杂志发表的相关论文最多？杂志每年刊登的论文总数是多少？杂志审稿速度和刊出速度怎样（有些杂志接收得蛮快，但是刊出周期很长，对于要等拿到印刷版才能毕业的人，这点尤其要关注！）？审稿费和版面费如何？

（5）投稿后的事情：投稿后基本上没事可做了，"等"就一个字。

发 SCI 文章可以分为两个阶段：第一阶段是数量上零的突破，第二阶段是质量上点数的提高；只要努力了，两个阶段均能顺利实现！

最后，祝愿大家都能发出越来越多的高质量论文！

2008-04-05 02:33 **sszx** wrote:
上面两位战友 谈的很精彩 只想一谈自己的薄见

关于"提前"顺利发表，这里更多的可能还只是低分文章。换成你 究竟只是发个小文章，还是能在相对短的时间内系统的做点东西发点高分的文章呢？

其实作为我们，答案不用多说 我想肯定很多战友都想快点发 尤其是有毕业压力的 哪怕分很低 杂志很"烂" 甚至 不惜牺牲实验的完整性、逻辑性等，其实我觉得其中不乏一些好文章 好的思路因为这种原因而导致文章质量的下降 从而造成国内很多处于低分的文章相对比较集中，而高分的文章却相对较少，凡是能发高分的 好的 paper 都是能够系统进行研究下去，实验及其数据完整性、逻辑性都能较好的体现但是我们这些学生要想在这么短的时间内如何完成一系统的而有卓有成效的研究？

不知道大家是否遇到过类似的困惑，如果你做出了够发一篇相对好的 paper 的，但因为时间的原因可能要到毕业甚至可能更长的时间才能完成？你会因为毕业压力的原因东西而先发一篇烂 paper，还是坚持到后面盯着毕业的压力去发篇好高分的 paper 呢？

2008-04-05 11:08 **sszx** wrote:

flyhi wrote:

sszx 战友的问题其实不在于研究生，而在于老板，真正的大科研题目还是应该 team approach 的。
这点国内的老板其实远不如国外的，特别是医院上的临床医生。

同意，国外确实如此，而国内的体制造就了目前国内的这种现状。我想很多还是研究生的工作，至于团队合作也是有的，但一旦设计到发文章等利益问题，很多都变得复杂起来。

2008-04-06 08:07 **美捷登主编:**

fufu715 wrote:

hhxx1021 开的帖真是太好了！

我也结合自己的经历，从选题、实验、写初稿、投稿等过程，讲几点感受：

发 SCI 文章可以分为两个阶段：第一阶段是数量上零的突破，第二阶段是质量上点数的提高；只要努力了，两个阶段均能顺利实现！

最后，祝愿大家都能发出越来越多的高质量论文！

完全同意。我的博士时第一篇只有 0.35 分，随后的第二篇 1.5 分，然后 3 分以上直到 7 分的。
第一篇虽然质量不高，却是英文论文写作和发表的关键一步。从中我知道了论文写作和发表的全过程。

2008-04-06 09:19 **自身抗体 wrote:**

确实如楼上所说，从第一次写英文文章中我了解了怎样去选择杂志、怎样投稿等 SCI 撰写和发表的整个过程，结果并不重要。我第一次尝试写英文文章是在研二上学期，我自己先在 pubmed 中寻找与自己相似的研究都发在哪些杂志，然后在 google 中去找这些杂志的网页。我写的是一个回顾性流行病学研究，投了一个 2.3 分的杂志，一个月后退稿，reviewer 提出了很多问题，甚至其中有"In the current form, it is impossible to understand this paper"的话。反正就是语言和研究设计都存在严重缺陷。说实话结果是在我预料之中的，因为是第一次，而且没有找任何人帮忙，从写文章到网上投稿都是自己慢慢摸索的。
在经历了第一次失败之后，我重整旗鼓，还是那些资料，我从一个新的角度进行了分析，花了一个多星

期，一篇 2600 字的论文成稿了，我立即投到了一个 1.5 分杂志上，三个月后得到了修回的消息，花了 4 天时间修改然后上传，6 天后喜讯传来：Accept。当时也小激动了一把，毕竟是第一篇 SCI。
在这三个月等待期间，我又把自己的部分实验结果整理了一下，写了一篇文章投到了一个 4.5 分的杂志，一个星期后被拒，然后换投了一个 2 点几的杂志，至今还在 under review。我急于见到自己的第二篇 SCI，而在论坛中又看到讨论 Medical Hypotheses 这个杂志，于是试着投了一篇，10 天后被拒；我不服气又立即花两天的时间写了一篇，投过去，10 天后同样的被 reject。我不相信自己连一个 1 点几的杂志都征服不了，4 天后又投了一篇过去，终于在圣诞节之后的一个星期被 Accept 了。
继续我的 SCI 征程，我有个习惯，每天必做的一件事情就是就像看新闻一样在 PUMED 中看最新发表的与自己研究方向相近的文献，也因此产生了一些 novel idea，于是又写了一篇 800 字的 Hypotheses 和一篇 1000 多字的 Viewpoint，分别投到了 MH 和 Nature 旗下的 Nature clinical practice rheumatology（NCPR）。投到 MH 的文章一个星期后被直接接收。NCPR 的要求是"Content is generally invited, but proposals for articles can be suggested through the journal's online submission system"。于是我事先写了个 proposals 给编辑，两个星期后接到编辑的 EMAIL："Thank you for submitting your Viewpoint proposal. We discussed your proposal at our recent meeting with our Editor-in-Chief Dr Peter Lipsky. We are pleased to say that we would like to proceed with your article."然后我把整篇文章投了过去，两个星期后修回，再过了一个月正式接收。
这是本人在投稿过程中的一些经历和体会，与大家分享，希望能有所帮助。
自身抗体

2008-04-06 11:47 **gayalynau wrote:**
每年这个时候都是很多博士生"愁"的时候，没有 SCI,或者 SCI 还没有 ACCEPT。我来谈一下自身的做博士的感受。
1）读博士的时候，导师要求发表至少 1 篇 SCI，自己吓的，没有办法，看到师兄都是 3－4 篇，害怕自己只有 1 篇丢面子。
2）做完楷体报告后，由于阅读了超过 100 篇的文章（全部是 SCI），手痒，写了一些。主要是标题、introduction, materials and methods, 结果打好表格，这个时候的粗稿基本上是办看到的 SCI 文章中自己要的话复制过来。事后看这一点很重要，保证自己心中有数 ，知道大方向，同时对结果有一定的预测，要么 agree with A,要么 disagree with A but agree with B
3)做完试验后统计数据后，再看别人的文章，仔细琢磨，套用别人的句子，解释说明（在 DISCUSSION）自己的发现，做到自圆其说。
4）我的第一篇论文（博士论文用英文写的）用了 3 各月的时间，第 2 和第 3 篇就只用了 1 各月。
5）非常好的是我遇到一个真正的老外，帮我修改了文章，结果现在我自己写的事后基本上不再找人家帮忙。不过人家每次联系的事后都说我知道你要发文章，叫我在投稿前给他看一下。

结果：博士论文从综述到后面所有试验在毕业答辩前都接受并出版了 3 篇（综观法勒 4 篇 SCI）。

总之：在做试验前打好粗稿，做到胸有成竹，后面就会快一些。

2008-07-11 12:19 **momo** wrote:
许多学校要求发 SCI 文章，不要求一定是学位论文的内容，所以不一定等待课题做完再写。我是老板的第一个弟子，老板忙根本没有时间顾及我，更艰难的是，我不在学校完成课题，而是在一个需要自己从手术器械开始购买的的地方进行，课题大，需要许多人协助，这正好又最致命，因为不是教学医院，临床都忙不过来，能来帮的人确实很苦。等待课题完成再发表 SCI 只能是 4 年以后，慌忙中决定用临床资料多写多投，2 周内夜以继日写完初稿，托外语专业朋友帮助改，隔行如隔山，没办法，临近毕业，不能再等，30 日后编辑部回复需要修改，增加数据，自己修改 2 次，英文不地道，退回，请美国老修改后接收，前后 5 个多月，但延期毕业已成定数。

建议：了解学校对文章的要求，如果不要求一定是学位论文的内容，入学就开始写文章。

http://www.dxy.cn/bbs/post/view?bid=45&id=14343250&tpg=1&ppg=1&sty=1&age=0#14343250
Re:【求助】毕业论文的讨论部分可以和综述中大部分相同吗？
2009-04-06 14:08 **gracyblue**

由于本人的综述写的范围刚好是我论文讨论部分需要写的东西。
现在论文只差讨论了，可以把综述搬过来吗？

2009-04-06 23:31 **美捷登主编:**
原则上应该是可以的，但要有选择性。
综述讨论的是目前该领域的现状（包括你的研究结果），你的论文的讨论应该紧紧围绕你课题的结果。
还有，综述的大部分可以放在背景或前言中。

第 5 章 副产品

http://www.dxy.cn/bbs/post/view?bid=45&id=14343152&tpg=1&ppg=1&sty=1&age=0#14343152

我在博士期间最大的收获莫过于"副"产品了。尤其是微生物方法学方面。另一实验室中国学者的课题需要大量幽门螺杆菌细胞作抗原（该学者老板每月根据细菌量付给我一定的报酬）。幽门螺杆菌固体培养生长缓慢，产量极低，而当时没有成熟的液体培养法。这就催生了我的第一篇方法学论著 Enhanced cultivation of Helicobacter pylori in liquid media. Xia HX, English L, Keane CT, O'Morain CA. J Clin Pathol. 1993 Aug;46:750-3. PMID: 8408702 [PubMed - indexed for MEDLINE]
由于我们在幽门螺杆菌研究方面做得比较"有名"，许多国家的学者向我们要菌株。这就涉及到幽门螺杆菌菌株转运问题。幽门螺杆菌是一种微需氧，很难生存的细菌，没有合适的环境，很快就会死亡。为此，我在同事的启发和帮助下在实验室做了幽门螺杆菌生存试验，找到了合适的转运培养基。然后付诸实施。由此发热量偏方法学论著（1、Determination of the optimal transport system for Helicobacter pylori cultures. Xia HX, Keane CT, O'Morain CA. J Med Microbiol. 1993 Nov;39(5):334-7. PMID: 8246249 [PubMed - indexed for MEDLINE]；2、Transportation of Helicobacter pylori cultures by optimal systems. Xia HX, Keane CT, Chen J, Zhang J, Walsh EJ, Moran AP, Hua JS, Megraud F, O'Morain CA. J Clin Microbiol. 1994 Dec;32(12):3075-7. PMID: 7883907 [PubMed - indexed for MEDLINE]）
与此同时，我也大胆"标准化" 幽门螺杆菌药敏试验方法，发了论著 Standardization of disk diffusion test and its clinical significance for susceptibility testing of metronidazole against Helicobacter pylori. Xia H, Keane CT, Beattie S, O'Morain CA. Antimicrob Agents Chemother. 1994 Oct;38(10):2357-61. PMID: 7840570 [PubMed - indexed for MEDLINE]。 该"标准化"被多次引用。
此外，我也根据一时的想法做了一些小的试验（这些试验成功与否完全影响不到课题大局和毕业）， 发了两篇小文章（Pre-formed urease activity of Helicobacter pylori as determined by a viable cell count technique--clinical implications. Xia HX, Keane CT, O'Morain CA. J Med Microbiol. 1994 Jun;40:435-9. PMID: 8006937 [PubMed - indexed for MEDLINE]； Comparison between McCoy cell line and HeLa cell line for detecting Helicobacter pylori cytotoxicity: clinical and pathological relevance. Xia HH, Gallagher C, Hyde D, Talley NJ, Keane CT, O'Morain CA. Ital J Gastroenterol Hepatol. 1999 Nov;31:663-8. PMID: 10730556 [PubMed - indexed for MEDLINE]）

第 6 章 阴性结果

http://www.dxy.cn/bbs/post/view?bid=45&id=10090220&tpg=1&ppg=1&sty=1&age=0#10090220
Re:【经验】为何阴性结果投稿这么困难
2007-09-27 17:40 **cox2wj wrote**

最近投了篇文章，主要内容是阴性结果，已被两个杂志拒了，除了追问为何结果是阴性(而不是别的文章发表的别的类型细胞系的阳性结果)以外几乎没别的问题(当然还有他们最容易、最拿手的问题： there are several English spelling/grammar mistakes)。感觉他们主要还是不感兴趣 This manuscript merely reports observations (all of them negative results)。其实我对于这个结果我有所准备，所以在讨论部分中进行了深入的比较(其中一个审稿人的评价：The different results obtained in various models and cell systems were critically interpreted so that the reader can realize the problems.)，可还是被无情地拒绝了。估计以后再投被接收的可能性也不大。
其实杂志不应该只重视阳性结果的。

2007-10-10 05:44 **cox2wj wrote**

关于这篇文章的审稿意见：
reviewer 1:
The experiments were based on a well-defined hypothesis; the study design and all results were clearly described and presented. The different results obtained in various models and cell systems were critically interpreted so that the reader can realize the problems.
Minor point.
Data (mean ± SD) of the invasive cells should be included in the text instead of the figure 3.

reviewer 2:
This manuscript contains only a moderate amount of data that adds incrementally to the large body of existing literature about XXX and its role in tumorigenesis and metastasis. This manuscript merely reports observations (all of them negative results) and does not provide a mechanism supporting these observations. In addition, there are several English spelling/grammar mistakes throughout the manuscript.
The authors have recently published another manuscript demonstrating that XXX. It seems as though the data presented in the current study may just be "left over" data from the previous study that the authors are trying to get published.

我们之前是发了一篇文章，但内容完全不同。对于审稿人 2 的关于"边角料"说法很不解。对于编辑为何不综合考虑两个审稿人的意见，给予修稿的机会或再找第三个审稿人审稿 感到遗憾。

其实，问题的关键可能就在于 整个文章的结果是阴性的，虽然已经很深入地分析和讨论了和其它研究结果的不同和可能原因，但感觉发表很困难，可能不符合大趋势和编辑的口味吧。

2007-10-11 09:05 **美捷登主编：**
阴性结果可能影响了审稿人及编辑的兴趣，但不是编辑拒稿的主要原因。
1。 你的课题设计不具新意-"the large body of existing literature about XXX and its role in tumorigenesis and metastasis."
2。你的结果不多且很肤浅-"only a moderate amount of data", "observations (all of them negative results) and does not provide a mechanism supporting these observations".
3。你已在其他杂志发了有意义的结果，这点足以让编辑拒稿。"It seems as though the data presented in the current study may just be "left over" data from the previous study that the authors are trying to get published."
4.语言问题。不是主要问题。"several English spelling/grammar mistakes "

第一审稿人可能不太懂你的专业，基本没有实质意见。所以，他的 Comments 对编辑的影响力不大。

虽然文章没有接受，第二审稿人的意见对你改进文章非常有帮助，你应根据其意见扬长避短，同时，看些最新的参考文献，看看有没有值得借鉴的地方。再改投其他杂志。既然文章已写，就不要怕再花时间。我相信，只要你锲而不舍，你的文章会有它的归宿。

2008-11-15 23:12 **美捷登主编：**

netmee wrote:

举个例子：我最近做了某个蛋白在某种损伤模型中的作用，结果发现基因缺陷和野生型的老鼠在这个损伤模型中的相关指标没有差异！我重复了 3 遍啊！从动物模型到分子生物学实验！3 组独立的实验！我相信它真的是没有差异的。怎么办？直接把病理+real time+western+tunnel+死亡率结果发出来告诉人家此基因缺陷与否不影响这个损伤？想都不用想肯定不会被接受，因为没做到东西太多！随便哪一个环节都可以被怀疑，被挑毛病。
所以我要找阳性结果，因为这个蛋白 A 在体内有一个功能类似的蛋白 B，我下一步要证明 A 的敲除，导致 B 在体内

代偿性表达增高，导致基因缺陷鼠在这一模型上与野生型鼠表现没有差异。

是不是真的这样，做了才知道，但是，直接把阴性结果发出去肯定不会被接受！

首先要问，你为什么要做"某个蛋白在某种损伤模型中的作用"这个课题？该不会是在梦中或一觉醒来忽然心血来潮想到某个蛋白在某种损伤模型中有作用吧。
我想一定是有原因的。要么有人在其他模型中表明了某个蛋白在其他损伤模型中有作用，或者有人用类似蛋白在你做的模型中表明有作用。再或者某“大牛”在他的假说中“振振有词”、“有根有据”地预言“某个蛋白在某种损伤模型中有作用”。而你想到要去用实验来证明“某个蛋白在某种损伤模型中确有作用”。
那么，结果只能有两种，阳性或阴性。我认为无论结果如何都有发表意义，只是大多杂志愿意发阳性结果罢了。但只要你对你的阴性结果的解释能对某理论或研究方向产生影响，还是有杂志收的（见本人上面的两篇）。

http://www.dxy.cn/bbs/post/view?bid=45&id=14310618&sty=3&age=0&tpg=1&ppg=1#14310618

2009-04-02 22:52 **美捷登主编:**

colortea wrote:

谢谢夏老师的分享！

关于那些有完美设想，但没有完美结果的实验如何处理？

是转移方向、是发表阴性结果、还是其他？

请夏老师就这方面谈谈经验！

这是个非常有意义的话题。
首先，我们的课题一定不会是凭空设计的，要么根据发表文献的直接证据（如文献报道某基因在癌症 A 的表达增加，我们继续在癌症 A 做机理研究，或在癌症 B 中验证），要么根据现有理论和文献结果（如某新的基因/因子(novel gene/factor)在某癌症发生发展中的基因调节作用）。如果方法和材料没有错，我们就应该相信自己的结果。即使是阴性结果也应该，也能够如实发表。应该承认，阴性结果的接受率和发表杂志的 IF 都较阳性结果低（见附件）。但写得好，也是可以发好杂志的，关键是应邀和讨论部分一定要有逻辑性的，令人信服。

曾经有报道指出，幽门螺杆菌感染与糖尿病有关，而另有报道否认这种关系。这些报道要么病理少，要么设计或方法有问题。因此，我们利用一大型的前瞻性的糖尿病课题的标本（本课题非前瞻性，属于 Post hoc 分析）来验证幽门螺杆菌感染与糖尿病及其相关症状的关系。结果为阴性，但发表在 Am J Gstroenterol 上（Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Xia HH, Talley NJ, Kam EP, Young LJ, Hammer J, Horowitz M. Am J Gastroenterol. 2001 Apr;96(4):1039-46）。
在我读硕士期间，我也有阴性结果，写成中文文章（当时不知道要发 SCI）后被老板"枪毙"。那是篇关于"二联疗法"治疗幽门螺杆菌感染失败的文章，现在看来当时完全是可以发的 SCI 的，因为当时就有单用红霉素治疗幽门螺杆菌感染的论文。不过，正如上面所得，阴性论文很难法，老板也不乐意。所以，在设计课题时一定要谨慎，尤其是研究生，只能成功、不可失败。如果试验失败（方法、材料没错，结果无显著意义），就应该及时检讨设计问题，必要时更改课题。另外，做课题、写论文应该及早进行，给自己留有余地，以防"阴性结果"。

下面是我过去就有关阴性结果所发的帖子，有 10 之多，希望能回答版主的问题。

1、
http://www.dxy.cn/bbs/post/view?bid=45&id=13580604&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
见转贴。
Re:【经验】为何阴性结果投稿这么困难

2、
http://www.dxy.cn/bbs/post/view?bid=45&id=13244887&tpg=1&ppg=1&sty=1&age=0#13244887
3、
http://www.dxy.cn/bbs/post/view?bid=45&id=8945191&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
4、
http://www.dxy.cn/bbs/post/view?bid=45&id=10192320&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
5、
http://www.dxy.cn/bbs/post/view?bid=45&id=13230827&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
6、
http://www.dxy.cn/bbs/post/view?bid=45&id=10215723&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
7、
http://www.dxy.cn/bbs/post/view?bid=45&id=13252310&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
8、
http://www.dxy.cn/bbs/post/view?bid=45&id=10179253&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
9、
http://www.dxy.cn/bbs/post/view?bid=45&id=11457823&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB
10、
http://www.dxy.cn/bbs/post/view?bid=45&id=14057058&sty=3&keywords=%D2%F5%D0%D4%BD%E1%B9%FB

http://www.dxy.cn/bbs/post/view?bid=45&id=14046427&tpg=1&ppg=1&sty=1&age=0#14046427
Re:【求助】各位达人和牛人对我的 SCI 指条明路

2009-03-02 17:47 秋风夜雨中的行人
各位达人，我做实验时,顺带给大鼠内皮细胞中转染 hTERT,想永生化细胞,结果转染成功,但永生化失败,虽然实验失败,但我也付出了很大的心血,所以我也写了下英文,讨论了一下实验不成功的原因(假设和推理). 现在求各位达人给我点意见：这样写能投 SCI 的文章吗？投那些杂志？或者如何写？兄弟我***了!!!!!!!!

2009-03-03 05:30 **美捷登主编:**
很欣赏你的勇气和科研头脑。
你在"做实验时,顺带给大鼠内皮细胞中转染 hTERT,想永生化细胞"一定有其原因。那么原因是什么呢？我相信是基于以往的文献知识而非你的臆想。
大鼠内皮细胞"转染成功"有无先例？如没有，你便是第一，发 SCI 应没问题。如有，再看看有没有"转染成功,永生化失败"的文献，如有，你的结果则没有多大意义。如没有，再看看有没有类似细胞"转染成功,永生化成功"的先例。如有，你亦可以发一篇在大鼠内皮细胞"转染成功，永生化失败"的论文，重点介绍成功的经验，并在理论上和方法上探讨分析失败的各种可能性。
记住，一点之见即成文。有新内容新观点，不愁发不了 SCI。

2009-03-04 06:01 **美捷登主编:**
More information from previous post:
http://www.dxy.cn/bbs/post/view?bid=45&id=13230098&tpg=1&ppg=1&sty=1&age=0#13230098

http://www.dxy.cn/bbs/actions/archive/post/8826908_1.html
【求助】阴性结果，如何完成我的毕业论文
2007-04-20 10:11 **meimeidayu wrote**
各位同仁：
紧急求助!!! 我的毕业论文：关于中药治疗围绝经综合征的多中心、大样本、随机双盲（安慰剂对照）临床试验结果是阴性的，中药与安慰剂疗效无差别，讨论已经无法进行了，请各位出招！从哪几个方面入手呀！

2007-05-03 21:51 **美捷登主编:**

如果国内发不了阴性结果，何不考虑发英文杂志。英文杂志不但不比中文杂志难发，而且也发阴性结果。只是看你想不想"家丑外扬"（有些上市中成药对其所谓的适应症无效），同时，看你能不能承受发表前后来自各方（可能也包括你老板）的压力。
本人曾发过阴性结果的文章 （Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Am J Gastroenterol. 2001 Apr;96(4):1039-46. 影响因子=5.116)。
你也可以先与一些中文杂志编辑联系，看看谁愿意说真话。
说不定你的文章开创国内学术"讲真话"的先河，其引用率不会亚于"阳性"结果。
科学家首先要有科学、严谨、诚实的态度！

第 7 章 计划不如变化

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第 8 章 一个问题的多个方面和不同层次

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第三篇 研究结果整理、数据统计分析和图表选择

第 1 章 研究结果整理

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第 2 章 数据统计分析

http://www.dxy.cn/bbs/post/view?bid=45&id=14287389&tpg=1&ppg=1&sty=1&age=0#14287389

Re:【求助】2009 第一篇文章被拒，实验设计、统计问题，请大家给意见，准备大修后再投！

2009-03-18 09:19 **thinku_lo**

投的 Proteomics Clinical Applications

历时 2 个月的 review 后，昨天受到邮件 Rejected。这个杂志 07 年才从 proteomics 分出，现在还没有 IF，SCIE 收录。

文章对我的设计和统计方法提出较大的意见。我整理后这几天发上来，请大牛关注。也请大家多提宝贵意见。

我做 ABC 三组的比较蛋白质学

两两间比较超过 1.5 倍的表达点 D 选出，酶解，MS。WB,RT 验证目的蛋白。

编辑意见：

1.两两间比较，t 检验已有精确的 p 值，为何要选用 1.5 倍？既然要选择 D 点，就不应该用两两间比较，而应该选用方差分析。

————如果不选用 1.5 倍，只用 p 值确定，那点更加多得不得了，酶解、ms 都更费钱，所以当时就在基础上再筛选，就选择了表达 1.5 倍。至于用选择 D 点没用方差分析，如何解？

2.WB,RT 为何不用方差分析？

————WB,RT 都是用定量的，比较用的也是两组间的 t 检验。但在统计描述(methods and materials)的时候我直接 copy 了以前文章里面的描述，说计数资料用卡方检验；没有提到计量资料，也没有提到用方程分析。这该如何解释？

谢谢高手解答!!

2009-03-31 12:15 **美捷登主编:**

1. Normally, the comparison for proteomics is between two groups.
I believe that you are trying to compare three progressive pathologies such as normal, pre-cancerous and cancer in your study. If so, I am not sure if this is a good approach.
2. Although I am not familiar with proteomics, I did review some papers in proteomics. The so-called "differentially expression spots or proteins" are usually defined by "two-fold difference" or even "1.5-fold difference" (if you have a reason or reference to support you), but not defined by statistical analysis.
3. If you really want to use statistical analysis for three groups, you should use One-way ANOVA, not a simple T-test which is for two independent samples (groups).
4. I would recommend a DXYer who knows better than me to you by PM.

http://www.dxy.cn/bbs/post/view?bid=185&id=14265054&sty=3

【求助】生存期分析，一组病例数严重少于其他组病例数时该怎么统计。

2009-03-27 08:23 **xiaozhao2004**

我在统计一个关于三种不同基因型与患者生存期的问题，三个基因型分别是正常，杂合子和完全突变型，所用的受试人群完全是患者，在我的病例中发现，完全是正常的基因型的人数只在十例多，而突变型的总和达到了 150 多例，所以应该说患者的分型比较偏，而这个是患者的病例，所以出现偏的现象是很正常的，并不是跟正常人相比，是正常，杂合子和完全突变型的生存期的比较，我做 K-M 分析的时候，P 值为 0.07，但看曲线分的比我做出 P 值 0.03 的还开，但明显看出是基因正常的患者人数特别少。我怀疑可能会由于这个造成数据偏差。
有统计学的人说有一种方法可以做这种一组患者人数特别少的生存期，可他并不是很会，请各位战友帮帮忙，有没有战友遇到过这种情况，该怎么办，实在是已经非常接近 0.05 了，我希望有个统计学的平衡，让我做的分析更科学，如果那样也没有意义我就认了。

2009-03-27 23:29 **美捷登主编:**
谢谢你的 PM.
很高兴你得到一些阳性结果。
看过你寄来的数据，知道是有关基因多态性与某癌预后的关系。病例数应该是比较多的（当然还可以更多些）。 得到 Log Rank P 值<0.07，不应该失望。你还有更多方法来全面分析：
1、基因型频率(Genotype， TC, CC, T/C）和等位基因比率（Alleles, T：C)都可以用卡方分析。（作基因多态性的文章都用 Hardy-Weinberg equilibrium，这个我不太懂）。
2、五年生存率比较。
3、Cox Regression 是一定要做的。影响生存的因素（confounders）非常多，包括病理(TNM、Stage, Differentiation, site, size, etc)及手术、化疗等等。或许，该基因多态性在 Cox Regression 分析中为独立危险因素（即 P<0.05）。

我已通过 email 给你我以前与国内同行合作的基因多态性文章。另我最近有篇有关某因子与胃癌预后关系的文章投 Cancer 已修改。接受后发给你参考。

第 3 章 图表选择

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第四篇 文献检索、获取和阅读

第 1 章 文献检索

http://www.dxy.cn/bbs/post/view?bid=45&id=13369258&sty=3&keywords=MEDLINE+and+PubMed

【共享】MEDLINE® and PubMed®有什么不同?

2008-12-03 05:43 **美捷登主编:**

http://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html

MEDLINE is the largest component of PubMed (http://pubmed.gov), the freely accessible online database of biomedical journal citations and abstracts created by the U.S. National Library of Medicine (NLM®. Approximately 5,200 journals published in the United States and more than 80 other countries have been selected and are currently indexed for MEDLINE. A distinctive feature of MEDLINE is that the records are indexed with NLM's controlled vocabulary, the Medical Subject Headings (MeSH®.

In addition to MEDLINE citations, PubMed also contains:

In-process citations which provide a record for an article before it is indexed with MeSH and added to MEDLINE or converted to out-of-scope status.
Citations that precede the date that a journal was selected for MEDLINE indexing (when supplied electronically by the publisher).
Some OLDMEDLINE citations that have not yet been updated with current vocabulary and converted to MEDLINE status.
Citations to articles that are out-of-scope (e.g., covering plate tectonics or astrophysics) from certain MEDLINE journals, primarily general science and general chemistry journals, for which the life sciences articles are indexed with MeSH for MEDLINE.
Some life science journals that submit full text to PubMedCentral® and may not yet have been recommended for inclusion in MEDLINE although they have undergone a review by NLM, and some physics journals that were part of a prototype PubMed in the early to mid-1990's.
Citations to author manuscripts of articles published by NIH-funded researchers.
One of the ways users can limit their retrieval to MEDLINE citations in PubMed is by selecting MEDLINE from the Subsets menu on the Limits screen.

Other PubMed services include:

Links to many sites providing full text articles and other related resources
Clinical queries and Special queries search filters
Links to other citations or information, such as those to related articles
Single citation matcher
The ability to store collections of citations, and save and automatically update searches
A spell checker
Filters to group search results
NLM distributes all but approximately 2% of all citations in PubMed to those who formally lease MEDLINE from NLM.

See the PubMed Overview, the PubMed Help, and the MEDLINE/PubMed Resources Guide for additional information on PubMed's content, features, and searching.

第 2 章 文献全文获取

http://www.dxy.cn/bbs/post/view?bid=45&id=14078429&tpg=1&ppg=1&sty=3&age=0#14078429

Re:【共享】如何免费获取文献

2009-03-11 05:59 **美捷登主编:**

经验不错，精神可嘉！
不过，你的帖子内容太泛，求稿信太长（有些毫不相干的东西可能令人不悦）。
强烈建议删掉信中的这几句话：
1 .I know there is usually a fee required to obtain the full article from Medline; however, as a student, my only income is a small scholarship which is about US$30.00 per month.
2. Perhaps you would consider this as an act of friendship between our two countries.

My request letter is as simple as the following:

Subject: Request of reprints
Dear Dr. XXX,
I am very much interested in your research on "Danggui Buxue Tang".
I will be grateful if you can send me a copy/reprint by e-mail of your article "Author's names. A Chinese herbal decoction prepared from Radix Astragali and Radix Angelicae Sinensis induces the expression of erythropoietin in cultured Hep3B cells. Planta Med. 2008 Mar;74(4):392-5."

Best regards,
Yours sincerely,
XXXX

Most authors (especially those from Japan) will send the papers, but some won't.

另外，有些网站 http://www.pubmedcentral.nih.gov/ 及 http://www.freemedicaljournals.com/ 提供全文。

http://www.dxy.cn/bbs/post/view?bid=45&id=13332782&tpg=1&ppg=1&sty=3&age=0#13332782
获取全文的 11 种方法（供参考）
1、根据作者 E-mail 地址，向作者索要。这是最有效的方法之一。为了更方便大家向作者索取原文，但一定要简洁！一般都愿意向你提供。下面是模板：
Dear Dr. (author name)
I would appreciate receiving a reprint of your article: ********(不必全写),杂志名. However, this Journal is not available in our library.

Thank you very much for your consideration.
Respectfully yours,
Yourself name

下面是《丁香园》天天提供的模板，也可参考：信的内容如下：
Dear Mr./Mrs.: _____（作者名）
I am a graduate student of Harbin Medical University in China. I major in "_____"（您的专业）. Recently, I found one of your articles, titled "_____"（文章名）in Medline. I found it may help me achieve my goals in this research field. This would make a really positive contribution to my work. I would like to be able to read the full text of this article. The abstract makes the article sound very interesting. I know there is usually a fee required to obtain the full article from Medline; however, as a student, my only income is a small scholarship which is about U S $30.00 per month. I wonder if you would consider sending me the full text by Email. Perhaps you would consider this as an act of friend ship between our two countries.
Thank you for your kind consideration of this request.
Sincerely: _____（您的名字）
My Email address is: _____ （你的 email 地址）
11/16/2000
2、按部就班，根据文章出处，去图书馆查找原文。当然去一些较大图书馆。
3、去 Science 网上杂志找文章。对中国人完全免费！
4. CNKI：中国期刊网提供三种类型的数据库，题录数据库、题录摘要数据库和全文数据库，其中前两者属参考数据库类型，只提供目次和摘要，可在网上免费检索，全文数据库需付费。
5. 使用万方数据库 万方系统中有 1000 余种电子期刊，以理工科技类为主，全部是国内出版的中文和英文期刊，比印刷版略晚。

6. 若要文章，可通过超星图书馆，从网易上下载超星图书馆专用下载器即可免费下载了！极好！您可免费下载十万种书，否则你也可以直接阅读。
7、如果作者有自己的主页，可以去作者的主页看看。不过一般查找作者的主页倒不容易！
8. 利用搜索引擎：一般中文选用网易,baidu，内容收录较多，关键词：你所要查的文献中最专业的词汇 AND 材料与方法（因为这是一般论文通用格式）若为综述，加"综述"字样，效果还可以。
英文采用著名的搜索引擎，如 Lycos，HotBot，Yahoo，我的主页的首页和文献检索中均有，输入详细的

关键词（一定要具有特征性，防止搜索出太多的东西），末尾加 PDF 可能效果更好些。

9. 中文文献，大多需要买，万方数据库、CNKI、999 都是全文，请花钱吧，不过这样太没价值了。中文文献价值一般欠高！不建议个人购买！

CNKI 中"期刊题录数据库"是免费的。找到类别，再输入关键词，检索结果出来后，可以获知文章的出处。内容之全，范围之广，更新之快，比万方数据库强多了。但就是不能免费查全文和摘要。如果你愿意交费也可以，大概是 660 元/月，看来除了单位之外没人愿意交费了。

10、 重庆维普资讯公司

收录有中文报纸 1000 种,中文期刊 12000 种,外文期刊 4000 种,拥有固定客户 2000 余家。维普有两种注册用户，一种是可以查阅全文的，这种是要收费的。 另外就是一般注册用户，是使用免费资源的，比如全文检索，讨论版等等。 收费用户中采用包库方式的机构用户或个人，们将在年末附送期所包库的光盘版作为保存用。 流量计费的用户在累计一定金额后，我们将增送使用时间或是光盘版。同时提高其会员级别，将获得更优惠的使用费用。

11 免费中文全文检索：超星读书试用卡

第 3 章 文献阅读

http://www.dxy.cn/bbs/actions/archive/post/10914401_2.html?tpg=1

2008-01-13 09:43 **美捷登主编:**

可谓相当全面的 SCI 论文攻略。已投一票。

不过，对于如何查找、阅读 SCI 参考文献并从中获取 ideas 和 knowledge 似乎描述不够。

事实上，在试验结果统计完毕后写作之前，应该做些文献检索，同时阅读其摘要，选择与你课题非常接近的文献并尽可能找到全文。下笔前，阅读摘要及初读原文全文，并结合你的实验数据，你就可以拟定你的论文的构思。写完初稿后再阅读相关论文全文，你可以充实你文章（尤其讨论）的内容，甚至改进你的论文的语言质量。毕竟英语不是我们的母语。还有，国外大多学者治学比较严谨，文章的逻辑性比较强他们知道他们写的是什么（不像国内少数作者写的英文文章不知所云）。所以，他们的文章大有"抄"头。

尽量引用最近的相关文献，尤其是综述性文献。比如，世界肿瘤发生率的权威性文章，有 2001 年（Global cancer statistics in the year 2000.Lancet Oncol. 2001 Sep;2(9):533-43.）的，也有 2005 年（Global cancer statistics, 2002. CA Cancer J Clin. 2005 Mar-Apr;55(2):74-108）。虽然其数据只差两年，如果不是需要特定的数据，最好引用 2005 年的。这样你的文章才算 up to date.

第五篇 论文撰写

第1章 特殊专业论文

http://www.dxy.cn/bbs/actions/archive/post/8330263_1.html

【讨论】欲在 SCI 系列杂志 投稿 临床诊治分析 型的文章,请大家帮忙提提建议

2007-02-20 21:37 **blueman1320 wrote**

内容如题.

论文版很多战友都有丰富的投 SCI 经验,所以想请教大家这个问题.

该问题是属于临床的, 诊治分析型,如在病案室调查病例后汇总成的材料,以描述性数据为主,没有统计学分析.

个人看老外杂志这种类型很难发表,大家有什么看法么?谢谢分享宝贵经验.

2007-02-22 08:57 **美捷登主编:**

临床文章相对比基础文章好发，尤其消化疾病。主要是 idea 要新，与众不同，或体现中国特色。下面是几篇经 MJ 编辑已发表的类似文章，仅供参考。

1. Cancer of the papilla causing recurrent acute pancreatitis and mimicking a pancreatic stone.

Endoscopy. 2007 Feb 7; [Epub ahead of print]
2. Endoscopic management of foreign bodies in the upper-GI tract: experience with 1088 cases in China. Gastrointest Endosc. 2006 Oct;64(4):485-92. Epub 2006 Aug 22.
3. Interventional treatments for hepatocellular carcinoma. Hepatobiliary Pancreat Dis Int. 2006 Nov;5(4):495-500. Review.
4. Multidetector-row computed tomography in the management of hepatocellular carcinoma with transcatheter arterial chemoembolization. J Gastroenterol Hepatol. 2006 Jun;21:941-6. Review.

http://www.dxy.cn/bbs/post/view?bid=45&id=14803046&tpg=1&ppg=1&sty=1&age=0#14803046
Re:【求助】在 SCI 上发临床类文章难吗？
2009-06-06 11:11 章狼 wrote

请问各位高手：在 SCI 上发临床型的文章难吗？
比如就只有些数据和统计之类的

2009-06-07 02:08 **美捷登主编:**

你的问题不是太具体。
临床文章比基础文章要容易写，临床资料往往也比较容易得到，文中的图表比较简单，更重要的是临床现象（结果）的解释通常是多方面的 。因此，本人认为，相对来讲，临床文章比基础文章要容易发。
临床文章一般是'Observative"(如 association，diagnosis 和 treatment 等). 所以，基础理论要求不是那么高，但必须说明临床现象或问题，对临床实践有指导意义。当然，必须以数据说话。
你已有数据和统计结果，如果选题比较新的话，相信发 SCI 并不难。

2009-06-08 08:34 **美捷登主编:**

最近几年发自中国的临床文章已经很多了。
许多医生正在从数年前医院建立的病例电子数据库里掏宝。外科，内科、传染科等都有。
zhaozhiqing 说得对，"首先得有信心。其次是有想法"。
弄虚作假的毕竟少数，国外杂志决不会"一竿子打死一船人".

http://www.dxy.cn/bbs/post/view?bid=45&id=15338911&tpg=1&ppg=1&sty=1&age=0#15338911
Re:【讨论】提示国产检验试剂检测性能劣于国际主流试剂的文章有没有可能被 SCI 接受？
2009-08-26 21:08 **美捷登主编:**

yangruifeng103 wrote:
如题。

主要内容：与国际主流试剂 T 相比，国产试剂 P 在低值时比 T 高，而在高值时又比 T 低，会很大程度地干扰临床对疾病进程的判断和治疗。

顾虑：
P 试剂是通过中国药监局审批的、占市场大份额的一种检测试剂；涉及试剂公司的利益（虽然恨其吃老本，不思进取，没有提高检测质量之压力和责任）；
另外，我的实验只是单中心研究，大概 100 多组数据。

就我的感受，SCI 方法学文章中，大多数是比较 positive 的结论，比如一种新方法和某些老方法相关性不错，配对检验没有差异等等，而我想反其道行之，不知有没有机会？有机会的话，如何完善实验，如

何选择相应的 SCI 杂志？

欢迎大家进来参加讨论！谢谢！

一定有杂志发的。比如 Methods and Findings
http://journals.prous.com/journals/servlet/xmlxsl/pk_journals.xml_journal_home_pr?p_JournalId=6

我也曾发过试剂对照的文章。
Optimal serological tests for the detection of Helicobacter pylori infection in the Chinese population. Xia HH, Wong BC, Wong WM, Tang VS, Cheung HK, Sham FN, Fung FM, Lai KC, Hu WH, Chan CK, Lam SK. Aliment Pharmacol Ther. 2002 Mar;16(3):521-6.

第 2 章 论著撰写

http://www.dxy.cn/bbs/post/view?bid=45&id=15335074&sty=3&age=0&tpg=1&ppg=1#15335074
论文写作时态的疑惑
2009-08-16 19:51 **美捷登主编：**
1. 通常情况下，前言和讨论用现在时或现在完成时，结论用现在时，方法和结果则用过去时。
2. 描述即成事实、已知理论和知识时用现在时（H. pylori is a bacterium that causes XXX）。描述某特定研究及其结果使用过去时(如 Xia et al reported that XXX， 或 A previous study by Xia et al showed that XXX。但是，Previous studies have shown that XXX,或 It has been shown that XXX)。
3. It has been shown (demontrated, reported,established) that +(现在时)。

1,对既成事实的描述（结论性的描述）应当用一般现在时,对否?
比如:
a, Several previous studies have shown that constitutive activation of the SP1 signaling pathway is （不能用 was）an important step during tumor development in prostate.
b, In this study, we also found that pretreatment of lectin did not （用 did not） affect the expression of TLR9-specific mRNA in non-LPS-induced or LPS-induced MAF7 cells.

2, “suggest”从句应当用动词原型
Accumulating evidence suggests (evidence is an uncountable noun) that LPS-induced NFKB signaling pathway play（用 plays）an important role in the process of chronic bacterial breast inflammation

3,Previous studies strongly suggest that XXX or Previous studies have strongly suggested that XXX.
不用 suggested

4,Abstract 中
However, pretreatment with various concentrations of lectin did not alter the expression of TLR9-specific mRNA in MAF7 cells, no matter whether MAF7 cells were stimulated with LPS or not.

第一节 题目
http://www.dxy.cn/bbs/post/view?bid=45&id=14637111&tpg=1&ppg=1&sty=1&age=0#14637111
Re:【求助】请教一下我的题目？
2009-05-14 00:21 **xiangtiandxt wrote:**

我的题目是 A new treatment of ***（一种疾病）: combination of **（一种外科治疗方式）and **（一种细胞因子）and**（一种细胞因子）

题目的意思是某种疾病用一种新的治疗方式：某外科方式联合两种细胞因子

请问一下后面的两个"and"是不是有什么不对劲呢？？？

2009-05-14 00:47 美捷登主编：

A new treatment for ***（一种疾病）: combination of **（一种外科治疗方式）with **（一种细胞因子）and**（一种细胞因子）

2009-05-14 09:35 美捷登主编：

xiangtiandxt wrote:

谢谢楼上的老师！后来我自己改了：A new treatment of **:** combined with ** and **。我个人觉得这里的"of"好像也没错，但是"for"肯定是正确的，所以有点蒙！

请老师再帮指教一下这里如果用"of"是否也正确呢？？？？？

Frankly, the present title is not a perfect one as it looks like a review. If you are presenting the results of a clinical trial (such as a RCT), the title should be more specific, and reflect the primary objective, such as efficacy and safety. You may check the titles of similar articles from the PubMed

I like "for", but "of" is also fine.
Also, "new" may be replaced with "novel" if the therapy is really "new" and you wish to emphasize it. But I wouldn't recommend the use of "new" or "novel" treatment in a title of an original article for a clinical trial (as it may have not been approved by Health Authorities).

Just for your consideration.

http://www.dxy.cn/bbs/post/view?bid=45&id=4387289&sty=3&keywords=%B7%AD%D2%EB

Re:【求助】：英文翻译

2005-09-12 23:42 美捷登主编：

I would strongly oppose the abuse of "study, investigation, research, or analysis" in the titles. flyingpumc and fish1999 are obviously right although they cannot speak out the reasons.

I am surprised with the comments made by xatrixer that "I was "dazed" to see above statements your guys made. Where did you get the "idea" that foreigners don't use "clinic study" in the title of their publications? Do you have any fact to substantiate your claims? Here is what I am going to say…. "Should you see anything that is not catered to your "taste", please shut your mouth and chew it first… and don't spit it out without going through it" (对不合口味的东西也要嚼一嚼，尝一尝．别上来就 "犯恶心"．)"

Look at the Chinese papers, these words are used in almost every title. On the other hand, English titles seldomly contain these words unless they are absolutely essential, i.e. they give a specific meaning or message. The reason is quite simple - the title must concise and accurate (not complicated and misleadng). For the most Chinese titles, deletion of such words won't change the meaning and content of the tiltles.

Please refer to text books on how to write medical articles.

http://www.dxy.cn/bbs/actions/archive/post/4394668_0.html

Re:【求助】：英文翻译

2005-09-13 22:40 美捷登主编：

xatrixer wrote:
please don't prejudge (臆断) or "jump the gun" on anything that you're not filmiliar with… or something you have just tired or bored to see or to hear.

Oh... One more ... which "textbook" have you read on "how to write medical articles?" . Would you mind to throw us some "hints"?

Later …

Want to learn more? Here are some "hints":

1. Title: Instructions for authors
New Eng J Med - Concise and descriptive (not delclarative)
Lancet - Concise but informative
Annals of Internal Medicine - As brief as possible while conveying essential features of the article's content
BMJ- Keep them concise

2. Essential for titles
-Concise and precise
-Informative and descriptive
-Not misleading or unrepresentative
-Specific - for example, include type of study and number (if large)
-Word appropriate for classification
-Interesting not dull

"How to Write a Paper" by George M Hall, 3rd Edition, page 43. BMJ Publishing Group

3.Length of the title
Wthout question, most overly long titles are overly long for only one reason, and it is a very poor one: the use of "waste" words. Often, these waste words are used right at the start of the tilte, words such as "Studies on", "Investigations on", "Observations on", etc."
"How to Write and Publish a Scientific Paper" . Edited by Robert A. Day. page 8, Published by ISI Press.

4. A poem for your entertainment
When I can read my title clear
To mansions in the skies,
I'll bid farewell to every fear,
And wipe my weeping eyes.
-Isaac Watts

http://www.dxy.cn/bbs/post/view?bid=45&id=9735313&tpg=1&ppg=1&sty=1&age=0#9735313
Re:【讨论】英语论文标题写作技巧（续 2） [精华]
2007-08-09 13:15 **长青藤编辑 wrote：**
讨论标题：Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) and in hippocampus of streptozotocin-induced diabetic cognitive impairment rats. 出处：Exp Neurol 206:201-8；2007。为便于大家了解研究内容，摘要附在本文最后。

问题解析：

1）标题中“and in hippocampus”中的“and”破坏了句子结构，造成语义混乱。正确的写法是：“Expression changes of -- in --”而不是“Expression changes of -- and in --”。

2) “streptozotocin-induced diabetic cognitive impairment rats”在文字上欠通顺。

3) 研究结果（GAP-43 和 MKP-1 高低）没有表述出来。

4）可读性有很大改进余地。真正读懂这个标题必须知道 GAP-43 和 MKP-1 对学习记忆的重要性。这篇文章目标读者是对糖尿病和神经科学感兴趣的研究人员，而这个群体中满足上述条件者比例不大。

我的心得：

论文投往高端杂志被拒最常见的理由是：The scope of the study is not appropriate for the wide audience of this journal. We recommend submission to a journal in a more specific field. 杂志主编是在告诉作者研究课题的广泛性和重要性不够。广泛性和重要性不够，原因可能是研究本身的局限性，也可能是作者没有表述好。酒香还怕巷子深！

我的建议：

1）Decreased expression of two proteins critical for learning and memory in hippocampus of a rat model for diabetic dementia: growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1)

2）Cognitive impairment is associated with decreased expression of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of a rat diabetic model 这个标题没有直接点明但提示了 GAP-43 和 MKP-1 对认知功能的重要性。

这 2 个标题缺点：太长。如何进一步完善请各位看官发表意见。

摘要：Diabetes mellitus (DM) may give rise to cognitive impairment, but the pathological mechanism involved was still unknown. We employed streptozotocin (STZ)-induced diabetic rats and test their capacity for learning and memory by three-arm radial maze. We determined the expression level of growth-associated protein-43 (GAP-43) and mitogen activated protein kinase phosphatase-1 (MKP-1) in the hippocampus by immunohistochemistry. MKP-1 mRNA level in the CA1 and dentate gyrus (DG) Hippocampal area is further determined by RT-PCR method. We also observed the ultrastructures of Hippocampal neurons by transmission electron microscopy (TEM). All data were analyzed by the independent samples t-test. Four weeks after STZ induction, the diabetic rats showed decreased capacity for learning and memory as indicated by the increase in the error number and reaction time in three-arm radial maze test. TEM results showed the ultrastructures of diabetic hippocampus, including area CA1 and DG, neurons were characterized by swollen mitochondria, increased heterochromatin accumulation and reduced synaptic contacts. The optical density as well as the positive neuron number for GAP-43 and MKP-1 decreased significantly in the CA1 and DG Hippocampal area in diabetic rats ($P<0.01$). RT-PCR results also showed MKP-1 mRNA in the CA1 and DG Hippocampal area was decreased in the diabetic rats. These results indicated that DM could down-regulate GAP-43 and MKP-1 expression in Hippocampal area that is in charge of memory and cognition. As indicated by our study, the changes in GAP-43 and MKP-1 expression in hippocampus may play a role in the pathogenesis of diabetic dementia.

2007-08-10 22:22 美捷登主编:

Generally, I agree with kehongzhang.
My suggestion is:
Decreased expression of growth-associated protein-43 and mitogen-activated protein kinase phosphatase-1 in hippocampus of rats with streptozotocin-induced diabetic cognitive impairment
1. The title should reflect the content of the experiments, which covers the aim, methods and results. The title should concise and accurate.
2. Abbreviations should be avoided in the title since they don't add any value; they may be used without their full names in the title if they are commonly accepted such as DNA, RNA, etc.
3. It would be fine to put words like "critical for learning and memory" in a short title. But I don't think it is appropriate here.

2007-08-11 05:08 美捷登主编:

zhousjplasur wrote:
Expression changes of growth-associated protein-43 (GAP-43) and mitogen-activated protein kinase phosphatase-1 (MKP-1) in hippocampus of streptozotocin-induced diabetic cognitive impairment rats.
这样标题我觉得不错，指标升高或降低可以放到摘要的结果里去论述

1." Changes in expression of XXX" is much better than "Expression changes of XXX";
2. There are many grammatical errors in "streptozotocin-induced diabetic cognitive impairment rats" - you can say "cognitively impaired rats" but not "cognitive impairment rats"; and no one can induce rats with streptozotocin!

第二节 作者

http://www.dxy.cn/bbs/actions/archive/post/7687202_1.html
【求助】第一次投稿出麻烦了
2006-12-04 06:56 **zhtoolang wrote:**
投稿前没知会排在第三位的一个老师,这老师权力比较大,现在告诉他,他会不会觉得我不尊重他,要我撤稿啊?谢谢前辈指点

2006-12-05 10:31 美捷登主编:
怒我直言，这是国内许多同行的通病（不是都有此毛病）。本人有好几篇文章（国内中英文）可谓"嗟来之食"，全赖国内合作同行所赐。说来你不相信，我都是在 PubMed 上查到的。说不定还有许多发在非 Pubmed 杂志上而我本人不知道的。我理解国内同行的心情和考虑，一是想借海外科研单位的名尽快发文章，二是想真心感谢本人的帮助。但本人却感到非常不安。原因也有二。一是"无功不受禄"，二是担心文章违规（如一稿两投、抄袭、作假等）本人受牵连。（美国华裔教授 George Wu 便是一例 http://www.google.com.hk/search?hl=zh-TW&sa=X&oi=spell&resnum=1&ct=result&cd=1&q=George+Wu+&spell=1）。
非常高兴 zhtoolang 战友意识到这个问题，并在丁香园公布。这与其说是一个求助问题，倒不如说是一个"警世"问题，值得大家重视。

解决这个问题很容易，直接给那位老师写信（email)，解释未能事先通知他的原因（急于毕业？），在真诚征求他的意见（是否同意文章内容或对文章有何建议和意见(comments)？是否同意为该文作者及排名？）。

http://www.dxy.cn/bbs/actions/archive/post/11334009_1.html

【交流】Nature：身份危机 华人作者姓名缩写问题

2008-03-14 13:07 **otherwise wrote**

看了一下,大致内容如下

由于同音和重名太多以及不同杂志的标准不同,华人向英文杂志投稿时姓名缩写产生了混乱
人们经常无法通过搜索找到文章的准确作者
这也影响到了华人科学家知名度的提高.
由于姓名缩写混乱不容易被准确找到,所以华人被邀请参与合作研究和论文审阅的机会就少了.
另外还有人利用重名伪造简历.
有的出版机构采用允许汉字等非英文字符的方法,但还是有数据库搜索的问题.
还有的出版社推出了作者识别系统,目前正在完善中.

有人建议大家投稿时加上可以准确识别的中间名,但似乎可行性不高.

2008-03-14 23:52 美捷登主编

NSTEMI wrote:
假如我叫王小波,那么我投稿时我的姓名写作 Xiao Bo Wang,这样发表文章的题录名字的缩写就是 Wang XB，就在一定程度上避免了混淆

不一定。
你的名字有可能被写成 Bo Wang X.
比较安全的应该是 Xiao-Bo Wang.
真希望国内作者发 SCI 杂志姓名规范化。

2008-03-15 08:21 美捷登主编

假扮斯文 wrote:
呵呵，我们一直这么写的
但是护照上呢，是 Wang Xiaobo，可见还是个"系统工程"嘞

护照可不能按西方（并非国际）惯例，那是国格尊严问题。
国内中文期刊英文摘要，甚至不那么国际化的国内英文期刊采用 WANG Xiaobo 格式，可能也是出于这种考虑，我们不必太苛求。
但向国外英文杂志投稿，我们应定要按国际惯例提供作者名，而且，国内已经认可 SCI 杂志，我们真的要有一个中文名英文化的规范标准。
许多人会发现，在 Medline 或 PubMed 上常常有 Xiaobo W 或 Bo WX 格式的作者名。

2008-03-16 08:54 美捷登主编

ymxcome wrote:
这是一个非常重要的问题，本来想抽空专门写一点的讨论的。既然今天提出来了，有必要说一下个人观点。这个问题的发现，是我在发第一篇 SCI 论文的时候发现的，当时就署名问题查了很多文献，结果发现，中国人的署名确实非常不统一，结果造成很大的混乱和不准确，那么哪一种最准确呢？

其实不外三种形式，比如"王晓波"，可以写成
1－wang xiaobo; 2-wang xiao bo; 3-wang xiao-bo
至于姓在前还是名在前，则根据杂志的要求。

而目前看大陆的作者却非常混乱。这必须应该引起大家的重视。

请注意，
这三种都应该将 Wang 放在后面，且第一字母要大写（即 1－Xiaobo Wang; 2-Xiao Bo Wang; 3-Xiao-Bo Wang)。否则大错特错（简写时变成 Xiaobo W, Bo WX 和 Xiao-Bo W).

2008-03-19 00:35 美捷登主编

喝粥亦能针砭事实 wrote:
做实事和发文章并不矛盾，我没有说不要发文章，也没有说要发中文文章。事实上我除了读硕士的时候按照学校要求发了一篇中文文章之后，再也没有在中文期刊上发表过文章了，全发在国外期刊上了。我读博士的时候我们老板就明令禁止我们发中文文章。

我想说的是，重要的是 the body of your paper， 不是 signature。

你老板为何不满意？这也属于讲究严谨的范畴？

顺便说一句，我认为比署名重要的多的是留一个有效的永远能用的 EMAIL，因为老外很认真，他会用 EMAIL 跟你联系，进行讨论。还有的老外用 email 找你要 reprint，所以我觉得要想让自己的实验成果被更多的人了解被更多的人引用，留一个有效的 EMAIL 最重要，以便沟通。

我最开始发英文文章的时候用的是 Xiaobo Wang 的形式，后来改成了 Wang Xiaobo，后来在国外待了几年，自己给取了个英文名，拿英文名也发表过文章，现在坚持用 Wang Xiaobo，其实用哪个都无所谓，老外对中文姓名本来就不敏感，你怎么写他都记不住。他只认邮箱。名字有叫重的，邮箱永远都是唯一的。

前面讲的有点道理。后面的（尤其最后一段）真不敢苟同。
既然你在国外呆了几年，还用洋名发过文章，你应该知道论文署名的重要性。
我不相信你现在发英文 SCI 论文用的是 Wang Xianbo。即使你现在坚持用 Wang Xiaobo，也只能更说明发英文 SCI 论文时中文名需要规范化。

http://www.dxy.cn/bbs/actions/archive/post/4335058_1.html
【求助】投稿是否可以有并列第一作者和并列第一单位呢
2005-09-07 08:53

想投国外一个杂志
本人是到外单位联合培养的，课题是外单位老师的
投稿是否可以有并列第一作者和并列第一单位呢？

谢谢

2005-09-07 18:03 美捷登主编:

并列第一作者没有问题。但并列第一单位好像很多杂志不认可。最好坦率与外单位导师/老板商量，说明国内情况（当然不要说奖励有差别-只说晋升有差别）。有些老板还是可以通融的，他只要通讯作者。事实上，我们 group 有好几篇文章是这样安排的。

http://www.dxy.cn/bbs/post/view?bid=45&id=14090011&tpg=1&ppg=1&sty=1&age=0#14090011

Re:【经验】共同通讯作者、共同第一作者问题

2009-03-08 00:46 美捷登主编:

最近有战友问我： 我准备发一篇文章，可以带 2 位通讯作者嘛？我是第一作者，可以写 2 个单位嘛？？如果可以，2 个单位先后顺序有区别嘛？？？

我想这也是很多战友共同关系的问题。再次谈谈我的对上述问题的解答：

谢谢你的咨询。实际上你有三个问题。

1、各不同杂志对是否带 2 位通讯作者有不同的政策。目前大多不容许 2 位。不过你在你的文稿中可以写上两位。如果杂志不容许，他们会自动选第一通讯作者为通讯作者。你也可以写信主动提出为什么需要 2 位作者，也许杂志会接纳你的要求。我认为，作为刚刚毕业而在另外单位找到工作的研究生，其研究生期间的论文应以导师为第一通讯作者，征得导师同意后在加目前的老板为第二共同通讯作者（Co-coresspondingauthors)。另外，越来越多的杂志容许或默认共同第一作者（Co-firstauthors)。但杂志通常不鼓励共同通讯作者和共同第一作者。

2、任何作者都可以带两或更多单位，这是国际惯例，因为许多作者身兼不同单位职位或近期改变单位。

3、第一作者的单位顺序在中国非常重要。很多单位在晋职评比中只认可第一作者的第一单位。作为刚刚毕业而在外单位找到工作的研究生，在发研究生期间的论文时署第一单位是很头痛的事情。按理应以学习单位为第一单位，但由于上述国情，很多作者必须要署现工作单位为第一单位才能得到实惠。这时，比较好的处理方法应该是得到原学习导师的同意，作为第一作者署现工作单位为第一单位，但导师为第一通讯作者。本人在香港期间，大陆学生的论文多是以第一作者，其在国内的单位为第一单位发表的。我作为通讯作者即可。

试举一例。2006 年前，我的学生和我一起写了篇综述，2006 年和 2007 年，我们先后离开香港大学。学生到复旦大学，希望将老板作为通讯作者。我表示理解。因而，出现两个通讯作者。杂志在接受发表时，只列出一位通讯作者。由于本人不再"追求"学术，论文对我不再那么重要，所以，我主动发扬"龙江"风格，退出通讯作者。不过，我和学生均署有两个单位。而学生的第一单位是现工作单位。详见 Review article: 'true' re-infection of Helicobacter pylori after successful eradication - worldwide annual rates, risk factors and clinical implications. Zhang YY, Xia HH, Zhuang ZH, Zhong J. Aliment Pharmacol Ther. 2009 Jan 15;29(2):145-60. Epub 2008 Oct 20.

pengjun wrote:

论文署名问题，其实是个人利益问题。如果都像您一样不再"追求"学术，主动发扬"龙江"风格，就不会有这样的问题了。

你说得很对，论文署名问题，的确是个人利益问题。我认为，具体作试验写文章的理所当然第一作者，课题负责人，基金持有人理所当然通讯作者。

我不"追求"学术，主动发扬"龙江"风格，是因为我已离开"学术"氛围（不再大学，而在制药厂工作）。否则，我一定会按原则办。所以，"龙江"要加引号。

abraham007 wrote:

请教一个问题。通讯作者的顺序怎么体现出来？是看标题后作者之间的前后顺序还是另外注明？比如您的文章有 5 位作者，若第 2 与第 5 作者同时被列为通讯作者，那么是否默认第 2 作者为第 1 通讯作者（因为他在所有作者中排名靠前），抑或需要另外说明。

抱歉，叙述得有点乱，不过据兄弟推测，这个问题迟早会出现。

这的确是个问题，值得讨论（或许第一、第二共同通讯作者的概念本身就是个很难确定或者很主观的问题，或许这个概念根本就不应该存在）。
在一个"第一作者"、一个"通讯作者"的情况下，国外通常第一作者在第一，通讯作者放最后。国内往往第一作者在第一，通讯作者放第二。
对于"共同第一作者"，"共同通讯作者"，我想国内各单位会有不同的认同。即使杂志明确标明"共同第一作者"，有些单位也可能只认可排第一位的"第一作者"。"至于单位是否认可"共同通讯作者"，如果不认可，谁是真正的（唯一的）通讯作者，那只有看各单位领导的决定了。

http://www.dxy.cn/bbs/post/view?bid=45&id=15077540&tpg=1&ppg=1&sty=1&age=0#15077540
Re:【交流】请外国教授帮忙改文章，快一个月还收到未回复
2009-07-02 20:12 **fygan2005 wrote:**
RT，请外国一比较牛的教授帮忙改文章，文章送过去快一个月了，还没收到回复，应该去催一催么？

2009-07-09 01:51 **fygan2005 wrote:**
mhqman wrote:
修改文章的时候，最好给教授们一个期限，一般是两个周左右。 如果过了这个期限，你可以提醒他们说如果还收不到他们的评论，那就不考虑他们的建议了，很简单！一篇文章在他那儿积压一个月实在是罕见！

首先感谢各位指点，上周已收到外国教授的回复，确实比较仔细。教授还让我修改后，再发去给他看看，所以我只能等待。

如这位战友所言，一个月是有点久了。有可能因为"牛人事多"，也有可能其他的原因。但是，我认为还是得等，毕竟是别人无报酬帮助你，你就不好去催别人。限定期限之类的话，更是不宜讲，毕竟是你求对方帮助你。如果真着急，可以自己先投，不管他的意见（对我们来说，可能还是不大好，因为没有得到指点或者意见）。

根据个人经历，说点拙见。

2009-07-10 14:06 **fygan2005 wrote:**
我已经收到修改意见了。。。
投稿的时候，大家一般怎么处理的：把外国教授加为作者，还是在感谢里提到别人的帮助？抑或什么也不用做？

2009-07-10 19:10 **mhqman wrote:**
首先征求人家的意见，是不是人家愿意做 coauthor,一般的教授是不愿意做作者的，因为对作者是有严格定义的。

2009-07-11 01:25 **美捷登主编:**

fygan2005 wrote:
为什么他们愿意帮助审，而不愿意当作者呢？（仅因为对作者是有严格定义的？）

好像国内的专家给予过帮助的，都愿意当作者，呵呵。。。

此外，从感谢的角度来说，文中致谢和邀请当作者相比，哪一个更正式或者更能显出敬意？

非常好的问题。
共同作者对于很多发表上百篇论文的牛人不一定是好事。原因一、二、三……。

"I think it's a 'sauce for the goose, sauce for the gander' proposition. If you're going to be a full co-author and share in the credit for an accomplishment, then you have to take the fall if it's wrong."
Donald Kennedy（Science 杂志前主编、斯坦福大学前任校长）

2009-07-11 16:22 **fygan2005 wrote:**
谢谢美捷登主编。如你所说，这个人的确发了上百篇文章，15 分的文章可能 10 篇左右。

我邀请过他当文章作者（哈哈，真是 the gander' proposition），同时也说明了得尊重他的意见，他不愿意，我不会加他为作者。（要是早看到这个帖，我就不会问这个蠢问题了）

他在修改意见里回复说： I will be happy to work on this with you and help shepherd it through the review process. Why don't you work on these issues and make these revisions and I would be happy to edit them. I look forward to seeing your revisions.

所以我在修改稿里把他加为作者，并在回信中再次强调加他为作者，我怕理解错了，万一别人其实不愿意呢，这样他可以再次表明他的意愿。

呵呵，难道是我会错意了？

2009-07-12 14:32 **美捷登主编:**
谈谈为什么"人家不领情"，自己的一家之言，仅供参考：
1、国外多数人认为"不劳而获"是可耻的。
2、国外多数人认为无原则的"施舍"是不恰当的。
3、署了名的东西是要负责的。 现在学术不端时时处处可见。对牛人而言，在一篇小文章署上第三到倒数第二的位置，真的没什么价值。但一旦有"学术不端"，所有作者都逃不掉干系，搞不好捅到大学 xx 委员会，查它个一年半载，岂不得不偿失？几年前，有人送给我一篇英文文章，希望我修改发表，回报（酬劳）是给我通讯作者。看看文章内容，我婉拒了。后来，不巧有一天碰到我师妹，谈起此事，她大笑道，"我也收到他的邀请，也是给我通讯作者"。我为什么婉拒？因为我的朋友（美国教授，美捷登现任副主编之一）曾经被他所在大学调查过，原因是他是某"不端"论文的通讯作者。几经调查、周折，他被通报批评（大学查明，实际上他只是帮国内合作者设计课题及修改论文，被应邀作通讯作者）。对不可信的人、不可行的论文，我为什么要挂名？
4、香港大学高级科研人员每年要汇报科研成绩。其中，论文杂志的影响因子占比较重要部分（不是全部）。除了列出最佳 5 篇论文外，平均 IF 也需计算。这样，一篇 IF 只有零点几的文章可以大大降低平均 IF，更不用说非 SCI 论文了。

当然，没有绝对的事情。我曾是国内许多合作者的 co-auhtor,也曾乐意成为某 DXY 战友的 co-auhtor。但我必须对作者，尤其对论文有绝对的信任，而且，我必须 contribute。

fygan2005, 谢谢你得 PM.
你可以与那位好心的教授继续建立良好互动和互信。他愿意一直帮助、指导你的论文，你应该感到幸运！希望他能接受你的邀请，成为你论文的 co-auhtor。也希望你们的合作进入更高层次。不过，"己所不欲，勿施于人"！道理上面讲了，你应该明白。

第三节 摘要

http://www.dxy.cn/bbs/post/view?bid=45&id=12267933&tpg=1&ppg=1&sty=1&age=0#12267933

Re:【交流】论文版讨论活动（四）---医学论文英语表达错误举例－－如何地道的写摘要 [精华]

2008-08-04 23:44 美捷登主编：

colortea (版主及楼主）的原意是举例说明如何地道地写摘要。

本人已将两年前在上海长海医院的关于"Title"和"Abstract"的讲座主要内容上传。有战友建议将其中的实例拿出来讨论。

现试举一例，请大家讨论（不必加分）。

原摘要如下，请分析讨论，本人的意见将随后贴上。

AIM: To Analyze the effect of VacA on cytoskeleton, tumor development and stress response and inflammation by comparing the gene expression profile of gastric cancer SGC7901 cells challenged by VacA+ BCS and VacA- BCS.

METHODS: Gene expression profile change of gastric cancer epithelial cells SGC7901 challenged by VacA+ BCS and VacA- BCS was detected and estimated by cDNA microarray technique. Cytoskeleton change was observed through high-resolution laser scanning confocal microscopy (LSCM).

RESULTS: A total of 16,000 cDNA clones were detected and the results showed the percentage of heterogeneous expression gene in SGC7901 cells challenged by VacA+ BCS reached 5% compared with that challenged by VacA- BCS. There were 865 genes/EST with 2 fold differential expression level and 198 genes/EST with 3 fold differential expression level, among which, most genes were involved in vital cell events including signal transduction, regulation of gene expression, cytoskeleton, apoptosis, stress response and inflammation, cell cycle and tumor development.

CONCLUSION: VacA+ BCS can disrupt cytoskeletal architecture through affecting the expression of cytoskeleton-associated genes, induce directly the expression of tumor promoter-related genes while inhibit the expression of tumor suppressor genes, thus favoring the development of tumor. VacA+ BCS can also induce expression alteration of inflammation and stress response genes. This suggests that VacA may play an important role in the pathogenicity of H. pylori.

2008-08-10 08:40 美捷登主编：

本人对上述摘要修改意见如下（欢迎交流）：

Original Aim

To Analyze the effect of Helicobacter pylori VacA on cytoskeleton, tumor development and stress response and inflammation by comparing the gene expression profile of gastric cancer SGC7901 cells challenged by VacA+ BCS and VacA- BCS.

Comments

1. Too detailed, not concise.
2. "Analyze" better read determine.
3. "cytoskeleton, tumor development and stress response and inflammation by comparing the gene expression profile of gastric cancer SGC7901 cells challenged by VacA+ BCS and VacA- BCS." Some statements will be described in the Methods.

Modified Aim

To determine the effect of Helicobacter pylori VacA on gene expression of gastric cancer cells.

Original Methods
Gene expression profile change of gastric cancer epithelial cells SGC7901 challenged by VacA+ BCS and VacA- BCS was detected and estimated by cDNA microarray technique. Cytoskeleton change was observed through high-resolution laser scanning confocal microscopy (LSCM).

Comments:
1. "profile change" better read profile
2. "gastric cancer epithelial cells SGC7901" should read gastric cancer cell line SGC7901
3. "BCS" not defined.
4. "was detected and estimated" should read was detected.
5. "(LSCM)" should not be defined, as it was not mentioned again in the abstract.
6. "Through" should read by.

Modified Methods
Gene expression profile of a gastric cancer cell line, SGC7901, after a challenge by VacA+ and VacA- H. pylori broth culture supernatants (BCS), was detected by the cDNA microarray technique. Cytoskeleton change was observed by high-resolution laser scanning confocal microscopy.

Original Results
A total of 16,000 cDNA clones were detected and the results showed the percentage of heterogeneous expression gene in SGC7901 cells challenged by VacA+ BCS reached 5% compared with that challenged by VacA- BCS. There were 865 genes/EST with 2 fold differential expression level and 198 genes/EST with 3 fold differential expression level, among which, most genes were involved in vital cell events including signal transduction, regulation of gene expression, cytoskeleton, apoptosis, stress response and inflammation, cell cycle and tumor development.

Comments:
1. "the results showed must be deleted" study (experiment) shows, not results show.
2. "heterogeneous expression gene" should read genes with heterogeneous expression.
3. "EST" should be defined.
4. "level" should read levels.
5. "among which…" long sentence, needs a break.
6. Additional results in the study need to be described.

Modified Results
A total of 16,000 cDNA clones were detected. The percentage of genes with heterogeneous expression in SGC7901 cells challenged by VacA+ BCS reached 5%, compared with that challenged by VacA- BCS. There were 865 genes/expressed sequence tags (EST) with 2 fold differential expression levels and 198 genes/EST with 3 fold differential expression levels. Most of these genes were involved in vital cell events including signal transduction, regulation of gene expression, cytoskeleton, apoptosis, stress response, inflammation, cell cycle and tumor development. In addition, cells co-cultured with VacA+ BCS showed collapsed and disrupted microtubular cytoarchitecture.

Original Conclusion
VacA+ BCS can disrupt cytoskeletal architecture, through affecting the expression of cytoskeleton-associated genes, induce directly the expression of tumor promoter-related genes while and inhibit the expression of tumor suppressor genes, thus favoring the development of tumors. VacA+ BCS can also induce expression alteration of inflammation and stress response genes. This suggests that VacA may play an important role in the pathogenicity of H. pylori. (64 words)

Comments:
1. Too long.
2. "VacA+ BCS" should read H. pylori VacA.
3. "Can" should be deleted; conclusion must be firm.

4. "VacA+ BCS can disrupt cytoskeletal architecture, through affecting the expression of cytoskeleton-associated genes." This characteristic was described in the last part of the Results, so, should be placed last in the Conclusion.
5. "VacA+ BCS can also induce directly the expression of tumor promoter-related genes while and inhibit the expression of tumor suppressor genes." These findings were not specifically mentioned in the Results, and thus the conclusion cannot be made.

Modified Conclusion
H. pylori VacA induces alterations in the expression of genes including oncogenes, tumor suppressor genes, inflammation and stress response genes. Moreover, it disrupts cytoskeletal architecture, presumably by affecting the expression of cytoskeleton-associated genes, This suggests that VacA may play an important role in the pathogenicity of H. pylori.

2008-08-10 13:14 美捷登主编：

长青藤编辑 wrote:

经过 hhxx1021 的修改，摘要读起来容易了许多，文字表达也更加准确。遗留问题：从本研究结果大多数人无法看出作者如何得出结尾一句关于 H. pylori 的论述。

限于杂志的要求，摘要没有 Background。如果有的话，应该是：
Helicobacter pylori vacuolating Cytotoxin (VacA) is associated with the developement pf perptic ulcer disease and gastric cancer.
不过，这一信息会在正文 Introduction 中交代。而且，研究 *Helicobacter pylori* 的几乎无人不知 VacA。

第四节 引言

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第五节 材料和方法

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第六节 结果

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第七节 讨论

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第八节 参考文献的引用

http://www.dxy.cn/bbs/post/view?bid=45&id=13822094&tpg=1&ppg=1&sty=1&age=0#13822094
Re:【讨论】投往国外英文 SCI 期刊中较多引用中文文献是否恰当
2009-02-03 17:23 三院 **wrote:**

近期看到一篇稿件. 有相对较多中文参考文献(其中包括作者发表的中文文章).
如中华 XX 杂志.中华 XXX 杂志.

个人感觉中文文献,仅有英文摘要.不适合做英文文章的参考文献.
因为对多数英文 SCI 期刊读者来说. 没有英文全文,难以阅读参考文献全文.

大家意见如何?

2009-02-04 01:13 美捷登主编:
I think it is fine to include articles published in Chinese, with or even without English abstracts. However, whenever possible, we should include articles published in English journals. Thus, before submission, always do literature search through PubMed and/or Medline, and make sure if there are relevant English articles, especially recent ones.
By the way, when I write my papers, if I have to choose one representative reference from two or more relevant articles, I would choose the one with a higher IF, more easily accessible by the readers, more recently published, and/or the one published by the journal I want to submit.

2009-02-06 09:47 美捷登主编:

三院 **wrote:**
谢谢美捷登主编老师的回复!

对于引用部分中文文献(如您介绍的一些情况),理解.

不过如果有作者有意引用没有自己发表的英文摘要的中文文献.似乎有待商榷.

这次发现的问题是.作者引用自己发表的无英文摘要的中文文献.且此文献(brief report)基本无新意.

属某单位对于某疾病的 XX 治疗回顾性分析.关于其治疗方法 属传统经典治疗方法.国际上早有定论.感觉引用此文献不恰当.

审稿时，应把握文章的整体构思，完整性，新颖性和创造力，这些才是论文是否应该接受的关键。引文是否得当应属"minor comment"，不应决定论文的"生死"。

http://www.dxy.cn/bbs/post/view?bid=45&id=13908413&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】英文 SCI 投稿稿件中引用无英文摘要的中文文献方法?
2009-02-15 08:33 美捷登主编:

三院 **wrote:**

他自己将中文文献题目翻译成了英文,加在参考文献中.

请问:对于没有英文摘要的中文文献,如何在 SCI 投稿中作为参考文献---即正确的方式?

将中文文献题目翻译成了英文,然后按正常要求加在参考文献中。 最后加上(Chinese).目前，国际上中文杂志只认可拼音，所以杂志名用拼音即可。
如有不妥，所投得 SCI 杂志会提出修改要求，所以不必太在意。
另外，如果是自己的、与所投英文杂志的文章相关的中文文章，我认为很有必要引用。这不光是"交代历史"问题，而且告诉杂志编辑和审稿人，理由这方面的研究基础和能力。

如果不引用，有时"审稿人很生气，后果很严重"。要知道，华人学者作审稿人的比比皆是，日本人也略懂中文。
中文文献除了 PubMed 外，Google, 中文网（CNKI 等）都可以查到。

http://www.dxy.cn/bbs/post/view?bid=45&id=14388870&tpg=1&ppg=1&sty=1&age=0#14388870

Re:【求助】请教关于 SCI 文章引用次数的问题

2009-04-12 08:11 **新手上路多包涵 wrote:**

比如，我在文章中不同地方引用某（同）一篇文献 3 次，那对于那篇文章引用统计是 3 还是 1
另外，同一句话，在 2001 年的一篇文献里初次提出，在 2003 年的另一篇文献引用了他，我引用这句话时可否把两个文献都写上？还是只写一个，01 年的？还是 03 年的？
谢谢

2009-04-12 22:00 **美捷登主编：**

新手上路多包涵 wrote:
另外，同一句话，在 2001 年的一篇文献里初次提出，在 2003 年的另一篇文献引用了他，我引用这句话时可否把两个文献都写上？还是只写一个，01 年的？还是 03 年的？
谢谢

这要看你引用的"一句话"是什么？
如果是 2001 年论著的结果，而在 2003 年的论著或综述里被引用，你应该引用 2001 年的论著（原著）。
如果这"一句话"只是陈述性的或结论性的，最好引用 2003 年的，因为 it is updated。
在引用试验的结果和数据时要特别小心。有时候，"人云亦云"会导致"以讹传讹"。 还有，一定不要照抄（type)文献中的引文，最好从 PubMed 中 copy 或按原文 type。

第九节 图标制作（制图软件）

暂无相关帖。

第十节 基金标识致谢等细节常识

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第 3 章 综述撰写

http://www.dxy.cn/bbs/actions/archive/post/8452269_1.html

【求助】请教英语综述的写法和格式

2007-03-12 14:52 **东望望西望望 wrote:**

虽然国外杂志中很多综述都是领域中的牛人约稿写的,但是我们还是能自己写出后投稿,论坛关于综述写法的文章不少~但是都是中文综述的,不知道哪位高手能提供英文综述的知识,不胜感激~~~~

2007-03-14 09:21 **美捷登主编:**

当然有人知道，但不是一两句能讲清楚的。
1。你要对你将要写的课题(topic)非常熟悉。
2。你要知道你想写的题目(title)，要新颖，至少两年内没有人涉及。
3。拟定好题目后，想好框架(headings and subheadings)。
4。查文献，Medline 和 PubMed 即可。
5。获得原文，读原文。两者均有学问。前者可上网、email 通讯作者或通过图书馆获得。读原文不一定要逐字逐句的读，应有的放矢，有目标的获取你需要的信息和资料。
6。阅读中一定要善于归纳总结。有些想法是在阅读中获得的。有些原作者非常有 ideas。
7。 初写者不宜将网撒得太大，几点之见即可。
总之，写综述要善于"抄袭"。
附：1。 Alternative and rescue treatment regimens for Helicobacter pylori eradication. Expert Opin Pharmacother. 2002 Sep;3(9):1301-11.
2。 Apoptosis in gastric epithelium induced by Helicobacter pylori infection: implications in gastric

carcinogenesis. Am J Gastroenterol. 2001 Jan;96(1):16-26.
3。 Helicobacter pylori infection, reflux esophagitis, and atrophic gastritis: an unexplored triangle. Am J Gastroenterol. 1998 Mar;93(3):394-400.
4。Natural acquisition and spontaneous elimination of Helicobacter pylori infection: clinical implications. Am J Gastroenterol. 1997 Oct;92(10):1780-7.

http://www.dxy.cn/bbs/post/view?bid=45&id=13078789&tpg=1&ppg=1&sty=3&age=0#13078789
Re:【共享】一篇英文综述的发表史 [精华]
2008-10-29 04:11 **美捷登主编:**

本人从事 HP 研究 20 余年。两年多前，有感于 HP 经抗菌治疗根除后重复感染的报道不能完全说明真正的"再感染率"。 因而，让学生查阅了大量文献资料，结合我们以前发表的论文，写了篇综述。
由于学生和我本人在 2006 年底及 2007 年相继离开香港，论文直到 2007 年底完成。 今年初，送 Am J Gastroenterol (IF 6.101)，大约两周被退回，告知近期已发类似文章。后投 Nature Clin Prat Gastroeneterol & Hepatol (IF 4.415), 在经历 3 个月的等待后，得到的答复是"In light of the rare nature of topic, the number of article proposals we have received and the articles we already have commissioned, I'm afraid that we have decided not to commission your manuscript for the journal 。
http://www.dxy.cn/bbs/post/view?bid=45&id=9302900&sty=1&tpg=1&ppg=3&age=0#12493137
由于时间延误，我们只好再查找最新文献，补充更新新的研究数据，并在 8 月 24 日投 Aliment Pharmacol Ther (IF 3.201). 一直到 10 月初没有收到编辑来信，文章一直处于在审状态。我给编辑部写了 email，很快得到回复，说只收到一人的审稿意见，而且责任编辑休假，并对审稿延误表示抱歉。两天后，主编根据一份审稿意见作出小修决定，我们在 10 月 13 日完成修改并再投稿。14 日论文被接受。
几天前，我们发现论文已在 PubMed 上 Pub Ahead.
http://www.ncbi.nlm.nih.gov/pubmed/18945250?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

几点感想：
1。在投综述给某杂志时应看看该杂志近期有没有类似综述发表。
2。 投稿给 Nature Clin Prat Gastroeneterol & Hepatol 前应该跟编辑部联系，看看该杂志对综述内容有没有兴趣。我的观察是该杂志以约稿为主。
3。 有些杂志如 Aliment Pharmacol Ther 通常审稿很快。但在近两个月没有回复的话，应该向编辑部查询。
4。综述文章在退稿后要及时更新。
5。千万不可一稿两投。
6。坚持就是胜利。

http://www.dxy.cn/bbs/post/view?bid=45&id=14084779&tpg=1&ppg=1&sty=1&age=0#14084779
Re:【求助】英文综述
2009-03-07 14:25 **美捷登主编:**
loucygf wrote:
各位 DXJM，请问有没有一些英文杂志的综述是不需要稿约的？也就是说研究生也能写的，不需要资历很深的专家就能投的那种杂志。请告知从哪里可以得知哪些杂志没有上述的限制。

其实，很多专业杂志的综述无需约稿。在我看来，50%以上的综述时自由投稿的。
本人迄今发表综述 20 余篇，约稿的不到一半。
至于编者按(Editorial)那是需要约稿的。
最近刚在园子里和大家分享了年初发的一篇综述的经验。希望你看看。
http://www.dxy.cn/bbs/post/view?bid=45&id=13110670&tpg=1&ppg=1&sty=1&age=0#13110670

另外，在鼓励你写英文综述的同时，愿跟你谈谈如何写英文综述。我的体会是：
1。你要对你将要写的课题(topic)非常熟悉。
2。你要知道你想写的题目(title)和内容。题材和内容要新颖，至少两年内没有人涉及。

3。拟定好题目后，再想好框架(headings and subheadings)。
4。查文献，Medline 和 PubMed 即可。
5。获得原文，读原文。两者均有学问。前者可上网、email 通讯作者或通过图书馆获得。读原文不一定要逐字逐句的读，应有的放矢，有目标的获取你需要的信息和资料。
6。综述内容往往在阅读文献中得到充实。阅读中一定要善于归纳总结。有些想法是在阅读中获得的。有些原作者非常有 ideas。
7。初写者不宜将网撒得太大，几点之见即可。
8。初写者写综述要善于"模仿"，但谨防抄袭.

"Copy from one, it's plagiarism; copy from many, it's research." Wilson Mizner (1876-1933)

祝你成功。

http://www.dxy.cn/bbs/post/view?bid=45&id=14125199&tpg=1&ppg=1&sty=1&age=0#14125199
【经验】谈谈发表医学英文综述的经验
2009-03-12 09:54 **美捷登主编:**
在院子里不止一次看到有战友畏惧撰写、投稿英文综述。因为有种说法 90%的综述是要约稿的，发综述可望不可及，比登天还难。今天又有人对我说，发英文综述他想都不敢想，那是给钟南山这样的大牛写的。
其实不然！
院子里已有不少小牛发过综述、假设等。我希望大家谈谈经验，使更多的战友梦想成真。

在这里我想就我的第一篇和最有影响的综述谈谈经验，以抛砖引玉。
1.我的第一篇：Recurrence of Helicobacter pylori infection after successful eradication: nature and possible causes. Xia HX, Talley NJ, Keane CT, O'Morain CA. Dig Dis Sci. 1997 Sep;42(9):1821-34. Review.
这是我在爱尔兰读博士时尝试写的。此时，我已在 Am J Gastroenter 和 Gut 上发表了有关课题的论著，积累、阅读了大量文献，加上正在写博士论文的 Background。因此，心中对该课题现状有非常清晰的认识。大标题、小标题，各标题的内容也非常有把握。因而写起来得心应手，论文发表后洋洋洒洒 14 页。不过投稿有段小插曲。先后投过 Gastroenterol，Gut 和 Am J Gastroenterol, 均在审稿后被拒。每拒一次，修改一次。投给 DDS 后三个月竟没有回音（那时还不是网上投稿）。查询也不见回复。我的老板（现 Am J Gastroenterol 主编）让再等等。 五个月后，居然收到校样。由于以前不太懂"规矩"，这篇文章包括以前在爱尔兰发的所有文章的通讯作者都是本人，所以不存在 DDS 回复给老板的情况。而且，即使给老板，他也会转给我处理。现在的 DDS 应该改进多了。

2.我的被引次数最多的一篇：Apoptosis in gastric epithelium induced by Helicobacter pylori infection: implications in gastric carcinogenesis. Xia HH, Talley NJ. Am J Gastroenterol. 2001 Jan;96(1):16-26. Review.
写这篇综述可谓绞尽脑汁，写得很痛苦。此前我做的全是微生物和"亚临床"的研究，对"基因"、"分子生物学"知之甚少。但要独立设计课题，不恶补不行。所以，我在想到了下一步研究课题的同时，有意识、有目的、有步骤地收集、学习、归纳、总结文献内容，在此基础上，组织一篇完整的综述，讲述一个完整的故事。
这篇综述被 Gastroenterol 拒绝过。收到拒稿信时，老板说"It's my fault!" 。意思是他没有好好把关。

如果说上一篇是由有感所发，不写不行，下一篇则是知难而上，最后是事半功倍。因为，随后的相关课题共发了数篇论著，其中两篇在 Am J Gastroenterol 上。

2009-03-13 23:14 **美捷登主编:**

lvygwyt wrote:
写的真是不错，看了受益匪浅,请教夏老师几个问题吧：
1、参考文献一般多少为好？看了您的两篇综述，都是一百多篇，信息量巨大。

2、参考文献如果是别人的综述，会给文章减分吗？是不是要尽量避免呢？
3、别人文章中的图、表，如果直接拿来，需要著明出处吗？如果我把这些图表作了升级，比如说别人的表截止到 2003 年，我模仿他的思路，延伸到了 2009 年，这样可以算作我自己的吧？
4、综述的字数，一般多少为好？
谢谢！

1、参考文献并非多多益善。主要视是综述内容而定。比如我上面两篇铺的面比较大，而且当时这方面（HP 再感染）的研究刚开始，所有相关论著都有必要引用。还有，洋人喜欢引证论著，几乎每个陈述都要有来源。不象国内的大牛的述评，通篇下来无需引文。
2、引用别人的相关综述，尤其是对你的综述有启发意义或起关键作用的综述，是对别人成果的认可和尊重。我上面的第二篇综述多次应用了胃癌多步骤学说创始人 Correa 的几篇综述。因为他的综述为我的假设奠定的基础。至于有人看到近期的一篇综述，灵感受到激发，产生了些类似综述的想法。这时，我建议还是引用为佳。否则，审稿人在你的综述里看到另一篇综述的影子，你的综述可能会玩完。最可怕的是那个审稿人就是那篇综述的作者。还有些人辛辛苦苦写了篇综述，正要完稿时，发现有人已发了类似的综述，于是非常沮丧，担心引用了这篇综述会影响自己综述的发表。这种担心不无道理。我一般是会引用的。我相信，除了抄袭外，没有两篇一样的文章。我最近发的一篇综述，在修回时看到有篇新的综述有些新的内容，我便加上了这篇综述。
3、别人的图表，一定要征得版权所有者出版社的同意。不过，我会对原图表加以改进以符合我的综述内容，这样既避免版权问题，也有创新之意。按别人的思路从 2003 年延伸到 2009 年当然可以算你自己的，不过图表及表达最好有改进。必要时，要引用原文。
4、有些杂志对综述字数、图表数有要求。有些比较灵活。所以没有定论。 但有话则长，无话则短。

http://www.dxy.cn/bbs/post/view?bid=45&id=14723155&tpg=1&ppg=1&sty=1&age=0#14723155
Re:【求助】请自身抗体、美捷登主编等牛人赐教英文综述 proposal 的写法
2009-05-26 23:29 **向阳葵花子 wrote:**
小妹写了一篇英文综述，看了一下好多杂志都要求投之前先要给编辑写个 proposal 咨询一下适不适合投稿，请自身抗体、美捷登主编及丁香园的各位大牛指教这个 proposal 应该怎么写？有没有模版或者简单的提纲说明该写什么？请大家多多指教！

2009-05-27 00:02 **美捷登主编:**
除了比较"牛"的几份杂志外，大多数杂志可自由投综述，且对投综述并没有特别要求。
既然综述已经写好，不妨在 Cover Letter 阐明里的综述的重要意义，连同综述一起提交。不一定要什么 Proposal.

Cover Letter Example (for Review article: 'true' re-infection of Helicobacter pylori after successful eradication - worldwide annual rates, risk factors and clinical implications. Zhang YY, Xia HH, Zhuang ZH, Zhong J. Aliment Pharmacol Ther. 2009 Jan 15;29(2):145-60. Epub 2008 Oct 20.):

Dear Editor,
We wish to submit the uploaded review article entitled ""True" Re-infection of Helicobacter pylori after Successful Eradication: Worldwide Annual Rates, Risk Factors and Clinical Implications" for consideration of publication in Alimentary Pharmacology & Therapeutics.
This review aims to determine the global rates, risk factors and clinical implications of "true" re-infection of H. pylori, which is defined as the situation where tests for H. pylori infection, which were negative for 12 months after eradication, become positive again at a later stage). Generally, the reported rates varied from 0% to 23.4% in adults and 1.9% to 9.6% in children. Most studies from developed countries reported rates of less than 1%, whereas relatively higher rates were reported most developing countries. Overall, H. pylori re-infection is not a concern in clinical setting, especially in developed world; however, cautions must be taken in some countries with a high re-infection incidence. This review is unique and different from previous ones in that it produces the global recurrence rates (most likely the "true" re-infection rates) whereas previous reviews summarized the rates of recurrence including both recrudescence and re-infection.
This review article has not been published elsewhere in whole or in part, and all authors agree to submit

for consideration of publication in Alimentary Pharmacology & Therapeutics.

We would like to suggest the following referees to review this paper.
1. XXXXX
2. XXXXX
3. XXXXX
4. XXXXX

http://www.dxy.cn/bbs/post/view?bid=45&id=14385882&tpg=1&ppg=1&sty=1&age=0#14385882
Re:【求助】某 SCI 杂志约稿让我写综述，受宠若惊。特来请教
2009-04-10 14:12 **RegularHand wrote:**
Expert Opinion On Biological Therapy，貌似影响因子 2.8 多
来邮件说想让我写篇综述，还指定了题目（可以自己改）

有点受宠若惊，我还没有答应。
想来这里请教前辈如下问题：

1. 邀稿的综述，投过去要不要交费用（publication fee）之类的？
2. 英文综述该怎么写，特别要注意哪些？本人没写过英文的 review。

盼指点！

2009-04-12 08:35 **美捷登主编:**
首先恭喜你被邀请为 Expert Opinion On Biological Therapy 写综述。其实，许多杂志都在以此方式争取稿源，毕竟综述比论著的被引用的几率要高些。
根据个人经历回答你的两个问题：
1、约稿无需付发表费。有些杂志会有一定稿酬。我曾为 Expert Opinion On Investigational Drugs 及 Expert Opinion On Pharmacotherapy 写过三篇，每篇大约 100 英镑（不知现在是否有调整）。
1）、Xia HHX, Talley NJ. Prospects for improved therapy for Helicobacter pylori infection. Expert Opinion on Investigational Drugs 1996; 5: 959-976. (Review)
2）、Xia HH, Yu Wong BC, Talley NJ, Lam SK. Helicobacter pylori infection--current treatment practice. Expert Opin Pharmacother. 2001 Feb;2(2):253-66. Review.PMID: 11336584 [PubMed - indexed for MEDLINE]
3）、Xia HH, Yu Wong BC, Talley NJ, Lam SK. Alternative and rescue treatment regimens for Helicobacter pylori eradication. Expert Opin Pharmacother. 2002 Sep;3(9):1301-11. Review. PMID: 12186623 [PubMed - indexed for MEDLINE]

2、总体来讲，写综述比写论著费力、耗时、难发（约稿亦需 Peer Review，但比自由投搞好发)。但对练习写英文论文来讲，写综述比写论著进步快、收获大。因此，想在科研领域、英文论文写作方面有发展，应该利用这个机会。本人在园子里写过多篇有关综述写作的帖子，你可以参考。你也可以通过 PM 或 email 与我联系，共同探讨。
祝好运！

http://www.dxy.cn/bbs/post/view?bid=45&id=12765727&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】打算写稿到 SCI 杂志上，请问是先写中文后翻译好还是直接写英文好？
2008-09-16 13:23 **美捷登主编:**
一定用英文写（中文可用来做记录）。80%以上的综述并非约稿，50%以上的综述第一作者并非“牛”人。写综述非常锻炼英文及写作能力。
几点经验：
1. 先要有写综述的冲动或需要，知道写什么，有没有意义。
2.再写出提纲，即文题，大标题、小标题及其大致内容。

3.有目的地大量阅读相关文献，从摘要中找出那些文献需要阅读正文全文，再从综述中获得更多的原始论文，最后从所有相关原始论文中收集你所需要的 data 和 contents。同时从综述及原始论文的讨论中获取更多 Ideas。
4.合理整理、利用、总结这些资料，并以图表及个人的语言表达。
5.含有建立在证据基础上的假设（evidence-based hypothesis)的综述非常容易发表。

http://www.dxy.cn/bbs/post/view?bid=45&id=7674088&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】写综述时引用了别人同类综述里的一些文字，算抄袭吗?
2006-12-02 14:42 **美捷登主编:**
1. 写综述讲究新颖，要 up-to-date。 无论如何，你的文章都不可能与原文（主要指综述）一模一样。如果引用的是英文文章，就更不用担心了，因为你可以在翻译后再做文字加工。同时引用多篇相同观点、结果或内容的文章，你就可以避免”抄袭“。
2. 本人最初写综述，是先查看文献，记录（翻译）所需的内容，在总结、加工。定稿后再请人，如老板（中文）或国外同行 （英文）修改。这样，原文的影子会逐渐消失。
3. 尽量引用原著论文，有些英文综述也可以。
4. 没有谁规定 copy 多少字算抄袭。如果你 copy 了别人一张图而没用征得许可，即为抄袭。 如果你在相应的地方引用了原文，而综述又很长的话，超过 300 字亦不可认为抄袭。但我仍希望不要原封不动的 copy. 对同一种意思，中英文都有多种表达方法。写综述是要花时间的。

"Copy from one, it's plagiarism; copy from two, it's research.”
- Wilson Mizner (1876-1933)
"Copy from many, it's creation" (me)

“I found your speech to be good and original. However, the part that was original was not good and the part that was good was not original.”
- Samuel Johnson (1709-1784)

http://www.dxy.cn/bbs/post/view?bid=45&id=11374865&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】写的综述基本上是翻译的一篇英文综述，可以投吗?
2008-03-18 12:05 **美捷登主编:**
章狼 wrote:
如题。

正在写综述，发现一篇英文综述很全，就翻译了，请问这样可以投出去的吗?

如果将翻译的英文综述发表，那是典型的抄袭！再说，中文编辑如果有水平的话，是不会发你翻译的文章的，因为英文综述实效性很差。一般英文综述引用的文章最新的也是 1-2 年前的，等发你翻译的综述恐怕又过了 1-2 年。还有，也不排除有些负责的编辑会发现你“抄袭”的可能性，虽然这种可能性很小（即使你引用了英文原文)。

既然你已经翻译了，那就应该好好利用它。翻译过程中，你一定学了很多知识，对该领域有较深入地了解。而且，英文一定有长足的进步。你何不思考一下，(1)，可不可以更新这篇英文综述，(2)，可不可以更深入探讨该英文综述中某些“浅尝辄止”的问题，或者（3)，可不可以另起炉灶，解决英文综述中提出的“悬而未决“的问题。
大量收集和阅读文献是必要的。你的综述可以更短些，更集中些。记住，你一定要应用该英文原文和其他有关文献。

（注：本人读博士时曾翻译了一本英文书（主要是学知识，念英文)，5 年后以同一课题编辑出版了一本中文书，作者大多来自国外，包括现 Am J Gastroenterol 和 Helicobacter 杂志主编。）

祝你成功！

第 4 章 病例报道撰写

http://www.dxy.cn/bbs/post/view?bid=45&id=12118093&sty=3&keywords=%B2%A1%B0%B8
【共享】病案报告有地方发啦！
2008-06-19 11:53 **美捷登主编:**
19 June 2008

Dear Colleague,

BMJ Group has launched a creative online service - BMJ Case Reports. In the past you may have had your case reports rejected by the BMJ, BMJ Journals or other publications, however we are aware that these are actually a great educational resource.

BMJ Case Reports will be an excellent resource for all healthcare workers and researchers and it is a chance to share your experiences. A high volume of cases across all disciplines will be published so that healthcare professionals, researchers and others can easily find clinically important information on common and rare conditions. When our live site launches later this year we will be including most of the previously published cases from across the BMJ Group products so there will be 100s of cases available.

Submit your case reports now
We are accepting submissions using our online system
We strongly encourage you to read our brief instructions for authors as all cases must be submitted using our Word template. All case reports will be peer reviewed and we are happy to consider articles that have been rejected by other journals.

Accepted cases will initially be published on our beta site casereports.bmj.com but then copy edited and published on the live as soon as it is ready (scheduled for September 2008). This site will have sophisticated searching, browsing and alerting functionality.

BMJ Case Report fellowships
BMJ Case Reports has a unique subscription model whereby users (whether authors and/or readers) become FELLOWS for an annual fee. But to celebrate the launch of BMJ Case Reports we are offering free fellowships to authors of the first 100 cases submitted (you will be able to submit as many cases as you like and access all the published cases until the end of 2009).

Benefits of becoming a Fellow:

Submit as many cases as you like

Access all the published material

Reuse any of the material for personal use and teaching
Even if you are not among the first 100 authors we will not charge you until December 2008 and you will not have to renew until December 2009.

We look forward to reading your cases

Best wishes,

Dean Jenkins, Editor BMJ Case Reports
bmjcases@bmjgroup.com

2008-07-30 12:00 美捷登主编:
新动向

About BMJ Case Reports
Instructions for authors Submit cases What does it cost?

30 July 2008
Dear Colleague,

BMJ Case Reports received over 600 submissions in its first month and the accepted articles are now being published on our beta site. BMJ Case Reports will be an excellent online resource for all healthcare workers and researchers and it is a chance to share your experiences. A high volume of cases across all disciplines will be

published so that healthcare professionals, researchers and others can easily find clinically important information on common and rare conditions. When our live site launches later this year we will be including recent case reports published in BMJ Journals so there will be 100s of cases online.

Three easy steps to submitting your case report

1) Read our brief instructions for authors as all cases must be submitted using our Word template
2) Make sure you have a completed patient consent form
3) Submit your case report online

Accepted cases will initially be published on our beta site but then copy edited and published on the live site as soon as it is ready (scheduled for September 2008). This site will have sophisticated searching, browsing and alerting functionality.

BMJ Case Reports fellowships
BMJ Case Reports has a unique subscription model whereby users (whether authors and/or readers) become FELLOWS for an annual fee. You will be able to submit as many cases as you like and access all the published cases during the term of your Fellowship.

Benefits of becoming a Fellow:

Submit as many cases as you like

Access all the published material

Reuse any of the material for personal use and teaching
Better still we will not charge you before December 2008 and you will not have to renew until December 2009.

We look forward to reading your cases.

Best wishes
Dean Jenkins, Editor BMJ Case Reports
bmjcases@bmjgroup.com

第 5 章 信稿撰写

http://www.dxy.cn/bbs/post/view?bid=45&id=14835164&tpg=1&ppg=1&sty=1&age=0#14835164

Re:【交流】E-Letters 和 Letters to the editor 有什么区别

2009-06-10 13:42 **iseeyou wrote:**

如在 Annals of Oncology 杂志

Letters to the editor. Letters are welcome and will be published if appropriate. They should be no longer than 500 words and a maximum of five references; one table or figure is acceptable if absolutely necessary.
http://www.oxfordjournals.org/our_journals/annonc/for_authors/general.html
---

Welcome to E-Letters for Annals of Oncology. You have chosen to send an E-letter response to:

urogenital tumors:
Y. Loriot, C. Massard, M. Gross-Goupil, M. Di Palma, B. Escudier, A. Bossi, and K. Fizazi
Combining carboplatin and etoposide in docetaxel-pretreated patients with castration-resistant prostate cancer: a prospective study evaluating also neuroendocrine features
Ann Oncol 2009; 20: 703-708 [Abstract] [Full text] [PDF]

Before submitting any E-letter, please read the following guidelines and the Licence to Publish, and click on the button at the bottom of this page to confirm your agreement to them.

Guidelines:

We aim to post within 3 days all E-letters that make a valid contribution to the topic; however, it is at the Moderator's discretion whether to publish. The Moderator and Oxford University Press also reserve the right to edit E-letters before and after publication without consulting the author.
All submissions must be accompanied by accurate and complete author details including a functioning email address as you may be required to respond to enquiries.
Your name and institutional affiliation will be published with each E-letter. If you want your email address to appear on the website, include it in the body of the text of your E-letter.
All E-letters are eligible for publication in the paper version of this journal and all other journal-related publications, in all cases in any present or future medium.
If patients could recognise themselves from your description please obtain their written consent to publication before sending your E-letter. You will be able to download the consent form from the submission page.
You must declare any competing financial interest. You will be able to read our guidance notes on the submission page and complete the form.
All E-letters must be original and not infringe any third party's intellectual property rights.
Once an E-letter has been published on the website, you will not have the right to have it removed or edited. The Moderator and Oxford University Press shall, however, have the right to remove any E-letter at their discretion.
Before you submit any E-Letters you must first read and agree to the following Licence to Publish. Please read the Licence and click on the button below to confirm your agreement to it and to move to the E-Letters submission page.

Oxford University Press is hereby granted a licence to publish my E-Letter in all languages and media and to grant third party permissions to republish my E-Letter in whole or parts thereof in any medium, without limitation.

I warrant that the E-Letter are free of plagiarism and that I have exercised reasonable care to ensure that they are accurate and, to the best of my knowledge, do not contain anything that is libellous, or obscene, or infringes on anyone's copyright, right of privacy, or other rights.

I warrant that I will declare any competing financial interests.
http://annonc.oxfordjournals.org/cgi/eletter-submit/20/4/703

2009-06-11 05:38 美捷登主编:

iseeyou identified a very typical example and raised a very good question.

Traditionally, there are two types of "Letters to the Editor".
1. Original contributions that are novel and clinically important but don't deserve a full publication, and
2. Comments/criticisms on a recently published article and the response from the authors of that article (if any).

My understanding is that Annals of Oncology further classifies these two types as "Letters to the Editor" and "Electronic letters (E-letters)" respectively.
I am not sure if this classification represnts a future trend for other journals. Let's wait and see.

http://www.dxy.cn/bbs/post/view?bid=45&id=14822946&tpg=1&ppg=1&sty=1&age=0#14822946
Re:【讨论】关于 letter 的几点思考，也请大家发表意见
2009-06-11 08:35 **美捷登主编:**

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pingjingdexin wrote:
最近看了 1 篇在 3 分左右的杂志上刚刚发表的文章，发现里面关键性的错误有好几处（当然也许并不是他们存心欺骗，多半是失误），如果要给编辑部写个 letter 的话？

1、这篇文章中的失误非常致命（这些错误会直接影响他们的研究结果，而且我十分肯定他们的失误）。那么如果告诉编辑的话，会不会导致别人这篇文章被撤稿？我没写过，不大清楚，请高手指点，我也仅作为了解。但我想人非圣贤，大家又都是 SCI 中人，自己发文章艰苦，别人想必也不容易。如果是会导致别人撤稿，那还是不写的好。如果仅仅让作者修改，那么或许值得考虑一下。

2、写 letter 的意义：1）总觉得盯别人的错，还去揭发别人文章错误之处有点"小人"；2）写 letter 算 SCI 吗？

3、我的看法：如果我要写这篇 letter，我想有几个条件：1.对这篇文章的影响不大，不要让作者撤稿了（在我说的这种情况下有没有被撤稿的可能，还请高手指点）；2.letter 是 SCI；3.措辞轻，不能搞得别人很难堪。

不知道我的问题和想法是不是太幼稚了，请高手指点我的问题，也请各位同道发表意见。

建议你如实以"Letter to the Editor"的形式提出你的质疑。要有根有据，措辞要委婉，给自己、给作者留有余地。学术上谁对谁错有时是很难分辨。多看看别人类似的 Letter 是怎么写的。编辑也会给作者解释的机会。国外学者普遍认为这是学术交流，而不是有意挑刺。通常情况下，一篇或几篇类似的 Letter 不会造成原文"撤稿"，除非有严重的学术"不端行为"。

2009-06-13 03:13 **美捷登主编:**
大龙猫 wrote:
龙猫写了两篇 LETTER，尚在 REVIEW 阶段。但起初写 LETTER 的目的是进行学术交流，并无险恶用心。通过课题的先期研究，龙猫读了很多外文文献，总结国外相关课题的研究进展，避免重复研究。在搜集研究情报的同时，发现了国外论文中的缺陷，其中不乏大牛杂志。在临床实践中，也遇到了类似问题。于是就，书写了 LETTER 进行交流。可以说，我们是通过实打实的临床实践帮助作者进一步改进和提高先期的研究成果。龙猫一般是先私下通过电子邮件同通讯作者联系，同作者进行探讨，从而实现 LETTER 的目的。在此期间，也得到了很多作者的大力支持和指导。我们不得不佩服外国人的学术精神。在私下交流中，我们都抱着感谢和尊重的态度进行着思想的碰撞。我想，此时私下的交流可以起到 LETTER 的作用了。作者也在书信中表示感谢，并在后期的论文研究中加以改善和完备。
当然，也遇到过死不认账、强词夺理的的主，此时再通过 LETTER，龙猫认为天经地义，既然存在 LETTER 这个栏目，就有编辑的道理。国外不少是通过网上投稿系统进行投稿的，需再三确认稿件。虽然稿件纰漏之处难免，但不能是致命的和原则性的错误。我们不是为了批评作者而写 LETTER，而是为了文章本身和实践真知进行善意交流。国外的编辑是否对 LETTER 的中国作者有异样眼光？龙猫目前不觉得善意

的交流有不妥，反而得到的是编辑更多的肯定和期待。
中国人的 LETTER 不是多了，而是少了。国内的期刊登载论文的含金量，大家都清楚，龙猫多次写信给编辑部和通讯作者指出错误所在，100%石沉大海，而且是中华牌的杂志。国内杂志基本上没有 LETTER TO EDITOR 栏目，也许，我们需要从国外的专业期刊中取点经了。

非常好的经验和体会。强烈支持，并建议版主加分。

2009-06-13 20:50 **美捷登主编**

不知 blueman1320 有没有看到这个帖。那些写过 Letter 的战友那去了？

希望大家理性讨论，Letter to the editor 应该对事（文）不对人，更不要只针对某个国家（即上升到爱国层面）。毕竟，良性学术交流不分国界。

再说，日本学者治学比较严谨，非常能接受批评，决不是"老虎屁股"，给他们提意见，他们会求之不得，必要时他们会主动撤稿，还会真心谢谢你（总体来讲，日本学者比国人谦逊）。所以，我们的"恶意挑刺"正中他们的"下怀"。

另外，我的经历表明，向国外作者索取论文原文，日本作者回复率最高，而且，除了 e-mail 外，很多日本作者还会再邮寄单行本（我本人现在也只会 e-mail 给索要者我论文的 pdf 文稿)。

第 6 章 会议摘要撰写

http://www.dxy.cn/bbs/post/view?bid=45&id=14979172&tpg=1&ppg=1&sty=1&age=0#14979172
Re:【求助】会议投稿
2009-06-28 20:22 **xizangsuzhou wrote:**
我投了一篇会议投稿，Paper Status
Accepted as
Unmoderated Poster
请问是什么意思？谢谢

2009-06-28 23:01 **美捷登主编:**
通常摘要投到国际学术会议，会给专家评分，然后按评分和组委安排摘要的"报告"(presentation)形式，有大会发言(plenary)，小组发言(forum)，壁报(poster)等。
壁报 presentation 又分两种形式，一种是会议中间的 poster session（如午餐期间），作者守在壁报旁边，等参会者提问。另一种则是在会议中间的 poster session（如午餐期间）会由专人来主持（moderate)壁报的 presentation。也就是，组委会在不同的专业安排专家主持有兴趣的听众聆听壁报作者的 3-5 分钟的汇报，及问答。
你的属于壁报的第一种(unmoderated)。无需正式汇报。只需在 Poster session 守在 poster 旁等待同行提问即可。

第 7 章 临床试验论文范例

http://www.dxy.cn/bbs/post/view?bid=45&id=14268784&tpg=1&ppg=1&sty=1&age=0#14268784
Re:【讨论】国际顶级 SCI 杂志各类论文范例-------开篇布局赏析！
2009-03-28 20:42 **wellyy2005 wrote:**

美捷登主编 wrote:
有点小主意，供版主考虑。
由版主开一个专题，叫"各类论文范例汇集"。并由版主规划，由各位有经验的战友支持。
因为各种杂志对论文结构要求不同，常出现作者在写论文时无所适从的情况。一般临床杂志和基础杂志可能因论文的性质不同对论文的结构顺序有不同的要求。临床杂志文章多是，Backgrund (Introduction), Methods （Pateints) and Materials, Results and Discussion,而有些基础杂志的论文则是 Backgrund (Introduction), Results， Discussion and Methods and Materials。 虽然大多数杂志的摘要是结构式的，但仍有些杂志是描述式的。
最近看到有战友写的病例报告(Case Report)，居然没有 Introduction. 论文一开始就是，"A 60-year old man ....."。
还有，Letter to Editor 是一种与国外同行很有效的，且容易刊登的交流方式。有些不宜写成全文的（如已发表的研究的跟踪（follow-up)或标本量增加，但结论没有改变）亦可用此形式发表。但很多战友并不知写 Letter to Editor 的技巧。

http://www.dxy.cn/bbs/post/view?bid=45&id=13992378&sty=1&tpg=1&age=0

感谢美捷登主编老师的建设性建议！

这是一个很大很大的话题，是一个说不完的话题！文无定式！所以打算拿国际顶级杂志的来讨论，原因：
1、诸如 Lancet、JAMA、BMJ、CNS、NEJM 等锋芒四射的顶级权威杂志，其影响范围大，其结论被广泛引用，其行文各具千秋。

2、这类杂志基本上囊括所有论文格式和类型，从题目到参考文献、到图表、到补充材料大都美观、重点突出，洋洋洒洒，落落大方！

3、这些杂志是我等无名小辈所追逐的梦想，以其为 Model，也希望能达到熟读唐诗三百首，不会作诗也会吟的效果。更为重要的是，以高的标准来努力，得出来的即时不是精品，也绝不会是鸡肋！

4、这类杂志所涉及的专业、领域基本上包括了临床、基础，各种文体类型：Comment、World Report、Perspectives、Correspondence、Articles、Seminars, Reviews, Hypotheses、Case Reports、Clinical Pictures、News，and so on。

5、以这些杂志为讨论重点，主要也是鞭策自己和园内的站友们，从高处着眼，开阔视野，高屋建瓴，对照自身不足，希望能为日后走得更远打些基础。

当然，发表其它杂志的相关讨论也是非常欢迎的！

主要讨论内容：就以上某一杂志的某一文体类型进行举例深入讨论，比如 letter 的模式、结构、开篇、布局、引证、摆观点、推论等等，应结合例文的截图，以达到图文并茂，易于理解。

2009-04-02 04:11 **美捷登主编:**

wellyy2005 wrote:
为了方便站友们学习和更好的开展讨论，特下载了 Lancet 最新一期杂志的大部分论文
Volume 373, Issue 9669, Pages 1053-1144 (28 March 2009-3 April 2009)

下载地址：
http://www.namipan.com/d/Lancet%20fulltex--ISSUE9669.rar/7e860892b174b6692547e6cafe1691623e65ea9f60327800

或：
http://g.zhubajie.com/urllink.php?id=462013741efhtv7e5kjulbp

希望大家自选认领其中或其它自己获得文章的也行，开展讨论，同时希望大家不要向外转传全文，遵守游戏规则才能走得远，呵呵

认领
Adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour: a randomised, double-blind, placebo-controlled trial
Pages 1097-1104
Ronald P DeMatteo, Karla V Ballman, Cristina R Antonescu, Robert G Maki, Peter WT Pisters, George D Demetri, Martin E Blackstein, Charles D Blanke, Margaret von Mehren, Murray F Brennan, Shreyaskumar Patel, Martin D McCarter, Jonathan A Polikoff, Benjamin R Tan, Kouros Owzar and on behalf of the American College of Surgeons Oncology Group (ACOSOG) Intergroup Adjuvant GIST Study Team

2009-04-06 09:14 美捷登主编:

临床试验论文范例

全文 http://www.dxy.cn/bbs/post/view?bid=45&id=14303144&sty=3

论文：Adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour: a randomised, double-blind, placebo-controlled trial. Lancet 2009; 373 1097–104

这是篇典型的报道由大型制药公司（Pharmaceutical company）主持的三期临床试验(Phase III Clinical trial)结果的文章。通常此类文章刊登在 New Eng Med J, Lancet, JAMA, BMJ 或某专业顶级杂志上，往往作为向有关权威机构（如 FDA, EMEA 等）申报某研究药物在某疾病或某适应症（Indication）临床应用的强有力的证据。

由于篇幅关系，我只是简单描述临床试验论文个部分的特征和要强调的地方。

1、题目 Title
这是一种"两分式"的题目，旨在强调"adjuvant imatinib"。这种题目在临床试验论文中比较常见。一般也可采用直叙式，如 A randomised, double-blind, placebo-controlled trial of adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour。不过，我认为该题目缺少了研究目的或结果，不是那么完善。大多临床研究的论文题目会有 Clinical efficacy and safety 之类的词。这篇论文完整的题目似乎应该是 Improvement of recurrence-free survival with adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour: a randomised, double-blind, placebo-controlled trial 或 A randomised, double-blind, placebo-controlled trial evaluating clinical efficacy of adjuvant imatinib mesylate after resection of localised, primary gastrointestinal stromal tumour.

2、摘要 Abstract
各杂志如 New Eng Med J, Lancet, JAMA 和 BMJ 的摘要格式各有不同。
对于临床试验论文来说，非常关键的是要在目的和方法中明确提出试验的"The primary objective"和"The primary endpoint"并在结果中直截了当地给出"The primary endpoint"的结果。
本文中，The primary objective 应是 compare the recurrence-free survival between patients with adjuvant imatinib treatment and those with placebo after resection of localised, primary gastrointestinal stromal tumour". The primary endpoint"是"recurrence-free survival"。结果是"Imatinib signifi cantly improved recurrence-free survival compared with placebo (98% [95% CI 96–100] vs 83% [78–88] at 1 year; hazard ratio [HR] 0•35 [0•22–0•53]; one-sided p<0•0001).

Summary

Background Gastrointestinal stromal tumour is the most common sarcoma of the intestinal tract. Imatinib mesylate is a small molecule that inhibits activation of the KIT and platelet-derived growth factor receptor α proteins, and is effective in first-line treatment of metastatic gastrointestinal stromal tumour. We postulated that adjuvant treatment with imatinib would improve recurrence-free survival compared with placebo after resection of localised, primary gastrointestinal stromal tumour.

Methods We undertook a randomised phase III, double-blind, placebo-controlled, multicentre trial. Eligible patients had complete gross resection of a primary gastrointestinal stromal tumour at least 3 cm in size and positive for the KIT protein by immunohistochemistry. Patients were randomly assigned, by a stratified biased coin design, to imatinib 400 mg (n=359) or to placebo (n=354) daily for 1 year after surgical resection. Patients and investigators were blinded to the treatment group. Patients assigned to placebo were eligible to crossover to imatinib treatment in the event of tumour recurrence. The primary endpoint was recurrence-free survival, and analysis was by intention to treat. Accrual was stopped early because the trial results crossed the interim analysis efficacy boundary for recurrence-free survival. This study is registered with ClinicalTrials.gov, number NCT00041197.

Findings All randomised patients were included in the analysis. At median follow-up of 19·7 months (minimum–maximum 0–56·4), 30 (8%) patients in the imatinib group and 70 (20%) in the placebo group had had tumour recurrence or had died. Imatinib significantly improved recurrence-free survival compared with placebo (98% [95% CI 96–100] *vs* 83% [78–88] at 1 year; hazard ratio [HR] 0·35 [0·22–0·53]; one-sided p<0·0001). Adjuvant imatinib was well tolerated, with the most common serious events being dermatitis (11 [3%] *vs* 0), abdominal pain (12 [3%] *vs* six [1%]), and diarrhoea (ten [2%] *vs* five [1%]) in the imatinib group and hyperglycaemia (two [<1%] *vs* seven [2%]) in the placebo group.

Interpretation Adjuvant imatinib therapy is safe and seems to improve recurrence-free survival compared with placebo after the resection of primary gastrointestinal stromal tumour.

Funding US National Institutes of Health and Novartis Pharmaceuticals.

DXY.CN 1

2009-04-06 09:17 加精 引用 编辑 删除 收藏 **美捷登主编:**

3、引言 Introduction

首先，应介绍所要治疗的疾病或适应症（Indication）的发病率（Epidemiology），发病机制（Pathogenesis），目前标准的治疗方法、预后及其局限性，然后介绍该研究药物的作用机理、该药的临床应用及研究现状，尤其是该药用于治疗该疾病（Indication）的前期研究现状。最后，提出该研究的合理性和目的(Primary objective or aim)。

本文的引言基本符合上面的套路。不同的是目的部分仅用了假设或推测(Postulated)，并没有直接表明目的。这点也是本人不太认同的。

We postulated that adjuvant treatment with imatinib would improve recurrence-free survival compared with placebo in patients who underwent resection of localised, primary gastrointestinal stromal tumour.

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2009-04-06 09:18 [redacted] **美捷登主编:**

4、方法 Methods

许多杂志也叫病人与方法（Patients and Methods）

病人部分主要是要明确描述"纳入 Inclusion"和"排除 Exclusion"标准。

方法部分主要包括两部分，即治疗方案的设计和实施和研究资料的收集和统计分析。这些内容在原始设计书中可达 100 多页，但在论文之中只有短短的两页，其中，大部篇幅在研究资料的收集和统计分析上，这也说明在临床研究中统计学和统计人员举足轻重。

在这部分，各组的治疗方案(Regimen)，随访（Visits）,疗效和安全检测指标,尤其是 Primary endpoint, 必须明确规定。许多临床试验还有 Secondary endpoints,甚至 exploratory endpoints。作为申请注册的临床试验，必须采用 Intention to treat (ITT)来分析 Primary endpoint。

值得强调的是，临床试验必须得到伦理委员会(IRB 或 Ethics Committee)的同意，必须在有关网站注册。

The study was approved by the institutional review board of each participating institution, and we obtained written informed consent from all patients.

This study is registered with ClinicalTrials.gov, number NCT00041197.

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2009-04-06 09:20 **美捷登主编:**

5、结果(Results)

大多临床研究论文中的方法或结果部分流程图（Flowchart）不可缺少。本文也不例外，不过是放在结果中。

这张图，不仅使人对研究过程、结果一目了然，在论文写作和阅读中也可起参考作用。

Figure 1: Trial profile

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2009-04-06 09:22 [redacted] **美捷登主编:**

结果部分首先比较各治疗组的病人基本的（baseline）年龄、性别、临床、实验室结果及病理状况，再比较副作用（adverse effect）、耐受性（tolerability）,最后比较疗效(efficacy)，主要包括 Primary endpoint（用 ITT 分析）和 Secondary endpoints 等。本文中的 primary endpoint 为 Recurrence-free survival,因此，几乎所有的图都与 Recurrence-free survival 有关，而且所有有关 Recurrence-free survival 的结果，P 值都小于 0.05。

Figure 3: Recurrence-free survival for tumour size 3 cm or greater and less than 6 cm (A), 6 cm or greater and less than 10 cm (B), and 10 cm or greater (C)

DXY.CN 5

2009-04-06 09:25 美捷登主编:

值得注意的是图 4。虽然 P 值为 0.47,但论文中的描述非常有利于治疗组。

(figure 3). Five (1%) patients died in the imatinib group, all from causes unrelated to gastrointestinal stromal tumour. Eight (2%) deaths arose in the placebo group, five of which were related to the tumour. At this time, there is no difference in overall survival (HR 0·66 [95% CI 0·22–2·03]; figure 4).

Figure 4: Overall survival

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6、讨论（Discussion）

第一段直截了当提出本研究的主要结果，这一点就是本文的精华所在。

然后，作者就该疾病的纳入标准、疗效、同类药物比较进行了讨论。同时，作者很有技巧地间接提出本文的局限（limitation）,即剂量问题。

We tested only the starting dose of 400 mg per day in this study. The recent meta-analysis of the two phase III studies in metastatic gastrointestinal stromal tumour showed that 800 mg compared with 400 mg per day did not change overall survival but slightly improved progression-free survival at 3 years (34% *vs* 30%).[22] In particular, patients with *KIT* exon 9 mutations who were given the 800 mg dose had greater progression-free survival than did those given the 400 mg dose. Further studies will be needed to establish whether doses greater than 400 mg per day should be used in the adjuvant setting.

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2009-04-06 09:28 [redacted] **美捷登主编:**

需要指出的事，作者在这里也可以谈谈副作用或耐受性的问题。虽然在第一段提到该药副作用少或耐受性好，但如果其他类似药副作用较多或耐受性较差，完全可以拿出来比较，以进一步显示该药的优势。另外，我认为，在讨论最后需要加一个结论(In conclusion)或小结(In summary)，这样显示一篇论文正式结束。这篇论文的最后一段近似结论，但我感觉不那么完美。

With the advent of tyrosine kinase inhibitors, effective agents against gastrointestinal stromal tumour now exist. In this phase III adjuvant trial of targeted therapy after the resection of localised, primary gastrointestinal stromal tumour, our findings have shown that imatinib increases recurrence-free survival. Our findings will affect the management of patients with primary gastrointestinal stromal tumour and could have relevance to the adjuvant use of other molecular agents for cancer.

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2009-04-06 09:29 **美捷登主编:**

7、基金来源(Funding)和利益冲突(Conflict of Interest)
这两点反映临床试验的资金来源和研究人员(Investigator)是否得到公司的资助，使读者识别论文结果是否有偏差(Bias)。

附：临床研究论文写作几点须知：
1、凡涉及人体标本（前瞻或回顾性）或人体干预（前瞻性新方法评价与药物治）的研究需得到研究单位伦理委员会的同意；
2、如果想在高级医学杂志发表临床试验的结果，最好在做临床试验前在有关网站注册。
3、写临床研究论文时，与课题有关的医学概念、术语一定要明确定义，并加必要的参考文献。在有多个同意术语时，应选择其中一个用于整篇论文。
4、写临床研究论文时，纳入和排除标准(Inclusion and Exclusion Criteria)以及首要研究目的(Primary endpoint)一定要明确。
5、临床论文的统计学比基础研究论文要更重要些，因此不应忽视。许多临床杂志有统计学编委，而且，许多临床杂志审稿人本身就是统计学专家。

第六篇 论文投稿、修回、校对与发表

第1章 杂志选择

http://www.dxy.cn/bbs/actions/archive/post/7711321_1.html
【共享】哪些英文 SCI 杂志收费，哪些不收， 为什么？

2006-12-07 10:21 美捷登主编:
近来许多战友在讨论国内学术期刊（杂志）收审稿费、发表（版面）费的问题。其实，市场经济，在合理合法的情况下，在互惠互利的原则下适当收费，并无可厚非，尤其学术期刊，读者群少，发行量小。当然，非法期刊、以期刊名义诈骗应给予高度警惕及有力打击。
在这里，我想与战友讨论的是，英文 SCI（主要国外)杂志收费问题。大多战友对发英文 SCI 文章望而生畏，除了英文及课题本身的问题外，对审稿费、发表费不无顾虑。
其实，国外大多数英文杂志不收任何费用，(除非有彩色图-文章接受后你可以选择发黑白图而不用交钱)。有战友会问，杂志不收任何费用岂不亏本？ 你放心好了。这些杂志多为某权威性学术机构属下的非盈利性的期刊，这些机构的会员会费往往也包括杂志在内，多数会员也比较踊跃认购杂志（每年几百美金)。这些在国际上顶尖的杂志，许多大学、研究单位及企业（如制药公司）以及科研、学术人员都会订购。由于读者众多，药品广告费收入也很可观。还有每年发表机构学术会议（如年会）摘要的收入。这些杂志的编辑和审稿人大多没有工资，属"义务劳动"换取"学术地位"。以 Gastroenterology, Gut 和 American Journal of Gastroenterology 为例。它们都是美国及英国胃肠疾病有关机构（AGA， British Society of Gastroenterology 和 ACG)的"官方"杂志。它们不会向作者收任何费用。其他许多胃肠病杂志如 European Journal of Gastroenterology &Hepatology, Journal of Gastroenteorlogy & Hepatology， Digestive & Liver Diseases 等具同样性质.
例外的有 Alimentary Pharmacology & Therapeutics (由私人承办）. 但它也不收任何费用。其内容对药物的开发及临床意义足以使它有相当的订户。
当然，也有一些杂志，尤其是基础研究的杂志（如 CancerResearch 等）会收发表费及审稿费。但好在这些杂志占的比例不大。
我写这些的目的有两个:
1.建议大家不要将目光只盯在国内核心期刊上，发英文 SCI 杂志可能更容易、省钱。
2.抛砖引玉。希望有投稿经验的战友们在本贴提供各专业收费（发表费、审稿费）及不收费杂志的杂志名，然后再整理，共战友们投稿参考。

http://www.dxy.cn/bbs/post/view?bid=45&id=11419507&tpg=1&ppg=1&sty=1&age=0#11419507
Re:【共享】最快的胃肠杂志
2008-03-25 08:49 美捷登主编:

AP&T IS CONSISTENTLY THE FASTEST JOURNAL IN GASTROENTEROLOGY
AP&T's first priority is to look after its Authors. We provide our first decision [accept / revise / reject] a mean of SIXTEEN DAYS after receipt of a new paper – and we've maintained this standard for the last four years. Compare this with your experiences at other journals…
And what has happened to your papers after acceptance? We have looked at the publication performance of our 'rivals' for the latest March 2008 issues:
Median data – weeks between acceptance and Epub / print publication:
Aliment Pharmacol Ther – 1 and 11 weeks
Gastroenterology – 4 and 13 weeks
Journal of Hepatology – 8 and 17 weeks
Hepatology – 11 and 18 weeks
Am J Gastroenterol – 9 and 24 weeks
Gut – 3 and 21 weeks
Clin Gastroenterol Hep – no data published.
So, if you want the World to read your work quickly, remember 16 days, and 1 and 11 weeks – submit your work to www.APandT.org

http://www.dxy.cn/bbs/actions/archive/post/3980030_1.html
【求助】一个愚蠢的问题
2005-07-29 22:03 **snowbeer wrote:**
本人曾经投过几个的杂志,他们拒稿的回复中除了几句客套话之外,从不给出具体理由,这种情况下,我能否再要求编辑给出拒稿的具体理由吗?

一个愚蠢的问题，敬请各位有识之士赐教!
谢谢!!

2005-08-04 16:31 美捷登主编:
编辑拒稿不经审稿原因有三：专业不对，学术价值不高（相对该杂志）及英文表达太差。
希望大家投稿前考虑这三方面。

http://www.dxy.cn/bbs/actions/archive/post/9780806_1.html
【求助】新手求助~~如何选择杂志？
2007-08-16 16:08 **chlbest wrote:**
谢谢各位指导！

2007-08-17 11:51 美捷登主编:
JGH, DLD and Digestion are relatively easy. But all depend on how good areyour study results and how well you present your paper.

2007-08-17 12:24 美捷登主编:
zwqql wrote:
请教一下 hhxx1021 战友，如何确定消化方面的杂志到底是倾向于刊登内科还是外科方面的文章？

消化方面的杂志确实很多，但好的（如 Gastroenterology,Gut, Am J Gastroenterlol)大多倾向内科或基础研究。外科好的并不多，往往与内镜或其他外科手术有关。
其实，找份杂志看看其内容就可大致知道他要的是什么样的文章。

第 2 章 投稿及投稿信

http://www.dxy.cn/bbs/post/view?bid=45&id=4412397&tpg=1&ppg=1&sty=3&age=0#4412397
Re:【经验】SCI 文章写作经验精华总结(吐血推荐，请加分)
2005-06-22 00:27 shengchunquan wrote:
继续发，希望战友们支持！！！

对国外杂志投稿时如何写 email.doc (26.0k)

2005-09-16 00:33 美捷登主编:
shengchunquan,
Thanks for the time and efforts.
But when I read the documents, I find some of them are not useful or even misleading. Therefore, please select the excellent articles only!!!

For example, "对国外杂志投稿时如何写 **email.doc**" states:
Dear Dr.：
Enclosed are three copies of a manuscript by Rose N . Dipaola，Donna A. Gallo，and Tom N. Roberts titled “Hepatitis C Virus Infection in Long-Term Transfusion Patients”. It is submitted to be considered for publication as a “Original Article" in your journal. This paper is～•Neither the entire paper nor any part of its content has been published or has been accepted elsewhere .It is not being submitted to any other journal.
We believe the paper may be of particular interest to the readers of your journal because the study it reports stated the HCV infection rate among long-term transfusion patients is higher than that of the general population and of short-term transfusion patients.
Correspondence and phone calls about the paper should be directed to Rose N. Dipaola at the following

address，phone and fax number，and e-mail address：
Rose N ． Dipaola，MD
Institute of Internal Medicine
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland，OH44195，USA
Tel：1-216-444-5360
Fax：1-216-444-9580
E-mail：dipao@cesmtp ． ccf. Org
Thanks very much for your attention to our paper.
Sincerely yours，
Rose N．Dipaola

My criticisms and suggestions:
1. Are three copies needed for email submission?
2. "It is submitted to be considered for ..." should be "It is submitted for consideration for..."
3. "as a "Original Article" in your journal" should be "as an "Original Article" in your journal".
4. "This paper is～•Neither the entire paper nor a..." should be "This paper is neither the entire paper nor a..."
5. "any part of its content...." should be "any part of its contents..."
6. "has been published or has been accepted elsewhere " should be "has been published or has been accepted for publication elsewhere"
7."We believe the paper may..." should be "We believe that the paper may..."
8. "because the study it reports stated..." What is meant by this? It is waste of words.
9. "...long-term transfusion patients is higher than that of the general population and of short-term transfusion patients" should be "...patients WITH long-term transfusion WAS higher than THOSE IN the general population and IN patients WITH short-term transfusion." (Corrections in capital).
10."Correspondence and phone calls about the paper should be directed to Rose N．Dipaola at the following address，phone and fax number，and e-mail address..."
This is just waste of time and words. The correct way would be:
Rose N ． Dipaola，MD
Corresponding author
Institute of Internal Medicine
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland，OH44195，USA
Tel：1-216-444-5360
Fax：1-216-444-9580
E-mail：dipao@cesmtp.ccf. Org

第 3 章 审稿人的选择

http://www.dxy.cn/bbs/actions/archive/post/8794971_1.html
【讨论】我推荐了 3 个审稿人，一般 SCI 的杂志社会怎么处理呢？
2007-04-16 23:53 **blueman1320 wrote:**
内容如题，我推荐了 3 个不同国家的审稿人，2 个老外（其中一个老外是某 7 分多杂志的编辑什么的，搞不清楚是不是主编，发表 SCI 论文 150 多篇），一个终身教授（加拿大的中国人）。
不知道杂志社会不会邀请他们做审稿人呢？有朋友知道这个的流程麽？谢谢

2007-04-17 05:54 **美捷登主编:**
大多杂志社会向你推荐的审稿人发审稿邀请。问题是如果你推荐的审稿人太忙或者太"牛"，你的文章可能不能及时找到审稿人。

其实，杂志对审稿人的身份要求不是太高的。许多在某专业发过论文的（我指得是英文 SCI）的作者都会收到审稿邀请信。因此，你在推荐审稿人时，不必太"挑剔"。
1。 选国外发过与你结论相似文章的作者；
2。选你论文中曾引用论文的作者。
3。选你或你老板认识的同专业的教授、副教授。在国际有些影响的国内的学者也可以。 这些学者在国内不一定是"牛"人，但深受国外学术界尊重。

http://www.dxy.cn/bbs/post/view?bid=45&id=13358845&tpg=1&ppg=1&sty=1&age=0#13358845
Re:【求助】急问：如何选择审稿人
2008-12-01 22:59 **mengmeng222 wrote:**

请问杂志社一般如何选审稿人呢？比如：美国的杂志会找英国的专家审稿吗？？

2008-12-01 11:43 **美捷登主编:**
许多杂志编辑希望你推荐 3-4 名审稿人，并很可能向你推荐的审稿人发审稿邀请。你推荐的审稿人可以是世界范围内任何你认为有资格的同行专家，包括中国学者（教授、博士、其他研究人员及研究生）。杂志对审稿人的身份要求不是太高的，但审稿人必须是某专业的专家。因此，许多在某专业发过论文的（我指的是英文 SCI）的作者都会收到审稿邀请信。你在推荐审稿人时，不必太"挑剔"。如果你推荐的审稿人太忙或者太"牛"，他们根本不会理睬一般杂志的邀请，你的文章审稿过程有可能延误。
建议：
1. 推荐国外发过与你结果、结论相似文章的第一或通讯作者；
2. 推荐你论文中曾引用论文的作者；
3. 推荐你或你老板认识的同专业的教授、副教授(华裔为优先)。在国际有些影响的国内的学者也可以，这些学者在国内不一定是"牛"人，但深受国外学术界尊重。

第 4 章 审稿程序及周期

http://www.dxy.cn/bbs/actions/archive/post/3861006_1.html
【求助】可否另投
2005-07-18 14:10 **浅蓝 wrote:**
我 6 月 13 号在线投了一篇给 JOURNAL OF PHARMACY AND PHARMACOLOGY，在网上检索，一直是 UNDER REVIEW 的状态，但我后投的其他文章都有回音了，我发了三封 E-MAIL 去问，都没回过。
请问各位高人：我可以另投别家吗？谢谢啦！

2005-07-19 23:16 **美捷登主编:**
文章投出去，一般要等 2-3 月。如果太快（1-2 周）回信，往往是坏消息，也就是编辑看了文章后根本就没有送给审稿人就直接退稿。不知你的情况是不是这样。后送的文章有没有给人审过。作为多家英文杂志的审稿人，我常常需要 3-4 周时间。所以请你耐心等待。何况你可以在网上 check its status.

2005-07-21 18:37 **ymxcome wrote:**
hhxx1021 wrote:
文章投出去，一般要等 2-3 月。如果太快（1-2 周）回信，往往是坏消息，也就是编辑看了文章后根本就没有送给审稿人就直接退稿。不知你的情况是不是这样。后送的文章有没有给人审过。作为多家英文杂志的审稿人，我常常需要 3-4 周时间。所以请你耐心等待。何况你可以在网上 check its status.

您作为多家杂志的审稿人,请教您一个问题:作者的修改稿有没有第三次送给审稿人再审的情况?论文最终是否被录用,审稿人或编辑,谁起决定性作用?谢谢能给予回答.

2005-07-23 01:06 **美捷登主编**
一般杂志(IF1-5)的审稿人很少建议 Review after major revision (其它为 acceptance as it is, acceptance with minor revision, 和 acceptance with major revision, but without further review and rejection, 各杂

志大同小异). 所以往往修改一次即可.但修改两次的情况也是有的.修改三次则罕见.原因很简单,两次都没有修改好,只好退稿了.
论文最终是否被录用,编辑起决定性作用.但正规杂志能接受审稿人的建议.如三个审稿人有一个建议rejection,文章将遭拒绝.
谢谢您的问题.希望有机会再磋商.

第 5 章 初次投稿后的结局：编辑决定信

http://www.dxy.cn/bbs/post/view?bid=45&id=14468445&tpg=1&ppg=1&sty=1&age=0#14468445
Re:【求助】被拒修改后还可以再投这个杂志么
2009-04-22 22:29 美捷登主编

worjain wrote:
第一次投 SCI，但因为没搞清楚 cover letter 的问题就被拒了。请教大家，错误修改之后还可以继续投这个杂志么？

如果真的是因为"over letter"或"format"问题拒稿，你可以修改后再投这个杂志。不过，编辑在这些情况下会明确提出要求修改再投，一般不会直接拒稿。
如果因为其他原因拒稿，请仔细看清拒稿信内容再决定。通常，因学术问题拒稿，再投只会浪费时间。

第 6 章 回复信及申诉信

http://www.dxy.cn/bbs/post/view?bid=45&id=12782212&sty=3
Re:【共享】发表 SCI 论文的一些小技巧 (II) [精华]

2008-09-19 05:25 **美捷登主编:**

多长时间上传给编辑回复信是经常被问的问题。
通常编辑会根据杂志规定和论文需要修改的程度（如需不需补实验等）给作者一定的时间回复审稿人的意见和建议。短的 1 个月，长的达-6 个月，但一般都在 2-3 个月之间。
所以作者完全可以根据编辑和审稿人的意见来掌握上传回复信时间。如果不需补试验，2 周之内回答比较合适。但如果需补试验，则一定要根据实验的时间来定。估计在规定的时间实验做不完，可以申请延长。
回复信一定要认真对待。切忌匆忙在 2-3 天内回复，哪怕是小小修改。

http://www.dxy.cn/bbs/post/view?bid=45&id=12805478&sty=3
2008-09-22 04:17 **美捷登主编:**

187177692 wrote:
保证回复质量的同时，没必要故意拖延时间，例如你 2 天就能搞定的事情，为什么非要欲说还羞，非要 1 周左右回复？
再说短时间高质量回复，缩短编辑的等待时间是非常有必要的，换位思考：假若你的文章在投稿 1 个月后得到编辑的认同，你觉得他会故意拖延到 2 个月给你回复么?假如是这样你会觉得编辑非常认真，还是觉得他回复的时间有点晚呢？

我说的"切忌匆忙在 2-3 天内回复"不是耸人听闻的空阙来风。
1. 一般情况下，很多作者一时很难明白审稿人的意见，需要推敲甚至咨询（看看 DXY 上的帖子便知）。还有，很多作者发现，有些审稿人的意见中语病不少，有时也逻辑混乱，因为他们非 Native English speakers。
2.写回复信并不是件容易的事，而且为保险慎重起见，至少第一作者和通讯作者要同时认可回复性的内容。这也不是 2-3 天能轻易达到的。
3.大修的文章，至少需要数据的重新核实或统计，有些需要重新补试验。哪怕最基本的语言校对（送 native speaker 或校对公司），也很难在 2-3 天内完成。

因此，2-3 天匆忙回复的信件，要么本身有考虑不周、回答不全的地方，要么有给编辑或审稿人"对其意见不重视"的印象之嫌。
我们可以忍受长达 2 个月，甚至更长的审稿期，难道不能再等 1-2 周？请注意我说的"如果不需补试验，2 周之内回答比较合适。"-意思是最好不要超过 2 周。

当然，我完全相信有作者有能力能在 2-3 天内能高质量，周密全面地回复，编辑很快接受他们的文章。

http://www.dxy.cn/bbs/actions/archive/post/7246673_1.html
【交流】SCI 拒绝改稿是否会影响今后投稿
2006-10-11 19:45 **snowbeer wrote:**
近日一本 IF3.92 的美国期刊回复要求大改,但其中有很多硬伤,无法修改.想拒绝改稿.是否会影响今后投稿?

2006-10-11 23:01 Medjaden:

1. 改改无妨。应尽量修改。实在无法修改的"硬伤"（多为补实验）可用文字说明/解释。如果解释合理，或许审改人或编辑会理解而网开一面。同时给有经验的同事看看。美捷登也愿意免费评估。
2.即使不想（不要用拒绝一词）修改，主动放弃即可。你可以给编辑发 email 说明， 也可以不再回应（一般会给你 2-6 个月时间修改）。两种情况都不会影响你未来的投稿。

http://www.dxy.cn/bbs/post/view?bid=45&id=13201610&tpg=1&ppg=1&sty=1&age=0#13201610
Re:【交流】审稿有很多错误，我要 argue！ [精华]
2008-11-12 20:22 **mohanmud wrote:**

昨天 desicion in process，本以为能看到 revision 变（1），今天一看发现 desicion （1）了，觉得完了，肯定被拒。

打开 decision letter，发现编辑只找了一个 reviewer，看完审稿意见，说的我的稿件一无是处，但是仔细看一下就发现好多他的审稿意见是基于错误的理解之上，居然连我用的细胞类型都说成别的，还有些问题其实根本就不是问题，他硬要吹毛求痴，反复述说，不知道是不是对我有仇，我的一篇相似内容的文章（当然不是一稿多投）已经发表在类似水平的杂志上，按理说不能这么一无是处。 如果他说：你文章的内容不适合发表在我刊上，我或许能接受，可是出现这么多错误的 comments，而且明摆着是找茬，老板说：发 email 给主编，argue！

我知道 argue 对于稿件的结果可能没啥改变，但是为了这口气，怎么也得挺直腰板，申诉一番。兄弟们，给我支持，我扎场子去了！

2008-11-12 09:21 **美捷登主编：**
感觉近年大修甚至小修后被拒的论文越来越多，而 Argue 成功的似乎不多。
但 Argue 还是很有必要的。首先，要"死"得明明白白。 有时编辑拒稿不给理由。写封信去，他或许会说出其具体的理由，以便进一步修改，投其他杂志。其次，审稿人出错的情况时有发生。写封信给编辑说明，编辑会根据错误性质做出相应措施，或许会在给你一次机会。当然，你必须读懂审稿人的意见。还有，必须以理服人，有理有利有节，目的是让编辑给你另一次机会。
Argue 成功的也是有的。这篇便是拒稿后 Argue 成功范例（Zheng MH, Xia HH, Chen YP. Rectal administration of NSAIDs in the prevention of post-ERCP pancreatitis: a complementary meta-analysis.Gut. 2008 Nov;57(11):1632-3.)

这是两个真实的事例，分别发生在今年 5 月和 10 月份。

第一篇是篇朋友的 Letter，送到 Gut(IF>10)，很快收到答复，"We are sorry to say that we are unable to accept it for publication, as it did not achieve a high enough priority score to enable it to be published in Gut. We favour letters which add new data and did not feel that you letter did this sufficiently." 这位朋友作者觉得编辑没有领会这篇 Letter 的价值，找到我。我们共同修改了 Letter,再 Argue. 也是很快，Letter

被接受。（同时也是 Gut 送给朋友结婚的大礼。）

另一位朋友的文章投 JGH 后要求小修，朋友和我都以为会立即接受。不料，修改后送回 JGH,一周后遭拒，没有理由。朋友当然不服，写信 Argue。这次责任编辑给了他的理由，他是该领域的专家，找到了这篇文章的软肋。没办法，朋友只好认输。不过，投另一份杂志时，应该再没有软肋了。

所以，Argue 并不损失什么，反而会有意外收获。

第 7 章 补实验问题

http://www.dxy.cn/bbs/post/view?bid=45&id=14057496&tpg=1&ppg=1&sty=1&age=0#14057496

Re:【求助】可否在修回答复里附要求补的实验结果

2009-03-04 03:36 **wuhen620 wrote:**

各位高手，我一篇 SCI 修回了，评审让我补实验。我可不可以只在答复里面把补的实验结果附上去？答复评审我做了，但是我认为没有必要把图片加到文章里面。关于 Western 图，我可以只附图，不定量吗？等着毕业，期待各位指点。

2009-03-04 04:14 美捷登主编

当然是不可以的。

审稿人提出补实验是因为她/他认为你的课题或结果不完整，不足以得出你想得出的结论。补实验的结果不放在论文中，恐怕通不过审稿人和编辑关。

至于说要不要在修改稿加图和如何加图，那要看审稿人的意见和实验结果的性质。就 Western blot 而言，如果有很漂亮的对照，而课题对定量要求不高，不妨"不定量"。不过，既然你能做 Western blotting，定量（即与对照 band 的 Density 的 Ratio)应该是很容易的。

顺便提一句，如果补实验的结果已充分表达在修改稿中，就不必再在答复信中重复。以免在反复修改中出现两者不一致、甚至矛盾的情况。

2009-03-04 06:19 **wuhen620 wrote**

谢谢美捷登主编。

因为我认为我的实验已经完整了，评审要求补的实验，与我文章的结论没有太大关系，所以我就只是在文章中提到了要补的实验结果，后面加上（Data not shown)，在答复中把结果附上了，不知道这样能不能通过？

2009-03-04 06:44 美捷登主编:

In this case, you may write sentences like "We have conducted an aditional experiment as the reviewer suggested, and presented the major findings in the revised version. The figure showing the results is included in this reply letter. If the reviewer believes that the figure should be included in the revised version, we are happy to add it in the revised version."

Good luck!

http://www.dxy.cn/bbs/post/view?bid=45&id=15554581&sty=3&keywords=%CD%B6%B8%E5+%C3%C0%BD%DD

Re:【求助】求助美捷登主编老师

2009-09-16 13:45 美捷登主编:

xiangrikuinvhai wrote:

夏老师，您好！

请您在百忙之中帮我解决几个投稿中的问题

1.最近被修回的稿件中，编辑写到"

Provide a statement regarding institutional approval and written informed consent."是什么意思？要怎样提供给他

们？

2.copyright transfer agreement 和 authorship disclosure form 在签完字后，怎么传给编辑？

3.文章正在大修，杂志的网上投稿系统中，显示 create a revision,点击后显示为修改的草稿，请问您有必要创建修改的草稿吗？这是什么意思，搞不清楚。

谢谢！

谢谢您的信任。

1.最近被修回的稿件中，编辑写到“

Provide a statement regarding institutional approval and written informed consent.”是什么意思？要怎样提供给他们？

在 Patients and Methods 的适当地方（往往在 Patients 后）写上一句" Ths study was approved by the Ethics Committee (或 Institutional Review Board) of XXXX University. Informed written consent was obtained from all subjects prior to the study.“即可

2.copyright transfer agreement 和 authorship disclosure form 在签完字后，怎么传给编辑？

在 copyright transfer agreement 表上应该有指南。通常用传真。有些杂志要邮寄，有些接受 email pdf 文档。不清楚这要向编辑查询。

3.文章正在大修，杂志的网上投稿系统中，显示 create a revision,点击后显示为修改的草稿，请问您有必要创建修改的草稿吗？这是什么意思，搞不清楚。

因为您的文章在 revision 状态，因此，杂志的网上投稿系统中，显示 create a revision。当您按编辑要求提交修改稿后，状态会有相应改变。

http://www.dxy.cn/bbs/post/view?bid=45&id=15601553&sty=3&age=0&tpg=1&ppg=1#15601553

【交流】修改稿已投,上帝保佑--Journal of Gastroenterology and Hepatology

2009-09-22 14:06 **美捷登主编:**

wuyekafei wrote:

（2）： I am not clear which parts of the symptom scores were being used in the power calculation.这一句话是何意思？没有搞懂，请大家帮忙

（4）the per-protocol analysis is not necessary for a two week trial. 对于随机双盲多中心临床试验，根据 CONSORT 标准，必须进行 FAS 分析与 PP 分析，为何审稿人说 2 周的临床试验不需要 PP 分析？原因是根据啥子做出的？是不是因为时间过短？希望各位高手帮忙！

（2） I am not clear which parts of the symptom scores were being used in the power calculation.
这个问题可能与 sample size 有关。临床试验前必须要估计样本数。在这里，审稿人提示 symptom scores 的某部分（part)（通常为 primary endpoint)可用来做样本估计。你的回复应该是“假定两组间的 symptom scores 的差异是 X,那么在 80% (or 90%) 的 power 下,统计学检验要达到 P 值<0.05(双尾（two-tailed， or two-sided)或 P<0.025 (如果比较非劣性则用单尾）时所需要的样本数。X 的确定需要有根据（如 To determine a difference of X in the symptom scores between the two groups with 80% power (alpha level at 5%, two-tailed test), Y subjects were required in the study)。最好看看相关文献或请教有关专家。
（4） the per-protocol analysis is not necessary for a two week trial.
ITT 是必需的。但如果病例数很多，有许多的亚组(subgroups)或有许多 dropout,discontinuation 或 lost to follow up 病例，尤其在 ITT 得不到理想结果时，PP 也是很有帮助的。不过，审稿人一定有他的道理，

听他的就是了，除非你另投其他杂志。

http://www.dxy.cn/bbs/post/view?bid=45&id=15609746&sty=3&age=0&tpg=1&ppg=1#15609746
Re:【交流］感谢美捷登编辑的帮助，小弟再次求助，谢谢--Journal of Gastroenterology and Hepatology

2009-09-23 16:38 **美捷登主编:**

wuyekafei wrote:

小弟再次求助各位高手，尤其是美捷登主编前辈，在此深表感谢！

我们医院联合国内 5 家医院做了一项随机，双盲，安慰剂临床试验，为了进一步探讨该药物的临床效果，我们设计了低剂量组，高剂量组，加上安慰剂组，总共 3 个治疗组，我们的结果显示：高剂量组与低剂量组的疗效均优于安慰剂组，且有统计学差异；但是，高剂量组的疗效略优于低剂量组，他们之间没有统计学差异. 审稿人提问：Comment 3: How to explain that there is no dose-related response in control of constipation?

我们没有探索机制，我如何回答这个问题，恳请大家帮忙. 谢谢！

Please allow me to use English, as I type Chinese very slow.

My understanding is that this is a multicenter, randomized, double blind, placebo controlled Phase III clinical trial, presumably with a relatively large number of subjects. The treatment regimen was a single drug with low-dose or high-dose, and the indication is chronic constipation. But the duration of treatment and follow-up period are not provided. If my undersatanding is correct, then my explanation of the results would be:
1. The drug is effective at both doses in the improvement of chronic contipation.

2. Chronic constipation is a functional disease with multiple causes, and even placebo may achieve the improvement rate of up to 30% (depending on what variables you use). The difference in the efficacy between tretament and placebo groups may be less than 15%, and thus a large number of patients and controls are required to reach a statistical siginicance in the difference between the two groups. For the same reason, the diffference in the effciacy between two (low and high dose) treatment groups are even smaller and an even larger sample size is required. However, since the trial is normally designed to determine the differencer in the primary endpoint between the treatment and placebo groups, it is not powered to be able to detect the statistical significance of the two treatment groups.

3. I am not sure if this is a dose-finding stury. If yes, the findings may be clincially meaningful, as the low dose may be as effective as the high dose, but more tolerated with a better safety profile than the high dose. Although most drugs exhibit a dose-dependent effect after the MED (minimum effective dose), the response to the drug may read a plateau after a certain dose. Perhaps the two doses you used both after that certain dose.

4. I am not sure the criterion for the severity of constpation (usually moderate and severe) and what primary endpoint you used in your study. If you selected a highly sensitive variable as the primary endpoint (i.e. very responsive to the treatment), then you may obatined high response rates in both treatment groups, even in the placebo group. Thus, it is hard to detect a statistically significance.

Attached is a pdf file for your references. (Tegaserod for the Treatment of Chronic Constipation: A Randomized, Double-Blind, Placebo-Controlled Multinational Study).

You may PM me if you need more advice.

ajg200560a.pdf (253.2k)

http://www.dxy.cn/bbs/post/view?bid=45&id=13723128&tpg=1&ppg=1&sty=1&age=0#13723128
Re:【交流】专题半月谈 - 如何回复编辑和审稿人 [精华] （共九讲）
参见第一篇 总论（精华帖）

第 8 章 修稿后的结局：编辑决定信

暂无相关帖。请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

第 9 章 接受后事宜：版权、清样校对、版面费、彩图费、单行本征订等

第一节 版权、清样校对

http://www.dxy.cn/bbs/post/view?bid=45&id=15620493&tpg=1&ppg=1&sty=1&age=0#15620493

Re:【求助】文章已经接受，签订版权，排版回来后，发现数据错误，会被拒稿吗？

2009-09-23 13:54 **xymo wrote:**

我发生了吓死人的事情,文章是关于在疾病 B 患者中对基因 A 进行突变检测，是个阴性结果，写的文章投了个 1.9 分的杂志，被接受了，并签订了版权，排版回来后，我这才在排版中发现了数据错误（是我自己造成的，原来审稿人没发现），错误在结果的 table 中：基因型为 TT 的正常人个数我写错了，连带着基因型为 TT 的正常人/所有正常人的比例的数值写错了，也连带着 TA 的正常人/所有正常人的比例写错了，但我确信统计是对的，P 值没有算错，95%CI 也没有错，即文章的结论没有错。此外还发现在患者的临床描述的 table 中，患者的平均病程写错了。导师在排版后又要求增加一个作者。
以上错误均和出版商那边的 Journal Manager 说了，Journal Manager 的信件如下：

第一封回信，当时要求增加作者，并发现了病程的错误：Many thanks for contacting us. I have contacted Dr. XXX this morning, who is listed as the Corresponding author for this paper. We have noticed that an extra author has been added to the author list after your article was accepted for publication, and I would like to confirm that this is correct, and the contribution that Dr. XX has made to the article, was there a reason that Dr.XX was not included originally?
It is no problem to make further (and final) amendments, and I can confirm that your article will be published as a Short Communication. Please confirm that the attached documents contain all your final corrections. Once I hear back from you I will send these to the setters for application.

第二封回信，把结果的数据错误告诉他后，他的回信，Many thanks for providing further corrections. I am currently liaising with the Editorial Team regarding the addition of author Dr. XX. As soon as this has been confirmed I will authorize this addition and request that your corrections be applied.

我千谢万谢后，他又回信：
Many thanks for your kind words, and please, no need to apologise. I will be in touch in the near future regarding the addition of Dr. XX.

各位战友，我真的想死的心都有，写了文章后，我竟然没有重新算过数据，所有的精力都投入文章的写作和回答审稿人的信去了，当时觉得自己一个阴性结果没什么好核对的，这种思想导致了数据的错误，导师也没有仔细看，审稿人也没看出来，一路过来了。

会被拒稿吗？请大家帮我想想，叩谢!!

血的教训！大家引以为戒啊!!

2009-09-25 00:29 **美捷登主编:**

Thanks for your PM.
Journal Manager is doing what he/she needs to do, and the the Editorial Team will make the decision. The two issues (addition of an author and correction of the figures in the table) are not a serious problems as long as these changes don't affect the results and conclusion of your study.
You may need to answer what the contributions the additional author has made and why you didn't put his/her name in the authorlist.
Overall, I feel there should be no problem, but you have to wait patiently for the decision. There is no

need to contact the associate editor-in-chief.
Good luck,

http://www.dxy.cn/bbs/actions/archive/post/11510227_1.html
Re:【求助】收到 proof，请教大虾 author query form 怎么填写。
2008-04-05 22:09 **ljp7602 wrote:**

各位大虾，今天收到出版商寄来的 proof,同时寄来来了 query form，表格中有 2 个问题看不明白，Q 2 和 Q 3 有点看不明白，请各位大虾指点？

Uncited references: References that occur in the reference list but not in the text – please position each reference in the text or delete it from the list.		
Missing references: References listed below were noted in the text but are missing from the reference list – please make the list complete or remove the references from the text.		
Location in article	**Query / remark**	**Response**
Q1	Please provide a designation for footnote b in Table 3.	
Q2	Please check if section head levelling was captured correctly.	
Q3	Please provide the following: volume number, issue details, and pagination information here.	

Thank you for your assistance.

DXY.CN

2009-04-23 22:01 **美捷登主编:**
Congratulations!

You may ignore all items for Disk use, Bibliography as they did tick any boxes there, indicating there is no further action requied from you.

In the Queries and/or remarks, you need to answer/clarify two issues.
1,. you may wirte "The Significance has been provided for * in Table3" in the Author's Response. At the same time, please provide the significacne in Table 3 of the pdf file.
2. You may write" This change has been checked and is fine to me" in the Author's response. At the same time, you should check, understand and agree with the change.

In addition, you should read the pdf file carefully at leats once, especially for data/numbers in the Tables and figures, to see if these data/numbers are correctly and consistently written.

Then mark all changes/corrections in the pdf file as instructed. I would also type all changes/corrections as a list in a new word file. Please keep all chages minimal, meaning that you don't make any unnecessarily changes.

After you have done this, you should fax the Query Form, pdf pages with changes and the newly created word file containing the all changes.

第二节　版面费、彩图费、单行本征订

http://www.dxy.cn/bbs/post/view?bid=45&id=13369063&tpg=1&ppg=1&sty=1&age=0#13369063

【交流】怎么知道国外杂志是否收取版面费或审稿费

2008-12-03 01:34　　美捷登主编:

问：我想问一下怎么知道国外杂志是否收取版面费或审稿费？我看了几个杂志的网站都没找到。

浅答（抛砖引玉，欢迎补充）：

1.绝大多数是不收审稿费的。这在 Submission 时就可知道。

2.很多杂志也不收版面费。但 Open-Access(即免费阅读）的杂志会收版面费，随着此类杂志越来越多，收版面费的杂志比例也越来越高。一般而言，某学会或某研究机构办的杂志不收版面费，而私营杂志会收版面费。所以，在该杂志网站你可以知道主办者是谁，有时也可知道是否收取版面费。例外，有些收版面费的杂志在你投稿时就会问你是否愿在论文接受时交版面费。当然，有些杂志还可以申请减免版面费。

3.彩图费。 几乎所有杂志收取彩图费。不过，你可以将彩图改称黑白，或几张相关彩图联成一张（如 Fig. 1A, Fig. 1B 等等）。这些是容许的。

以往相关帖:

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http://www.dxy.cn/bbs/actions/archive/post/8008785_1.html

【求助】怎么向国外杂志寄审稿费

2007-01-09 20:06　　绿毛水怪 **wrote:**

我最近准备向国外一杂志投稿，按国外杂志要求，要求用信用卡付费（credit),要求把帐号传真给他，但咨询过银行，这样做存在风险，他可以无限制的从卡上取钱，请教有经验的前辈指教，我该怎么办啊，谢谢 ！直接跟帖告知，

2007-01-10 05:25　　美捷登主编:

绿毛水怪 wrote:

但咨询过银行，这样做存在风险，他可以无限制的从卡上取钱

银行职员太不专业，也缺乏责任心。如果你向正规的学术杂志提供信用卡资料都担心"他可以无限制的从卡上取钱"，那么，要信用卡有何用？　说你不相信，一次本人用信用卡在网上向某公司付款，由于网络故障，我付了数次都显示未成功，最后不得不放弃。后来对方 email 通知说我多付了几倍的钱，并随后返回给我。只是外汇交易（foreign exchange)我损失惨重。

国外信用卡使用相当普遍，只要是正规公司和机构，你就不必担心。

记住，你不必提供密码（或）信用卡后面的数字。提供卡主姓名(name of card holder)、卡号(account number)及到期日(expiry date)即可。
祝好运。

http://www.dxy.cn/bbs/actions/archive/post/9735635_1.html
【求助】文章接收后的迷茫
2007-08-10 11:34 **liyanliyanxj wrote:**
我的文章终于接收了。虽高兴但有很多问题迷茫。
1、我的文章有彩图，出版商来信要交 900 美元彩图费。我的老板不是很想交，我该如何回信说明呢，我在园子里搜了半天也没有可参考的模板啊，谁能告诉我该说什么理由才好呢？
2、出版商有给我发了一个邮件，说是将我的文章发到网上检索之类的，具体意思不是很明白，但好像也要我缴费，也很贵。请高手们帮我看看出版商的信是何意思？
谢谢！
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Articles in Endothelium are eligible for iOpenAccess. Electing this option allows the article to be made freely available online under a Creative Commons License. The iOpenAccess service requires registration with Rightslink, and payment of a fee. Selection of iOpenAccess is strictly at the author's discretion, and is not required for publication.

Full details of our iOpenAccess program are available by clicking the link below. Please click the link below to learn more about iOpenAccess and to select this service for your article:
我点击了它的联结后就显示要交 3100 美元的界面，我晕，我哪有那么多钱啊，这是不是要我交费呢？大家快帮帮我啊！文章从接收到发表怎么这么复杂呢，现在还没有到 proof 就这么多程序。

2007-08-11 01:08 **美捷登主编:**
彩图费是按彩图数来收的。一般 150-300 美元一张。 你可能有好几张。减免办法：1)，改发黑白图（大多杂志容许，你可问问); 2)，合并彩图（类似图几合一，然后用 Figures A, B, C 等表示）。 有些杂志出版编辑会指导作者如何省钱，因为杂志不是通过发彩照赚钱的；3）直接申请减免。
2.你可以不选择 iOpenAccess service - Selection of iOpenAccess is strictly at the author's discretion, and is not required for publication。 这项服务的意思是，你交了钱后，你的文章就可以免费提供给读者（这样可以增加你文章被引用的机会）。

2007-08-11 11:50 **美捷登主编:**
liyanliyanxj wrote:
感谢 hhxx1021 的帮助！
我用的是免疫组化图，大家在杂志中见到免疫组化改为黑白图的情况多吗？如果申请更改会影响发表吗？

请向出版编辑查询。

下面是本人两篇有减彩图费的文章（the size is over 300 kb, so I cannot upload here)：
1。 Helicobacter pylori infection is associated with increased expression of macrophage migratory inhibitory factor--by epithelial cells, T cells, and macrophages--in gastric mucosa. J Infect Dis. 2004; Jul 15;190(2):293-302.
原位杂交图改发黑白图。因本文一张图被选为该期封面，彩图费进一步减少。

2。 Aberrant epithelial expression of trefoil family factor 2 and mucin 6 in Helicobacter pylori infected gastric antrum, incisura, and body and its association with antralisation. J Clin Pathol. 2004

Aug;57 :861-6.
编辑主动提出合并图，12 张合成 6 张。

2007-08-11 12:00 美捷登主编:
My another published paper where TUNEL pictures (for apoptosis) were printed in black and white.
Effects of cyclooxygenase-1 and -2 gene disruption on Helicobacter pylori-induced gastric inflammation.
J Infect Dis. 2006 Apr 1;193(7):1037-46.

http://www.dxy.cn/bbs/post/view?bid=45&id=13032859&tpg=1&ppg=1&sty=1&age=0#13032859
Re:【求助】又是如何支付版面费的问题，请大家指点
2008-10-22 10:41 **blueman1320 wrote:**
文章被假说杂志录用，现要求支付版面费£34.94 英镑。但我还没明白该如何用信用卡支付，请大家帮忙支招，谢谢。

2008-10-22 23:05 美捷登主编:
信用卡 must be Visa, Master or American Express.
You only need to provide the name of the card holder, the card number and expiry date of your credit card (Visa, Master or American Express).
They will take the money from your credit card.
You may ask any bank for this if you don't have a 信用卡.

http://www.dxy.cn/bbs/post/view?bid=45&id=8365524&tpg=1&ppg=1&sty=1&age=0#8365524
Re:【交流】杂志稿约中提及申请版面费减免事宜，欢迎大家来交流 [精华]
2007-02-01 16:44 **blueman1320 wrote:**
最近留意到杂志稿约中很多都有提及“支付以上费用确有困难者可申请减免相关费用”，在中国及 SCI 杂志中都有这样的说法。

我的问题是：
1。申请减免是否会有论文发表造成影响？
2。如何申请减免？是否有比较固定的文件格式？

请有相关经验的战友来谈谈心得。没试过的战友也可以来提提想法：）

2007-02-14 06:59 美捷登主编:
近来许多战友在讨论国内学术期刊（杂志）收审稿费、发表（版面）费的问题。其实，市场经济，在合理合法的情况下，在互惠互利的原则下适当收费，并无可厚非，尤其学术期刊，读者群少，发行量小。当然，非法期刊、以期刊名义诈骗应给予高度警惕及有力打击。
在这里，我想与战友讨论的是，英文 SCI（主要国外)杂志收费问题。大多战友对发英文 SCI 文章望而生畏，除了英文及课题本身的问题外，对审稿费、发表费不无顾虑。
其实，国外大多数英文杂志不收任何费用，(除非有彩色图-文章接受后你可以选择发黑白图而不用交钱)。有战友会问，杂志不收任何费用岂不亏本？ 你放心好了。这些杂志多为某权威性学术机构属下的非盈利性的期刊，这些机构的会员会费往往也包括杂志在内，多数会员也比较踊跃认购杂志（每年几百美金)。这些在国际上顶尖的杂志，许多大学、研究单位及企业（如制药公司）以及科研、学术人员都会订购。由于读者众多，药品广告费收入也很可观。还有每年发表机构学术会议（如年会）摘要的收入。这些杂志的编辑和审稿人大多没有工资，属“义务劳动”换取“学术地位”。以 Gastroenterology, Gut 和 American Journal of Gastroenterology 为例。它们都是美国及英国胃肠疾病有关机构（AGA， British Society of Gastroenterology 和 ACG)的“官方”杂志。它们不会向作者收任何费用。其他许多胃肠病杂志如 European Journal of Gastroenterology &Hepatology, Journal of Gastroenteorlogy & Hepatology， Digestive & Liver Diseases 等具同样性质.
例外的有 Alimentary Pharmacology & Therapeutics (由私人承办）. 但它也不收任何费用。其内容对药

物的开发及临床意义足以使它有相当的订户。
当然，也有一些杂志，尤其是基础研究的杂志（如 CancerResearch 等）会收发表费及审稿费。但好在这些杂志占的比例不大。
我写这些的目的有两个:
1.建议大家不要将目光只盯在国内核心期刊上，发英文 SCI 杂志可能更容易、省钱。
2.抛砖引玉。希望有投稿经验的战友们在本贴提供各专业收费（发表费、审稿费）及不收费杂志的杂志名，然后再整理，共战友们投稿参考。

2007-03-22 09:56 **美捷登主编:**

本人在两份杂志节省彩图发表费实例：
1. Journal of Clinical Pathology: 这份杂志不收发表费，但收彩图费（黑白可免费）。 我的文中共有 7 张彩图，每张收费在 150 英镑左右（具体忘了）（1 英镑=15.2 人民币）。 出版社主动来信提出有 6 张图可以合并成一张，这样就变成两张了。因此，费用从 1000 镑变成了 300 镑。
2. Journal of Infectious Diseases:这份杂志收发表费（每页好像 65 美元）。同时收彩图费（每张大概 250 美元）。我有四张彩图（两张原位杂交，两张双染免疫组化），一张黑白（RT-PCR)。其中一张双染免疫组化被编辑选为封面，按规定，可减 100 美元。同时我选择将两张原位杂交图以黑白图发表。 这样，1000 美元彩图发表费变成 400 美元。

http://www.dxy.cn/bbs/actions/archive/post/9658380_1.html
【求助】如何请国外出版社减免论文的出版费！
2007-08-01 03:09 **angiaoooo wrote:**
请教各位战友，我的第一篇 sci 论文就要出版了，但是出版费要 600 美元，感觉有点…,.)，想请教下各位如何请求出版社减免论文的出版费，在什么情况下出版社可以减免论文的出版费，写信的时候能提出什么可以减免论文出版费的理由，如何措辞？？最好能给出一段范文让小弟参考一下!!

谢谢!!!!

2007-08-02 10:04 **美捷登主编:**
colortea wrote:

下面是我自己写的，对于你的具体情况做了修改：
Dear Dr××，
I'm glad that my paper will be publicated in ****journal.
However, the paper charge is too expensive for me. We were supported by the grant from ****, but the total number of the foundation was RMB ××(about $×××). The fee for 做实验的什么方面 was free. The cost of 做实验的什么方面 was partly free. So we could finished our work.

I'm not sure if the paper charge could be (partly) free. Thank you for your consideration.

I admire you for your scientific attitude.

With Best Regards,

colortea, You have done a great job. But I wish to modify your letter a little bit.
Dear Dr××，
I am (official written language) pleased (better than glad) that my paper has been accepted for publication (fact is accepted, not necessarily published) in ****journal.
However, the paper charge (may use publication fees, depending on what the editor calls it) appears (better than is) too expensive for me at the moment (make it more reasonable). This project has been supported by a grant from ****, but the total amount of funding was RMB ××(about $×××). The fee

for 做实验的什么方面 was free. The cost of 做实验的什么方面 was partly free. (don't need these two sentences.) With this amount, we could just mange to finish our experiments, and thus we do not have enough funding to pay for the publication fees.

Therefore, I am writing you to explore the possibility that the publication fees could be reduced or even waived. However, we will make our every effort to meet the requirements for the publication including payment of the publication fees if you cannot offer us such a concession since the publication of this paper in your journal is very important for us.Thank you very much for your consideration.
Look forward to your reply soon.

With best regards,
Yours sincerely

http://www.dxy.cn/bbs/post/view?bid=45&id=14392864&tpg=1&ppg=1&sty=1&age=0#14392864
Re:【交流】SCI 杂志高昂的彩图费
2009-04-13 10:18 **ccll80811 wrote:**

近期相投的杂志，彩图费一幅要 100 美刀，我一共有 12 幅动物和临床病人的彩照，没什么删减空间。大家有好经验好办法吗，吐血求教。

2009-04-13 21:25 **美捷登主编:**

黑白、合并都是省钱的好办法。还有申请减免（不必害羞）。

http://www.dxy.cn/bbs/actions/archive/post/8602756_1.html
【求助】我把审稿费邮到国外后，怎么要发票啊？
2007-03-28 15:30 **FantasyPan wrote:**
国外的发票是不是和国内不一样啊？那要什么样的发票报销才有效啊？谢谢大家了。

2007-03-29 00:41 **美捷登主编**

国外的发票英文叫 Invoice,这个词也可翻译成发货单，发单，装货单，货物，可见与国内发票的确不同。其中体现诚信和制度的差别。
国外的 Invoice 其实就一含有服务/购销以及公司/单位联系详情单张。大多没有印章，给人以"假"的感觉。（国内有很多"假"真发票！）
其实，国外报销一般用售货机打印的收据或含有联系详情的手写收据即可。
我想，你们单位财务会了解国外情况，更何况你的文章会在杂志上发表。报销应该没有问题。

2007-03-29 00:00 **美捷登主编**

> **xatrixer wrote:**
> "发票" 的英文应为: "**Receipt**", not "Invoice"
>
> Invoice 的译意是 "尚未付款的货单".
>
> For your reference:
>
> **Receipt -**
>
> an acknowledgment (usually tangible) that payment has been made

Invoice –

- Bill or list of charges for services rendered, sent to the commercial account to whom the move is charged.

- An itemized list of goods shipped to a buyer, stating quantities, prices, shipping charges, etc.

- A formal request for payment; a written record of a transaction submitted to customer or client when requesting payment for services or goods delivered; includes taxes where applicable; also called bill, and sometimes statement, though the term "statement" has a different meaning that does not include a formal request for payment.

Xatrixer

请问中文“收据”英文作何解？
在国内，老板愿意开收据，而不愿开发票，但客人要发票而不喜收据，原因在于国内独特的财务、税收制度。 在香港，收据即可用来报销。收据的英文就是 Receipt。不信，在香港哪家餐馆吃饭后向 waitress 要一张看看。
其实，只要有付款凭证就应该可以报销。

http://www.dxy.cn/bbs/actions/archive/post/11617399_1.html
【经验】谈谈英文杂志单行本的问题
2008-04-18 06:03 **美捷登主编:**
许多战友在论文被接受后不久会收到杂志（出版社）寄来的校样(Proof),往往同时附有一份表（Reprint 或 Offprint order，也就是单行本订单)。
单行本有时分两种：有封面的和没有封面的。有封面的在封面上带有该杂志本期的封面以及该论文的题目、作者等信息。 没有的则仅有论文本身。两种单行本纸质都比较好。
以前（十年前吧），很多杂志免费赠送 10-30 本单行本不等。即使如此，很多作者都会定 50-100 份。因为那时，网络没有现在发达，很多文章不可以在网上下载（网上没有全文），还有，那时东欧国家还很穷。所以，文章刚刚发表时，通讯作者会收到许许多多的 Reprint Request 明信片，主要来自东欧国家，如波兰、捷克等（我因此积累了许多这些国家的邮票）。明信片上回邮地址已经打好，方便回复。一般作者都会回寄单行本，一是友好，二是交流。 这点，Japanese 作者做得比较好。就是现在，他们大多也愿邮寄并同时 E-mail 单行本。

时过境迁，现在网络发达，绝大多杂志已有全文(pdf)网上刊登，下载很方便。pdf 文档同杂志上发表的几乎一模一样，得到广泛认同。所以，许多作者不再定购单行本。值得一提的是，多数杂志并不是免费向所有读者提供全文，只有在单位或个人订购了在线杂志（Online subscription)后才可下载。有些杂志则需作者选择是否免费向所有作者提供网上全文(Open Access)，如果是，则由作者出钱。许多有钱的作者会选择是。选择否并不影响论文的发表。另外也有少数杂志，如 WJG,是在收取作者版面费的情况下向所有读者开放全文（很多杂志尤其国内中文杂志，收了不菲的版面费，要下载全文仍要收费）。
另一个问题是，目前国内有些单位的行政部门思维还停留在十年前，晋升论文一定要提交刊登论文的期刊，或从图书馆订的纸质期刊中的论文复印件。我在 15 年前申请副教授时，医院人事部门不相信单行本，却要我到医院/大学图书馆复印。可这些图书馆并没有订发我的文章所有杂志（那时我有十几篇英文文章）。相信这种官僚在大家的努力下会逐渐消失。因为现在资讯实在是很发达，许多单位也很开明。PubMed, Medline，Google Scholar 等逐渐被认可。
纸质的单行本会逐渐成为历史！

2008-04-18 17:33 **anhei2000 wrote:**

hhxx1021 老师的介绍令小弟长见识了！
想问一下，怎样向国外作者索要其编写的书籍？
小弟按照索要论文的方式写信给作者，结果人家没理我.....

hhxx1021 wrote:
这点，Japanese 作者做得比较好。就是现在，他们大多也愿邮寄并同时 E-mail 单行本。

这个可能跟国家和地区有关，我向国外作者索要资料时，回复率最高的是 USA 和 UK，Japan 很少回复，至今只碰到过一位很热心的 Japanese 作者。

hhxx1021 wrote:
另一个问题是，目前国内有些单位的行政部门思维还停留在十年前，晋升论文一定要提交刊登论文的期刊，或从图书馆订的纸质期刊中的论文复印件。我在 15 年前申请副教授时，医院人事部门不相信单行本，却要我到医院/大学图书馆复印。可这些图书馆并没有订发我的文章所有杂志（那时我有十几篇英文文章）。相信这种官僚在大家的努力下会逐渐消失。因为现在资讯实在是很发达，许多单位也很开明。PubMed, Medline，Google Scholar 等逐渐被认可。
纸质的单行本会逐渐成为历史！

这个在国内确实是个问题，每次都害得我们去图书馆找杂志复印，既浪费时间又浪费金钱.....

2008-04-20 08:38 **morriselee wrote:**

anhei2000 wrote:
hhxx1021 老师的介绍令小弟长见识了！
想问一下，怎样向国外作者索要其编写的书籍？
小弟按照索要论文的方式写信给作者，结果人家没理我.....

同学，书籍不是随便可以要的。国外的专业书籍一般一本都是几十、上百甚至几百美金一本的（那可是几百甚至几千人民币阿！）。
你如果发个 email 别人就给你一本，那别人岂不是要破产？

2008-04-26 02:55 **美捷登主编 wrote:**

楼上说得对。别说国外，国内的科技书免费赠送给作（编）者的数目也很少。
11 年前，我和另一位教授主编了一本书，出版社只赠送给我四本。 我只好出钱买了 40 本送给各章节的作者和友人（编书稿酬 4000 元，40 本书打完折付 1200 元。次年再版，送给我两本。没有稿酬。两次印刷共 13100 本。从此我再也不编书了）。
所以，书不是容易求得到的。

http://www.dxy.cn/bbs/post/view?bid=45&id=13377713&tpg=1&ppg=1&sty=1&age=0#13377713
Re:【求助】必须要订 offprint 吗
2008-12-03 23:24 **zezeze wrote:**

一篇文章刚被接受虽然影响因子不高只有 2，但我已经很满意了，今天出版社 elsevier 来信要求订 offprints，需要 250 美元，必须订吗？有同样经历的可否指导一下。谢谢

2008-12-04 01:30 美捷登主编：
You don't need to order unless you or your boss want it for record. Ask you boss then.
The offprint usualy contains a specific cover while the pdf file you can download pdf file from online jiust contains the paper itself.
By the way, some journals offer 10-30 free reprints.

http://www.dxy.cn/bbs/actions/archive/post/8380662_1.html
【求助】文章已经刊登但是没收到订单行本的订单 怎么办 急啊！
2007-03-03 00:43 美捷登主编：

qiongfangyu wrote:
我的文章 2 月份就已经见刊了，但是直到现在都没收到出版社（德国的 springer）订单行本的订单，我发 email 给出版社询问，也没回音，怎么办呢？等着毕业啊！
请各位帮忙出出主意吧

你是想用单行本证明你的文章已发表了，还是想将单行本放进你的论文里？
如是前者，到 PubMed 或 Medline 已查就知道。如是后者，有校样也行。许多杂志在文章发表后一月左右免费邮寄 20-30 本单行本。 你也可以在该杂志网页找到 pdf 正文， 也可向编辑提出要求。
如果你的文章在 2 月已发表，你可以将你的文章的作者、文题及杂志名告诉我，我愿帮你找 pdf 正文。

2007-03-03 00:46 美捷登主编：

cake2003 wrote:
不知道这个订购单行本有没有什么时间限制，如果时间晚了，会再给我补印么？

补印费用非常昂贵。没有必要（理由见上）。 现在许多作者已不订单行本了。

第 10 章 校样后事宜：何时出现在 PubMed 上、何时正式出版，等

http://www.dxy.cn/bbs/post/view?bid=45&id=14372943&tpg=1&ppg=1&sty=1&age=0#14372943
Re:【求助】为什么发表的文章没有卷、期、页
2009-04-10 18:25 **henrylovelora wrote:**

我投了一篇 SCI 期刊，什么都没让修改就发表了，但是在 PUBMED 上一直是 Epub ahead of print，连卷、期、页都没有，而同时期发表的部分文章有卷、期、页，这是怎么回事啊，谁能告诉我？

2009-04-10 09:45 美捷登主编：
Epub ahead of print 是指在正式出版前网上发表。
杂志这么做这样原因大概有两点。第一，你的文章就可以提前被读者看到，就有可能在"两年"之内更多地被引用，即相当于已发表（除非在正式发表前因故撤稿），这样，杂志的影响因子可以得到提高。其次，你的文章一旦在网上刊登后，你就不可在其他杂志发表（有些人一稿多投，但往往不敢一稿多发），这样可以避免一稿多发的情况。这就是为什么在园子里常常有人求助"文章被 A 杂志接收、如何从 B 杂志撤稿"的原因。

在正式发表前，读者能看到的往往是你提交给编辑部的版本（word 文档），在校样出来后改为 pdf 文档，但要等到正式出版才有卷、期、页。

正式发表通常需 2-3 个月，多达半年。

此外，目前有些杂志，只有网络版，没有纸质的印刷版，所以，往往只有年、月、日，没有具体的卷、期和页码。国内许多单位还不太认可这类杂志，所以投稿时要小心。

第 11 章 发表后事宜：单行本被索取、被约稿等

http://www.dxy.cn/bbs/actions/archive/post/10698495_1.html

【求助】SCI 文章刚刚出来，一个印度人写信来要 PDF 全文，给不？

2007-12-15 15:04 **CQUMS wrote:**

如题，
估计后面还会遇到其他人发信来。。。

大家是怎么做的呢？
虽然以前也这样发邮件向老外要了些文章，有成功的，有失败的。。。

但，自己初次面对这种要求，，，糊涂了

另外，文章版权是杂志的，，自己这样传给别人，不知道违规不？

2007-12-16 00:09 **美捷登主编：**

向通讯作者求 reprint(或 pdf 全文）很正常。你也可以通过 email 向别人要 pdf 全文。
有人想(向)你要，说明你的文章有影响力。你应该提供，同时可以相互通交流，互通信息。也许，人家会引用你的文章。 更重要的是提高你的知名度。

http://www.dxy.cn/bbs/actions/archive/post/11257949_1.html

【交流】有人向我要论文，怎么办？

2008-03-06 00:32 **anhei2000 Wrote:**

最近一直忙于写毕业论文，真累，都快写出颈椎病了！

还没答辩，已经有人向我预定毕业论文了，有同学，有其他学院的老师，还有一个生物公司经理。当初本人并不在意，一口气就答应了人家。现在越想越不合适，因为本人的毕业论文内容一篇 article 都没有发表过，这种情况下给人家好不好？再说，生物公司的那位经理要我的毕业论文干吗？申请课题？不可能.....给别人参考？不知道.....当初本人做课题时，她提供了实验场所、器材和试剂，对本人的课题思路和方法可谓是一清二楚，唯一不知道的就是我用了什么药物干预肿瘤转移，且效果不错。这位公司经理直属另外一所大学研究机构，所以现在我最不想给的就是她。可是当初答应得太直爽了！不给的话，显得没诚信！怎么办？给的话应该怎么给？

2008-03-06 08:10 **美捷登主编**

恕我直言，随便答应给人你的毕业论文是很不慎重的。因为许多研究结果还未正式发表，很容易被人利用。
本人博士毕业时共印了论文 8 本（欧洲每本装订费不菲），大学两本，两位导师各一本，本人两本， 科室购买一本（导师照顾），送国内硕士导师一本。
建议以印数不够等原因婉拒其他非相关人员的要求。

http://www.dxy.cn/bbs/post/view?bid=45&id=14689474&sty=3&age=0&tpg=1&ppg=1#14689474

Re:【交流】文章已被接受，杂志的英文又来约稿，这是什么回事？

2009-05-22 08:33

今昔 wrote:

我的一篇中文文章被接受，定在下半年接受。

可是又接到该杂志的英文版杂志的通知，让我把那篇文章写成英文的，再二次发到那个英文版的杂志上，

还说不算是一稿双投。

请问大家遇到过这种事情吗？是不是就想赚钱啊？

一般来说，核心期刊的英文版是否也是核心期刊？

很多国内的英文杂志就是这样发展起来的。
由于是国内的新的英文杂志，国外作者并不知道（没有钱做广告？），而国内作者只认 SCI，因此缺乏稿源。
等几年后进入 PubMed 和 SCI 后，英文稿件就不再来自其发表的中文。

在从作者那得到版权后，同一家杂志社以中英文发表不存在版权问题。

第 12 章 关于撤稿、被撤稿

http://www.dxy.cn/bbs/actions/archive/post/9302900_1.html
【交流】杂志编辑给我（审稿人）关于国内作者撤稿的通知-怒！羞！

2007-06-14 19:06 **美捷登主编：**

Ms. No.: 200703002
LeXXXXXXl vector XXXXXXXXXXXXXX
by ZhXX X, XXXXXXXXXXXXXX

Dear Dr. XiX,

Thank you very much for evaluating the above mentioned manuscript for "Tumor Biology".

Unfortunately, the author has just informed us that their manuscript was under simultaneous consideration in another journal. This is a wholly unethical practice and results in considerable wasted time by editors and referees alike.

We have therefore withdrawn the manuscript and the authors are now blacklisted from further submissions.

Nevertheless, the editors would like to thank you for your efforts and time in evaluating this manuscript.

With kind regards,

Phil D Rye (Editor)

2007-08-17 00:36 **美捷登主编：**

> **demonickyo wrote:**
> 随便说两句，请各位老师多指正。
> 也请各位投稿人，尤其是有些觉得「投几家都无所谓」「大不了改名就是了」的朋友们看了之后再多考虑一下。
> 我们最近遇到了相似的情况：
> 一篇稿件寄来，编辑看了，觉得不错，于是送审。二审专家都通过了，提出了修改意见，定稿会三审专家讨论也通过了，但是因为内容较为单薄，最终专家编委会的审稿意见是「短篇论著」，也就是「以摘要形式发表」。
> 那天定稿会开到晚上 7 点多，开完定稿会送走各位专家老师们，编辑按照本刊稿约的要求修改了稿件，给作者发了退修函，附上了专家的意见、修改后的稿件和修改建议。我

> 们的退修函都有注明退修的时限，但是这封稿件就此就如同石沉大海杳无音讯了。接近退修时限的时候，编辑就给作者打电话催问，稿件修改好了没有。
> 作者说「我们不是没给回吗，已经在别的刊物发了。」
> 我们都能理解作者辛辛苦苦地做实验、临床研究，还要面对病人，还有毕业、职称、课题的重重压力，所以您如果觉得短篇论著的份量不够要撤稿改投，那没有问题。
> 但是我们尊重您的劳动成果，您有没有对编辑和审稿专家的劳动给予相应的尊重？
> 只是回一个电话或者一封邮件，需要占用您作者群当中随便哪一位老师的多少时间？
> 我经常在晚上 8 点多钟，甚至 10 点多钟收到审稿专家发来的确认邮件，说稿件收到了，会尽快处理。既然各位专家老师们都那么迟还在辛苦工作，我们自己的加班又算什么呢？
> 楼主老师您所遇到的 *Tumor Biology* 的这种做法，我们没有采用。因为编审老师说"这样给专家一说，专家该多伤心啊，说不定以后就没有动力审稿了呢"，看到楼主老师的反应，我想我们编审老师的看法是正确的。
> 所以这种事我们虽然多见，但是并不会让专家也去体会这种感受。
> 但是，这并不代表一稿多投这种事就是被我们允许的。
> 虽然人微言轻，但是想提醒一下诸位作者，这种做法毋庸置疑作者们是会被编委会列入黑名单的。如果您是作者群当中的一员，这种涉及团队（甚至包括您的导师）的做法，希望您三思、或者至少和团队的其他人、导师商量一下。
> 当然如果您认为「改个名就好」，我们也的确没办法……/默。
> （整理一下思路……等下再写）

非常同情你们的境遇。Tumor Biology 今天给我来信正式通知稿件已撤（明天赴上信的内容）。
我在 PubMed 查了一下，该文已在本月发表在另一杂志上。

2007-12-27 20:50 **美捷登主编：**

http://www.dxy.cn/bbs/post/view?bid=45&id=10789204&sty=1&tpg=1&age=0

一稿多投其实跟作假一样涉及诚信问题。不可思议的是作假令人唾骂，一稿多投却得到这么多人的认同。这个社会大概是"笑贫（往往是懒的结果）不笑娼"吧。

2008-04-25 00:41 **美捷登主编：**

> **superdb wrote:**
> 这个 tumor biology 杂志编辑也有做的不完善的地方，这是我在 tumor biology 投稿的经历：
> 我在 tumor biology 投稿后，杂志社自动发了一封回信说是马上就会给我发确认函并且可以查询状态，但等了 5 天均渺无音信，于是按照回信上的地址给编辑写了两封信均石牛入海。于是写了封撤稿信，1 分种后编辑回信能把我气吐血，如下
> Thank you for all your impatient emails. Your withdrawal notice was subsequently received with the greatest of pleasure.
>
> Regards,
>
> A very busy editor

中国作者投稿后的真实写照。妙！

2008-08-07 21:21 美捷登主编：

> **johnsonlin119 wrote:**
> 把自己的名声搞臭了以后还怎么混啊，外国人很重视声誉的。

同意。
在没有得到 Decision letter 之前，在没有正式向已投稿杂志撤稿之前，一定不要向另一家杂志投稿。

http://www.dxy.cn/bbs/actions/archive/post/11582685_1.html
【求助】关于撤稿
2008-04-14 15:42 **mengguoliang wrote:**
本人一篇外文投稿正在修稿中，由于种种原因，需要撤稿，请问：
1、撤稿一定需要由通讯作者或第一作者提出申请吗？
2、撤稿信一般如何书写，是直接向编辑提出申请，给他发邮件吗？
谢谢!!

2008-04-14 16:24 自身抗体 **wrote:**

1、撤稿一定需要由通讯作者或第一作者提出申请吗？
是的，最好由通讯作者提出，因为文中留的 EMAIL 是通讯作者的，要不别人也可以撤你的稿了。
2、撤稿信一般如何书写，是直接向编辑提出申请，给他发邮件吗？
谢谢！！
我曾因传的不是最终版本的稿件而撤稿（你可以以数据有误等原因撤稿），直接向编辑提出即可，下面是我写的 EMAIL，请参考！
Dear Editor,
We have just submitted a manuscript titled: ***. Manuscript ID: ***
However, because of my carelessness, the manuscript we submitted was not the final version. Attached please find the final version of the manuscript. Could you replace the original version with the final version in the online submission system? I am sorry for any inconvenience I have caused.
Many thanks!
Best wishes,
Sincerely yours,
***

2008-04-15 01:42 美捷登主编
这种情况，我建议：
1。跟你导师商议，由他向通讯作者提出该换第一作者，或撤稿；
2。如果无效，力正面跟通讯作者交涉；
3。 如还不行，向编辑部说明真相，编辑部会因(disagreement among the authors)而要求通讯作这说明，或主动撤稿。
无论哪种，你必须有更道理，即课题设计，试验结果以及论文撰写都是你完成的。

http://www.dxy.cn/bbs/post/view?bid=45&id=14121764&tpg=1&ppg=1&sty=1&age=0#14121764
Re:【对话】被撤稿不是国人的专利--平常心态！
2009-03-11 20:50 苏州河畔 **Wrote:**

无意中，发现欧洲外科肿瘤学杂志（EJSO）的一则撤稿消息，投稿人由于涉嫌剽窃，被主编撤稿！看来不是国人的专利，随着信息的发达，随着名利的角逐，会有愈来愈多的撤稿消息在互联网上发布，不仅仅是针对国人！所以大家都要以客观、平常的心态看待这一严重问题，有则改之，无则加勉！共同凝造良好的学术道德风格！

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WF4-4MD466M-1&_user=10&_coverDate=02%2F28%2F2007&_rdoc=1&_fmt=high&_orig=browse&_cdi=6784&_sort=d&_docanchor=&view=c&_ct=1&_refLink=Y&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=16e96bfb15038cf84fbf276cbdcca621

Refers to: RETRACTED: Continence after radical prostatectomy with bladder neck preservation
European Journal of Surgical Oncology (EJSO), Volume 33, Issue 1, February 2007, Pages 96-101,
A. Abou-Elela, I. Reyad, A. Morsy, M. Elgammal, A.S. Bedair, M. Abdelkader
PDF (951 K)

This article has been retracted at the request of the Editor-in-Chief.

Reason: The Editor-in-Chief and Editorial Team of the EJSO very much regret that it has become necessary to retract this article formally. The journal was recently alerted to the fact that it duplicates very substantial sections and text from three articles previously published in the Journal of Urology (full references below). The authors have been contacted but we have not received a satisfactory explanation. Their institution will be informed.

Modern plagiarism detection software systems now allow very detailed comparative analysis of submitted texts to be made. They are being introduced widely by publishers and are also being used by independent and academic verification teams.

All authors are reminded of the importance of originality in their contributions and of appropriate acknowledgement where text and other forms of intellectual property are used directly from other sources.

The EJSO has strict policies on publication ethics and takes seriously any breach of these policies. The journal published this particular article in good faith and the Editor-in-Chief and Editorial Team apologise to the authors of the papers listed below. The Editor-in-Chief and Editorial Team are most grateful to the research team which brought this particular case to the attention of the journal.

Gaker DL, Gaker LB, Stewart JF, Gillenwater JY. Radical prostatectomy with preservation of urinary continence. J Urol 1996;156:445–9.

Poon M, Ruckle H, Bamshad BR, Tsai C, Webster R, Lui P. Radical retropubic prostatectomy: bladder neck preservation versus reconstruction. J Urol 2000;163:194–8.

Gaker DL, Steel BL. Radical prostatectomy with preservation of urinary continence: pathology and long-term results. J Urol 2004;172:2549–52.

2009-03-11 12:58 美捷登主编：
苏州河畔 wrote:
.....

This article has been retracted at the request of the Editor-in-Chief.

Reason: The journal was recently alerted to the fact that it duplicates very substantial sections and text from three articles previously published in the Journal of Urology (full references below). The authors have been contacted but we have not received a satisfactory explanation. Their institution will be

informed.
.....

这是一份严厉的撤稿声明。
所有人应引以为戒。

2009-03-11 13:00 美捷登主编：

RETRACTED: Continence after radical prostatectomy with bladder neck preservation

A. Abou-Elela, a, , I. Reyada, A. Morsya, M. Elgammala, A.S. Bedaira and M. Abdelkadera

aUrology Department, Cairo University, 1, Obour Buildings, Salah Salem Street, Nasr City, Cairo 35290, Egypt

来自另一个文明古国！

第七篇 关于编辑公司

第 1 章 编辑公司及其作用

http://www.dxy.cn/bbs/post/view?bid=45&id=3902381&sty=3&keywords=%B1%E0%BC%AD%B9%AB%CB%BE

【交流】请编辑公司改稿耻辱吗？

2005-07-22 02:47 美捷登主编：

我们在英文医学杂志上经常见到***人的文章。来自祖国宝岛台湾的文章也不少。然道他们的英文真的那么好吗？其实不然。在***，南韩及台湾，请编辑公司改稿，校对甚至写稿都司空见惯。然而，在国内，许多人认为，文章由别人改很耻辱，让人知道要笑掉牙。因此死撑着，明知文章发不了，还不停得往外投，既浪费时间又浪费钱，更浪费心血和精力。
是改变观念的时候了！！！

http://www.dxy.cn/bbs/post/view?bid=45&id=12620424&sty=3&keywords=%B1%E0%BC%AD%B9%AB%CB%BE

Re:【讨论】严肃讨论一个话题：找公司修改文章有必要吗？

2008-08-28 00:27 美捷登主编

不找的理由:
1。要成为在国际上有影响力的真正的科学家，至少在科研的初期如研究生阶段锻炼英文写作及发表能力。写作包括整个论文的构思、草拟、完稿及润色。发表包括投稿、修稿、校对、签版权协议、利益冲突陈叙、付发表费等。亲历亲为才能获取宝贵的经验。
2。研究生期间学习和提高英文水平最好的机会莫过于实战-用自己的实验结果写一篇像样的文章。不是所有编辑公司的编辑都是专业人员，更不用说那些翻译公司。
3。国内目前许多科研单位经费有限，尤其研究生。所以，能省就省。

找的理由：
1。许多研究人员，尤其高级研究人员身兼数职，还有那些在教学医院整天忙忙碌碌的医生们。他们有很好的科研结果，可分身无术。好在科研经费近几年不断增加，医生收入也有所提高，花几十小时写篇文章（英文）还不如花几千元请优质的编辑公司更划算。
2。国外编辑服务已相当成熟。非英语国家如日本、德国的科学家往往会固定地与某编辑公司合作。我们都知道，日本科学家的英文好不过中国科学家，但人家发的文章无论质和数都超过中国。在日本留学的人都知道，几乎每个科学家在他成为主要研究人员(Principal investigator)之前就与某一编辑公司有合作

了。
国外有种职业叫 Technical writer, 或 medical writer。即使在美国，许多大型公司如制药公司都在需要时请他们当写手，叫 Ghost writer。
3。许多大的实验室，大的研究小组，每年科研经费几十百把万。可以说，哪怕将其中 10-20%用在发表论文上都不为过分。因为研究结果是否被承认最终体现是将研究结果发表在好的杂志上（当然，研究的主要目的是为人类作贡献）。相信国内在申报科研经费时，已经有发表论文费这一项目。

http://www.dxy.cn/bbs/post/view?bid=45&id=10370295&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】问问大家，是找公司翻译好呢还是自己写英文好
2007-11-05 11:09 **美捷登主编:**
如果你有一定英文基础，最好自己写。多读些相关文献。要善于从参考文献中“抄”里有用的东西。“抄”不一定是一字不变地照抄，可以变换方式描述，也可总结几篇参考文献的内容。文章写好先给有英文背景的同事或 a native English speaker 看看。如果研究内容和结果新颖，语言没有太大问题，编辑还是会乐意接受你的文章的。You won't know if you don't try! So, why not try first?
如果英文不好或时间不够，可考虑找公司帮忙。但要发 SCI 文章单纯的翻译是远远不够的，许多翻译人员用的是网上翻译软件，翻译出的医学术语叫人啼笑皆非。因此，资深医学编辑的润色修改是必不可少的。

http://www.dxy.cn/bbs/post/view?bid=45&id=12008083&sty=3&keywords=%B7%AD%D2%EB
Re:【求助】医学论文翻译，找谁好啊？
2008-06-05 13:14 **美捷登主编:**
想发 SCI 论文，单纯的翻译往往是不足够的。

http://www.dxy.cn/bbs/actions/archive/post/12352611_1.html
【求助】接收英文论文的商业服务可行吗?
2008-07-21 14:49 **东南西北 wrote:**
前不久,写了一篇论文,在查外文文献的过程中发现我的研究结果可能发到外文期刊进行交流更好,就开始用零零星星的时间把文章翻译成英文.几周过去,总算快完成逐字逐句的正文翻译了,已经不堪承受.后又因为出门 10 天,又搁下了.回来后再坐下来做打磨的活实在是难啊!恰巧(真的就这么巧),收到一个电子邮件,提供论文翻译服务的公司.介绍倒是不错.可是这些商业行为可靠吗?如果采用他们的服务会有什么利弊?有没有战友有经验或教训可共享一下?如果采用他们的服务,又应该注意些什么?实在没有底.请大家赐教啊!

2008-07-21 17:04 **lordlong wrote:**
如果本人英语不好，又找不到认识的人修改，请论文翻译公司进行加工是合适的，是现在非英语系作者常用的写作方式，也很有必要，否则因语言问题被退稿很不值；
这些公司的质量参差不齐，有些很不错，有些翻译水平较低。

第 2 章 如何选用编辑公司

http://www.dxy.cn/bbs/post/view?bid=45&id=15654199&sty=3&keywords=%B1%E0%BC%AD%B9%AB%CB%BE+%C3%C0%BD%DD
Re:【交流】华人生物医学编辑的优势：English-Fluent Chinese Editors PK Native–English-Speaking Editors （1）
2009-09-29 22:36 Medjaden
2008 年<<癌症>>杂志英文编辑 HE Hua 及 GAN Ke-Jian 在英文杂志 Science Editor 上发表了题为“Advantages of English-Fluent Chinese Editors over Native－English-Speaking Editors in Editing Chinese Biomedical Manuscripts”的论文(Sci Ed 2008;31189-192)。该论文比较了操流利英文的华人（接受中文教育的）编辑与母语为英文的编辑在编辑来自中国作者英文论文的优势。
其中，华人编辑的优势为：
1、熟悉中文语言（汉语）的内在逻辑性及其对中国人思考方式的影响。
2、中国作者可以更准确有效地与华人编辑交流。

3、华人编辑在深度编辑收费上较母语为英文的编辑便宜。
母语为英文的编辑的优势主要为语言优势，包括语言掌握能力语感、词汇量、运用语言的灵活性、速度和效率。
最后，作者谈到编辑来自中国作者的英文论文的策略。仅需轻度润色的论文，送母语为英文的编辑即可，但须深度编辑的论文，先应送华人编辑修改，再给母语为英文的编辑润色。这样既省时也省钱。国内编辑（注：不是翻译）公司与专业人士（导师、同行、作者）的有效交流是克服语言障碍的有效措施。

第 3 章 如何与编辑公司有效合作

http://www.dxy.cn/bbs/post/view?bid=45&id=13117986&tpg=1&ppg=1&sty=1&age=0#13117986

Re:【交流】找公司翻译不如找同行合作共享第 N 作者

2008-11-03 02:00

neuroyeah wrote:
很多人抱怨 BBRC 不要公司改过的稿子
就是骗钱

其实公司改的稿子质量并不高
关键是对口的编辑
如果不了解你这个领域
读不懂你的文章，改的都是最明显的语法错误
但文章里的重点根本就表现不出---你自己都没写出来，他当然不能发现

如果是同行的话，很容易就发现你文章的核心所在，
大不了共享一下作者吧
除了第一和通讯，倒也没什么所谓

补充一句
交流稿件要一步步来
信任别人，不盲目怀疑，但也不要全盘送出文章，以免不良事件发生

2008-11-03 10:51 **pyfanyuchen wrote:**

一篇全文，如果别人把所有的内容交给你修改，说明是别人对你人格的信任，所以，一定要帮他好好修改，才能不辜负别人的信任！
但是，如果别人给你的不是他文章的全部，让你修改，一来可能是别人对你的不信任，另外文章的部分又使你不能完整的评价这篇文章，又怎末能够改好呢？
所以，做人，做学问，都要正直，客观！做学问，首先还是要做人的.....

cfmsunhh wrote:
巧妇难为无米或少米之炊...

严重同意，我也老是有这样的感慨.....
一篇文章，拿来到你手里，让你修改！
发现研究内容本身就存在重大的缺陷，即便写的再好，又怎么能够发表呢？
即便运用各种技巧，文章发表了，缺陷还是缺陷，心里面又怎末能够舒服呢？
技巧只是手段，研究质量和水平才是根本！

http://www.dxy.cn/bbs/post/view?bid=45&id=13126251&sty=3&age=0&tpg=1&ppg=1#13126251

2008-11-04 06:32 **美捷登主编:**

neuroyeah wrote:

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就是骗钱

其实公司改的稿子质量并不高
关键是对口的编辑
如果不了解你这个领域
读不懂你的文章，改的都是最明显的语法错误
但文章里的重点根本就表现不出---你自己都没写出来，他当然不能发现

如果是同行的话，很容易就发现你文章的核心所在，
大不了共享一下作者吧
除了第一和通讯，倒也没什么所谓

补充一句
交流稿件要一步步来
信任别人，不盲目怀疑，但也不要全盘送出文章，以免不良事

找公司找同行，熟优熟劣，见仁见智。本人不便作评，骗钱的公司、不对口的编辑的确存在，更不用说那些根本发不了的由翻译公司翻译的文章。
我要说的是，neuroyeah 在这里给战友们提出了修改发表文章的另一途径-找同行专家。不过，找同行也是有学问的。
1。找国内同行合作写文章有很多问题，丁香园论坛不乏这方面的不利消息，故不赘述。找国外同行（华人洋人均可）是比较可行的。现在有许许多多在学术上有很造诣的海外华人学者，他们很多人乐于在工作之余无偿帮助国内研究人员。
2。诚信和学术态度至关重要。没有互信，将会以失败告终，双方都会有损失。你有求人家，必须拿出诚意，那种"用你一时"的心态极不可取。本人在丁香园结识了不少做学问的战友（主要是本专业的），我很欣赏他们的才能和科研精神，尤其是他们对科研追求的诚心和向同行请教的诚意。
3。合作应是长期，互补互利的合作。不要等到要发文章才想到找国外同行。首先，大家对课题及其结果分享有共识，然后在合作过程中建立互信机制。单就发表论文而言，国内许多单位与香港各大学的合作相当成功。如果有打算出国深造，这种合作也提供潜在机会。
4。如何找？导师推荐首当其冲。我以前招的学生几乎都是国内合作同事推荐的。 但有些被推荐者给我写一次 email 后就杳无音讯，有的不时 update 他/她的进展。你说我会招谁？还有，你可以在 PubMed 上查找，然后向你心目中的同行联系，要 full-text,提科研问题等等（恋爱时借书还书的游戏想必大家都会玩）。也许国外同行开始对你的要求不冷不热，但只要他/她应付了你，就有希望继续交流。当然，不卑不亢是原则。最后，如果大家有机会参加国际会议，不妨多多有意无意与国外同行交流，互流名片。不瞒你说，我正是在这种场合认识诺贝尔奖获得者 Barry Marshall 并继续往来的（本人申请美国绿卡，他给我写了份非常棒的推荐信）。

2008-11-03 20:36 **长青藤编辑 wrote:**

能找到英文是工作语言的高水平同行审阅、修改论文当然最好。问题是：这样的人通常很忙，除非和作者关系很铁，不会真正花功夫为你全方位修改论文。真正有水平的研究者大概不会很在乎在别人的论文上挂名，况且这样做是有风险的！

找编辑公司或者自由编辑（free-lance editor）是一个可行的办法，但问题是作者必须找到真正有能力、负责的编辑。编辑的任务是帮助作者优化论文的概念层次展开，用简练的语言把一个"故事"说圆了。要做到这一点，编辑 / 作者之间必须有良好的沟通和互动，编辑必须充分了解研究的背景，理解作者每一句话背后到底想说的是什么。我的一些朋友告诉我老外帮助他们修改论文时经常曲解作者愿意，就是

缺乏互动造成的。没有沟通机制，仅仅由一位英语母语的编辑改一遍，对写作水准已经不错的作者或许有用，对论文组织存在缺陷的论文是不够的。

2008-11-04 21:26 长青藤编辑 **wrote:**
与 junjiexiao 讨论：修改论文是否必须由领域内专家完成？

这里向大家介绍"日本经验"。由于语言体系的原因，日本科学家的英语写作水准与欧美国家有很大差距，但是日本在 2007 年以前发表 SCI 论文数量一直稳居世界排名第二。

日本取得这样的成就有多重原因：政府和民间组织对科学研究的重视，广泛的国际交流。另外一个重要原因是：日本几乎每所大学、研究所都长期雇佣专业编辑，或者与专业编辑公司长期合作。他们的大多数论文在投稿前都经过仔细、深入的编辑处理。其实，这个做法在使用英语的欧美国家也很常见。我的一位朋友（顾军博士）在纽约州卫生部 Wadsworth Research Center 任职，这个研究中心就长期雇佣专业编辑为科学家服务。

一名合格的编辑是否需要是论文研究领域的专家呢？下面用我自己的一篇论文和大家具体讨论。

Role of dopamine D4 receptors in motor hyperactivity induced by neonatal 6-hydroxydopamine lesions in rats. Zhang K, Tarazi FI, Baldessarini RJ. Neuropsychopharmacology, 25:624–632, 2001

作者用药理和行为学的手段在一个多动症 (Attention deficit-hyperactivity disorder) 模型研究多巴胺 4 型受体的功能。当时我请一位朋友修改论文，这位朋友是一名精神科医生，研究背景是抗抑郁症药的分子机理，在多动症和多巴胺 4 型受体两个方面都没有研究背景。可他的背景代表了 Neuropsychopharmacology 这份杂志的主体读者，给我提出了很多宝贵意见。我在论文手稿形成过程中陷的太深，思维已经被固化在一些细节问题上，很难从读者的角度看出论文在组织和语言上的缺陷。可谓：不识庐山真面目，只缘此身在山中。

我个人认为，改好你的论文，最佳人选是：与研究课题有一定距离，但在大的领域中有研究经验和判断能力的学者，兼有编辑经验更好。当然，这样的"外行"要改好你的论文，必须建立在与作者充分沟通的基础上。

第 4 章 丁香园战友评论美捷登

第一节 成功经验与交流

1. 2005-10-15 04:35
http://www.dxy.cn/bbs/actions/archive/post/4642465_1.html
【请阅读发帖须知】认真阅读后修改标题

2. 2007-10-31 00:36
http://www.dxy.cn/bbs/post/view?bid=45&id=10329343&sty=3&keywords=%C3%C0%BD%DD%B5%C7
【经验】我的 SCI 之路

3. 2009-03-11 12:45
http://www.dxy.cn/bbs/post/view?bid=45&id=14124227&tpg=1&ppg=1&sty=1&age=0#14124227
【评述】庆贺我的处女作被接受！感谢战友们！

4. 2009-06-22 19:20
http://www.dxy.cn/bbs/post/view?bid=45&id=14925530&tpg=1&ppg=1&sty=1&age=0#14925530
【交流】由 文章一字不改直接接受(IF=3.5) 谈论文修改公司

5. 2009-09-21 22:07 （直播）
http://www.dxy.cn/bbs/post/view?bid=45&id=15594813&sty=1

【经验】SCI 杂志(IF=2.5)投稿遭遇记.(投稿必看.血的教训)
http://www.dxy.cn/bbs/post/view?bid=45&id=15830160&tpg=1&ppg=1&sty=1&age=0#15830160
Re:【经验】SCI 杂志(IF=2.5)投稿遭遇记.胜利大结局.
http://www.dxy.cn/bbs/post/view?bid=45&id=16266176&tpg=1&ppg=1&sty=1&age=0#16266176
【经验】圣诞节的贺礼,投在 SCI 杂志 IF=2.5 分的论文被接受.沾点喜气吧

7 2009-09-22 11:09 （直播）
http://www.dxy.cn/bbs/post/view?bid=45&id=16099901&tpg=1&ppg=1&sty=1&age=0#16099901
Re:【求助】还要等待多久...
http://www.dxy.cn/bbs/post/view?bid=45&id=15600837&tpg=1&ppg=1&sty=1&age=0#15600837
【求助】终于接收了...

7. 2009-12-03 19:01 （直播）
http://www.dxy.cn/bbs/post/view?bid=45&id=16096513&tpg=1&ppg=1&sty=1&age=0#16096513
Re:【求助】BBRC 的语言公司修改周期？两次被拒了！
http://www.dxy.cn/bbs/post/view?bid=45&id=16336105&sty=3
【经验】收到 4 封拒稿信后，终于被接受了！感谢 dxy！申请加分！

第二节 战友评语与互动

http://www.dxy.cn/bbs/post/view?bid=45&id=14324408&tpg=1&ppg=1&sty=1&age=0#14324408
【交流】感谢一位好老师：美捷登主编

http://www.dxy.cn/bbs/post/view?bid=45&id=14912814&tpg=1&ppg=1&sty=1&age=0#14912814
Re:【求助】请美捷登主编进来一下

http://www.dxy.cn/bbs/post/view?bid=45&id=15553845&tpg=1&ppg=1&sty=1&age=0#15553845
【求助】求助美捷登主编老师

http://www.dxy.cn/bbs/post/view?bid=45&id=14723155&tpg=1&ppg=1&sty=1&age=0#14723155
【求助】请自身抗体、美捷登主编等牛人赐教英文综述 proposal 的写法

http://www.dxy.cn/bbs/post/view?bid=45&id=14456495&tpg=1&ppg=1&sty=1&age=0#14456495
Re:感谢夏老师、理文编辑 McGowan、长青藤编辑、malei2000 等的帮助！

http://www.dxy.cn/bbs/post/view?bid=45&id=14124418&sty=3&age=0&tpg=1&ppg=1#14124418
Re:【评述】庆贺我的处女作被接受！感谢战友们！

http://www.dxy.cn/bbs/post/view?bid=45&id=14638565&tpg=1&ppg=1&sty=1&age=0#14638565
Re:【求助】SCI 被拒，请美捷登主编、常青藤编辑、Wellyy2005、pyfanguchen 等高手们，进来指点一下迷津!! 超级感谢!!!

http://www.dxy.cn/bbs/post/view?bid=45&id=15609746&sty=3&age=0&tpg=1&ppg=1#15609746
Re:【交流］感谢美捷登编辑的帮助，小弟再次求助，谢谢--Journal of Gastroenterology and Hepatology

http://www.dxy.cn/bbs/post/view?bid=45&id=14547247&tpg=1&ppg=1&sty=1&age=0#14547247
Re:【求助】编辑说我这句话有语法问题，可我怎么也看不出来

http://www.dxy.cn/bbs/post/view?bid=45&id=13245356&tpg=1&ppg=1&sty=1&age=0#13245356
Re:【求助】求助，上投的英文文章没有讨论，急急急。我的问题已经得到解决，大家看看互相学习吧。

第三节 战友推荐

美捷登严格遵守丁香园制度，不在丁香园参与有关美捷登的推介。现列出战友有关推荐帖子链接。敬请留意推荐的年份以及推荐战友在丁香园的级别、积分与资历，以鉴别“托儿”及“打手”。

http://www.dxy.cn/bbs/actions/archive/post/9077868_1.html
【求助】文章润色要多久?收费如何? **

http://www.dxy.cn/bbs/post/view?bid=45&id=13956145&tpg=1&ppg=1&sty=1&age=0#13956145
Re:【求助】紧急求助：我投稿 sci 的 reviewer 要我修改文章语法修辞，大家推荐一个好的公司，国外能在 3 天内完成的！ ***

http://www.dxy.cn/bbs/post/view?bid=45&id=16007982&tpg=1&ppg=1&sty=1&age=0#16007982
【资源】关于美捷登 *

http://www.dxy.cn/bbs/post/view?bid=45&id=13980420&tpg=1&ppg=1&sty=1&age=0#13980420
【求助】请大家帮我推荐一家翻译公司，文章需要修改语法！ *

http://www.dxy.cn/bbs/post/view?bid=45&id=15647328&sty=3&age=0&tpg=1&ppg=1#15647328
【求助】请推荐 SCI 修改好点公司 *

http://www.dxy.cn/bbs/post/view?bid=45&id=15292572&tpg=1&ppg=1&sty=1&age=0#15292572
Re:【求助】SCI 投稿求助翻译 **

http://www.dxy.cn/bbs/actions/archive/post/12558138_1.html
【求助】有关美捷登的帖子都被删了吗？ ***

http://www.dxy.cn/bbs/post/view?bid=45&id=15321424&tpg=1&ppg=1&sty=1&age=0#15321424
【求助】SCI 修改服务的公司 ***

http://www.dxy.cn/bbs/post/view?bid=45&id=14760451&tpg=1&ppg=1&sty=1&age=0#14760451
Re:【求助】SCI 的翻译公司 ***

http://www.dxy.cn/bbs/post/view?bid=45&id=16227491&tpg=1&ppg=1&sty=1&age=0#16227491
Re:【求助】理文编辑公司修改英文稿怎么样？国内还有哪些好的？ *

http://www.dxy.cn/bbs/post/view?bid=45&id=12860100&tpg=1&ppg=1&sty=1&age=0#12860100
Re:【求助】英文如何修改 **

http://www.dxy.cn/bbs/post/view?bid=45&id=15225219&tpg=1&ppg=1&sty=1&age=0#15225219
Re:【求助】大家知道哪些好些的 SCI 论文服务公司啊？ ***

http://www.dxy.cn/bbs/post/view?bid=45&id=15386321&tpg=1&ppg=1&sty=1&age=0#15386321
Re:【求助】有谁知道哪家公司语言润色较好？ **

http://www.dxy.cn/bbs/post/view?bid=45&id=15594058&tpg=1&ppg=1&sty=1&age=0#15594058
Re:【求助】写一篇关于临床治疗的文章，哪些翻译公司能推荐润色一下？ **

http://www.dxy.cn/bbs/post/view?bid=45&id=16180444&sty=3&keywords=%C3%C0%BD%DD%B5%C7
Re:【求助】请大家帮忙推荐个好的英文文章编辑，公司或者个人都可以。 ***

http://www.dxy.cn/bbs/actions/archive/post/10439905_1.html
【交流】论文的英文表达问题 **

http://www.dxy.cn/bbs/post/view?bid=45&id=13136353&tpg=1&ppg=1&sty=1&age=0#13136353
Re:【求助】修改英文的公司或个人 *

http://www.dxy.cn/bbs/post/view?bid=45&id=13822453&tpg=1&ppg=1&sty=1&age=0#13822453
Re:【求助】关于 SCI 论文语言修改润色 **

http://www.dxy.cn/bbs/post/view?bid=45&id=15316783&tpg=1&ppg=1&sty=1&age=0#15316783
Re:【求助】诸位的第一篇文章是怎么完成的？****

http://www.dxy.cn/bbs/post/view?bid=45&id=15396530&tpg=1&ppg=1&sty=1&age=0#15396530
Re:【求助】医心医译医学翻译公司到底如何 ***

http://www.dxy.cn/bbs/post/view?bid=45&id=15413479&tpg=1&ppg=1&sty=1&age=0#15413479
Re:【求助】请教临床型神经科论文投哪些 SCI 杂志比较易接受 *****

http://www.dxy.cn/bbs/post/view?bid=45&id=15528042&tpg=1&ppg=1&sty=1&age=0#15528042
Re:【交流】求助比较好的论文翻译公司 ***

http://www.dxy.cn/bbs/actions/archive/post/8131430_1.html
【求助】SCI 投稿需要一家比较专业的公司的修改吗 ****

http://www.dxy.cn/bbs/post/view?bid=45&id=13953657&tpg=1&ppg=1&sty=1&age=0#13953657
Re:【求助】紧急求助：我投稿 sci 的 reviewer 要我修改文章语法修辞，大家推荐一个好的公司，国外能在 3 天内完成的！*****

http://www.dxy.cn/bbs/actions/archive/post/6098990_1.html
【求助】文章都是找谁修改的? ****

http://www.dxy.cn/bbs/post/view?bid=45&id=15368292&sty=3&keywords=%C3%C0%BD%DD%B5%C7
Re:【求助】求助各位大侠帮助，投稿 SCI 文章让第三次修稿，强烈头痛中！***

http://www.dxy.cn/bbs/post/view?bid=45&id=14857279&tpg=1&ppg=1&sty=1&age=0#14857279
Re:【求助】编辑说我英语写的不好，请问哪有好的英语论文修改公司 *****

http://www.dxy.cn/bbs/post/view?bid=45&id=15147960&tpg=1&ppg=1&sty=1&age=0#15147960
Re:【求助】上当了，如何寻找好的翻译公司，修改论文？*****

http://www.dxy.cn/bbs/post/view?bid=45&id=14589066&tpg=1&ppg=1&sty=1&age=0#14589066
Re:【共享】帮忙修改的公司 ****

http://www.dxy.cn/bbs/post/view?bid=45&id=15802455&tpg=1&ppg=1&sty=1&age=0#15802455
Re:【求助】大家帮忙看看哪家英文编辑公司可以 ****

http://www.dxy.cn/bbs/actions/archive/post/5488377_1.html
【求助】请有经验的同志给我推荐一个修改英文的好的网站 ****

http://www.dxy.cn/bbs/actions/archive/post/4827673_1.html
【求助】论文校正的问题*****

http://www.dxy.cn/bbs/actions/archive/post/10768344_1.html
【求助】大家推荐一下比较好的语言编辑公司和价钱，谢谢 **

http://www.dxy.cn/bbs/post/view?bid=45&id=16096513&tpg=1&ppg=1&sty=1&age=0#16096513
Re:【求助】BBRC 的语言公司修改周期？两次被拒了！*****

http://www.dxy.cn/bbs/post/view?bid=45&id=13618234&tpg=1&ppg=1&sty=1&age=0#13618234
Re:【求助】论文很可能被接收但要求修改英文，请问有什么公司可以帮忙改英文 ***

http://www.dxy.cn/bbs/post/view?bid=45&id=13980420&tpg=1&ppg=1&sty=1&age=0#13980420
【求助】请大家帮我推荐一家翻译公司，文章需要修改语法！***

http://www.dxy.cn/bbs/post/view?bid=45&id=14189515&tpg=1&ppg=1&sty=1&age=0#14189515

Re:【求助】哭了好几次了，觉得自己毕不了业了 **

http://www.dxy.cn/bbs/actions/archive/post/3991942_1.html
【共享】英文论文修改参考 **

http://www.dxy.cn/bbs/post/view?bid=45&id=13747572&tpg=1&ppg=1&sty=1&age=0#13747572
Re:【求助】SCI 翻译、润色公司(物美价廉的呵呵) ***

http://www.dxy.cn/bbs/actions/archive/post/4462837_1.html
【经验】文章被据了的感想

http://www.dxy.cn/bbs/post/view?bid=45&id=12765057&tpg=1&ppg=1&sty=1&age=0#12765057
Re:【求助】BBRC 是唬人的杂志吗？为什么让英语公司改过的文章，还要再叫我修改英语？很急很急！！！***

http://www.dxy.cn/bbs/actions/archive/post/3854514_1.html
【建议、资源、共享、经验、交流】强烈建议置顶一个帖子专供讨论论文修改服务的公司 **

第八篇 学术不端行为（嫌疑）的预防及学术不端行为（嫌疑）发生后的补救

第 1 章 何谓学术不端行为

http://www.dxy.cn/bbs/post/view?bid=45&id=15736672&tpg=1&ppg=1&sty=1&age=0#15736672
Re:【交流】学术不端行为诊疗所
2009-10-14 00:33 **美捷登主编:**
近来，不断有战友发帖谈到他们在投稿过程中所遇到的困惑，那就是如何判断"一稿两投"和"重复发表"。更有战友被杂志编辑和审稿人指控"剽窃（嫌疑）"。
这些现象首先表明战友对"学术不端行为"的防范意识增强，也表明教育部有关"打击学术不端行为"的通知正在发挥作用。同时，我们也应该感受到由于种种原因 SCI 杂志编辑和审稿人对来自中国大陆的论文审查日益严谨。
有鉴如此，本人觉得有必要在论文版开辟一个专帖，暂定为"学术不端行为诊疗所"，以减少和防止学术不端行为(嫌疑)的发生。

本帖内容拟包括：
1、学术不端行为的基本知识或常识
2、国际学术界公认的"潜规则"
3、学术不端行为案例以及分析（仅限教训和经验，避免人身攻击）
4、"咨询与求助"以及"建议与解难"

本人在此"抛砖引玉"，并愿在工作之余尽力给需要帮助或咨询的战友提供参考意见或建议。但本人更希望所有战友积极参入，或提出自己的疑问，或为有困惑的战友提供及时、有效地帮助。让我们大家一起借助丁香园这块圣地为净化国内学术环境尽一份微薄之力。

2009-10-14 02:57
以下是本人首发或参与的相关帖子：

【交流】倡导良好学术风气（2008-04-08）
http://www.dxy.cn/bbs/actions/archive/post/11533734_1.html

Re:【讨论】这样做违法么？（2008-12-24）
http://www.dxy.cn/bbs/post/view?bid=45&id=13555187&tpg=1&ppg=1&sty=1&age=0#13555187

【讨论】教育部关于严肃处理高等学校学术不端行为的通知 （2009-07-03）
http://www.dxy.cn/bbs/post/view?bid=45&id=15024406&sty=3&keywords=%D1%A7%CA%F5%B2%BB%B6%CB%D0%D0%CE%AA

【共享】一点之见即成文：发表 SCI 论文的经验与技巧-美捷登主编讲座 ppt （2009-08-04）
http://www.dxy.cn/bbs/post/view?bid=45&id=15255591&tpg=1&ppg=1&sty=1&age=0#15255591

【讨论】学术不端行为：国情不是理由（2009-08-14）
http://www.dxy.cn/bbs/post/view?bid=45&id=15322501&sty=3&keywords=%D1%A7%CA%F5%B2%BB%B6%CB%D0%D0%CE%AA

【共享】发表 SCI 论文的一些小技巧 (II) [精华] （2008-09-17）
http://www.dxy.cn/bbs/post/view?bid=45&id=12767562&tpg=1&ppg=1&sty=1&age=0#12767562

2009-10-14 03:56
以下是本人推荐的版内相关帖子：

Re:9 月 14 日方舟子先生《学术规范》丁香园专题讲座 [精华] （2005-09-09）
http://www.dxy.cn/bbs/post/view?bid=45&id=4381225&tpg=1&ppg=1&sty=1&age=0#4381225

毕业活动二：丁香园再次邀请著名学者方舟子先生答疑《如何避免学术不端行为》（2007-05-10）
http://www.dxy.cn/bbs/actions/archive/post/8998371_1.html

【讨论】大灰狼来了么？科技期刊学术不端文献检测系统（AMLC）全面启用！（2009-03-19）
http://www.dxy.cn/bbs/post/view?bid=45&id=14197086&tpg=1&ppg=1&sty=1&age=0#14197086

2009-10-14 03:58
典型案例：

【讨论】复旦大学通报学术剽窃抄袭事件处罚 3 名教授 (2007-12-23)
http://www.dxy.cn/bbs/actions/archive/post/10760721_1.html

【转贴】耶鲁大学教授回应剽窃事件 剽窃现象中国最普遍 (2007-12-26)
http://www.dxy.cn/bbs/actions/archive/post/10789204_1.html

【共享】中华肝胆外科杂志揭露东南大学医学院石欣教授论文造假的声明 （2008-05-11）
http://www.dxy.cn/bbs/actions/archive/post/11810528_1.html

Re:【讨论】贺海波事件之我见(2009-02-04)

http://www.dxy.cn/bbs/post/view?bid=45&id=13837697&tpg=1&ppg=1&sty=1&age=0#13837697

Re:【交流】浙大院士课题组涉嫌造假 国际期刊撤销多篇论文 (2009-02-05)
http://www.dxy.cn/bbs/post/view?bid=45&id=13837968&tpg=1&ppg=1&sty=1&age=0#13837968

Re:【讨论】SCIENCE 杂志 发表 浙大集体造假事件评论(附 PDF 原文) (2009-04-04)
http://www.dxy.cn/bbs/post/view?bid=45&id=14332224&tpg=1&ppg=1&sty=1&age=0#14332224

【转贴】基金委公布对贺海波、吴理茂的处理决定 (2009-04-21)
http://www.dxy.cn/bbs/post/view?bid=45&id=14456373&tpg=1&ppg=1&sty=1&age=0#14456373

Re:【共享】神经所一研究员因学术不轨遭革职开除 （2009-05-18）
http://www.dxy.cn/bbs/post/view?bid=45&id=14668437&tpg=1&ppg=1&sty=1&age=0#14668437

2009-10-14 03:59

咨询与求助：

Re:紧急求助，我的毕业论文算"抄袭"么？（2009-04-02）
http://www.dxy.cn/bbs/post/view?bid=45&id=14314096&tpg=1&ppg=1&sty=1&age=0#14314096

Re:【求助】在国内发表后再原文投至国外算不算一稿多投? （2009-04-04）
http://www.dxy.cn/bbs/post/view?bid=45&id=14330495&tpg=1&ppg=1&sty=1&age=0#14330495

Re:【交流】一稿多投的明确定义 (2009-03-28)
http://www.dxy.cn/bbs/post/view?bid=45&id=14274779&tpg=1&ppg=1&sty=1&age=0#14274779

Re:【求助】算不算一搞两投？（2009-06-09）
http://www.dxy.cn/bbs/post/view?bid=45&id=14834838&tpg=1&ppg=1&sty=1&age=0#14834838

Re:【讨论】同一内容的中文和英文可以分别发表吗 (2008-05-29)
http://www.dxy.cn/bbs/actions/archive/post/11930220_1.html

第 2 章 学术不端行为嫌疑

http://www.dxy.cn/bbs/post/view?bid=45&id=14797366&tpg=1&ppg=1&sty=1&age=0#14797366
Re:【求助】投会议摘要算一稿两投吗？
2009-06-05 18:26 **kennel1215 wrote:**
投了国内核心期刊的文章但还没有发表，把摘要去投一个会议的征文，被录用后以摘要形式发在 SCI 杂志，这样算一稿两投吗？

2009-06-06 01:52 **美捷登主编:**
kennel1215 wrote:
应该是汇编收录的，好像有 30 篇。

以摘要形式发表的，无论是否在 SCI 杂志上，都不影响其以正文全文形式在任何刊物发表。
另外，同一研究成果在正式发表前可以在不同的学术会议交流。

http://www.dxy.cn/bbs/post/view?bid=45&id=14235501&tpg=1&ppg=1&sty=1&age=0#14235501
Re:【求助】发表过的文章 abstract 还可以再投国际会议吗？
2009-03-24 09:00 **zhongh wrote:**

各位大侠，本人发表过的文章的 abstract 想投稿国内一个会议，算不算一稿两投呢？谢谢指导！

2009-03-28 12:26 **美捷登主编:**

zhongh wrote:
不好意思再补充一下，而且接收后的 abstract 还要发表在某个杂志上，算不算一稿 2 投了呢？

其实，这不一定涉及到"一稿两发"的问题，更主要还是涉及到研究内容新颖性的问题。因为学术会议的目的是汇报交流最新研究结果。
一般来说，先根据试验的初步或大部结果得出的初步结论来撰写的摘要投国内、外学术会议。等到会议时再补充、更新结果，同时撰写论文（如果初步结论错误，则只好撤稿）。比如说，AGA DDW 年会每年在 12 月截稿，所以，很多人在此时会集中精力全科动员写摘要，哪怕只有初步结果初步结论。然后，再继续作实验。等到 4-5 月份 DDW 时，无论大小会发言或壁报，都可以用最新的结果交流。因为学术会议信息比发表论文要早，因而很多综述文章会引用不少摘要。
如果将已发表文章的摘要送到会议，本身就内容新颖性来讲是不妥的。除非你是特约发言。一般大型国际会议如 DDW，摘要会送至少 5 名同行专家打分，其中只要一位知道你的结果已发表，你的摘要被接受的可能性就等于零。那么你的时间和投稿费等于白花。
值得一提的是，被国际会议接受(发言或壁报)的摘要往往会刊登在正规杂志的增刊上(有些也在正刊上)。但这并不妨碍将来该研究的论文全文在该杂志或其他杂志发表。

http://www.dxy.cn/bbs/post/view?bid=45&id=14582942&tpg=1&ppg=1&sty=1&age=0#14582942
Re:【求助】如果这样，将算一稿两投吗？
2009-05-07 17:06 **OR wrote:**
小弟一篇 letter 被一英文杂志接受。前几个月对数据加大了样本量，又做了一些。请问，如果就新的累积样本写一个 original aticle，内容比原来的 letter 丰富些，但主要表达的思路和结论无甚大改变。就是说将要发表论文的一部分内容曾经在其他杂志上发表过，这样妥吗？谢谢

2009-05-07 21:52 **美捷登主编:**
我见过类似的情况。
是否妥当要取决于你的论文性质、内容及写作技巧。
如果你认为你的研究结果足够一篇 full original article，你得设法避开与"letter"雷同。样本量尽可能多些，思路要开阔些，结果要更详尽，结论要更充分、更令人信服。
原则上，已发过的内容和数据不应该在新的论文中出现。必要时，引用前篇即可（千万不要故意不引用你的 letter）。

第 3 章 一稿两（多）投及其利弊

http://www.dxy.cn/bbs/post/view?bid=45&id=13447213&tpg=1&ppg=1&sty=1&age=0#13447213
Re:【讨论】一稿两投的教训，原因，预防及补救
2008-12-12 03:25 **美捷登主编:**

常有战友提出"一稿两投"的疑问，更有战友"铤而走险"，有些侥幸得逞，有些则不幸触雷。

教训：
【求助】一稿两投——教训！版主友情提醒大家勿仿
http://www.dxy.cn/bbs/actions/archive/post/7362494_1.html
【求助】一稿两投,怎么办呀?
http://www.dxy.cn/bbs/post/view?bid=45&id=7887351&tpg=1&ppg=1&sty=1&age=0#7887351
Re:【求助】一稿两投！急啊！
http://www.dxy.cn/bbs/post/view?bid=45&id=9295232&tpg=1&ppg=1&sty=1&age=0#9295232
一稿两投问题，该如何解决？ http://www.dxy.cn/bbs/actions/archive/post/718594_1.html
【交流】也谈一稿两投（亲身经历）——版主友情提醒大家勿仿
http://www.dxy.cn/bbs/actions/archive/post/7376267_1.html
【求助】一稿两投撞车该怎么办??
http://www.dxy.cn/bbs/post/view?bid=45&id=13425502&sty=1&tpg=1&age=0

在国外，一稿两投是很不为人齿的事，许多学者拿名誉当生命，国内却居然有人鼓励，提倡，因而盛行。这可能与国情有关，国外大多研究人员把学术科研作为终身目标，国内很多人只是为了学位和晋升才搞"科研"。学位拿到或晋升成功，就万事大吉。
然而，一稿两投的恶果是许多国外杂志或多或少对中国的研究者和论文产生不良的印象，时常出现对国内真正学者不公正的现象或偏见。
造成一稿两投的原因除了上述拿名誉不当事故意为之外，还有"无知"和"急躁，自以为是"。
"无知"指的是不知一稿多投是学术界非常忌讳和反感的事，或者不知何为"一稿多投"。
"急躁，自以为是"指的是通常审稿需要 1-3 个月，甚至更长。但有些人投稿一个星期就开始坐立不安，要么不断催编辑，要么自以为国外杂志编辑对其论文不屑一顾（像某些国内杂志那样不会做任何处理），等不到一个月就另投其他杂志。而且还不通知已投杂志。当然，这里也有"无知"成分。

预防：
早准备，早投稿。精心准备，精心投稿。
前者给自己足够的时间，后者个自己足够的机会。宁精无滥。

补救：
道歉及/或撤稿。

忠告：早知今日，何必当初！

欢迎大家继续讨论。

http://www.dxy.cn/bbs/actions/archive/post/8151657_1.html
【求助】莫名其妙一稿两投，怎么办？
2007-01-25 11:17 **weiduqu wrote:**
我是最痛恨一稿两投的，但是现在这事居然发生在我身上，怎么办？
事情经过是这样子的：
０６年８月我通过邮局投英国一家ＳＣＩ期刊（这是唯一的投稿方式），老板是通信作者，我是第一作者．此前我们在这个刊物上发过几篇稿子，速度挺快，一般两个月内有消息，但这次过了４个多月都没回音，我估计是稿件丢失了，所以２００７年１月初写信去询问，编辑部１月１６号回信说没收到稿件：
Dear Author,
We are in receipt of your letter enquiring about your paper "xxx".
Having made an initial check, it would seem that we have not received this manuscript. However, if you would give me the email address of the corresponding author at the time, I can make another check prior to you resubmitting.

Thank you.

Sincerely,
C. Cole

Assistant
xxxx

当时我想既然对方没收到，也不打算重投了，所以没有给他们回信就改投国内一家ＳＣＩ刊物，并且很快就外审．没想到今天一早就收到原来那家刊物的来信，说我们的稿件经过审核不是很适合他们，所以他们把它转投到另一家刊物，并已经被录用：

Dear Authors,

We have now traced this paper which the Referees decided was good but not entirely suitable for xxx. It was forwarded to another Journal to which we have close ties and they have accepted it for publication.

Please contact the Editor-in-Chief direct - Prof. G. Iovane on xxx@xxx.unisa.it quoting Ref. No.xxx.

Thank you.
xxx
信中没说明是什么刊物，我把他提供的主编名字在 google 里搜也毫无结果，我估计不是ＳＣＩ刊物，所以我不打算在这个刊物上发，并想撤稿，这样会不会得罪英国那家杂志呢？老板也没想出好办法，请各位战友给我出出主意，谢谢！

2007-01-26 01:40 美捷登主编 **wrote:**
1. Contact the Editor-in-Chief direct - Prof. G. Iovane on xxx@xxx.unisa to make sure the journal is an SCI journal, and find out its IF.
2. If it is, and has a good IF, then you should publish your paper in this journal, and then withdraw your manusript from the Chinese SCI journal.
If it is not an SCI journal, you can simply withdraw your paper from the journal, and wait for the decision of Chinese SCI journal.
Good luck

http://www.dxy.cn/bbs/actions/archive/post/11255078_1.html?tpg=1
【讨论】关于一稿两投的声明
2008-03-05 07:07 **caijinglong wrote:**

刚刚有朋友通知我此事，我也觉得气愤，对此事我声明如下：
（1）该论文作者的确曾是我的博士研究生（2004 年 9 月-2007 年 6 月），论文内容是其博士课题内容；
（2）早先的一篇文章确经过我的审阅并同意投稿，但后一篇文章我事先并未得到任何信息；（经查该文章是毕业后的自主行为，未将我列为通讯作者，且作者单位是其现在工作的医院。）
（3）在得知此事后我已第一时间通知了作者，让其联系两个杂志社的编辑，并作出说明，积极处理此事；
（4）我也将尽快与两个杂志社的编辑取得联系，尽早妥善处理好此事；
（5）由于我的管理不善，造成的事件后果很恶劣，我表示道歉！同时谢谢各位的提醒，希望继续监督！

2008-03-06 08:40 美捷登主编 **wrote:**
其实许多人（我说的是国内外的牛人）都成了一稿两发的受害人。
最近我申请美国绿卡，公司指定律师决定以杰出研究者（Outstanding Researcher)申请。为此需要 Publication list 和 Citations。
我通过 PubMed 查英文文章，万方网、知网查中文文章。结果，有重大意外发现，叫人惊叹不已。因为本人又有 4 篇中文论文入账 - 这些文章在署本人名时本人根本不知道。国内同事可能是出于好心将本人及本人单位列入作者。
惊叹之余，不免惶恐。担心的就是"一稿两发"或"抄袭"。
我认识的国外学者 G. Wu 就是这样不明不白地被他所在的美国大学通报批评，原因是其表在某权威杂志论文涉嫌重复发表，国内同行将他列为通讯作者。而他对国内同行深信不疑。
在国外，不经别人同意将别人列为作者是很不尊重，很不礼貌的事。小者影响合作关系，大者可能引起

官司。希望国内同行谨记。

第 4 章 如何预防学术不端行为（嫌疑）

http://www.dxy.cn/bbs/post/view?bid=45&id=15736691&tpg=1&ppg=1&sty=1&age=0#15736691

Re:【交流】学术不端行为诊疗所

2009-10-13 12:33 **美捷登主编 wrote:**

近来，不断有战友发帖谈到他们在投稿过程中所遇到的困惑，那就是如何判断“一稿两投”和“重复发表”。更有战友被杂志编辑和审稿人指控“剽窃（嫌疑）”。

这些现象首先表明战友对“学术不端行为”的防范意识增强，也表明教育部有关“打击学术不端行为”的通知正在发挥作用。同时，我们也应该感受到由于种种原因 SCI 杂志编辑和审稿人对来自中国大陆的论文审查日益严谨。

有鉴如此，本人觉得有必要在论文版开辟一个专帖，暂定为“学术不端行为诊疗所”，以减少和防止学术不端行为(嫌疑)的发生。

本帖内容拟包括：

1、学术不端行为的基本知识或常识
2、国际学术界公认的“潜规则”
3、学术不端行为案例以及分析（仅限教训和经验，避免人身攻击）
4、“咨询与求助”以及“建议与解难”

本人在此“抛砖引玉”，并愿在工作之余尽力给需要帮助或咨询的战友提供参考意见或建议。但本人更希望所有战友积极参入，或提出自己的疑问，或为有困惑的战友提供及时、有效地帮助。让我们大家一起借助丁香园这块圣地为净化国内学术环境尽一份微薄之力。

http://www.dxy.cn/bbs/actions/archive/post/11371587_1.html

【求助】写的综述基本上是翻译的一篇英文综述，可以投吗？

2008-03-19 00:05 **美捷登主编 wrote:**

章狼 wrote:

如题。

正在写综述，发现一篇英文综述很全，就翻译了，请问这样可以投出去的吗？

如果将翻译的英文综述发表，那是典型的抄袭！再说，中文编辑如果有水平的话，是不会发你翻译的文章的，因为英文综述实效性很差。一般英文综述引用的文章最新的也是 1-2 年前的，等发你翻译的综述恐怕又过了 1-2 年。还有，也不排除有些负责的编辑会发现你"抄袭"的可能性，虽然这种可能性很小（即使你引用了英文原文）。

既然你已经翻译了，那就应该好好利用它。翻译过程中，你一定学了很多知识，对该领域有较深入地了解。而且，英文一定有长足的进步。你何不思考一下，（1），可不可以更新这篇英文综述，（2），可不可以更深入探讨该英文综述中某些"浅尝辄止"的问题，或者（3），可不可以另起炉灶，解决英文综述中提出的"悬而未决"的问题。

大量收集和阅读文献是必要的。你的综述可以更短些，更集中些。记住，你一定要应用该英文原文和其他有关文献。

（注：本人读博士时曾翻译了一本英文书（主要是学知识，念英文），5 年后以同一课题编辑出版了一本中文书，作者大多来自国外，包括现 Am J Gastroenterol 和 Helicobacter 杂志主编。）

祝你成功！

http://www.dxy.cn/bbs/actions/archive/post/7672302_1.html
【求助】写综述时引用了别人同类综述里的一些文字，算抄袭吗？
2006-12-02 21:31 **luying5204053 wrote:**
各位战友，小女子第一次写综述，查了不少文献，其中查到一篇综述和我要写的比较相近，所以我从中摘了一断，又加了不少自己的语言，现在投稿了，请问我这种情况算抄袭吗？迷惑中，谢谢！

2006-12-03 03:42 **美捷登主编:**

1. 写综述讲究新颖，要 up-to-date。 无论如何，你的文章都不可能与原文（主要指综述）一模一样。如果引用的是英文文章，就更不用担心了，因为你可以在翻译后再做文字加工。同时引用多篇相同观点、结果或内容的文章，你就可以避免"抄袭"。
   2. 本人最初写综述，是先查看文献，记录（翻译）所需的内容，在总结、加工。定稿后再请人，如老板（中文）或国外同行 （英文）修改。这样，原文的影子会逐渐消失。
   3. 尽量引用原著论文，有些英文综述也可以。
   4. 没有谁规定 copy 多少字算抄袭。如果你 copy 了别人一张图而没用征得许可，即为抄袭。 如果你在相应的地方引用了原文，而综述又很长的话，超过 300 字亦不可认为抄袭。但我仍希望不要原封不动的 copy. 对同一种意思，中英文都有多种表达方法。写综述是要花时间的。

   "Copy from one, it's plagiarism; copy from two, it's research."
   - Wilson Mizner (1876-1933)
   "Copy from many, it's creation" (me)

   "I found your speech to be good and original. However, the part that was original was not good and the part that was good was not original."
   - Samuel Johnson (1709-1784)

http://www.dxy.cn/bbs/post/view?bid=45&id=13126574&tpg=1&ppg=1&sty=3&age=0#13126574
Re:【求助】算不算抄袭？
2008-11-04 09:15 **美捷登主编:**
dizzyfu wrote:
一种方法治疗疾病，选用不同动物模型，观察指标相同，都是自己亲自做的，一种动物模型已经发了文章，用另一种动物模型再发表，算不算抄袭？

同一方法同一疾病相同指标，不同动物模型，重新做的试验，肯定不能算抄袭。即使在同一动物模型重复试验，也不能算抄袭。（抄袭指的是抄搬别人结果，思想乃至部分或全部论文，即不劳而获）。
问题是，重复试验的意义何在？如果没有特殊理由，独特发现，重复试验的结果是很难再好的杂志上发表的。或许你用的两种的动物在疾病的表现上或基因表达上有本质区别。
否则，同样的方法，同样的疾病，同样的动物模型，用不同的指标，从不同的角度研究，一定能有新的发现，其结果也会相应地在发债更好的杂志上。

http://www.dxy.cn/bbs/actions/archive/post/11727842_1.html
【求助】重做别人做过的实验算是抄袭吗？
2008-05-01 17:17 **美捷登主编:**
为什么一定要重复别人的实验呢？
如果不是认为别人的实验结果有严重问题而你又想去证明它，千万不要重复别人的实验。第一，有了和别人同样的结果，你的结果很难发表，即使发表也是低档次的。如果和别人不一样，你要有足够的理由来否认别人的结果，支持自己的结果。否则，同样难发。编辑往往会找你的同行（很可能是你重复的那篇文章的作者）来审阅你的稿件。
借用别人的思路、方法作新的课题不是更好吗？比如，换一个蛋白/基因/分子结构，疾病/适应症，或细

胞株等，或者采用更新的方法作更深入的研究。这样可能事半功倍。
但，在有条件的情况下，最好做些有开创性的、前人没有做过课题。其实，做新课题所花的时间、精力和资金投入并不比重复别人的实验多多少。根据我的经验，用简单的方法所做的结果也能发在比较好杂志（IF>5)上。

http://www.dxy.cn/bbs/post/view?bid=45&id=10904948&sty=3&keywords=%B7%AD%D2%EB
【交流】重复发表的困惑
2008-01-09 09:51 **美捷登主编:**
>老师，你好！有朋友问一个问题，我也比较模糊，请教：
>
> 一项研究，1/5 的结果发在中文刊物，待编中，答复近期会刊出，现在要求翻译成英文稿双语出版（自愿），打算就单中文出版不想译成第二语种了；
> 另外有 1/4 左右以中文稿投给了另一中英双语出版刊物（零点几分的刊物），如果录用，会要求翻译成英文版本，并上 elsiver，目前尚在送审状态，尚未审稿完毕。
> 现在基本完成了该研究，并完成英文全文的撰写，内容包括前边所说的 1/5 和 1/4，余下内容都是首次投稿，准备投给国外二点几分的刊物。
> 以前听别人说超过 50%内容是补充更新的，不算重复发表。现在头疼的是前边投出去的 1/5+1/4 会不会影响现在的英文投稿？查了一些观点，说法不一。如果因此而不能投，太亏了，不要这部分内容深度觉得欠缺，宁愿中文稿让人家毙掉。
>
> 怎么合适处理才不算违背科学精神和道德？

是否重复发表，很大程度上要看文章的议题、内容和得出的结论是否重复。每篇文章应该是个“独立的故事”。
一项大的课题往往会出几篇文章，但每篇文章的着重点应该不一样，因而题目、主要内容以及结论也会不一样。
就你的情况而言，我不知你说的这项研究是否针对的是一个问题。如果是，那么在国外都会写在一篇论文里，发在比较高的杂志上。如果不是，那么，可以写成几篇独立的文章发表。但如果这些文章互相关联（如从不同角度讨论同一课题），那么你可以互相引用参考。
值得一提的是，同一方法可以用在不同的文中，一般应在第一篇中详细描述，以后的引用第一篇即可。
如果同一问题通过不同方法（往往更先进的方法）作进一步研究，以后所发的文章也不叫重复发表。
我建议你尽量利用另 4/5 写一篇完整的英文论文，发在好的 SCI 杂志上。如果那另 1/4 不影响你以后的文章的完整性，也无妨发了它。但你应尽量在后面的文章中合理有技巧地引用前面的两篇文章。这样可以避免重复发表的嫌疑（很多审稿人是会做 literature search 的）。

祝好运！

第 5 章 学术不端行为（嫌疑）发生后怎么办

http://www.dxy.cn/bbs/actions/archive/post/10189110_1.html
【求助】无语了
2007-10-12 14:12 **yuxm78 wrote:**
同一个实验室的，做一个课题本人的贡献至少有 1/3，国内开会议投得摘要也有署名的，但是发的文章据然删去了本人的名字，不知道该怎么办了？

2007-10-12 22:09 **美捷登主编:**
yuxm78 wrote:
我准备给老板先说一下，实在不行只好把 data 整理一下给编辑了。

你同事那么做，有可能是老板的意思，也可能是你同事的意思。也许是误会，也许是他们认为你不那么在意这篇文章（许多实验员或有足够资历的教授对不重要排名文章无所谓）。
你应与你老板沟通，这非常重要，必要时也要同你同事交流，希望得到大家都满意的结果。
每个人都应保护自己的权益，但要学会保护的方式方法。你在与你老板和同事没有足够的交流情况下直接"捅"到编辑那，到时，受伤的不一定是他们。即使文章被撤回，你仍然没得到任何好处。结果是没有同事再找你合作，甚至没有人再跟你谈科研的议题。

我说的你可能不太明白。举一例。
几年前，我的朋友在美国作副教授。 他从国内原单位聘了个研究助理（博士毕业）。不知什么原因，该人对我朋友很不满意。有篇文章发在一份有影响的杂志上（署有该研究助理的名)。这位老兄却给杂志主编写信，说文章造假。结果引来一连串的后果，如实验室、电脑被封，所有有关人员受到大学有关部门的审查。耗时几个月，结论是"没有作假"。我的朋友现已升为教授，那位"仁兄"也"另有高就"。

这是美国的事。国内你比我更清楚。你告他，吃亏的很可能是你。你有 data,老板也有 data。编辑相信你还是你老板？

还有，是否在文章中挂你名，老板可以说了算。资金、课题设计、材料等全是他的。你帮忙，如果他没付你钱，可以挂你名，也可以在文忠鸣谢你的帮助。如果他付了你钱（工资），他真的可以在文章中不提你的名。

2007-10-15 12:45 **美捷登主编:**

> **yuxm78 wrote:**
> 我已经整理了 data，就这件事情我已经花了 3 天时间，就此打住。
> 由于我手头的 raw data 和文章有出入，已经引起了我老板的高度关注，老板答应我给我一个满意的答复！！

很高兴知道你会得到一个满意的答复。希望你老板实现他的承诺。
不过，象你同学这样的人最好敬而远之。

http://www.dxy.cn/bbs/actions/archive/post/7887351_1.html?tpg=1
【求助】一稿两投,怎么办呀?
2006-12-26 21:20 **bbg966 wrote:**
我一稿两投,其中一家杂志已经接受了,另一家还在审稿中,我该怎么办呀?都怪当初一念之差,请大家帮帮我呀

2006-12-26 21:58 **zhaoxiaoliang wrote:**

写一封诚恳的致歉信，要求撤稿。一般都可以的
或者说自己的文章还有大的改动，或者文章的发表没有得到科室主任的同意，或者导师的同意
再或者说和主任或者导师的沟通不够，结果文章分别被主任/导师和你投到了不同的杂志。

最最最重要的是，下一次一定一定的不要一稿两投了!!

2006-12-28 10:48 **美捷登主编:**

> **bbg966 wrote:**
> 我一稿两投,其中一家杂志已经接受了,另一家还在审稿中,我该怎么办呀?都怪当初一念之差,请大家帮帮我呀

基本同意 zhaoxiaoliang 的建议。不必向已接受的杂志通报，只需及时向还在审稿的杂志撤稿，但无须作任何解释（ I wish to withdraw my manuscript for some reasons, or for some technical reasons）。
本人见过有些作者一稿两投，有些甚至一稿两接受。这些结果虽然令人感到尴尬，但不是不可以合理完美解决。一般而言，两家杂志是不可知道彼此的来稿的，因此，杂志编辑不可能知道你在一稿两投。所以，只要你向在审稿的杂志撤稿，不会影响你的文章在另一杂志发表。向已接受的杂志撤稿是不当的选择。
切切牢记，勿再一稿两投！！！

http://www.dxy.cn/bbs/post/view?bid=45&id=15711577&tpg=1&ppg=1&sty=1&age=0#15711577

Re:【求助】文章被拒稿，还被指剽窃，怎么办？万分焦急!!!!!

2009-10-08 20:28 **ccrr2008 wrote:**

说明：

小弟一篇临床文章，投稿美国一个 IF 1 点多杂志，被拒稿，还说我剽窃，因为我报道的是一种临床少见病的新诊断方法，相关文献只有 2 篇，我在文章中反复引用了这 2 篇文章，问题是我在前言，方法和讨论部分分别直接 Copy 了其中一篇文章（即上述文章）的一段，共约 300 字左右，文章主体和结论和这篇文章根本不同，这也算剽窃吗？怎么写信解释？杂志社会通知单位吗？后果严重吗？望战友告知，万分焦急!!!!

2009-10-09 13:06 **美捷登主编**

见过多种来自国内的"剽窃"的英文文章，有比这样重得多的。

如果真像楼主所讲"（仅）在前言，方法和讨论部分分别直接 Copy 了其中一篇文章（即上述文章）的一段，共约 300 字左右，文章主体和结论和这篇文章根本不同"，我想一般审稿人和杂志编辑不会这么"兴师问罪"。我担心的是在实验结果、论文结构以及结论上还与"上述文章"有惊人的相似之处。

现在说什么都晚了。要想不让单位知道，不把事情弄大，补救应该还来得及，但一定要及时、合理、恰当。

值得一提的是，你能够勇敢将你的经历拿出来做"反面教材"，很难能可贵。我相信你是"无知"而非"有意"剽窃，所以，也相信战友会积极帮你出主意。事实上，已有很多战友提出了很好的建议。

2009-10-09 23:45 **美捷登主编:**

imgp wrote:

I'm so sad you made such a mistake, also I think that's a tragedy for our limited (if not NO) concept of "copyright". In US, students are told that even if you C-P any part from WIKI (eg. a definition for "internet") and you did not mention it in your home work, it will be regard as a plagiarism. 2 plagiarism will result in expulsion from this course.

Now you need a letter to the editor with the following contents

Part 1. you need to acknowledge this is a plagiarism and say SORRY to the original author and editors.

Part 2. "please consider that my results and conclusions are totally different to that paper", and the reason you copy-past is "mostly because of intellectually lazy and my very limited English"

Part 3. You request to withdraw draft and .....

Excellent comments.

Part 3. You request to withdraw your draft or to re-submist to the same journal after an extensive revision.

第 6 章 另类学术不端行为

http://www.dxy.cn/bbs/post/view?bid=45&id=14575081&tpg=1&ppg=1&sty=1&age=0#14575081

【转贴】Elsevier admits journal error

2009-05-06 22:25 **美捷登主编:**

Wed, May, 6, 2009

Elsevier admits journal error

By Salamander Davoudi and Andrew Jack in London

media

Elsevier, the world's leading scientific publisher, yesterday said it had failed to meet its own standards for "accuracy and transparency" in producing a publication sponsored by Merck, the US pharmaceutical group, but presented as an independent academic journal.

The Australasian Journal of Bone and Joint Medicine, complete with an honorary editorial board of academics from Australia and New Zealand, contained a selection of reprinted articles from other journals concerning Merck's medicines Fosamax and Vioxx, and no disclosure that it was funded by the company.

The publication marks a fresh twist in tactics to promote medicines by pharmaceutical companies, which have long provided substantial income to academic journals by paying for large numbers of reprints of articles favourable to their drugs for distribution to doctors.

However, the Australasian Journal of Bone and Joint Medicine, which was produced in several issues between 2003 and 2005, has no website and is not listed as a journal in standard depositories of academic literature such as the Medline database.

Elsevier, part of Reed Elsevier, which publishes the Lancet, as well as other specialist journals reaching more than 30m scientists, students and health professionals across the world, said its local management had become aware of a problem after 2005 with a series of publications including this one, and that the employees responsible had since left the company.

Elsevier said: "Elsevier's high standards for disclosure were not followed in this instance. Accuracy and transparency are at the core of what we do and the publications in question clearly failed to meet those standards. While the lack of disclaimers is not acceptable, this all took place several years ago and these publications were discontinued."

Merck yesterday described the publication as a "complimentary journal" containing articles on its drugs from peer-reviewed publications, which mentioned its funding for the studies and a "hypothetical cardiovascular risk" associated with Vioxx.

Four issues of the journal were last week described as a "marketing publication" which could easily be mistaken for a peerreviewed medical journal by George Jelinek, a doctor, during testimony in a trial in Australia brought by a patient suing Merck who suffered a heart attack after taking Vioxx. The claims were first picked up by The Scientist.

http://www.dxy.cn/bbs/post/view?bid=45&id=14614034&tpg=1&ppg=1&sty=1&age=0#14614034

【转贴】Bad Science The danger of drugs ... and data

2009-05-12 03:16 美捷登主编:

Sat, May, 9, 2009

Bad Science The danger of drugs ... and data

Ben Goldacre

A fascinating court case in Australia has been playing out around some people who had heart attacks after taking the Merck drug Vioxx. This medication turned out to increase the risk of heart attacks in people taking it, although that finding was arguably buried in their research, and Merck has paid out more than pounds 2bn to 44,000 people in America - however, they deny any fault.

British users of the drug have had their application for legal aid rejected, incidentally: the health minister, Ivan Lewis, promised to help them, but documents obtained by the Guardian last week showed that within hours Merck launched an expensive lobbying effort that convinced the minister to

back off.

This is a shame, because court cases can be tremendously revealing.

The first fun thing to emerge in the Australian case is email documentation showing staff at Merck made a "hit list" of doctors who were critical of the company, or of the drug. This list contained words such as "neutralise", "neutralised" and "discredit" next to the names of various doctors.

"We may need to seek them out and destroy them where they live," said one email, from a Merck employee. Staff are also alleged to have used other tactics, such as trying to interfere with academic appointments, and dropping hints about how funding to institutions might dry up. Institutions might think about whether they wish to receive money from a com pany like that in future. Worse still, is the revelation that Merck paid the publisher Elsevier to produce a publication.

The relationship between big pharma and publishers is perilous. Any industry with global revenues of $600bn can afford to buy quite a lot of adverts, and pharmaceutical companies also buy glossy expensive "reprints" of the trials it feels flattered by. As we noted in this column two months ago, there is evidence that all this money distorts editorial decisions.

This time Elsevier Australia went the whole hog, giving Merck an entire publication which resembled an academic journal, although in fact it only contained reprinted articles, or summaries, of other articles. In issue 2, for example, nine of the 29 articles concerned Vioxx, and a dozen of the remainder were about another Merck drug, Fosamax. All of these articles presented positive conclusions. Some were bizarre: such as a review article containing just two references.

In a statement to The Scientist magazine, Elsevier at first said the company "does not today consider a compilation of reprinted articles a 'journal'". I would like to expand on this statement: It was a collection of academic journal articles, published by the academic journal publisher Elsevier, in an academic journal-shaped package. Perhaps if it wasn't an academic journal they could have made this clearer in the title which, I should have mentioned, was named: The Australa sian Journal of Bone and Joint Medicine.

Things have deteriorated since. It turns out that Elsevier put out six such journals, sponsored by industry. The Elsevier chief executive, Michael Hansen, has now admitted that they were made to look like journals, and lacked proper disclosure. "This was an unacceptable practice and we regret that it took place," he said.

The pharmaceutical industry, and publishers, as we have repeatedly seen, have serious difficulties in living up to the high standards needed in this field, and bad information in the medical literature leads doctors to make irrational prescribing decisions, which ultimately can cost lives, and cause unnecessary suffering, not to mention the expense.

It has been estimated it would take 700 hours a month to read the thousands of academic articles relevant to a GP; doctors skim, they take shortcuts, they rely on summaries, or worse. We could perform better when giving them information, but for now, it will often be "actually, I think I've seen at least two studies on that, and in different journals".

The real tragedy is that the cost of distorted information, and irrational prescribing, is far greater than the cost of the research that could prevent it. Health systems pay for these drugs - state-funded in almost every single developed country - and they largely pay for the journals, too. In a sensible world, countries would band together and pay for comparative research themselves, and the free, open distribution of the results, to prevent all this nonsense.

We do not live in a sensible world.

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第九篇 其他与论文发表有关的问题

第 1 章 有关伦理委员会及临床试验注册

http://www.dxy.cn/bbs/post/view?bid=45&id=13184308&tpg=1&ppg=1&sty=1&age=0#13184308

Re:【求助】紧急求助！关于伦理问题

2008-11-10 22:14 **bigdream2002**

俺的一篇文章，关于移植的，投稿后编辑要求提供供体脑死亡的原因，并特别说明如果是颅脑损伤的，要进一步说明。并说不考虑当地法律的规定。大家都知道，我国的移植相当一部分都是，那个，大家反正都知道，就是那种颅脑损伤的，现在俺该怎么办啊？详见下文：

Further to receiving the above-referenced manuscript submission to our journal, we would like to request further information concerning the origin of the transplanted organs.

In the case of deceased doners, we request that you please provide a table indicating the medical reasons for brain death of the subjects in your study, and in the case of head injury please provide a further specification of the trauma event.

Please note that our query does not concern local law but rather adherence to International ethical standards.

现在就是想退稿都不知道该怎么说啊，苦啊。

先前这篇也投过两个杂志，审稿后虽然被拒但都没提这方面的愿因，不想改投这个就碰见了，有经验的大侠们快帮帮忙啊！

2008-11-11 09:41 **美捷登主编:**

bigdream2002 wrote:

In the case of deceased donors, we request that you please provide a table indicating the medical reasons for brain death of the subjects in your study, and in the case of head injury please provide a further specification of the trauma event.

有两种情况：

1。你的研究中如是已死亡的（器官）捐赠者，请你用表列出各病例（subjects-捐赠者)脑死亡的医学原因。

2。如果是脑损伤病例，请进一步说明损伤的细节。

所以，回答应不太难。

我理解你只需用表列出死亡的病因（非脑损伤）。如是脑损伤，再说明损伤情况。跟遗嘱没有关系。（请你跟 MJ 编辑联系，听听他们的意见。）

http://www.dxy.cn/bbs/post/view?bid=45&id=15070915&tpg=1&ppg=1&sty=1&age=0#15070915

Re:【求助】医学伦理知情同意书

2009-07-10 15:32 **wukaihong wrote:**

投稿涉及动物实验，杂志社要求医学伦理知情同意书，哪位有这方面的模板，非常感谢。

我们单位没有固定的模板，要求自拟一份。

再次感谢。

2009-07-11 09:47 **美捷登主编:**

首先，动物是听不懂人话，更认不得人字的，所以不需知情同意书。

其次，单位（大学或医院）应该有动物研究伦理委员会。他们应该有同意作动物研究的审批程序、相关

文件，和申请指南。
例如，香港大学动物研究课题除了要申请动物实验许可(Approval)外，所有作动物实验的研究人员均须申请有效的作动物实验的执照(Animal licenses)。
其指南见附件。
HKU-CULATR2008.pdf (23.5k)

请重视医学伦理学（补充内容）
请参考 http://www.helixnet.cn/bbs/thread-28718-1-1.html 09 年第六期螺旋讲堂：SCI 论文写作与发表的经验与技巧（PDF 开放下载 ing）。

之所以要把这个放在文章写完后说，是因为医学伦理真的很重要，而目前国内很多作者并没有引起足够重视。
许多国家，尤其发展中国家的有关研究部门及科研人员，对于医学伦理学还不够重视，并没有类似 Ethics Committee 或 IRB（Intititutional Review Board)这样的机构。近几年在中国，大多数科研单位都建立了这些机构，但我们在为作者编修论文时仍发现，差不多 1/3 的临床论文缺乏医学伦理学声明而需要我们提醒。至少部分原因是有些科研人员在作课题前并没有医学伦理学这个概念，在作课题前根本没有申请 Ethics Committee 或 IRB 的 Approval。

希望大家重视医学伦理学。
关于伦理问题，包括以下三部分内容：
1、最初设计时就要，符合赫尔辛基宣言要求，
2、伦理委员会批准，
3、签署知情同意书。

另外信息： 大多国际权威性杂志如 JAMA http://jama.ama-assn.org/cgi/content/full/292/11/1363 要求作者在发表临床试验的文章前，其临床试验必须在某些权威性机构如 ClinicalTrials.gov (http://clinicaltrials.gov/), WHO International Clinical Trials Registry Platform (ICTRP)（http://www.who.int/ictrp/en/）等注册。中国已有相应的注册网站中国临床试验注册中心（http://www.chictr.org/）。

http://www.dxy.cn/bbs/actions/archive/post/10325934_1.html
【讨论】文中未声明遵守"赫尔辛基"宣言居然在 SCI 杂志上发表！——谈临床试验的医学伦理道德
2007-10-30 21:56 **apollo2005 wrote:**
文中未声明遵守"赫尔辛基"宣言居然在 SCI 杂志上发表
——谈临床试验的医学伦理道德
"Perinatal cytomegalovirus hepatitis: To treat or not to treat with ganciclovir" J. Paediatr. Child Health(2004)40, 444–448.
《婴幼儿围产期巨细胞病毒性肝炎：是否用更昔洛韦治疗》

所有以人为对象的生物医学研究，必须要遵守"赫尔辛基"宣言（Declaration of Helsinki）。即"公正、尊重人格、力求使受试者最大程度受益和尽可能避免伤害"。参加临床试验的各方必须了解和遵守这些规则。不合乎此宣言之原则的实验、报告,皆不该被接受发表。
在写作论文的时候，要求实验者必须在文中（通常在 Methods/Patients 部分）声明："此临床实验遵守"赫尔辛基"宣言，实验进行前得到了受试者们的 Informed consent 。"本实验中，受试者是相对特殊的人——五名婴幼儿，因此实验前需获得其父母的同意。
且不论此研究在实验设计，英语表达等其他方面尚存一定问题，令人惊讶的是此篇临床试验论文文中只字未提是否遵守"赫尔辛基"宣言，是否得到了受试者父母的 Informed consent 。在如今这么强调伦理道德的科研氛围下，居然这篇文章能发表在 SCI 杂志上！

请大家来谈谈临床实验中的医学伦理道德问题，及论文写作应注意的问题！

2007-10-31 00:00 美捷登主编

Onobel wrote:

apollo2005 提出了一个非常值得讨论的话题。因为在医学伦理学方面，我们的许多大学或医院做得远远不够，不管是动物还是人的研究方面。

另外，就我所知，并不是所有文章都是说明其研究遵守"赫尔辛基"宣言，实际上还有一些其他的类似的"宣言"，往往包含了"赫尔辛基"宣言的主要精神。

谢谢。

Onobel 所言极是。

看看发这篇文章的杂志和这篇文章的作者单位不难找出文中不含医学伦理声明的原因。
1.杂志 Journal of Paediatrics and Child Health is an Official Journal of the Paediatrics and Child Health Division (The Royal Australasian College of Physicians) in association with the Perinatal Society of Australia and New Zealand, the Paediatric Research Society of Australia and New Zealand and the Australasian Association of Paediatric Surgeons. Although focused primarily on the Asia Pacific region, the Journal attracts readers and contributors from more than 30 countries.
ISI Journal Citation Reports® Ranking: 2006: 51/74 (Pediatrics)
Impact Factor: 0.931
可见其为地区性杂志，质量和影响力并不高，编辑部可能没有资源审核、查实医学论文尤其是临床论文的各方面（包括统计、医学伦理等)的要求。

2. 作者单位 First Department of Paediatrics, University Hospital Motol, National Institute of Public Health and Center of Epidemiology and Microbiology, Prague, Czech Republic。
许多国家，尤其发展中国家的有关研究部门及科研人员，对于医学伦理学还不够重视，并没有类似 Ethics Committee 或 IRB（Intititutional Review Board)这样的机构。近几年在中国，大多数科研单位都建立了这些机构，但我们在为作者编修论文时仍发现，差不多 1/3 的临床论文缺乏医学伦理学声明而需要我们提醒。至少部分原因是有些科研人员在作课题前并没有医学伦理学这个概念，在作课题前根本没有申请 Ethics Committee 或 IRB 的 Approval。

希望大家重视医学伦理学。

另外信息： 大多国际权威性杂志如 JAMA http://jama.ama-assn.org/cgi/content/full/292/11/1363 要求作者在发表临床试验的文章前，其临床试验必须在某些权威性机构如 ClinicalTrials.gov, Hunter Area Research Ethics Committee(HAREC) Clinical Trial Registry，WHO International Clinical Trials Registry Platform (ICTRP)等注册。

第 2 章 导师、同行的作用

http://www.dxy.cn/bbs/post/view?bid=45&id=14888454&sty=3&age=0&tpg=1&ppg=1#14888454

【经验】我是如何帮 / 教学生发文章的

2009-06-18 10:08 **美捷登主编:**

看到园子里许多研究生的大量"求助"，"求救"的帖子，心里多少有些感慨。他们是那样的无可奈何，就像那些"被遗弃"、甚至"被出卖"的孩子，连"孤儿"都不如（孤儿遭人同情，更不会被父母出卖）。
我在 2000 年底任香港大学医学院研究助理教授，2002 年开始连续获得香港研究资助局等近 500 万港币的科研经费。2001 年后先后招了两名研究生（香港没有博导硕导之分，博士或硕士视学生条件而定），和 5 名研究助理（种种原因，香港老板宁愿招研究助理而不太愿招研究生）。香港跟国外科研单位一样，每周都有研究例会，学生或研究助理必须向老板汇报结果或问题。几年里，这些学生或研究助理帮我发了 10 余篇 SCI 论文。这些论文绝大多数先由学生或研究助理撰写，然后，由我修改，通常会有几次一对一的讨论。第一作者的安排事先已确定，出一篇文章，学生或研究助理肯定是第一作者，我做通讯或并

列第一作者（我的老板作通讯作者-当时我并没有完全独立，有必要分些给我的老板），出两篇文章，我做第一作者，学生或研究助理并列第一，老板作通讯作者。目前，这些学生或研究助理有的在美国继续博士后工作，有的在国内任英文杂志编辑或有的是临床科研骨干或科室主任。写英文论文对他们来说，不是能力问题，而是时间问题。
我当时的做法其实完全学的我以前的导师和老板。我深深地得益于他们"手把手"的教导。
真心希望我们的导师和老板有更多的时间和精力，而且愿意花更多的时间和精力在他们的研究生身上。
也真心希望我们的研究生脚踏实地、诚实勤奋、早出结果、早发文章。

http://www.dxy.cn/bbs/post/view?bid=45&id=14493459&tpg=1&ppg=1&sty=1&age=0#14493459
Re:【转贴】张启发院士给他的博士生的一封信
2009-04-25 21:14 **chao_he wrote:**
最近我拜读了各位送交的年度工作计划，仔细推敲后，仍感到有三个方面的问题十分严重：

第一，对课题理解不够，有的根本谈不上理解，做了不止一年，尚未进入角色。

第二，已经完成的工作量严重偏少，博士（有的是从本室硕士上来的）做了几年还未见到可以发表的东西。

第三，在计划中倾向于以最低工作量结束研究，即游击战法。以消耗最少的人力来解决战斗。

这是从纸上看到的。从实验室看到的现象是，有那么几位常不到实验室照面，似乎这里是一个可来可不来的地方。而且愈未进入角色的，愈不钻研文献；工作做得愈差的，愈少见做实验。请各位想想，你不学，怎么能变内行？你不干，怎么会有结果？不钻研与自己课题密切相关的文献，不把实验室工作放在头等重要的位置上，不能算作一个名副其实的博士生。

写一点专题读书报告，其实是一个领域内进入角色的好方法。一篇不够，可以连续写几篇，直到把与研究课题有关的方面较好地弄懂为止。如果在写读书报告的同时，加进一点自己的见解就更好了。写得好的可以送出发表。这对加强业务能力，提高写作水平，深化对自己研究工作的感情和培养事业心都大有益处。几年来我们大会小会说了很多，而至今交得很少。有人说是没有时间，我看是不愿投入时间。对博士生而言，每天工作 12 小时是正常的，少于这个时间就不正常了；每周工作六天半以上是正常的，少于六天半就不正常了。

我这里是基于美国 PhD 四年学制所得到的概念。在我们目前三年学制还要强制性学半年英语的情况下，上述时间的投入充其量也只是一个下限。人生一世，应该追求有所建树。记得有一首诗："朝为田舍郎，暮登天子堂。将相本无种，男儿当自强"。此诗所描述的虽有些封建意识，倒也道出了人生的真谛。想稍加以补充的是在男女完全平等的时代里，女儿也应当自强。

走到了做科学这条路上，博士生阶段有无成就与将来有无建树关系十分密切。据我观察，在我们这一代人中凡是后来有所成就者，大多在博士学习阶段就奠定了很好的基础。我理解的基础含三个方面的内容：一是广博的知识和不断求知的欲望；二是作为今后发展基础的工作成就；三是不断进取的奋斗精神和以工作作为第一需要的人生观。试想：要建功立业，博士生阶段不搏，更待何时？

我们这里几乎所有的人都希望博士毕业后到国外去做博士后，我很赞成，并愿尽我之力给予支持。我很希望我们实验室出去的人将来在国际上都成为知名人士。今后在我们室毕业的博士出国做博士后可能主要有两类途径，一类是经我提名推荐，另一类是博士生本人争取，而将以后者为主。而后者却意味着要

参与国际竞争。博士论文做得好，竞争性就强，我也乐意推荐，用人方也愿意接收。博士论文做得不好的，我不愿意推荐，而且推荐起来难度也大。其实，各人的路在各人自己脚下，各人的命运在各人自己手里。成败兴衰，全在各人，请各自勉。

2009-04-26 06:55 美捷登主编

言简意赅，发人深省！
不认识张启发院士，但认同他的务实精神。

第 3 章 如何做审稿人

Re:【交流】如何做一名合格的审稿人 [精华]

2009-05-18 08:49 **美捷登主编:**

fixedsoldier wrote:

美捷登主编呢？我觉得你经验也很丰富，谈谈你的看法，如何？毕竟每个人所经历的情况不尽相同。问题只会越讨论越清楚，话越说越明。

不好意思，实在太忙，今天还要给个战友打电话，帮他解释某审稿人的意见。
觉得这是个很好的话题，本来打算整理总结下过去审稿纪录，再来和大家一起交流，现在只好仓促上阵了。
对于前面讨论的两个问题，我的看法是：
1.作为审稿人，对于国内外的论文理论上讲应该做到一视同仁。但作为中国人，实际情况可能不一样。海内外的中国人审稿人以及是否在国内受高等教育中国人审稿人对待来自国内稿件在身高前会有不同的心态。我相信许多国内审稿人是很公正的和善意的，会在提供有建设性的意见的同时给同胞一次机会。我一般是按这一原则作的。当然，对待国外稿件基本也是如此。

2.如其说决定论文接受与否的"生死权"在主编或责任辑辑，不如说论文是否接受取决于审稿人的评语和建议。大多数情况，编辑会视审稿评语、意见和建议来决定是否给作者机会或直接接收或拒绝。但有时，某个审稿人在评语中对论文有较高的评价，但却建议拒稿。此时，编辑会综合参考其他审稿人意见来决定。在我的"半月谈"帖子里专门谈到类似情况。反之亦然，有些审稿人在评语里提了许多"critical"甚至"fatal"意见，但却建议"revision"。编辑往往会根据其经验、杂志要求和其他编辑的评语作出拒稿的决定。毕竟，有些审稿人只是"专家"，不一定有足够的能力来判断"该论文"是否应在"该杂志"发表。（有些论文投 1 份的杂志，我会建议"accept, or minor revision",但投 5 分的杂志，我会"reject"。） 不管编辑如何决定，大多数杂志都会通知审稿人审稿结果（这是国内很多杂志作不到的）。

http://www.dxy.cn/bbs/post/view?bid=45&id=10735718&tpg=1&ppg=1&sty=1&age=0#10735718

Re:【讨论】谈谈你审稿的经历和体会 [精华]

2007-12-11 23:53 **duanxuzhuxi wrote:**

相信坛子里有很多兄弟有审稿的经历，希望谈谈自己的经历和体会供大家交流。
先谈谈我的：
大约是今年 8 月份接到 Cardiovascular drug reviews 的 Email 说我进入他们的审稿专家数据库，要求我在他们网站上注册。当时很惊奇，我不过是一个刚毕业的研究生，他们怎么知道我的。想来想去只可能是我一篇文章已经出网络版被他们看到，于是就注册了。
很快他们给我发了一篇综述的摘要给我看，问我是否愿意审这篇稿子，这篇综述跟我发表的文章属于同一各领域，我就同意了。于是系统自动把稿子发到我邮箱。一看文章，我头大了。这篇综述，是 Invited Review，作者是这一领域真正的专家，我的文章好几篇重要的参考文献都是他写的。综述写的几乎是天衣无缝，我懂的他都懂，我不懂的他也懂，而且作者是地道的英国人，英语写的更是无懈可击，我连文字的错误的挑不出。本想给个"不需要修改接受"，但总觉得这样太没水平了，于是反复的读了很多遍，总算找到综述对一个方面的内容没有涉及，于是建议作者增加这一方面的内容。为了说明这方面内容的

重要性，我写了很大一段，并且引用了十篇参考文献（最近进一步阅读了文献发现我写的这一大段仍然不够深入，学海无涯啊！），惴惴不安的把审稿意见上传。上传后每天上网看编辑意见和作者是否有回复，是否接受我的意见，似乎不是在审稿，而是投稿。编辑要求作者 minor revision，同时把两个审稿人的意见返回作者，我也看到了另一个审稿人的意见，仅仅对作者对某一个研究的解读提了点意见。最后，看到了作者的回复，接受我的意见，增加我要求他增加的内容。
看到作者的回复，心里有一种考试通过的感觉。毕竟，审稿人在品评作者稿件的同时，自己的学术水平也摆在作者的面前，接受作者的品评。

这就是我第一次审稿的经历。体会：
1.必需认真对待，从小的方面说，这体现了自己的学术水平和学术声誉。从大了说，这关系到中国学者的声誉。（似乎太拔高了，呵呵）
2.必需全面的掌握相关文献，才能对作者的文章给出有品味的评价，并提出有价值的意见。
3.国外的综述（大多是该领域大牛写的）在文献的全面掌握，对该领域发展方向的把握，提供信息的广度和深度等方面原非国内综述可比。
4.国际期刊与国内期刊审稿人选择的不同，国内期刊关键要你是牛人（教授，博导，院长……），而不管你懂不懂。国际期刊要的是了解这一领域的人，不论你是否是牛人。因此，给国际期刊审过稿也并不是什么值得夸耀的事。

2007-12-14 04:45 **美捷登主编:**
duanxuzhuxi 提出了又一个值得讨论、非常有意义的议题。禁不住要谈谈我的体会和感想。
1.和许多审稿者一样，第一次审稿是帮我在国外的博士导师。当时他给我一篇投给 J Med Microbiol 与我课题相关的文章，要我审。我提出了一些建议给他，但当时并不知道如何写审稿意见。 后来，结果如何就不得而知。发了第一篇论文后不久收到 Am J Gastroenterol 的审稿邀请，当时真不敢相信，那时我博士都还没有毕业。后来，发的文章多了，邀请审稿的杂志也不断增加。当时，没有电子网络系统，都靠邮寄。所以，我得以保存许多有杂志审稿邀请信函。目前，我审过稿的杂志包括 Gastroenterology, Gut, J Infect Microbiol, Clin J Microbiol, Cancer Research, Oncogene, 等 20 多家胃肠、感染性疾病、微生物及肿瘤杂志。
2. 国外杂志选择审稿人，主要看你的专长及学术贡献(EXPERTISE AND CONTRIBUTION)。世界学术知名人士肯定是他们的首选，但这些"牛"人日理万机，不会轻易给杂志审稿。他们除了临床、科研、学术及教学外，有些本身是某杂志的编辑（主编、副主编、责任编辑等），还有些是一些制药公司的顾问。一般而言，国外专家比较看重"诚信"，如果答应审稿，他们会认真去做并及时完成，否则会推辞审稿邀请。因此，除非是很"牛"的杂志，"牛"人一帮不会给一般杂志审稿。这样便给许多刚出茅炉的学者机会。对于国内学者来说，大多数国内"牛"人在国际上默默无闻，而现在许多博士、博士后的学术水平和英文水平并不亚于他们的导师，而且往往以第一作者发文章，所以他们收到的审稿邀请并不一定少于他们的导师。
3. 成为审稿人，在某种程度上是对自己科研和学术水平的认可。有些杂志会在其杂志鸣谢审稿人（每年最后一期），有些没有任何"表示"。更不用说"审稿费"。 就杂志而言，审稿人担任的无非是"裁判"的作用，目的是提高杂志的质量。成为审稿人，可以说是一种荣誉。是否有助于自己今后文章的发表我不得而知，除非你进入编委会。但不是每一位都可以进入杂志编委会的，能成为编辑或副主编、主编的更微乎及微。（本人有幸成为一家杂志的副主编和两家杂志的编委。)我的体会是，成为审稿人，既不可"受宠若惊"，也不要"沾沾自喜"。
4. 审稿本身的目的是提高杂志质量，所以，审稿人应在论文的各个方面把关，包括课题的创新性、实验设计合理性、方法及结果的可靠性以及对结果解释和讨论的逻辑性。英文语言虽不是审稿人关注的首要问题，但许多审稿人会因英文语言（不知所云）不放弃审稿，直接建议作者改进语言后再审。否则，或有许多误会（MISUNDERSTANDING)。
5.如何审稿，见仁见智。世上没有完美的文章。仔细读读，再"牛"的作者，其论文也有不足之处。我曾

审过 Helicobacter 主编的文章，同样提出许多建议和意见。所以，只要是你的专业，经过认真阅读，你一定能找到不足或需改进的地方。我迄今给 20 多家杂志近百篇文章审过稿，都会不同程度地提出 Comments. 我也发了近 150 篇文章，只有一个审稿人给过我的评语是"近乎完美""This paper cannot be improved better as it is almost perfectly writen"。那是篇发在 Am J Gastroenterol 上的论著。其实，我都知道那篇文章还是有欠缺的。否则， Gasteroenterology 不会拒稿。
谈了许多，希望给刚成为审稿人的战友一些启示，并祝他们事业成功。

2007-12-20 09:19 **美捷登主编:**
有战友 PM 我，想知道一些审稿的问题。我即兴作答，也希望与大家共享。

XXXX,
谢谢你的问题。
1。 当你收到审稿邀请时，一定要知道你对文章的内容是否了解，否则不要接受邀请。审稿一定要懂文章，千万不要不懂装懂。
2。一篇文章就是一个独立完整的故事。题目要反映文章的目的和结论，方法和结果要围绕目的、支持结论。参考文献支持文章的每一论断和方法。作为审稿人，一定要像读一篇故事一样阅读全文。
3。绝大多数文章都有发表价值，只是杂志的级别不同。同一篇文章对于级别很高的杂志，我可能建议"reject"，但对于较低的杂志，我可能在指出不足并尽量给出修改意见的同时建议"accept with (major or minor) revision"。
4。审稿措辞因人而异。本人应该属于"温和型" 。所以一般比较委婉。我认为，我与作者素不相识，不应带有任何成见或偏见。
5。一般论文较多的问题包括在导言或方法中未给出专业术语定义或对专业术语描述不够（许多作者认为读者应该理所当然知道）、前后文专业术语或概念不一致、方法交代不全（结果便"无中生有"）、结论超出结果能支持的范围（即夸大文章意义）、参考文献太陈旧等。 当然，英文语言是非英语国家的通病。
6。附本人最近的审稿意见，仅供参考。
Example （1）： This extensive study determined the expression of MIF in tissues of normal breast, fibroadenoma of breast and primary breast tumor. In addition, serum MIF levels were detected in patients (with breast cancer) and (healthy) subjects. The authors also attempted to determine the prognostic value of MIF in breast cancer patients. Furthermore, in vitro experiments were carried out to determine the role of MIF in regulating VEGF, IL-8, and in angiogenesis of HUVECs. While the study produced some significant results, the presentation of the results and preparation of the manuscript can be improved.

Major comments:
1. The information including Materials and Patients and Results from the present study is not adequate to determine the role of MIF in the prognosis of breast cancer. To address this issue, the study should be properly designed and prospectively carried out. A larger number of patients may be required, and serum MIF levels should be used in parallel to explore the value of serum MIF in predicting the prognosis of breast cancer. Therefore, I would suggest that this issue be left out of the manuscript to avoid the weakness of the study, to keep the focus of the study and to maintain the integrity of the manuscript. Accordingly, the title can be modified to be more precise and accurate.
2. The Abstract does not precisely reflect the content of the study. Some relevant methods and results are not described in the Abstract.
3. The Introduction is too long, and the aims need re-writing.
4. The term "tissue array" and citation of reference 28 in the Materials and Methods are misleading as the authors prepared the tissues for conventional IHC, not for microarray for proteomic profiling.
5. How was positive immunostaining of MIF, VEGF, and IL-8 defined? This is very critical since the authors used this term for statistical analysis.
6. What method was used to detect MVD?
7. The authors should clarify whether or not the serum samples were collected from a different cohort of patients.

8. Subheadings of Methods and Results should be more specific and informative.
9. The three cell lines used should be specifically described; which were breast cancer cell lines and which was "normal" epithelial cell line (what epithelium?).
10. The results of the "two in vitro assays" for angiogenesis should be more properly presented. Any figures?
11. Results of Western blotting were not presented in the text of Results and figure 7 is incomplete.
12. Table 2 is not needed, and the message can be described in the text. If the authors want to keep it, it should be Table 1.
13. Please define some abbreviations such as ER, MVD, PVDF, HER2 etc.
14. Please avoid use of Asian fonts (SimSun) that cannot be read. ug should be µg.

Example （2）: This is a well-designed and conducted clinical study and the manuscript was fairly prepared despite a few typos.
Major comments:
1. When you state "the efficacy and safety of standard triple therapy plus ecabet sodium has not yet been investigated", you may check all published articles and abstract presented at national and international conferences including DDW.
2. Since the p value is 0.204 for ITT and 0.044 for PP, which is very marginal, you must be very cautious to interpret your results. Thus, in the Discussion, you should make your statement (i.e. Actually, in this study, PP analysis confirmed…..) very carefully. After "although there was no ….," you may also need to acknowledge that fact that the marginal p value of 0.044 for PP.
3. One important limitation, which may not avoided by many clinical research centers, is that you don't have background information for drug (clarithromycin and amoxicillin) resistance in H. pylori. Thus, you cannot directly conclude whether the additional 10% effect is due to the overcome of drug-resistance by addition of ecabet in the triple therapy. You may point out this in your Discussion.
Minor points:
1. In Abstract, you should present the eradication rates for ITT and PP analysis.
2. In Abstract, The first sentence (i.e. At the end of the study" is inappropriately written, and not required. You may either modify it or delete it.
3. A comparison of eradication rates for all patients who completed the study is recommended.
4. Do you have a reference later than reference 2 (2003)?
5. You may check and correct some typos throughout the manuscript

http://www.dxy.cn/bbs/actions/archive/post/9880623_1.html
【讨论】一个合格的审稿人应该具备怎样的素质？
2007-08-29 16:54 **xinjidechun wrote:**
一个合格的审稿人应该具备怎样的素质？
自己的一点见解，希望大家补充：
1.具有良好的科研素质与品德。我认为这是首要的。听人说过，有审稿人接了自己领域的稿件，感觉不错，把别人的稿件压着，自己加紧工作赶制论文，呵呵，这实在是让人无话可说。
2.不一定要有名气（有名气当然更好），但一定要有水平。因为很多在干着具体工作的人（比如硕士博士），他们在某些领域，更能知晓学科的发展动态。在本专业领域，能掌握前沿的研究动态，而且对相关的领域，有一定的认知能力。
3.具有良好的文献检索能力，这点就不用说了吧？人家抄了别的地方一篇论文（或者翻译），你自己都不知道，那岂不是笑话？还有就是大段的摘抄，把两三个人的论文拼凑成自己的东西。这样的论文，你应该在审稿时点出来，取舍交给编辑处理。
4.具有很强的文献阅读能力。审一篇稿子，有的时候不亚于写一篇综述，你要把相关领域的研究都做到心中有数，才能给人一个合适的评价。不然，看不出人家论文的重点和创新来，一味的说好和说坏，最终是会站不住脚的
5.具有很强的论文写作和语言表达能力。不排除有人理论水平很高，能够给人指点江山但自己写作不行的人（就像是一个到处叫的公鸡），但是我始终感觉，如果要评价别人下的蛋，最好是自己下过蛋，而且下水平很高的蛋（当然就是像母鸡了）。

建议以英文期刊为讨论主体。Onobel

2007-09-12 04:19 美捷登主编

Does masking author identity improve peer review quality? A randomized controlled trial. PEER Investigators.JAMA. 1998 Jul 15;280(3):240-2.

JAMA98-240.pdf (134.64k)

Effect of blinding and unmasking on the quality of peer review: a randomized trial.JAMA. 1998 Jul 15;280(3):234-7.

JAMA98-234.pdf (61.2k)

http://www.dxy.cn/bbs/post/view?bid=45&id=14476379&tpg=1&ppg=1&sty=1&age=0#14476379

Re:【对话】睡梦也没想到!! The Lancet 邀我审稿，还是大牛的文章

2009-04-12 13:48 **momo wrote:**

睡梦也没想到!! The Lancet 邀我审稿。花了 1 天多时间审稿并写了 comment. 现还不急于上传，或许还要修改!!! comment 中提了比较刁钻的问题!! 请原谅，我不是有意的，但还是建议修改，没有建议直接拒稿。

SCI 给予学术平等的机会!! 但是也有许多的想法，SCI 刊物选择审稿人似乎比较随意，因为他们可能只是知道审稿人发过的文章，而对审稿人的的其他情况一无所知。其中最关键的是审稿人是否为该领域的行家。所以许多好的文章被枪毙也在情理之中。

2009-04-13 00:00 **美捷登主编:**

首先恭喜你。无论你是否认为你是小牛还是大牛，Lancet 认为你是某领域的专家（peer)。
这是个活生生例子。正如你说，"SCI 刊物选择审稿人似乎比较随意，因为他们可能只是知道审稿人发过的文章，而对审稿人的的其他情况一无所知。" 这就是 SCI 杂志比较公正所在。
不过，你的结论"所以许多好的文章被枪毙也在情理之中"似乎有些悲观或没信心。某领域的专家审稿总比"远离科研一线"的所谓"大牛"要客观具体得多（国内有些审稿人审稿就那么几句套话，因为他们根本就不懂论文内容，被他们枪毙的好文章不知有多少 ）。
相信你是这篇论文研究领域的专家，这就是 Lancet 找你审稿的原因（根据你的帖子，我也相信你果真是这方面专家）。

第 4 章 学术会议

http://www.dxy.cn/bbs/post/view?bid=45&id=13125618&tpg=1&ppg=1&sty=1&age=0#13125618

Re:【求助】已投杂志文章是否可以再投会议？

2008-11-03 23:14 **mengye wrote:**

本人有一篇文章投了 SCI 杂志，目前状态为小修后送审，但杂志让上传了 Copyright Assignment。对于这篇文章，可否将其摘要投到国外会议上去呢？按说目前文章尚未接收发表，似乎可以投会议，但上传了 Copyright Assignment 会有何影响呢？

请高手指教，先谢过了！

2008-11-04 09:00 **美捷登主编:**

在论文没有发表前完全可以。

http://www.dxy.cn/bbs/post/view?bid=45&id=14376663&tpg=1&ppg=1&sty=1&age=0#14376663

【交流】国际学术议为何少见来自中国大陆的学者

2009-04-11 03:07 **美捷登主编:**

偶然翻翻 17 年前在读博士期间的笔记本，发现自己写的一篇感文。题目就是"国际会议为何少见来自中国大陆的学者"。
想想仍然有些现实意义。因此，作为博文发在 DXY http://www.dxyer.cn/medjaden/article/i15905.htm。欢迎讨论。
注：其中方括号里的内容为新加的。

第五届欧洲十二指肠病理及幽门螺杆菌研讨会将于 1992 年 7 月在爱尔兰的柏林召开，对在本地工作并从事幽门螺杆菌研究的我来说无疑是一喜讯，而且，组织此会议的不是别人，正是我的两位导师。我虽说不上是他们的干将，但却也算是一位要员。一月件[份]征集稿件的工作有我参加，在我负责的 400 多封征稿件[信]中，中国近 20 封，而且[在给中国的]每封都附有中文信件，希望[被邀请者]涌跃投稿并向国内同行通知。四月底截稿日期止，共收 327 篇，中国共寄[来]12 篇。我自然为之高兴。经世界各地八个[位]评委评审后，有 12 篇惨遭淘汰。令人难以置信的是，在这 12 篇中，中国竟占八篇。而在选中的四篇中，有两篇是与澳大利亚合作的。为[对]此，我很不服气，便将所有资料找来，一一进行研究，从而发现了其中的原由。

1. 论文摘要撰写质量差：有些文章选题较好，结果也不错，可是作者无法用英文表达清晰，叫人看后不知所云(因而影响评分)；有些根本不按征稿要求撰写，自行其事；还有些本来打字机打印不清楚，复印后[更叫人]无法看清字迹；甚至有些作者打印完后没有再检查一遍，在 P[和] 0.05 之间的"<"或">"符号都忘了加上。这些现象严重影响了评分。[有些作者]不知如何撰写会议论文摘要，对参加国际会议重视不够，信心不足。

2. 偏见与歧视：众所周之，中国近十几年在科技上有迅猛的发展，举世瞩目，然而，在国际会议上，却很少看到来自中国大陆学者的面孔。这里还有一个原因便是在录用中国论文时评审采取了十分谨慎的态度。在本次评选过程中，中国论文评分都有故意[被]压低之嫌，录取分数都在 10-28 分之间。即使如此，如按评分[规则]选取，绝大多数中国论文也能通过。然而事实上，其他国家录取线为 10 分，而中国的 18，20，[甚至]26 分亦遭淘汰。五月初，我导师直言不讳[地]对我说，"以往几届常常只有中国文章录取，没有中国代表参加。现在我明白，他们根本没钱参加，投稿无非是想发表在杂志上并写进自己的简历里。"然后他又说："这次会议，我决定免除他们的注册费（320 爱镑）[1 爱镑=15 元人民币]及住宿费(每晚 40 爱镑左右)，也就是说他们只需要出路费。"（在他的心目中，文章录取而不参加会议是不可思议的）。我毫不情愿的的相信他说的是事实，同时又为他的承诺所打动。我查到了有关作者的电话，自费拨通了国际长途，希望着哪怕只来一名代表，也要打碎那不愿相信的"事实"。然而，我又深知，我的努力是徒劳的，因为，1500 美元的往返路费不是一般研究机构出得起的。而且，[在短短的]两个月，办护照，办签证几乎不可能。近来，不仅美国，而且连爱尔兰这样的小国也严格控制了中国公民的入境签证。

我想，只有等到中国真正强盛富裕的那一天，在国际讲坛上才能真实地展示出来自中国学者的风采。

92.5.27

2009-04-13 10:04 **美捷登主编:**

abraham007 说得并不错。只不过国外的学者往往将游玩时间排在学术交流之外的时间。大多数会议会专门安排（Social activities)。

谈到这，我不禁想起一件一直使我耿耿入怀的往事。那是 1994 年 9 月（我写上述感文的两年后）。
我参加了在美国休斯敦召开的第七届欧洲十二指肠病理及幽门螺杆菌研讨会（首次在欧洲以外举行）。适逢世界胃肠大会几天后将在洛杉矶举行，所以，有许多来自中国的代表。在招待晚宴上，海内外来自中国大陆的学者竟"霸占"了整整一桌。大家聚在一起，侃侃而谈，尤其是国内来的大教授们（有些是我国内导师的同辈），此时仍然是教授。
晚宴致词时，主持人提议来自日本的代表讲话，马上有位日本学者上台操着很不流利日式英文讲了几句，赢得掌声。随后，主持人提议来自中国的代表讲话，此时，我们面面相觑，竟无一人上台。场面好不尴尬！

几天后，我也到了洛杉矶。跟我国内的导师和同事"会合"。接下来的几天，便是游迪斯尼、逛商店等。整个会议期间的行程全由两家大型制药公司给包了，公司还有专人随团负责。

听说国内近几年由制药公司亲自带队的参会方式被取消，不知是真是假。否则，abraham007 说的没错，

2009-04-13 18:56 **nbacl2003 wrote:**

参加过几次国际会议，也来说几句吧

1. 从参加国际会议的人数来说，现在中国人应该要比过去多点了，这一点我想应该可以得到大家的认同。但是在国际会议上，大部分中国人都是台下的看客，能在台上进行大会发言的人很少，更不要说主持某一个主题的 session 了。

2.刚才楼上有人说拿着 poster 去灌水，其实有水可灌还算好的了。有相当一部分人连水都没有带，赤裸裸的就直接去了，这些人很多是药厂赞助的。

3.楼上说的药厂赞助游玩的事情不是个别现象，甚至成了潜规则了。如果有该厂家的卫星会，医药代表就会一大早把你安排到会场听课；如果是别的厂家的卫星会，很快就带你去到处逛了。国外参会代表有没有这种赞助游玩的形式，我不清楚。但从会场的表现看，很少看到老外一窝蜂大批离场的情况。

4、其实去多少人参加会议是其次，关键是去参加会议人员的素质。如果国际会议上有我们中国人主持会议，哪怕参加会议的就只有这 1 个人，我都觉得很光彩。如果去的都是看客，就算一半都是中国人，那又有什么用呢？如果去了还不好好听课，不珍惜这样国际交流的机会，到处游山玩水，甚至带来一些不光彩的表现，有意思吗？

5.借此机会，我想说的是，去参加国际会议，尽量争取 Oral presentation,至少要有 poster。实在不行，就好好的做一个听众，积极思考，积极发言，积极交流，别真的把自己当作一个过客了。

第十篇 有关 SCI 及影响因子(Impact Factor)的讨论

Re:【讨论】第三只眼看 SCI

2009-02-28 17:28 **duanxuzhuxi wrpte:**

作者：吴谨 来源：科学时报 发布时间：2009-2-27 0:6:57

吴谨：第三只眼看 SCI

如果换个角度看，便会发现其具有正面积极的意义

近来，也许是国内科技管理部门在科技成果评价中将发表 SCI 文章（包括文章数量和刊物影响因子）作为一个重要参考指标，在实验室评估或项目总结验收时有点"言必称希腊"，于是，强调 SCI 引起了一些人的不满意和某种程度的不舒服，甚至认为 SCI 成了中国科技的指挥棒。对科技同仁的这些感受，想想也能够体会和理解；不过，对于 SCI 及强调 SCI 的要求，如果换个角度看，将其当做一个来自外部的第三方监督，便会发现其具有正面、积极的意义。

常言说"天下没有免费的午餐"，科学研究也应是如此。除极少数自掏腰包进行科学探索以达到自我满足和提高的人外，绝大多数的研究人员都是从他方（包括政府和社会团体）获得资金进行科学研究。资助者希望获得回报和产出，希望有限的资金产出丰硕的成果，也是合情合理的要求。受资助者做出满足要求的工作，既是项目合同的要求，也是学术基本规范的需要。而科学研究的成果，大多是解决未知、创造新知，一般并不能立即在现实生活中得到应用，没有立竿见影的效果，因此，资助者在成果评价中对创新性提出要求，也算是应有之义。

科技成果的创新性常常参考所发表文章或授权专利的数量和质量。发表文章中，SCI 刊物的文章在大家心目中的权重因子较大，得到较多的喜爱。看看 2008 年关于 SCI 的基本数据就知道这是有道理的。全世界范围内，2008 年 SCI 总共收录 5893 种期刊，其中，中国（不包括香港、澳门和台湾）期刊被收录的有 95 种，占 1.61%。在国内数据库中，中国知客（CNKI）收录的国内科技类期刊有 4900 多种。这近 5000 种国内出版的科技类期刊中，被 SCI 收录的不到 2%，可以说是百里挑一。国内期刊被 SCI 收录少的原因可能有语言的因素，但从这悬殊的比例，还是可以看出，语言因素即使有可能也不是主要的，最主要的可能还是因为我们是发展中国家，不少研究工作还处在初级阶段。大量国内科技期刊所刊载的

科技论文，按 SCI 的标准来衡量，可能连迈过基本门槛都有困难，还处在"儿童少年"期，还需要不短的时间，才能成熟。因此，科学研究中撰写的论文能够被 SCI 期刊发表，至少表明研究工作跨越了 SCI 期刊要求的门槛，达到了一定的高度。事实也确实如此，国内大多数科技工作者，要使自己的研究工作在 SCI 期刊（尤其是影响因子较高的西方英文期刊）上刊登出来有一定难度。所以，科技成果评价中强调 SCI，还是很有道理的。

SCI 的存在，其实也使科技工作的评价有了一个可供参考的、相对客观的、基本定量的数据。更为重要的是，这个数据是根据大家基本认可的统计方法计算出来的。SCI 发布部门也只是提供数据，不参与任何与科研项目有关的利益分配。在某种意义上，SCI 对科技工作是一种外部的监督。所谓旁观者清，这种公开的不涉及利益的第三方监督，有不可否认的公平性和公正性。强调 SCI 会有正面的激励作用，能够促进我国科技工作者的工作更广泛地被国际同行知悉和认可，从而在国际科技的丛林竞争中胜出，有更多的话语权。

SCI 的数据是一段时间的统计数据，年年根据规则更新，不是某人一句话就可以改变的，与权贵无关，与金钱无涉。面对这样的监督，科技工作者仅需安心做好分内的工作、发表 SCI 论文就可以了，少了很多关系学的烦扰。

对科技工作者来说，发表科技论文其实也是一件很愉快的事。法拉第说："WORK，FINISH，PUBLISH！"可见，法拉第把发表当做科技工作中重要的一步，不仅要完成，更要发表。对于科技工作者而言，既要完成项目合同，满足与资助者商定的要求，也要提炼项目研究中的发现和创新，并将这些发表，供同仁参考。从进化的角度，一个未知的被发现，可以使人类这个物种少走弯路，更加适应这个环境。发表论文，尤其是发表高水平的 SCI 论文，往大里说，是对人类的贡献；往中里说，可以使生活在中国的这个群体，在地球人类的竞争中，处于优势，能够茁壮成长不败于世；再往小里说，是为所在单位的实力做宣传和广告，扩大单位的知名度，提升个人工作业绩和在同行中的位置，达到自我实现。套用《***宣言》中的一句话：发表 SCI 论文，可能并不显赫一时，但将永远存在！因此，发表 SCI 论文，其实也是科技工作本能的要求。

可见，发表 SCI 论文，既符合科技工作者个人本能的需要，又能一定程度上满足资助者的要求，是两全其美的事情，但是，为什么强调 SCI 会引起一些异议呢？盖因为在我国科技方面落后西方列强太多，发表 SCI 论文对许多科技工作者殊为不易也。科技研究工作，大约分为三个层次，居最上层的属原创，他人从未涉猎，你独具慧眼得以发现；其次为创新，领域已经开创，你后来居上，比前行者做得更仔细更深入，见他人未曾见，得他人未曾得；再次也为创新，领域开创已久，几乎已研究透彻，但聪明的你技高一筹，仍能做得比前人更好。世人所开展的纷繁复杂的科技工作，其实大多属于后两个层次。而上述三个层次的工作，逻辑上都可发表 SCI 论文。现在很多科技工作之所以不能发表 SCI 论文，恐怕是因为还没有进入这三个层次中，或者不知如何将自己的研究工作归纳使之进入这三个层次。强调 SCI 论文，对科技工作者来说，也许一时压力可能大了些。不过，既然受人资助，还是暂且忍忍这样的不适，尽力提升研究工作的层次吧。当我们大部分研究工作进入前两个层级时，发表 SCI 论文将是寻常之事——不过，到那时，科技管理部门可能不再强调 SCI。

也许有人还会说，强调 SCI 将限制科技工作者研究的自由，使科技工作者将相当的精力浪费在编撰论文上。从某种意义上讲，确实是这样的。外来的要求，无论是什么都属于限制。撰写论文多少也要花些时间。不过，将别人的钱财自由花费而不受限制的事世上几乎没有。既然他人付出资本，科技工作者付出智力，这样的状态下，科技工作者的自由本来就是有限的。资助者借助被资助者很认可的标准来参考评价科技成果，已经是很公道了。至于写论文要花时间的说法其实是自说自话。科技论文有基本相同的结构，属某种形式的"八股文"，只要科学研究工作有比较丰富的创新内容，撰写一篇文章也许不过是几支烟的工夫。

所以，强调 SCI，反映了科技管理部门对于我国研究工作秀出国际科技丛林的渴望；强调 SCI，说明我们的工作在 SCI 刊物上的显示度还有相当的不足；强调 SCI，可以使科技工作者重视 SCI 文章的写作，提供研究工作的国际显示度；强调 SCI，对科技工作者也是一种公开、公正、公平的监督。这种"三公"性质的外部监督，在当今的中国，可能不是多，而是少了。

（作者为中国科学院电子学研究所研究员）

《科学时报》 (2009-2-27 A4 周末评论)

2009-03-02 16:45 美捷登主编:

duanxuzhuxi wrote:
作者：吴谨 来源：科学时报 发布时间：2009-2-27 0:6:57

吴谨：第三只眼看 SCI

也许有人还会说，强调 SCI 将限制科技工作者研究的自由，使科技工作者将相当的精力浪费在编撰论文上。从某种意义上讲，确实是这样的。外来的要求，无论是什么都属于限制。撰写论文多少也要花些时间。不过，将别人的钱财自由花费而不受限制的事世上几乎没有。既然他人付出资本，科技工作者付出智力，这样的状态下，科技工作者的自由本来就是有限的。资助者借助被资助者很认可的标准来参考评价科技成果，已经是很公道了。至于写论文要花时间的说法其实是自说自话。科技论文有基本相同的结构，属某种形式的"八股文"，只要科学研究工作有比较丰富的创新内容，撰写一篇文章也许不过是几支烟的工夫。

（作者为中国科学院电子学研究所研究员）

《科学时报》 (2009-2-27 A4 周末评论)

比较认可作者的观点。
一项科研课题，少则几万，多则几百万。结题时总不能说只交上些原始数据吧。体现科研的水平和价值无非是通过论文的发表和成果的应用。

http://www.dxy.cn/bbs/post/view?bid=45&id=14902425&sty=3&age=0&tpg=1&ppg=1#14902425
Re:【讨论】个人预感，IF 很快将被淘汰
2009-06-19 23:09 美捷登主编:

冷酸灵 wrote:
个人预感，IF 这个东西会被淘汰

几年前，IF 用仅仅用来参考，无所谓，粗略就粗略
现在，IF 用来谋利，则可能被淘汰，即使其计算方法重大改革，也无法反映单篇文章的影响力。

个人预测，今后各单位考评指标：
1、他引次数。这个东西在将来会成为主流，甚至是你文章质量的唯一指标。
2、FM1000。可视为顶级影响力。
3、算法大改的 IF。例如：完全排除自引，包括本作者、本杂志；年份大调整....即使这样，也只能用来粗评杂志影响力，但仍然不能用于单篇文章。

今后，在你评职称的时候，你的 paper 后面将不再有 IF 两个字母，取而代之的是 other-citation

这个事情，会很快

IF 是衡量杂志水平的指标之一，尤其客观性和科学性。只是今几年被人（尤其中国人）"神"化。但近期（10 年）是不会被淘汰的。不过，国内"神"化程度降低是有可能的。
其实，国外及香港的大学早就采用 IF 和论文被引用数以及其他重大成果（专利、发明、著作等）来综合

评估科研人员的表现。往往依据作者提交的近三年最好的五项结果（论文等）。
再者，国外没有那么多的科技进步奖，研究生毕业前也无需发 SCI。

http://www.dxy.cn/bbs/post/view?bid=45&id=14953438&sty=3&age=0&tpg=1&ppg=1#14953438
Re:【交流】自引是不是包括了杂志的自引和作者个人的自引？
2009-06-26 00:24

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supermaltose wrote:
请教一下，自引是不是包括了杂志的自引和作者个人的自引？

JCR 上的自引是专门指自己引用本期刊的论文吧

那个人的自引是指第一作者引用自己论文，通讯作者引用自己论文还是任一作者引用自己论文呢？

JCR 上的自引指某期刊自己引用本期刊的论文.

http://www.dxy.cn/bbs/actions/archive/post/10850818_1.html
【转贴】SCI：谁的悲哀？
2008-01-03 19:44 **duanxuzhuxi wrote:**
一篇关于 SCI 的演讲稿，虽然是搞计算机的人讲的，但还是很值得我们一看。

SCI：谁的悲哀？

王飞跃

中国计算机学会青年计算机科技论坛（YOCSEF）

2007 年 12 月 22 日于北京翠宫饭店
报告原来的摘要
LNCS 从 SCI 中删除，其它国家的学者可能从未注意过，但在中国却引起了不小的震动，也有了本次《 LNCS 倒了，中国的文章投向何处？》的讨论。我个人认为这对于中国是一件很好的事，或许这也说明经营 SCI 的 Thomson Scientific 是一个负责任的公司。但 SCI 在中国的"飞黄腾达"，确确实实是一个悲哀。然而，这不能简单地看作是科研管理者的失职，也不必怪罪是谁把 SCI 引入中国的评价体系，更无法把责任推向少数利用 SCI 投机取巧的"学者"。"一方水土，养一方百姓"，我们必须在更深的层次更广的范围探讨这一现象。本次论坛中，本人将结合自己的经历和感受，与 YOCSEF 同仁共同讨论 SCI 现象与相关的学术评价问题。
报告录音的整理（整理人：宋平）
首先向大家道歉，年底会多，今天上午同时有三个会，分身无术，实在没办法，只好请金老师改变日程。其实我最愿意参加你们的会，因为 YOCSEF 是年轻计算科研人员的组织，这是年轻人的聚会，你们是未来，我当然愿意和未来在一起，而且这里没有利益之争，不紧张，有利于身心健康。所以今天早上我先到你们的会场，再到其它的会，最后回到这里，"自始至终"参加你们的。
实际上，我和 YOCSEF 是老朋友了，YOCSEF 刚成立时，好像是 2000 年在杭州开大会时，邀请我作了一个主题报告，记得是关于基于 OSGi 和代理编程的开放服务系统。两个月前，我们所里模识实验室的陶建华研究员希望我到论坛来讲一下《如何建立科学的学术评价体系》。我对这个问题很感兴趣，加上对建华的工作也要支持，所以当时很痛快地答应了。后来，金老师告诉我论坛的名称是《LNCS 倒了，中国的文章投向何处？》，吓了我一跳。投向何处？连想都没想过，怎么会知道？可后悔来不及了。回头一想，LNCS 问题就是 SCI 问题，好在近来我对 SCI 还有些想法，所以就想了《SCI：谁的悲哀？》这个题目。我要声明的是，我认为 LNCS 是很好的系列丛书，至少二十多年前是这样。我当学生时读过的最好，也是最喜欢的一本计算机书，Lloyd 的《Foundations of Logic Programming》，就是 LNCS 里的，我还专门写了一篇书评，发表在国内的计算机学报上。但 Thomson Scientific 把 LNCS 从 SCI 中去掉，也说明"生

产"SCI 这个产品的公司还是一个很负责任的公司，因为 LNCS 确实不是杂志，是丛书，是会议论文集。昨天开了一天会，到了今天凌晨才发现论坛主题又变了，成了《从 LNCS 事件反思中国学术论文的发表》。"计划不如变化"，而且我的报告摘要也不是我专门为这次论坛写的，但这都是我的错。一是没有早点查我的邮件，二是没有将报告摘要发给金老师。所以我今天不能反思中国学术论文的发表，我还是反思 SCI 在中国。

不过，连 LNCS 都成了"事件"，说明 SCI 是一个严肃的话题。昨天晚上在网上查了一下相关信息，有很多。特别是最近有关单位发布了一个报告，说中国国际论文发表数量跃居世界第二位，结果引起许多评论。有人把学界的许多问题都推到 SCI 身上；有人不平，说这是 SCI 妖魔化，应当客观，SCI 和 GDP 一样，本身没问题，问题是怎么用。"事件"再加 GDP，看来这不是一个严肃的话题，而是一个十分严肃的问题。严肃到什么程度？严肃到你已经不能把它作为一个严肃的话题来谈。

所以今天我没有准备一个完整的 PPT，只是凌晨列了几个要点和大体的框架。没来前我还以为论坛是一个非正式的场合和交流渠道，来后才发现不但正式，而且安排准备的非常专业，还要一边讲一边立即网上直播。这我有些怕，年初就经历过。播出去的话，有时根本就不是自己言语，不但词不达意、而且不符逻辑，很难把自己的意思准确的反映出来，真怕年底再来这么一遭。好在今天有录音，回去之后我会整理一下，给你们一个完整的、我认可的版本。我现在就随意一些，跟大家讨论一下。大家都是年轻人，回国之后最大的悲哀就是觉得人还没有年轻过就已经老了。要是当时知道 YOCSEF 如此有活力，肯定早早的就加入到你们之中了

1、如何写文章

我先讲讲有用的吧。因为金老师事先告诉我已有老师讲如何写文章，所以我就不多讲。以前就如何写文章这件事情我也说了很多，但有件事发生以后就不敢多讲了。十多年前我有个新加坡学生，他的硕士论文写了几遍我都不满意，总觉得内容乱七八糟摸不着边。最后没法，我和他说：写论文就像盖房子一样，不能把砖头堆在一起就行了，你要有厨房、卫生间、睡房、还要有 family room，你要把它们的功能介绍一下，讲清楚这些房间之间的关系，让人觉得它们是一个整体，服务一个目的，就是人在里面住得舒服。一句话，写作一定要合逻辑、有结构、有目的。没想到他把我的话写在他论文的开篇第一段，我赶快让他去掉，但从此以后就不敢随便说论文该怎样写了。

第一， 写论文要有实在的东西、最好有思想的东西。千万别瞎编，不要"年少不知愁滋味，为赋新词强说愁"，更绝不可以造假瞎抄。论文垃圾不是说不能制造，因为说不定一个人的垃圾，就是另一个人的"财宝"，但垃圾还是少制造点为好。假的或把别人的当成自己的，就是今天查不出来明天还是能查出来的，一定不要做。

第二， 年轻学者最好以防守型的风格来写论文。我自己是一个人闯出来的，对此深有体会。年轻时候最好 Write Defensively。你要想你的文章要经过 Reviewers，你要从 Reviewers 的角度去想，他们看后会怎样去想。你要写的汤水不漏，让 Reviewers 找不到 Reject 的理由，无法拒绝你写的东西。这一步你一定要做到，因为你还没成为大家，还没到杂志争着发表你文章的时候。

第三， 把你的论文看成一件艺术品，甚至把版面当成一幅画来安排。国际杂志的评委和审稿人都是志愿服务性的，连审稿费都没有。人家一看你写的东西粗枝乱造，觉得你都不用心，干吗来浪费我的时间？找个理由就可以把你拒掉。我刚回来时对此体会最深，不过这两年好多了，有些甚至做过头了。你应当把你的论文看成一件艺术品，至少给人感觉版面安排像一本画册一样。举个例子，如果我看到一行里只有一个字，我一定会删去或加上几个字，让这一行丰满一些，好看一点。这都是细节，但这些细节反映出你的用心。我们一些学生造假都不认真，觉得反正不就是要版面费吗，养成不好的习惯，当然也无法写出好的文章了。

第四， 要知道该投哪里，了解要投的杂志。你一定要知道你的文章该投到哪去，你也必须了解你要投的杂志，最好还能引用一下这个杂志里与你论文相关的他人工作。你可以说不行，这个杂志从来没做过这方面的工作，那主编会说既然我们从来没做过，不是我们的领域，对不起，请你投到其它杂志去吧。有些 IEEE 会刊有个隐性约定，要求投稿人引用自己的文章。我曾做过七八个会刊的编委，一半如此。

如何写文章就说到这里。其实我并不担心你们的写作风格和投稿方式，不要两年，你们一定会"青出于蓝而胜于蓝"，届时我担心的是做过了头，异化了。

2、关于 SCI 问题

言归正传，谈谈如何看待 SCI 的问题。

首先，我是觉得这里面有个最基本的技术问题：中国曾经是个世界强国，什么时候再能成为世界强国，我不知道，但至少我们还是个世界大国；作为一个大国，你不能把你的科技评价体系建立在一个私有公司的私有产品上，何况还是外国的，这是一件很难想象的事情。有一种观点认为 SCI 就和 GDP 一样，是

客观的。对此我理解，但不赞同。我觉得 SCI 与 GDP 根本是两回事：SCI 是数据库，应把所有杂志包进才对。GDP 是纯指标，是你国家根据自己的数据统计出来的，造假也是自己的事，自己绝对控制。SCI 是到人家的数据库里统计的，谁在谁不在数据库全由公司说的算。你会说那多好，想造假也造不成了，其实检索报告造假更大胆更可怕，还会说没办法，数据库又不是我们编的，等你弄清楚，早晚了。我绝不是说人家公司会造假数据来骗中国，但对一个国家这是件大事情。咱们老是讲脸面脸面，这么大的脸面却不讲了。所以单从这个技术角度，我个人是反对用 SCI 标准的。当然，暂时过渡甚至过度一下都是可以的，可长久下去，逻辑上根本是不通的，这与 SCI 是否正确是否有用无关。

还有许多地方，发一篇 SCI 奖多少钱，甚至出现靠 SCI 文章变成"百万元户"的。其实，咱们老祖宗玩这套玩的最厉害。秦国为什么灭了六国完成统一大业？可能就是这么玩出来的。大家还记得商鞅变法吧？一开始没人相信变法，更不相信商鞅这个"外国佬"管用。商鞅就立根木竿在城南门，说谁要是把木竿搬到北门去，我就给你 10 金。没人信，加到 50 金，后来有人搬了，得了 50 金。这下商鞅的威信就树了起来，变法成功了，秦国强大了，而且全民皆兵，最后到了秦始皇，一鼓作气灭了六国。这就是历史上"立竿赏金"典故的来由。今天 SCI 就有点被用来当作商鞅木竿的意思，就是科研指挥棒，可能是觉得 SCI 上去了，科研也就上去了。但我们老祖宗知道"适可而止"，第二个人再搬木竿，就是搬到天边累死了也分文不给了。今天，SCI 也应"适可而止"，好多地方确实也停了下来。这种做法不可能持续，科研水平也不会靠 SCI 数上去。顺便提一下，商鞅玩得再好，最后的结局还是车裂，就是五马分尸，与"立竿赏金"有多大关系我不清楚，但可以肯定，与 SCI 无关。

LNCS 从 SCI 中删除，其它国家的学者可能未曾注意到，但在中国却被看成一个"事件"，也就有了我们今天的讨论。我个人认为这是一件"坏"事，它让我想起西方的一句话："上帝要想让他灭亡. 必先使他疯狂！"可惜，LNCS 在 SCI 发疯之前被"揪"了出来。本来人家 LNCS 在 SCI 里待得好好的，可不幸让一些中国人发现了，成了"疯狂开采"SCI 的绝佳工具。君不见，有人一年出 20 多篇 SCI 文章，都是通过 LNCS"挖掘"出来的。我最初反对我们团队的人如此发 SCI 文章，可坚持了两年，不得不放开。因为我们实验室也要被评估，我也不能老是为了自己的信念，牺牲他人的利益吧。玩笑归玩笑，我很高兴 LNCS 从 SCI 里出来，但还想说一句：许多计算机会议文章，其实比杂志，包括 SCI 杂志，更难发，水平更高。

在座的大多是研究计算机、网络和信息的，目前我们的主要工作是要在虚拟空间，特别是 CyberSpace 里建立一个真实有用的实实在在的社会。可是一定程度上，我们的 SCI 指挥棒是要我们在实实在在的社会里面建立一个没多大用处的虚拟空间，把社会弄成了 HyperSpace，这是很可怕的事情。国外大学里确实有"Publish or Perish"的说法，你要不发表文章，那就请你消失，拿不到 Tenure，只好换个地方，但别人对文章的价值并不像我们这样"崇拜"。我个人认为文章还是要写一些，特别是年轻人一定要写。但千万别把论文与真实水平等价起来，一个活生生的学者，怎么好用几篇死气沉沉的论文来体现呢？写论文、发表论文应作为一个基本的科学训练或基本科学素质来要求。通过写论文并在高水平的学术期刊上发表，只是证明了你已经能够规范的表述你的学术思想，并让部分同行接受你的思想和结果。就是说，发表文章是你成为本领域科研工作者的起码的要求，不是你已成为本领域科研工作者的证明。你要做个一流学者，发表高水平的论文只是你的基本素质问题之一，仅此而已。

为什么？别的领域我不了解，我们这一领域的好多文章确实可有可无。你说东我还可以说西，反正条条大路通罗马，又不是数学证明。难怪有人说 99.99%的论文是"垃圾"，有些过分，但说明有问题。这种情况下，千万别指望多数论文是有用的，更不能完全用论文来度量一个学者的成就。

我个人的经历和体会就是如此。做硕士研究生时，我的导师是王仁东先生，当时浙大很有名的教授。那时刚开始招博士，有一次导师开完人大回来，跟我们说他在会上与钱学森谈过，认为对博士论文一定要严格要求，必须有开创性的东西才行。导师建议我读博士，虽然高兴，但还是担心自己能不能"撞"上开创性的东西。当时我想，培养 10 个高水平的博士，全部成功也还是 10 个；培养 100 个博士，五分之一成功还能有 20 个高水平的博士，多出一倍，剩下的如果带了博士帽，至少也会去想去干博士的事。所以希望低要求多招收，也是一个学生自然的心理。可惜导师突然去世，我也没办法继续做他的研究生，否则后来也不会在几个领域里转来转去，我会老老实实的专心研究力学，而且是断裂力学。回想起来，"姜还是老的辣"，少招点博士今天可能也不会有这么多的问题了。现在好了，我的愿望倒是实现了，可人心社会也变了，如果还认为博士毕业了其论文里一定有开创性的东西，或者其它论文里一定有开创性的东西，会是错上加错。这就是我的观点 论文只表明你这个人的科学素质，这个素质只是说明了你的科研潜力或者能力，但不能说明你的成就有多大。我从不觉得我的论文说明我有什么的成就，更不认为它们代表我的真实水平。

还有一个误区，就是现在单位或个人强调 SCI 是为了荣誉而战。大家就不要再挂这块遮羞布了，如果是为了荣誉而战，那还是件好事情，人有荣誉感时做的大多数事情还是理性的。这不是为荣誉而战，这是

为了赤裸裸的利益而战。

我再说 SCI 引用问题。经济里有衍生经济，就是虚拟经济，弄好了促进实际经济发展，弄不好立马给你来个大萧条。SCI 引用就是这样的一个衍生品，近来让我们发挥得有些可怕，说不定会造成比 SCI 数本身更大的问题。我给你们举个例子：默顿是西方很有名的社会学家，有人发表论文专门分析了他的论文被引用的情况，发现默顿的一些真正有用的论文被引用的次数很少，而几篇过时没实际价值的论文被引用的次数却越来越多。结果表明，就像有"Marriage of Convenience"一样，也有"Citation of Convenience"，引用默顿的文章，最后其实是一种"仪式"，并非真正有用。还有一种心理，要引文章就引用了名家或无竞争潜力的，对手的文章可能更好更直接，可就是不引。
你可能说：这谁弄得清楚，要弄清楚得花多少时间？赠你们一段我在网上找到的话：一个不关注真相的民族，是一个没有前途的民族；一个不追求真相的社会，必然是一个堕落的社会。
刚才南京大学的陈老师说在美国每个教授心里都清楚自己领域里谁在做什么，谁做得好坏。对此我有同感，大体差不多。情况清楚了，所以大家谁也就不蒙谁了。只有不清楚时，才会蒙来蒙去，稀里糊涂再加上 SCI 蒙起来就更不得了，会像真事一样。其实，只有在还没有能力和信心判断别人的水平时，或者在社会不讲理性时，才会靠数字说话，才会有诸如 SCI 和 EI 之类的"飞黄腾达"。 事实表明，不管什么指标，最初可能都是希望由此提高水平，可由于原始目标本身有时难以说清楚，但数数大家都会，所以到了最后几乎无一例外地变成了指标本身的优化，其实就是目的的异化。
这样使用 SCI 的后果是什么？就科研工作者而言，就是"古之学者为己，今之学者为人"。这话不是我说的，是孔夫子说的，就在《论语》里面。为人多好，我们提倡的就是"毫不利己，专门利人"。可问题是许多情况下，《论语》里少了真假二字。SCI 之风这样演化下去就会出一批假人才。等我退休时，回首自己的一生，如果眼前只是一堆 SCI 数字的话，至少对我来说是非常可悲剧的。
对研究生而言，将是强弩之末的"平方"效果。大学学完了，没学好，被折腾了四年，年轻人的豪气，已是"强弩之末"。研究生再来几年，这下该学点真本事了吧，却又遭遇 SCI 还有 EI 的"棒"打，不是"强弩之末"的"平方"又是什么？ 最后只有掉下来，还提高什么科技水平？
学校和科研单位又如何呢？网上读了关于哈佛大学新任校长演说的评论，说大学是来改造社会的，而不是来适应社会的。这使我感慨万分，突然意识自己好久没有这样想了，可这分明就是自己对大学原始的认识：大学改造人，由此改造社会。为什么好久没有这样去想了？因为更担心的是大学千万不要成为加速社会沦落的催化剂推进剂。教学科研的指标化简单化，再加一个要命的异化，如此下去，改造只能是奢望了。我们眼前要考虑的是：谁来改造大学？是我们大家吗？如果是，就必须先把大家从 SCI 之类的紧箍咒里解放出来。
3、SCI：谁的悲哀
SCI 在中国的"飞黄腾达"，确确实实是一个悲哀。网上有很多指责，许多人认为这是中国科研人员的悲哀。我们不应也不能简单地把这看作是科研管理者的失职，也不必怪罪是谁把 SCI 引入中国的评价体系，更无法把责任推向少数利用 SCI 投机取巧的"学者"。
我们的一句老话："一方水土，养一方百姓"，可以给我们许多启示。我们必须在更深的层次更广的范围探讨这一现象。
美国黑人学者 DuBois 是社会犯罪理论的主要创始人之一，哈佛毕业的第一个黑人博士，也是上世纪最主要的***活动家，NAACP 的创始人。他致力于种族之间的正义与平等，却支持日本军国主义，留有"the problem of the twentieth century is the problem of the color line"的名言。
一百多年前，DuBois 在研究费城黑人犯罪问题时，提出了三个观点。首先，黑人犯罪主要是由于"社会革命"引起的错位压力或应变造成的。奴隶制度的解除，使黑人一下子获得了自由，但还没有适应过来，各种压力就来了，"increased complexity of life"超出了多数黑人所能承受的水平，因此出现大量犯罪。这与同时代法国社会学家 Durkheim 的 Anomie 理论不谋而合。其次，随着完整合理的黑人社会阶层的形成，犯罪将逐渐减少，这也是后来默顿的结构应变理论的前奏。最后，DuBois 提出要在黑人社团中形成一个阶级体系，即社会分层，要靠其中的"Talented Tenth"来引导黑人走出犯罪的阴影。DuBois 在《The Philadelphia Negro》里说的话：
"Naturally then, if men are suddenly transported from one environment to another, the result is lack of harmony with the new conditions; lack of harmony with the new physical surroundings leading to disease and death or modification of physique; lack of harmony with social surroundings leading to crime."
可以给我们许多启发。虽然我们科技界的问题与犯罪挂不上钩，但***之后知识分子一下子解放了，与当年黑人的解放也差不多。我们也是还没缓过神来，就面临着方方面面的压力。不到 30 年里，国家要求

"四个现代化"、跨越式发展，科技成了第一生产力，民族要复兴强大，自己要学位职称，家里要房子汽车，单位里还要 SCI，与当时黑人的处境可能也差不到哪里去。好在我们有知识，不犯罪，可其它的浮夸异化问题就出来了。从 DuBois 和默顿的结构应变理论来看，在一个合理完整的科技社会分层结构还未有形成之前，这些问题是必然和无法回避的，一旦结构形成，问题就会逐渐减少。此外，我们是否也需要"Talented Tenth"来解决问题？如果要，他们又在哪里？与当今的价值观合拍吗？

合理的科技社会分层结构何时才能形成？我不知道。但我知道科协冯长根教授提出的"抽水现象"，可能已使这个结构在萌芽阶段就已畸形。所谓"抽水现象"，就是***之后人才断层，一批人被迅速提成教授研究员甚至更高，可后来越来越慢，要求也越来越高。问题是后来的人总忘不了前面的人是如何被提拔起来的，情不自禁地把要求的水平与这些人的水平比较，诸如此类，自然就产生了心理上的不平衡。不平还无法"鸣"，谁让自己生不逢时？无形中把问题加重还复杂化了。表现出来的，就是形形色色的学术***和造假现象。前几天我在国外，就见有人问"Chinese X"的下一个"X"会是什么？界内我们已经有了"中国芯片"，界外也有了"中国老虎"。

4、如何对待

这里，我只是提一个建议。不妨从社会学的角度去理解我们的问题，否则知木不知林，整天抱怨谴责，解决不了问题。按照默顿的结构应变理论，如果我们连结构都没有发育好，必然会造成畸变，产生应力，出现问题。这些问题再返回来与结构形成过程交互影响，发生耦合效应，那就更复杂了。所以，我们要静下心来，要有长期的打算，从根本上解决问题。

中华民族是一个古老的民族，应当有耐心，也必须有耐心，这是历史反来复去给我们后代的教训。春秋战国我们有过"百花齐放、百家争鸣"的思想文化繁荣时期，但之后两千多年，知识分子差不多完全就是官僚体系的一部分，并没有形成自己完整合理的结构。特色就是过去是老子孔子庄子，现在是孔子老子庄子，次序随时局调一下而已，实质变化不大，不像古希腊哲学，没有发育出完整的科技知识体系。等现代科学来了，我们刚有点起色，却先是抗日内战，又加上一场***，真是多难。

实事求是地讲，我们 30 年来在科技方面的整体成绩是巨大的，我认为是奇迹，我们应当为此感到自豪。但世界发展太快了，科技更不要说了，我们必须追求更高的境地。两个民族的经验我们不妨借鉴，一是德意志，二是犹太人。

向德国学习什么？合理稳定的社会人才和知识结构，价值的多样化。有意思的是，社会分层和社会角色理论就是在德国萌生的，马克思和韦伯都有重大贡献，而且那时 DuBois 正在德国游学。德意志民族好像没有我们如此强而普及的"望子成龙"意识，小学毕业后，有各种不同的专科中学，之后还有不同种类的高等专科学校。多数人最后不去读大学，自己和社会都不认为他们是失败者。我不是说我们的高级科技人才多了，而是说整个社会一定要量"才"而行，重实不重名，特别是要形成尊重不同层次上的人才的社会风气。就个人而言，不能人人成龙，否则只能是假"龙"，都是真龙我们早饿死了。就大学而言，不能个个都成研究型大学，否则只能是假"研究"，真糊弄。个人要量才而用，学校应当三六九分类，但只要我们意识里只看到最好的，不给其他以真正的、应有的尊重，而且"Winners take all"，分类分层就很难做到。

向犹太人学习什么？我们不是做梦都在想诺贝尔奖吗？从 1901 年首次颁奖到 2001 年，总共 680 获奖者中 138 有犹太血统，占五分之一，百分之二十，可犹太人占世界人口的比例不到 1/500，千分之二！为什么？以色列的奥兹教授，当今世界最有影响的希伯来语作家，说不定哪天也拿一个诺贝尔文学奖，曾经说过：以色列强大的秘密就是怀疑和辩论。谚语里也有："两个犹太人有三个脑袋"或"两个犹太人有三个答案"之说。

怀疑和辩论？我们不是没有学，学了，还带中国特色。最近华南虎照片引发的怀疑主义就是我们学习的民粹版本。我非常希望华南野虎重现，但不能为了目的而不择手段。否则，目的再伟大，就是实现了，还是会有后遗症，影响深远。别人或后代会如法炮制接着蒙你，届时目的伟不伟大就不由你了。我们历史上三百年不到就一个轮回，干干净净从头开始，很说明问题。中国人其实很能怀疑和辩论，祖先就能把白马辨成非马，但对指鹿为马却不辩论，更不怀疑，心里也清楚得很，但农民的纸老虎倒是一定要穷追猛打到底的。我觉得到了该认真地想一想应怀疑什么、应辩论什么的时候了。

你们会说这扯得太远了，我们眼前的问题还担心不完哪，没有论文就升不了职拿不到奖，管不了后面了。问题是"秦人不暇自哀而后人哀之，后人哀之而不鉴之，亦使后人复哀后人也。"我们不能不管后代，否则就不能持续，只能在低层次低水平上不断地重复。我们同后代的矛盾就会从代沟，Generational Gaps，演变代战，Generational Wars，中国的历史已一再证明了这一点。千万别忘了，鸿沟是自然的，战争却是人为的。

怎么办？不知道。但我想还是慢慢来。不是说"楚人遗弓，楚人拾之"吗？民主不能急，科研更不能急。

该 10 年完成的，非要 1 年完成，不造假不蒙人就怪了。亩产万斤就是个例子，尽管我相信将来亩产一定会过万斤。个人可以急，生命有限呀，但民族的生命是无限的。所以，不急可能造成个人的遗憾和损失，但非民族，更非人类。
回头看历史，夏商周、春秋战国，《易经》《论语》《道德经》，到今天谈的还是那些思想，只是变得玄之又玄。不深入的学，整天浅学，浅学还要在短时间内成名，那就必须变成玄学。浅学持久的结果，确实能成文化，但很难成科学，像希腊哲学成为现代科学的基础那样。中国人明白的很，格言箴言大道理也不少，像西晋葛洪就说过：不学而求知，犹愿鱼而无网焉，心虽勤而无获矣。我们必须把浅学变深学，今天的问题主要还是书读得太少太浅，没人愿做书呆子，多数人的精力都化在提高情商、联网协作、组团前进上了。可不能没人干真活呀，也不能总把干活的人不当回事吧。
千万不要把我的说法误解为我们可以慢慢地发展科技，什么都不干了。中国这么一个大国，别人也不会给我们这个机会。但我们一定要想清楚，尊重科学的规律，别自己糊弄自己。
我们确实有了很大的进步，而且历史上还曾经长期领先世界。从杀而优则仕，到血而优则仕，再到学而优则仕，我们二千年进了三大步，科举制度还曾是当时全球最先进的社会制度。科研评价方面，SCI 比过去一本糊涂账也是一大进步。今天，我们终于到了干而优则仕，但不能蛮干。希望将来是效而优则仕，不是对官大的孝，不是对钱多的孝，而是有效的效，效率的效。
进步归进步，评价标准也应慢慢来。欲速不达，欲高也不达，不能一下子提的太高，让多数人可望不可及，产生社会应变，最后上有政策，下有对策。特别是对难以评价的事情，不能简单化，为省事、为立权威而过早行之。管子早就说过：省刑之要，在禁文巧；守国之度，在饰四维。
其实，美国的开国元首华盛顿讲得更是直接了当：
Let us raise a standard to which the wise and honest can repair; the rest is in the hands of God。
就说到这里，耽误大家许多时间。在此提前拜个年，祝大家节日快乐，身体健康，谢谢！

转载自科学网王飞跃的博客：

2008-01-03 20:46 **evolution wrote:**

不要被误导了，韩国和日本等国家跟中国差不多，SCI 评价体系并非中国的特色。

特别是在中国，学术气候这么不良，去掉 SCI 这个相对最为公平的评价体系，我们还能用什么评价中国的学术？

难道用更黑的评奖？派系林立的同行评议？无用专利？垃圾中文？

2008-01-11 03:33 美捷登主编

望月长啸的狼 wrote:

与在中国相比，SCI 在很多国家有过之而无不及，我的一篇稿件修回时审稿人明确指出没有引用所投杂志的文章！这就是明目张胆的要 IF

你讲得好像不太清楚。
是审稿人要求你引用他在该杂志上的文章还是该杂志编辑要求你引用他们杂志上的文章？这有本质区别。
审稿人是你所投论文方面的专家，如果他认为你没有将最新发表的有关文章引用到你的文章并给你指出，这是对你的文章的贡献，更是对杂志尽责。国内许多作者在文献检索或原文全文获取方面有困难，因而讨论中内容显得空洞。还有少数作者（你肯定不是）故意不应用已发的相关文章，却说"To our knowledge, this is the first....", "We are the first"等等。所以，审稿人要求引用某文章无可厚非。再说，你怎么知道审稿人建议应用的文章就是他的呢（一般作者是不知道审稿人的）。而且，他只是建议。
如果是编辑强求引用他们杂志上的文章，那就是你所说的明目张胆的要 IF。 国外杂志我见过一个，只有一次，是在正式接收后请求或建议。

2008-01-30 16:52 汉家 **wrote:**

syyxzz wrote:

SCI 在全世任何一个国家，都没有象在中国这样，被本国人炒得如此热闹。实话说，我觉得，是中国科研管理体制的悲哀。

很热闹吗？发表无数的垃圾中文才是最悲哀的，当然，不否认贵刊是不错的

1．西方发达国家，如美国科学院、美国众议院科技委员会就是使用基于 SCI 数据库的数据，做出研究报告，每年出版的《美国工程与科学指标》也使用 SCI 数据进行国际比较。

英国政府出面，以集团购买方式为全国的 153 个大学和研究所订购了 ISI 的 WEBOFSCIENCE（即 SCI 的网络版）的使用权。这从一个侧面反映出了英国人对 SCI 的重视。

2．我国周边国家和地区也是如此。日本科研人员非常注重在 SCI 源期刊上发表论文。由于担心自己的英文水平不高，很多日本研究人员花大价钱请英语好的专家给自己修改润色甚至根据原来的内容重写。多年之前，一篇文章的润色费就可能高达 500 美元。

韩国在 1998 年制订"21 世纪脑业韩国计划"（BrainKorea21Initiative）。这项计划为期 7 年，拟花费 11.7 亿美元。他们的计划是，从 1998 年至 2005 年，SCI 论文数从 10000 篇增加到 20000 篇，位次从 17 位提升到世界第 10 位，目前已经接近这一目标，2005 年韩国排在世界第 11 位。

为了提升自己在世界科学界的影响，台湾当局在 20 世纪 80 年代中期制订实施了一些针对研究人员个人的奖励措施，SCI 论文数是评奖时的重要指标。获杰出奖者，每月奖励免税的 25000 台币（合 870 美元）。自从采取这种措施以来到 90 年代中后期，台湾 SCI 论文数增长了 7 倍。

香港对大学教师的评估方法学的是英国的做法，即要求每位教师自己提交最能反映自己学术水准的 5 篇论文（其结果几乎百分之百是 SCI 论文），由 8 个委员会来评议这些论文。香港所有 8 所大学都购买了 SCI 光盘版，6 所大学购买了 SCI 网络版。

3．国际组织的情况。联合国教科文组织 1996 年在匈牙利召开的世界科学会议期间，中欧国家的代表举行了一个题为"面向发展的基础科学"研讨会，作为世界科学会议的一个卫星会。与会代表讨论了基础研究产出的测度问题，一致认为，基础研究产出中目前唯一可量化的就是发表物指标。经合组织（OECD）每年发布的基础科学指标中，都有一部分是关于 OECD 成员国的科技论文发表和引用情况的分析。

附录

附录一 美捷登主编夏老师简介

夏老师于上世纪 80 年代中毕业于同济医科大学（现华中科技大同济医学院），在同校获硕士学位后在该校附属协和医院从事胃肠内科临床工作。90 年代初获得爱尔兰都柏林大学微生物学哲学博士学位，并接受博士后培训。随后的十年里曾任悉尼大学高级研究人员，香港大学助理教授。过去 20 余年，共发表英文论文 150 余篇，著书一部。为 50 多份生物医学杂志审阅稿件，专业和领域涉及胃肠，肿瘤、微生物、病理、临床诊断、临床治疗、临床试验、流行病学等。2007-2008 年被选为美国胃肠病学会会员（Fellowof American College of Gastroenterology）。现为 World J Gastroenterol 副主编，J Gastroenterol Hepatol 编委，曾为 Aliment Pharmacol Ther 编委（进入制药公司后为避免利益冲突辞去编委）。现在一家大型制药公司任高级医学科学专家，但学术活动仍未停止。

附录二 诺贝尔奖得主 **Barry Marshall** 教授对美捷登主编夏老师的评价

THE UNIVERSITY OF WESTERN AUSTRALIA

FACULTY OF Life and Physical Sciences

Clin. Prof. Barry Marshall AC, Nobel Laureate, FRACP FAA FRS

NHMRC *H. pylori* Research Laboratory

Courier address: Microbiology & Immunology
University of Western Australia
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NEDLANDS WA 6009

MICROBIOLOGY and IMMUNOLOGY
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27th February 2008

United States Department of Homeland Security

Citizenship and Immigration Service

Dear Sir/Madam:

I am the Nobel Prize winner for medicine or physiology for 2005 and also the Lasker Prize winner (USA) for 1995. Both prizes were for work in the field of *Helicobacter pylori* and peptic ulcers; the same field as Dr Xia. I have known Harry Xia since 1994 where I met him at various *Helicobacter* conferences and was exposed to his work as a basic scientist in the field. Since then I have met Dr Xia at conferences and have been well aware of his many publications. I have also met his colleagues and supervisors who all hold him with high regard. Thus, I can easily give you an opinion as to the high standing and international relevance of Dr. Xia's work

Dr. Xia graduated from Tongji Medical University (now re-named Huazhong University of Science and Technology), China, with a bachelor degree in medicine in 1985 and a master degree in 1988. He started his research career on *Helicobacter pylori* in 1985, two years after I published my first observation in The Lancet. Dr. Xia received his postgraduate training at the Dublin University, Ireland where he obtained a Ph. D in 1994. Then, he worked with Prof. Nicholas Talley at the University of Sydney from 1995 -2000. He took a position as an Assistant Professor at The University of Hong Kong during 2000 - 2006 before he joined Novartis Pharmaceutics Corporation.

I met with Dr. Xia several times during Digestive Disease Week of the American Gastroenterological Association and The International Gastroduodenal Pathology and *Helicobacter pylori* (previously European Gastroduodenal Pathology and *Helicobacter pylori*). I have also followed up his research progress and his publication track record over the past two decades since he once expressed his interest in working in my *H. pylori* Research Laboratory in Western Australia.

THE UNIVERSITY OF WESTERN AUSTRALIA
FACULTY OF Life and Physical Sciences

Dr. Xia contributed to *H. pylori* research in several aspects, which include epidemiology, microbiology, pathogenesis, diagnosis and treatment. Specifically, he was one of those who performed the earliest survey to determine the antimicrobial resistance in *H. pylori* in European countries. He evaluated and validated a susceptibility testing for determination of Metronidazole and Clarithromycin resistance in *H. pylori* and also evaluated a system for globally transporting *H. pylori* strains. Dr. Xia was the first, using molecular techniques, to identify that recurrence of *H. pylori* infection after "apparent successful" eradication of the infection within 12 months after the therapy is due to recrudescence, instead of re-infection. Moreover, he advocated the concept of "antralisation", first reported its link with gastric precancerous lesions and its association with apoptosis and proliferation and related genes. This concept has been adapted by many investigators in their research projects or cited by other authors in their publications.

I appreciated Dr. Xia's congratulations after the announcement of Nobel Prize in 2005. Although Prof. Warren and I "discovered" the bacterium, I believe that the causal role of *H. pylori* in gastritis and peptic ulcer disease is established, largely based, on numerous epidemiological, microbiological, pathogenic and clinical evidence created over the two decades by countless researchers worldwide, and Dr. Xia is one of these researchers.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection makes him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Yours sincerely,

Barry Marshall

Barry Marshall AC, Nobel Laureate, FRACP FAA FRS
Clinical Professor

附录三 各杂志主编/责编对美捷登主编夏老师的评价

Am J Gastroenterol 杂志主编（现 **Aliment Pharmacol Ther** 杂志主编） **Nicholas J. Talley** 教授：

MAYO CLINIC

4500 San Pablo Road
Jacksonville, FL 32224
904-953-2000

March 3, 2008

United States Department of Homeland Security
Citizenship and Immigration Service

Re: **Letter Of Recommendation For Outstanding Researcher**

Dear Sir/Madam:

I am Professor of Medicine, Professor of Epidemiology, and Chair of the Department of Internal Medicine at the Mayo Clinic Jacksonville. I am co-Editor-in-Chief of the *American Journal of Gastroenterology, Honorary Editor-in-Chief of World Journal of Gastroenteorlogy* and Editor of *Current Treatment Options in Gastroenterology*. I was Guest Associate Editor of *Gastroenterology* and Editor of *Journal of Gastroenterology and Hepatology*. I have served as an Editorial Board Member of 16 medical journals, and a Reviewer for about 50 journals including *New England Journal of Medicine, Nature Reviews, Drug Discovery* and *Lancet*. I have published over 280 original and review articles and 24 text books for medical students, interns and gastroenterologists. In addition, I contributed to 54 book chapters. I have delivered over 300 oral presentations or lectures at national and international meetings. I am the Recipient of several Research and Lecture Awards including the Distinguished Research Prize for 2006, Gastroenterological Society of Australia.

Dr. Xia is a gastroenterologist and a leading researcher in the field of *H. pylori*. He currently designs and conducts clinical trials as well as mechanistic studies for the development of new drugs for gastrointestinal diseases.

I worked with Dr. Xia from October 1995 until August 2000, and have had continuous research collaborations with him since he joined the University of Hong Kong in 2000. Over the past decade, especially in the first five-year period, I was able to closely observe Dr. Xia's scientific activities and therefore feel I am in a good position to comment on his outstanding abilities. I can say without reservation that Dr. Xia is a superb researcher and gastroenterologist. He has published as a first author a number of very significant papers and his contribution to this work at Nepean Hospital at the University of Sydney was major in terms of the development of the research proposals and hypotheses, collection of the data and preparation of the manuscripts. He has published 144 full articles in national and international peer review journals including the top journals in gastroenterology such as *Gastroenterology, Gut and American Journal of Gastroenterology*. Notably, he developed the concept of "antralization", first reported its link with pre-gastric cancer lesions and followed up on these observations with work on apoptosis and

proliferation that is very important to the specialized field of gastroenterology. In fact, this concept has attracted the attention of many investigators.

The expertise of Dr. Xia is attested to by his appointment to the Associate Editor-in-Chief position of the *World Journal of Gastroenterology*. He is an active member of the editorial board of the *Journal of Gastroenterology and Hepatology*, and was a member of the editorial board of *Alimentary Pharmacology and Therapeutics* in 2006, as well. He has been a reviewer for a number of the major journals including the *American Journal of Gastroenterology*.

Dr. Xia is certainly an established outstanding researcher with an international reputation.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection, make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Sincerely yours,

Nicholas J Talley, M.D., Ph.D.
Chair, Department of Internal Medicine
Professor of Medicine and Epidemiology
Consultant, Division of Gastroenterology & Hepatology

NJT:br

Aliment Pharmacol Ther 杂志主编 Roy Pounder 教授：

08/03 2008 14:30 FAX 01285644126 HIGH TUN BARN

LETTER OF RECOMMENDATION
FOR OUTSTANDING RESEARCHER

High Tun Barn,
Itlay, Daglingworth,
Gloucestershire GL7 7JA
England

7 March 2008

United States Department of Homeland Security
Citizenship and Immigration Service

Dear Sir/Madam:

I am a co-Editor of *Alimentary Pharmacology & Therapeutics,* and an Emeritus Professor of Medicine of the University of London.

Dr. Xia is an outstanding researcher who has been working on *Helicobacter pylori* research for more than 20 years and is a recognized expert in the field. His first research results were first published in *Alimentary Pharmacology & Therapeutics* in 1993. Since then he has published 24 original articles in peer-reviewed journals with international circulation, most of which are related to clinically important issues such as *H. pylori* diagnosis and treatment, non-cardiac chest pain, gastroesophageal reflux diseases and other functional gastrointestinal diseases. Because of the significance of Dr. Xia's work, his research has been highly cited by other authors. Dr. Xia has served as a reviewer for *Alimentary Pharmacology & Therapeutics from* 2003 through the present, and he has reviewed numerous manuscripts.

Due to his significant contributions by acting as both active and dedicated author and reviewer, I invited Dr. Xia to be an editorial board member in 2005, which he accepted. When Dr. Xia joined the Novartis Pharmaceutics Corporation, according to the conflict of interest policy of *Alimentary Pharmacology & Therapeutics* we had to remove his name from the list of the editorial board. However, Dr. Xia continues to assist me in reviewing publications submitted to the journal.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher, and I strongly support Novartis' petition on this basis.

CHAR1\753490v2

08/03 2008 14:30 FAX 01285644128 HTGH TUN BARN

Sincerely,

Roy E. Pounder
Co-Editor
Alimentary Pharmacology & Therapeutics

CHAR1\753490v2

Helicobacter 杂志主编 **David Grahm** 教授：

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER

BCM Baylor College of Medicine

David Y. Graham, M.D.

Digestive Disease Section
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Fax: (713) 795-4471
Email: dgraham@bcm.edu

Professor of Medicine
Professor of Molecular Virology and Microbiology

March 2, 2008

United States Department of Homeland Security
Citizenship and Immigration Service

RE: Dr. Hua Xiang (Harry) Xia
LETTER OF RECOMMENDATION FOR OUTSTANDING RESEARCHER

Dear Sir/Madam:

I am a Professor of Medicine and a Professor of Molecular Virology and Microbiology at the Baylor College of Medicine. I am Editor-in-Chief of a peer-reviewed medical journal, *Helicobacter*, and an Editorial Board Member or Reviewer of many other medical journals with international circulation. I was the Chief, Digestive Disease Division, Department of Medicine, Baylor College of Medicine between 1988 and 2007. I have been an invited lecturer to numerous national and international conferences, universities and hospitals worldwide. I served as President of the American College of Gastroenterology from 1990-1991. I was a member of Data Safety and Monitoring Board at the National Cancer Institute in 2000 and 2003. I have authored more than 700 scientific articles that have been published in biomedical journals including high profile journals such as *Science*, *Nature*, *New England Journal of Medicine*, *JAMA*, *Lancet*, *Proceedings of National Academy of Sciences USA*, *Gastroenterology* and *Circulation*. I have written or edited 10 books and contributed to over 100 chapters in books regarding my specialized scientific field.

I first met Dr. Xia in 1994 when I gave a lecture on "The Epidemiology of *Helicobacter pylori* Infection" in Dublin. We have also met at several occasions at numerous international conferences such as Digestive Disease Week of the American Gastroenterological Association and The International Gastroduodenal Pathology and *Helicobacter pylori* (previously European Gastroduodenal Pathology and *Helicobacter pylori*).

Over the past 14 years, Dr. Xia has conducted research projects on *H. pylori* infection in different aspects, which include microbiology, pathogenesis, diagnosis and treatment. He has published numerous highly influential original peer-reviewed articles on antimicrobial resistance in *H. pylori* and its affect on the clinical efficacy of standard triple therapy, and the recurrence of *H. pylori* infection after the apparent eradication of

the infection. When Dr. Xia worked as a senior research officer at the University of Sydney, he edited the book, "*Helicobacter pylori* infection: basic principles and clinical practice." With his colleague, Prof. Fan, I was honored and pleased to be one of the authors contributing to the book, which has been influential to other scientific experts in this specialized field.

As the Editor-in-Chief of the journal *Helicobacter*, I was pleased to publish several original articles submitted by Dr. Xia's group, which includes the recent article "Li GQ, Xia HH, Chen MH, Tsukamoto T, Tatematsu M, Gu Q, Qiao L, Cho CH, So WH, Yuen MF, Hu PJ, Liang YJ, Lin HL, Chan AO, Wong BC. Effects of Aspirin on the development of *Helicobacter pylori*-induced gastric inflammation and heterotopic proliferative glands in mongolian gerbils. Helicobacter. 2008 Feb;13(1):20-29" in which he is a co-first author. Moreover, I invited Dr. Xia to serve as a reviewer of the journal due to his outstanding research and academic achievements in *Helicobacter pylori.* Dr. Xia has demonstrated his broad and extensive knowledge in the field, and his comments enabled us to make decisions on the acceptance of the manuscripts submitted to *Helicobacter*. Dr. Xia is also an Associate Editor-in-Chief of the *World Journal of Gastroenterology* and an active editorial board member of the *Journal of Gastroenterology & Hepatology*. He continues to serve as a reviewer for many biomedical journals.

In October 2006, Dr. Xia joined Novartis Pharmaceutics Corporation, an institution with a distinguished reputation. He has been involved in an *H. pylori* vaccine development program, for which I was invited to be a consultant. We have had several conferences with other scientific experts during past year. Dr. Xia has significantly contributed to the program by providing his expertise to this specialized field.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Sincerely,

David Y. Graham
Professor of Medicine
Editor-in-Chief
Helicobacter

World J Gastroenterol 杂志主编马连生教授：

世界胃腸病学杂志社
The WJG Press

LETTER OF RECOMMENDATION
FOR OUTSTANDING RESEARCHER

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E-mail: wjg@wjgnet.com
http://www.wjgnet.com

United States Department of Homeland Security
Citizenship and Immigration Service

Dear Sir/Madam:

I am the Founder, President and Editor-in-Chief of the *World Journal of Gastroenterology*, which is an emerging influential English journal that is published in a developing country, and is one of a few medical journals that are published in China and included in the Science Citation Index Expanded (SCI-E) of The Institute for Scientific Information (ISI) Citation Database and PubMed of U.S. National Library of Medicine. I was Executive President of the First and Second and President of the Third World Chinese Congresses of Digestology. I am an Honorary Professor of Huazhong University of Science and Technology.

I invited Dr. Xia to be a member of editorial board of *World Journal of Gastroenterology* (*WJG*) in 1998 because of his academic and research achievements in gastroenterology at the international level. Dr. Xia has been actively and efficiently participating in reviewing and editing articles submitted to the journal. He also contributed to several invited review articles. He has made several constructive and critical comments and suggestions on how to develop the journal, some of which have been successfully implemented. For example, he suggested that an online submission system would significantly improve the performance efficiency. His innovative idea has allowed the system to function so well that it is the key for the success of the journal.

Dr. Xia was elected to be an Associate Editor-In-Chief in 2002. Since then, he took more responsibilities for the development of the journal. He continues to contribute original articles, review and editorials. He was the key author who finalized the important editorial "Ma LS, Pan BR, Ma JY, Xu JY, Wu XN, Wang XL, Lu HM, Xia HH, Liu HX, Zhang JZ, Su Q, Ren SY, Zhu L, Zhu LH, Lu YY. Towards a higher international standard - World Journal of Gastroenterology is to be published twice monthly in 2004. *World Journal of Gastroenterology* 2004; 10:1-4. (Editorial)"

In 2004, Dr. Xia was invited to present a lecture on "How to edit a title and an abstract for a medical article" at the editorial meeting of *WJG*. Many medical editors and scientific researchers learned a lot from his lecture. During the last consecutive 3 years, Dr. Xia has actively identified several critical topics that our readers would like to know, and has invited internationally recognized experts to contribute review articles on these topics. *WJG* has benefited greatly from his efforts. Dr. Xia is not only an established scientist and researcher, but also a dedicated and thoughtful medical peer reviewer and editor.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Sincerely,

Lian-Sheng Ma

Professor Lian-Sheng Ma
President and Editor-in-Chief
World Journal of Gastroenterology

J Gastroenterol Hepatol 杂志责编 Benjamin CY Wong 教授：

UNIVERSITY DEPARTMENT OF MEDICINE

Head: Prof. Karen S. L. Lam, MBBS(Hon), MD, FRCP(Edin, Lond), FRACP, FHKCP, FHKAM(Med)
Chief of Service: Prof. K.N. Lai, MD, DSc, FRCPath, FRCP(Edin, Glasg, Lond), FRACP, FACP, FHKCP, FHKAM(Med)

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瑪麗醫院
QUEEN MARY HOSPITAL

Professor Benjamin C.Y. Wong
MBBS, MD, PhD, MRCP (UK), FHKCP,
FHKAM (Medicine), FRCP (Edin, Glasg, Lond), FACG, FACP,
Division of Gastroenterology & Hepatology

LETTER OF RECOMMENDATION
FOR OUTSTANDING RESEARCHER

March 4, 2008

United States Department of Homeland Security
Citizenship and Immigration Service

Dear Sir/Madam:

I am a Professor of Medicine at the University of Hong Kong and Director of the SKY Lee Digestive Disease Laboratory, Queen Mary Hospital, Hong Kong. I am an Honorary Professor and Visiting Professor of several universities in the USA and China. I am a Fellow of the American College of Gastroenterology and the American College of Physicians. I am a recipient of many Awards including Outstanding Researcher Award, The University of Hong Kong in 2005. I have been Editor of *Journal of Gastroenterology and Hepatology* since 2003, and Associate Editor-in-chief of the *Chinese Journal of Gastroenterology* since 2002. Additionally, I serve as an Editorial Board Member of 16 other peer-reviewed scientific journals and Reviewer for more than 30 journals. I have published 270 journal articles and written 19 book chapters mostly focused in the specialized field of research of gastroenterology.

I had the privilege of working with Dr Xia for 6 years during 2000 and 2006 in the Division of Gastroenterology, Department of Medicine, when Dr. Xia was appointed as a Research Assistant Professor and then as an Assistant Professor.

Dr. Xia demonstrated his unique skills of being both a physician and scientist and played an important role in our Faculty of Medicine. He is a qualified medical doctor with MBBS and M. Med degrees and specialized in gastroenterology from Tongji Medical University, China.

During 6 years, Dr. Xia published 82 full articles and successfully obtained three major government grants (RGC) and six other internal grants to a total of over 4.5 million HK dollars. He currently serves in a Chief Editorial position for the *World Journal of Gastroenterology*, and is an editorial member of two other gastroenterology journals, *Alimentary Pharmacology & Therapeutics* and *Journal of Gastroenterology & Hepatology*, as well as a peer reviewer in the international academic arena.

Dr. Xia is one of the few in his specialized field who has both a strong clinical background and scientific research experience. His and innovative research ideas enable his formulation of excellent research with outstanding results. With this unique physician scientist role, he was able to focus himself in the area of gastric carcinogenesis as an independent project leader in our division. He was able to formulate his own research direction, obtain grant support, recruit and supervise his own team of research assistants and post-graduate students, and generate excellent results. Also, with his unique physician scientist role, he brought together the clinical departments and pre-clinical departments together in his projects. These are examples of the significant contributions he made to the Faculty of Medicine, University of Hong Kong, an organization with a prestigious reputation.

The research direction of Dr. Xia has been in line with my research focus on carcinogenesis and the prevention of gastric cancer. He was the first to introduce the concept of antralization and observed the association of antralization with *H. pylori* infection and precancerous lesions. He investigated the molecular and genetic mechanisms of *H. pylori*-induced antralization in gastric carcinogenesis. In addition, he observed that epithelial macrophage migration inhibitory factor (MIF) expression was increased in *H. pylori*-induced gastritis and gastric precancerous lesions and cancer. He was the key investigator to reveal the effects of cyclooxygenase-1 and -2 gene disruption on *H. pylori*-induced inflammation and effects of aspirin on the development of *H. pylori*-induced gastric inflammation and heterotopic proliferative glands in mongolian gerbils.

Dr. Xia established several key collaborations with top scientists in the USA, Australia and the United Kingdom and has enhanced the image of our research group in the international research society. He played a major role in several collaborative projects with Chinese counterparts, including two projects in Fujian and Shandong on chemoprevention of gastric cancer by intervention with *H. pylori* and the cyclooxygenase pathway. His track record proves he has continuously contributed enormously to our division, the department, the faculty and the university in many ways, and we have benefited a lot from his work.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Sincerely,

Benjamin CY Wong
Professor of Medicine
Editor of *Journal of Gastroenterology & Hepatology*

附录四 中国科学院院士孔祥复对美捷登主编夏老师的评价

香港中文大學 · 何鴻燊防治傳染病研究中心
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香港新界沙田
威爾斯親王醫院
公共衛生學院, 2 樓 207 室

LETTER OF RECOMMENDATION
FOR OUTSTANDING RESEARCHER

March 1, 2008

United States Department of Homeland Security
Citizenship and Immigration Service

Dear Sir/Madam:

I am now Professor of Virology in the Chinese University of Hong Kong. I was Chief of Laboratory of Biochemical Biology in National Cancer Institute, NIH, between 1986 and 1999, and awarded the NIH Merit Award in 1998. I was elected as Academician of the Chinese Academy of Sciences in 1999. I was Director and Chair Professor in Institute of Molecular Biology at the University of Hong Kong. I have published over 300 scientific articles and book chapters and have served on editorial boards of several international biomedical journals. I am the inventor of many US patents, from immunology and virology to therapeutics. My research areas include bacterial genetics and metabolism, enzymology, gene regulation, cytokines, oncogenes and tumor suppressor genes, growth and differentiation factors, signal transduction, embryonic development and traditional Chinese medicine.

I have known Dr. Xia since 2000. Dr. Xia and I have worked together on various collaborative research projects when we were at the University of Hong Kong. Dr. Xia obtained his qualification in medicine at Tongji Medical University, one of the best Medical Schools in China, with both MBBS and M. Med degrees. He then went on to obtain a Ph.D. degree in microbiology and received his postdoctoral training at Dublin University, Ireland. He worked as a senior research officer in a teaching hospital at the University of Sydney, and he impresses me with his solid research background and significant contributions in the study of *Helicobacter pylori* (a gastric pathogen) and its associated diseases, including gastritis, peptic ulcer diseases and especially gastric cancer.

Over the past 20 years, Dr. Xia has published more than a hundred full articles covering microbiology, epidemiology, pathogenesis, diagnosis and treatment of *H. pylori*. He was the first to show that *H. pylori* infection is associated with the presence of antral type

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Serving the community through quality education, caring practice, and advancement of health sciences

香港中文大學 · 何鴻燊防治傳染病研究中心
Stanley Ho Centre for Emerging Infectious Diseases
Faculty of Medicine
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Shatin, New Territories, Hong Kong

香港新界沙田
威爾斯親王醫院
公共衛生學院, 2 樓 207 室

mucosa at the gastric incisura, and to coin the term "antralization" to define this situation. Then he demonstrated that *H. pylori*-induced antralization is strongly associated with precancerous lesions and alterations in apoptosis, cell proliferation, and the expression of tumor suppressor genes, oncogenes, TFF2 and MUC6 in the stomach.

Dr. Xia took the post as Research Assistant Professor at the University of Hong Kong in 2000. At the University of Hong Kong, he focused his research directions on the molecular and genetic mechanisms of *H. pylori*-induced gastric carcinogenesis. Since then, he has made many significant achievements both academically and in research. He successfully attracted several internal and external research grants including two from the University Department of Medicine, The University of Hong Kong, four from the University Research Council, and three from the Research Grants Council of Hong Kong S. A. R. government, with the total amount exceeding HK$4,500,000.00. As a qualified independent principal investigator and principal supervisor, Dr. Xia led a research team on one of the most important issues – the pathogenesis of gastric cancer, which is still the second fatal malignancy in the world and the leading cause of cancer deaths in China. Impressively, Dr. Xia published 84 full articles during a 6 years period. He is also responsible for many management duties at the Digestive Diseases Centre, Queen Mary Hospital, and played an important role in the establishment of an Animal Carcinogenesis Laboratory at the University of Hong Kong, which is one of the facilities for our collaborative projects, and continues to function very satisfactorily. In addition, because of his significant research contributions, Dr. Xia was promoted to an Assistant Professor position in 2005. Dr. Xia has demonstrated himself as a talented, innovative, and productive medical researcher.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Sincerely,

Hsiang-fu Kung
Professor of Virology
Stanley Ho Centre for Emerging Infectious Diseases
The Chinese University of Hong Kong
Hong Kong

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Serving the community through quality education, caring practice, and advancement of health sciences

附录五 美捷登主编夏老师博士导师 **Colm A. O'Morain** 教授的推荐信

THIS NOTEPAPER MUST NOT BE USED FOR PRESCRIPTIONS OR INVOICING PURPOSES

THE ADELAIDE & MEATH HOSPITAL, DUBLIN
INCORPORATING
THE NATIONAL CHILDREN'S HOSPITAL

TELEPHONE +353 1 4142000

LETTER OF RECOMMENDATION FOR OUTSTANDING RESEARCHER

3rd March, 2008.

United States Department of Homeland Security.
Citizenship and Immigration Service.

Dear Sir/Madam,

I am a Professor, the Head of the Department of Medicine, and the Dean of the Faculty of Health Sciences, Trinity College Dublin. I was elected President of the Irish Society of Gastroenterology in 1994, elected President of the Association of National European and Mediterranean Societies of Gastroenterology between 1998 and 2001, and Chairman of the Public Affairs Committee of United European Gastroenterology Federation from 2005 to date. I was Founder and Steering Committee Member of the European Helicobacter Pylori Study Group. I am an Editorial Board Member of over 10 medical journals and an abstract Selection Committee Member for major international gastroenterology conferences. I am an invited speaker at various national and international conferences. I have published more than 300 full journal articles, 9 books and contributed to 60 book chapters.

After Dr. Xia graduated from Tongji Medical University, Wuhan, China, with a Master's Degree in Medicine and practiced as a gastroenterologist, he joined my team in September 1990 and worked with me until 1995 at the Department of Clinical Microbiology, St. James's Hospital.

Dr. Xia's major research focuses on *Helicobacter pylori*, an organism that is recognized as a major cause of gastritis, peptic ulcer disease and gastric cancer. He evaluated and standardized a method for the determination of susceptibility of the organism to commonly used antimicrobial agents, metronidazole and clarithromycin. Dr. Xia was one of the first to determine the prevalence of drug resistance in this organism, and the impact of drug resistance on clinical treatment for *H. pylori* infection. The articles derived from this work were published in several influential microbiological journals with international circulation, and have been highly cited by colleagues. He also developed and evaluated a transport system for *H. pylori* cultures, which was commonly used by many scientists in the field. He developed a method to cultivate *H. pylori* in a liquid medium, which was used by many other researchers.

Moreover, Dr. Xia devoted his time and effort to identify the nature of recurrence of *H. pylori* infection after apparently successful eradication of the infection with antibiotic-based therapies using various molecular techniques. His work on this topic contributed significantly to the understanding and knowledge of the organism, and had significant implications on clinical practice. This is reflected by the large number of

CHAR1\753490v2

citations of his original articles, along with his subsequent excellent review articles, on this topic, published in the prestigious gastroenterological journals, *Gut, American Journal of Gastroenterology*, and *Digestive Disease and Sciences*.

Since Dr. Xia left my laboratory, we continue to meet at the international conferences, such as Digestive Disease Week of the American Gastroenterological Association and The International Gastroduodenal Pathology and *Helicobacter pylori*. He has published almost 150 articles in biomedical journals, and has been an associate Editor-in-Chief of the *World Journal of Gastroenterology*, and a member of the editorial board of the *Journal of Gastroenterology and Hepatology*, and *Alimentary Pharmacology and Therapeutics*. He has also served as a referee for up to 30 biomedical journals.

The specific training and knowledge that Dr. Xia acquired during his research and academic work in gastroenterology, especially *H. pylori* infection, make him uniquely qualified for continuation of his project. Thus, I recommend Dr. Xia as an outstanding researcher and I strongly support Novartis' petition on this basis.

Yours faithfully,

Professor Colm Ó'Moráin, D.Sc., M.Sc., M.D., M.A., Dip. Imm., F.A.C.G., F.E.B.G., F.R.C.P., F.R.C.P.I., F.T.C.D.
Consultant Gastroenterologist.
Professor of Medicine.
Dean of Health Sciences.

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附录四 美捷登主编夏老师发表论文在 Pubmed 查询

1. Xia HX (Hua-Xiang Xia):
http://www.ncbi.nlm.nih.gov/pubmed?term=%22Xia%20HX%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstract

2. Xia HH (Harry Hua-Xiang Xia):
http://www.ncbi.nlm.nih.gov/pubmed?term=%22Xia%20HH%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstract

3. Xia H (同名太多，略)。

注：并非所有论文都是夏老师的（需排除同名情况）。

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February 6, 2008

Hua Xiang Xia, M.D., PhD, FACG
45 Hazelwood Avenue
Livingston, NJ 07039

Dear Dr. Xia,

It is my pleasure to inform you that at the recent meeting of the Credentials Committee of the American College of Gastroenterology, your application for Membership was reviewed and because of your outstanding qualifications you were unanimously recommended for Direct Fellowship in the American College of Gastroenterology. The Board of Trustees concurred with this recommendation.

We will initiate your subscription to the *American Journal of Gastroenterology*, which will begin with the March issue. Your application fee has been applied towards your 2008 dues. Your Fellowship certificate has been ordered, and will be mailed to you in 10-12 weeks.

I look forward to your active participation in the affairs of the American College of Gastroenterology, and hope to see you at the 2008 Annual Meeting and Postgraduate Course in Orlando, Florida.

Sincerely,

Ronald J. Vender, M.D., FACG
ACG Secretary

cc: Kiron M. Das, MD, FACG
ACG Governor

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October 3 – 8, 2008, Gaylord Palms Resort and Convention Center, Orlando, Florida
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American College of Gastroenterology

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Yua Xia, M.D., Ph.D.

HAVING FULFILLED THE NECESSARY REQUIREMENTS

HAS BEEN ELECTED

Fellow

OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY

In testimony whereof, we have hereunto set our hand and the seal of the College, this 4th *of* February, 2008

President

Secretary-General

AMERICAN COLLEGE OF GASTROENTEROLOGY

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附录六 美捷登主编夏老师发表论文范例

临床论文范例 **1**：

P21
0002-9270/95/9008-1221$03.00/0
THE AMERICAN JOURNAL OF GASTROENTEROLOGY
Copyright © 1995 by Am. Coll. of Gastroenterology
Vol. 90, No. 8, 1995
Printed in U.S.A.

Original contributions

Recrudescence of *Helicobacter pylori* Infection in Patients with Healed Duodenal Ulcer after Treatment with Different Regimens

Hua-Xiang Xia, Ph.D., M.D., Joan Gilvarry, M.D., Shona Beattie, S.R.W., Hilary Hamilton, S.R.W., Conor T. Keane, F.R.C.P.I., Eamon C. Sweeney, M.D., and Colm A. O'Morain, M.D.

Department of Gastroenterology, Meath/Adelaide Hospitals, and Departments of Clinical Microbiology and Histopathology, St. James's Hospital, Trinity College, Dublin, Ireland

Objective: ***To determine the 12-month posttherapy recurrence (recrudescence) of Helicobacter pylori*** **in patients with healed duodenal ulcer after apparent eradication of the organism with anti-*H. pylori* treatment. The influence of original anti-*H. pylori* treatment regimens on the recrudescence was also evaluated. *Methods:* One hundred and ninety patients who had duodenal ulcer healed and *H. pylori* eradicated (as assessed by four routine techniques 4 wk after the end of anti-*H. pylori* therapy) with one of five regimens were studied. The five regimens were: 1) colloidal bismuth subcitrate (CBS) 120 mg; 2) CBS plus amoxicillin (500 mg); 3) CBS plus metronidazole (400 mg); 4) CBS plus metronidazole and amoxicillin; and 5) CBS plus metronidazole and tetracycline (500 mg). CBS was taken four times daily for 4 wk, and antibiotics were taken three times daily for the first week. The patients were re-endoscoped, and the status of *H. pylori*, duodenal ulcer, and gastritis was assessed after a period of follow-up (mean 14 months after commencement of treatment). *Results: H. pylori* infection recurred in 36 (18.9%) of these patients. Recrudescence rate with monotherapy was 47.1%, with dual therapy 29.2–35% and with triple therapy 9.2–14.3%. Nineteen (52.7%) of the 36 patients with recrudescent infection had ulcer relapse, and the rate for *H. pylori*-negative patients was 3.2% (5/154). *Conclusion:* Recrudescence of *H. pylori* infection after apparent eradication can occur, but it could be that the treatment was only suppressing the organism. The definition of eradication of *H. pylori* infection may need to be revised, and more sensitive techniques to assess eradication of *H. pylori* are required.**

Received Sept. 1, 1994; accepted Mar. 2, 1995.

INTRODUCTION

Successful eradication of *Helicobacter pylori* with antimicrobial agents prevents relapse of duodenal ulcer (1–6) and gastric ulcer (7–8), reduces ulcer complications (9–10), and regresses primary, low grade B cell lymphoma (11). The currently accepted definition of successful eradication is failure to detect the organism in gastric biopsy material (rapid urease test, cytology, histology, or culture) or by a ^{14}C- or ^{13}C-urea breath test 4 wk after the end of antimicrobial therapy because it is believed that recrudescence of *H. pylori* infection will occur within 4 wk after completion of treatment if the organism is not completely killed (12–13). However, studies have reported considerably high recurrence rates of *H. pylori* infection within 12 months in the patients who were defined as having the organism eradicated (3, 14–16). It has been suggested that this early recurrence of *H. pylori* infection in the first 12 months mainly represents recrudescence of persistent infection, which is undetectable at 4 wk after the end of treatment, rather than reinfection with a new strain of *H. pylori* (16–19).

We have previously studied the short term clinical efficacy of several antimicrobial agents, including colloidal bismuth subcitrate (CBS), amoxicillin, metronidazole and tetracycline, and their combinations in patients with *H. pylori*-associated duodenal ulcer (2, 4, 5). The bismuth used was the therapy for ulcer healing in a 4-wk regimen. Our results showed that monotherapy with CBS (120 mg, four times daily for 4 wk) eradicated *H. pylori* in 32% of patients (2). Dual therapy with CBS and amoxicillin (500 mg, three times daily for the first week) or metronidazole (400 mg, three times daily for the first week) eradicated *H. pylori* in 50 and 73% of the patients, respectively (2). Triple therapy with CBS plus metronidazole and amoxicillin or tetracy-

临床论文范例 **2**：

Aliment Pharmacol Ther 2003; 17: 369–377. doi: 10.1046/j.0269-2813.2003.01436.x

P86

Symptomatic response to lansoprazole predicts abnormal acid reflux in endoscopy-negative patients with non-cardiac chest pain

H. H. X. XIA*, K. C. LAI*, S. K. LAM, W. H. C. HU, N. Y. H. WONG, W. M. HUI, C. P. LAU, W. H. CHEN, C. K. CHAN, W. M. WONG & B. C. Y. WONG

Department of Medicine, The University of Hong Kong, Queen Mary Hospital, Hong Kong, China

Accepted for publication 8 October 2002

SUMMARY

Aim: To determine whether symptomatic response to lansoprazole predicts abnormal acid reflux in endoscopy-negative patients with non-cardiac chest pain.

Methods: Patients who complained of chest pain, but had normal coronary angiography, were asked to undergo upper endoscopy. Those without gastric and oesophageal lesions were recruited for 24-h ambulatory oesophageal pH monitoring, and were randomly given lansoprazole 30 mg or placebo, both daily for 4 weeks. Chest pain symptoms were recorded before and 1 month after treatment on a locally validated questionnaire. The symptom score was calculated by multiplying the severity and frequency of the symptom, and symptom improvement was defined as >50% reduction in symptom score.

Results: Overall, 68 patients, 36 on lansoprazole and 32 on placebo, completed the trial. The symptom score was reduced significantly in both groups ($P < 0.001$). In the lansoprazole group, more patients with than without abnormal reflux showed symptom improvement (92% vs. 33%; odds ratio = 22; 95% confidence interval, 2.3–201.8; $\chi^2 = 10.9$; $P = 0.001$), giving a sensitivity, specificity, positive predictive value, negative predictive value and accuracy of 92%, 67%, 58%, 94% and 75%, respectively. In the placebo group, the rates of symptom improvement were similar between those with and without abnormal reflux (33% vs. 35%, P = N.S.).

Conclusions: Treatment with lansoprazole is a useful test in diagnosing endoscopy-negative gastro-oesophageal reflux disease in Chinese patients with non-cardiac chest pain.

INTRODUCTION

Chest pain is a common medical problem.[1] Studies have demonstrated that approximately 30–60% of hospitalized patients with chest pain have the symptom without evidence of coronary artery disease: so-called non-cardiac chest pain.[2] Moreover, the annual incidence of non-cardiac chest pain in the community is approximately 25–35%.[3, 4] Non-cardiac chest pain is of major concern for both patients and health care providers, and thus produces a considerable economic burden to society.[5–7] The causes of non-cardiac chest pain are diverse and, perhaps, overlapping. Gastro-oesophageal reflux disease is reported to be the most important cause, accounting for up to 60% of patients with non-cardiac chest pain; psychiatric disorders, musculoskeletal disorders and visceral pain hypersensitivity also contribute.[5, 8–11] Therefore, the origin of the cause must be identified in order to manage non-cardiac chest pain properly.

Gastro-oesophageal reflux disease is usually defined as symptoms (mainly heartburn and acid regurgitation) and/or tissue damage (e.g. oesophagitis) related to oesophageal exposure to gastric contents.[12] Upper

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**Contributed equally to this work.*

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临床基础论文范例 **1**：

30 P20

Gut 1995; **37:** 30–34

Recrudescence of *Helicobacter pylori* after apparently successful eradication: novel application of randomly amplified polymorphic DNA fingerprinting

H X Xia, H J Windle, D G Marshall, C J Smyth, C T Keane, C A O'Morain

Abstract

The aim of this study was to find out if reinfection or recrudescence accounted for the recurrence of *Helicobacter pylori* infections after apparent eradication of the bacterium. Three hundred and twenty patients were treated with colloidal bismuth subcitrate (120 mg four times daily for four weeks), metronidazole and tetracycline (400 mg and 500 mg, respectively, thrice daily for the first week). *H pylori* was eradicated four weeks after the end of treatment as assessed by the rapid urease test, histological examination, Gram staining, and culture. However, the infection recurred in 29 (9·1%) of the patients one year after apparent eradication. Pre and posteradication isolates from five patients were available. DNA was extracted and used for restriction endonuclease analysis with *Hin*d III and *Hae* III, and for polymerase chain reaction (PCR) based randomly amplified polymorphic DNA fingerprinting with a combination of two 10 nucleotide primers. Sodium dodecyl sulphate polyacrylamide gel electrophoretic analysis was performed also. Randomly amplified polymorphic DNA fingerprinting was unique in that it yielded highly discriminatory fingerprints, which showed that the pretreatment and recurrent isolates obtained from each of the five patients were indistinguishable from one another. This shows that recurrence of *H pylori* infection is probably caused by recrudescence and that the discriminatory power of randomly amplified polymorphic DNA fingerprinting is a practicable and discriminatory typing scheme for *H pylori*.

(*Gut* 1995; **37:** 30–34)

Keywords: *Helicobacter pylori*, DNA fingerprinting, recrudescence.

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Accepted for publication 10 November 1994

Eradication of *Helicobacter pylori* cures duodenal ulcer[1–3] and ulcer complications.[4 5] An eradication rate of 84·3% is obtained with colloidal bismuth subcitrate (120 mg four times daily for four weeks), metronidazole and tetracycline (400 mg and 500 mg thrice daily for the first week, respectively).[6] However, recurrence of the infection after apparent eradication has been reported and is associated with the ulcer relapse.[1 3 7–9] Recent studies have shown that recurrence of *H pylori* is dependent on the efficacy of the treatment regimen. The more effective the treatment, the lower the recurrence rate.[9 10a] This study was conducted to find out if recurrence of *H pylori* was caused by reinfection or recrudescence by molecular characterisation of the pretreatment and recurrent isolates from patients, who had been treated with the triple therapy, using three fingerprinting techniques. Sodium dodecyl sulphate polyacrylamide gel electrophoresis (SDS-PAGE) of whole cell proteins, restriction endonuclease analysis (REA) of genomic DNA and polymerase chain reaction (PCR) based random amplified polymorphic DNA (RAPD) fingerprinting technique were used in this analysis.

Methods

Clinical details of the patients and H pylori *isolates*

Three hundred and twenty Irish patients with confirmed duodenal ulcer were treated with a triple therapy, which included colloidal bismuth subcitrate (120 mg four times daily for four weeks), metronidazole and tetracycline (400 mg and 500 mg, respectively, thrice daily for the first week). *H pylori* was eradicated four weeks after the end of treatment as assessed by the rapid urease test (CLO test, Delta West, Perth, Western Australia), histological examination, Gram staining, and culture (all showed negative results for *H pylori*). Details of specimen preparation and classification criteria for gastritis used in this study have been described elsewhere.[1] Each of the patients had a routine endoscopy one year after apparent eradication of the bacterium, or sooner if symptoms recurred. Recurrence of *H pylori* infection was defined as any one (or more) of the four tests described for *H pylori* being positive. Recurrence of *H pylori* infection was apparent in 29 (9·1%) of the patients. Posteradication *H pylori* was isolated from antral biopsy specimens of 23 of these patients. Both pretreatment and recurrent isolates were, however, successfully recovered from only five of these patients; two isolates were obtained from each of four patients, and three isolates from one patient. The Table gives the clinical details of these five patients and the 11 isolates.

临床基础论文范例 2：

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P129

STOMACH

Increased epithelial and serum expression of macrophage migration inhibitory factor (MIF) in gastric cancer: potential role of MIF in gastric carcinogenesis

X-X He, J Yang, Y-W Ding, W Liu, Q-Y Shen, H H-X Xia

Gut 2006;55:797–802. doi: 10.1136/gut.2005.078113

See end of article for authors' affiliations

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Revised version received 16 November 2005
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Published online first 17 February 2006

Aims: Macrophage migration inhibitory factor (MIF) is implicated in tumorigenesis. This study was conducted to determine whether MIF expression is associated with gastric pathology and whether MIF expression is increased in malignant gastric cells in vitro.
Materials and methods: Patients with a normal gastric mucosa, *Helicobacter pylori* infected gastritis, intestinal metaplasia, and gastric adenocarcinoma were included. Immunohistochemistry and enzyme linked immunosorbent assay (ELISA) were used to determine MIF expression in gastric epithelial cells and MIF levels in serum, respectively. Five gastric cancer cell lines (AGS, MKN-45, MKN-28, MGC-803, and SGC-7901) and one non-malignant gastric cell line (GES-1) were cultured for 24 hours. MIF protein in the supernatant and MIF mRNA in cultured cells were measured by ELISA and reverse transcription-polymerase chain reaction, respectively.
Results: The percentage of MIF expressing epithelial cells was low in normal mucosa (12%) but substantially higher in gastritis (52%), intestinal metaplasia (66%), and gastric cancer (96%) ($p<0.001$, ANOVA). Serum MIF levels were low in patients with a normal mucosa (576 (82) pg/ml) but higher in patients with gastritis (2100 (349) pg/ml), intestinal metaplasia (4498 (253) pg/ml), and gastric cancer (9737 (1249) pg/ml) ($p<0.001$, ANOVA). There was a correlation between epithelial MIF expression and serum MIF levels ($r=0.776$, $p<0.001$). In vitro, expression of MIF protein and mRNA was increased in malignant cells compared with non-malignant cells.
Conclusions: Epithelial and serum MIF expression was progressively increased in *H pylori* induced gastritis, intestinal metaplasia, and gastric cancer, suggesting that MIF is involved in gastric carcinogenesis and may be a valuable biomarker for the early detection of gastric cancer.

Gastric cancer is second to lung cancer as a leading cause of cancer deaths worldwide, accounting for 12% of total cancer deaths.[1] Among the multiple risk factors leading to the occurrence of gastric cancer, gastric inflammation induced by *Helicobacter pylori* infection is the foremost important aetiological cause of this malignant disease.[2 3] *H pylori* causes gastric mucosal damage through various mechanisms, such as producing virulence factors, promoting inflammatory and immune responses, and releasing chemokines, cytokines, and reactive oxygen species.[4] Potential mechanisms linking *H pylori* induced inflammation with gastric cancer include release of bacterial virulence factors, loss of p53 function, and reactivation of telomerase.[5]

Among the factors involved in gastric inflammation, macrophage migration inhibitory factor (MIF), a 12.5 kDa cytokine, has increasingly been recognised for its proinflammatory properties in the inflammatory process.[6 7] Although identified four decades ago, the biological role and function of MIF have remained elusive until recent identification of the three dimensional structure of this molecule.[6] The primary function of MIF is to inhibit the migration of macrophages, a crucial mediator of chronic inflammation that releases numerous bioactive products of cytokines, growth factors, and nitric oxides.[5 7] To date, MIF is known for its multiple functions, including catalytic activities, lymphocyte immunity, endocrine functions, signal modulation, and proinflammatory ability.[7]

A substantial increase in MIF expression has been observed in *H pylori* induced gastritis. Xia *et al* reported that the percentage of MIF+ epithelial cells and numbers of MIF mRNA+ inflammatory cells, MIF+ T cells, and MIF+ macrophages were significantly higher in *H pylori* positive patients with gastritis than in *H pylori* negative patients, suggesting that MIF plays a significant role in *H pylori* induced gastric inflammation.[8] These investigators also found that *H pylori* stimulated MIF release in monocytes, which is likely to be achieved through its *cag* pathogenicity island. Moreover, *H pylori* induced MIF increased proliferation of gastric epithelial cells which was blocked by a specific anti-MIF antibody.[9] Elevation of MIF expression was also observed in other cancer sites, including the lung,[10] liver,[11] breast,[12] colon,[13] and prostate.[14] Recent studies have suggested that MIF may participate in carcinogenesis through inactivation of p53,[15] enhancement of angiogenesis,[10 16 17] as well as a Rho dependent pathway.[17]

The development of gastric cancer is a multistep process from normal mucosa to chronic gastritis, precancerous lesions, including gastric atrophy, intestinal metaplasia, dysplasia, and finally to invasive cancer.[18] Clinical investigation of MIF in association with the development of gastric cancer has been limited, and it is not known how *H pylori* induced gastritis progresses to gastric cancer. We have previously demonstrated that *H pylori* infection is associated with increased MIF expression in gastric epithelial and

Abbreviations: MIF, macrophage migration inhibitory factor; ELISA, enzyme linked immunosorbent assay; RT-PCR, reverse transcription-polymerase chain reaction; LI, labelling index

基础论文范例 1：

Carcinogenesis vol.26 no.1 pp.11–15, 2005
doi:10.1093/carcin/bgh279

P107

Expression of macrophage migration inhibitory factor in esophageal squamous cell carcinoma and effects of bile acids and NSAIDs

Harry Hua-Xiang Xia[1], Shu Tian Zhang[2], Shiu Kum Lam[1], Marie Chia-Mi Lin[3], Hsiang Fu Kung[3] and Benjamin Chun-Yu Wong[1,4]

[1]Department of Medicine, The University of Hong Kong, Queen Mary Hospital, Hong Kong, [2]Department of Medicine, Beijing Friendship Hospital, Capital University of Medical Sciences, Beijing, China and [3]Institute of Molecular Biology, The University of Hong Kong, Hong Kong

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The aim of this study was to determine the macrophage migration inhibitory factor (MIF) protein and mRNA expression in esophageal squamous cell carcinoma (ESCC), and the effect of bile acids, aspirin and a selective cyclooxygenase-2 (COX-2) inhibitor, NS398, on MIF expression in ESCC cells *in vitro*. Specimens from tumors and the adjacent non-cancerous tissues were obtained from 52 ESCC patients. Western blotting was used for the detection of MIF protein expression, and reverse transcription–polymerase chain reaction (RT–PCR) for MIF mRNA expression. Cells of an ESCC cell line, Eca-109, were treated with chenodeoxycholate (CD, 100 mM), glycochenodeoxycholate (GCD, 1 mM), aspirin (1 mM) or NS398 (1 μM). Enzyme-linked immunosorbent assay (ELISA) and RT–PCR were used to detect the expression of the MIF protein and mRNA, respectively, in the supernatant and cultured cells. Western blotting demonstrated that levels of MIF protein were increased in tumors versus non-malignant tissues, with the expression ratio of MIF over β-actin of 0.93 ± 0.21 and 0.57 ± 0.08, respectively ($P = 0.012$). *In vitro*, both CD and GCD induced a dramatic increase in MIF protein and mRNA in ESCC cells. On the other hand, aspirin and NS398 significantly decreased MIF protein and mRNA expression, and completely blocked bile acid-induced MIF synthesis in the presence or absence of prostaglandin E_2. In conclusion, MIF expression is increased in ESCC. Whereas bile acids induce MIF expression in ESCC cells, aspirin and NS398 significantly inhibit MIF expression, even in the presence of bile acids, via a COX-independent mechanism.

Introduction

Esophageal cancer is one of the common malignancies, with an increasing incidence and a high mortality in both developed and developing countries (1). Esophageal cancer exists in two main forms with distinct etiological and pathological characteristics, namely esophageal squamous cell carcinoma (ESCC) and adenocarcinoma. Whereas adenocarcinoma is more prevalent in the USA and some other Western countries, ESCC is the predominant type in the other parts of the world, especially in Asia, accounting for >90% of esophageal cancer worldwide (2,3). However, the underlying mechanisms that determine the biological and molecular behaviors of ESCC have not been fully elucidated, because most current studies are focusing on esophageal adenocarcinoma.

Macrophage migration inhibitory factor (MIF) was originally identified in activated lymphocytes. Macrophages were subsequently found to be an important source (4). MIF inhibits the migration of macrophages and induces a variety of macrophage functions, including adherence and phagocytosis. Moreover, MIF plays a pivotal role in inflammatory and immune diseases (5). In our previous study, MIF was markedly up-regulated during acute gastric ulceration in rats, which was associated with accumulation of macrophages (6). Blockade with the neutralizing anti-MIF antibody inhibited macrophage accumulation and MIF up-regulation, indicating an important pathogenic role of MIF in gastric inflammation and ulceration (6). In addition, we observed that *Helicobacter pylori* infection increased the expression of MIF in gastric epithelial and inflammatory cells (7). Recent studies have revealed that MIF may also play a critical role in the development of cancers as a link between inflammation and tumorigenesis (5,8). MIF is over-expressed in many tumors, including melanoma, neuroblastoma, myelomonocytic leukemia, and cancers of the prostate, breast, lung, colon, liver and stomach (5,8–16). However, the precise role of MIF in carcinogenesis remains unclear.

Studies have shown that reflux of duodenal contents contributes to the development of esophageal cancer, whether adenocarcinoma or ESCC (17–19). Bile acids are likely to be major contributing factors, with previous studies having demonstrated that bile acids cause mucosal injury, induce cyclooxygenase-2 (COX-2) expression, stimulate cell proliferation and promote tumorigenesis (20). On the other hand, a protective role of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) in the development of both esophageal adenocarcinoma and ESCC has been reported (21).

We hypothesize that MIF expression is increased in ESCC, and that bile acids, aspirin and NSAIDs are involved in the regulation of MIF. Therefore, this study was carried out to determine the expression of MIF protein and mRNA in patients with ESCC, and the effects of conjugated and unconjugated bile acids, aspirin and a selective COX-2 inhibitor on MIF expression in esophageal squamous carcinoma cells *in vitro*.

Materials and methods

Patients

Fifty-two ESCC patients [39 males and 13 females, with a mean age of 58.9 years (range, 34–81)] who underwent surgical treatment without preoperative therapy in the Department of Surgery, Beijing Friendship Hospital, The Capital University of Medical Sciences, between January 1999 and December 2002,

Abbreviations: CD, chenodeoxycholate; COX-2, cyclooxygenase-2; ESCC, esophageal squamous cell carcinoma; GCD, glycochenodeoxycholate; MIF, migration inhibitory factor; NSAIDs, non-steroidal anti-inflammatory drugs; RT–PCR, reverse transcription–polymerase chain reaction.

基础论文范例 2：

Inhibition of Human Telomerase Reverse Transcriptase by Nonsteroidal Antiinflammatory Drugs in Colon Carcinoma

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BACKGROUND. Telomerase activation, which is observed in most human cancers, plays an important role in carcinogenesis. Human telomerase reverse transcriptase (hTERT) is a subunit of telomerase that is essential for telomerase activity. The aim of the study was to investigate whether nonsteroidal antiinflammatory drugs (NSAIDs) inhibit telomerase activity and hTERT.

METHODS. Four colon carcinoma cell lines, HT-29, COLO205, CRL-2134, and SW1116, were used in the experiments. Polymerase chain reaction-based telomeric repeat amplification (TRAP) enzyme-linked immunosorbent assay (ELISA) was used to measure telomerase activity in the cells after treatment with aspirin, indomethacin, or SC-236 (a specific cyclooxygenase-2 [COX-2] inhibitor). Expression of hTERT mRNA and protein was detected by reverse transcription–polymerase chain reaction (RT-PCR) and Western blotting, respectively. The dual luciferase reporter assay was performed to identify the potential cis-response elements to NSAIDs in the promoter region of hTERT.

RESULTS. Aspirin, indomethacin, and SC-236 inhibited telomerase activity in HT-29, COLO205, and CRL-2134 cell lines, but not in the SW1116 cell line. NSAIDs inhibited hTERT mRNA and protein expression through suppression of hTERT transcriptional activity. The hTERT promoter fragment –145 to –330 basepairs (bp) upstream of the ATG starting site was sufficient to respond to the NSAID-induced inhibitory effect and the inhibition was COX-2-independent.

CONCLUSION. NSAIDs inhibit telomerase activity at hTERT transcriptional, mRNA, and protein levels in colon carcinoma cells. The hTERT promoter fragment –145 to –330 bp may be the cis-response element to NSAIDs. ***Cancer* 2006;106:1243–9.**
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KEYWORDS: nonsteroidal antiinflammatory drugs, human telomerase reverse transcriptase, telomerase, aspirin, indomethacin, SC-236, cyclooxygenase.

Telomerase activity is increased in cancers of advanced stages or metastatic phenotypes,[1–3] indicating that telomerase activation is related to cancer progression, and telomerase plays an important role in carcinogenesis. Human telomerase reverse transcriptase (hTERT) is a subunit of telomerase that is essential for telomerase activity.[4,5] In the colon, hTERT mRNA is absent or present at very low levels in normal mucosa and adenomatous polyps, but overexpressed in dysplastic polyps and adenocarcinoma. Moreover, a high level of hTERT mRNA is associated with advanced stages, including metastasis in colon carcinoma.[3]

Classical nonsteroidal antiinflammatory drugs (NSAIDs) have chemopreventive effects on colorectal carcinomas. Animal, epidemiological, and clinical studies have indicated that NSAIDs significantly reduce the risk of gastric and colorectal carcinoma.[6,7] NSAIDs such as

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综述范例 1：

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Apoptosis in Gastric Epithelium Induced by *Helicobacter pylori* Infection: Implications in Gastric Carcinogenesis

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OBJECTIVES: *Helicobacter pylori* is an identified carcinogen for gastric cancer, however, the underlying mechanisms remain to be defined. In this review, we sought to elucidate the role of apoptosis in gastric carcinogenesis, to determine the influence of *H. pylori* infection on apoptosis, and finally to provide insights into the mechanisms by which *H. pylori* may lead to gastric carcinogenesis.

METHODS: A broad-based MEDLINE and Current Contents literature search was performed to identify relevant publications between 1966 and March 2000 addressing *H. pylori* infection, apoptosis, cell proliferation, gastric carcinoma, oncogenes, and tumor suppressor genes, as well as the products of these genes. Abstracts from recent major conferences that provided adequate additional data were also included.

RESULTS: Apoptotic cells are rare in the glandular neck region (the generative cell zone) of normal gastric mucosa. With progression of atrophic gastritis, the generative cell zone shifts downward and a relatively large number of apoptotic cells occur. In intestinalized glands, both apoptotic cells and proliferative cells are present in deeper portions of the glands, corresponding to the generative zone. A higher frequency of apoptosis has been observed in gastric dysplasia than in coexisting gastric carcinomas, whereas the number of proliferative cells is significantly higher in gastric carcinoma than in dysplasia. Upregulation of oncogene *bcl-2* in premalignant lesions and "downregulation" of the gene after malignant change is probably a common event. Accumulation of p53 protein is first detected in dysplasia, although mutation of the *p53* gene may occur in intestinal metaplasia. *H. pylori* infection induces apoptosis in gastric epithelial cells, which returns to normal after eradication of the infection. Numerous molecules produced by *H. pylori* including cytotoxin (VacA), lipopolysaccharide, monochloramine, and nitric oxide may directly induce apoptosis. Moreover, *H. pylori*–stimulated host inflammatory/immune responses lead to release of a large amount of cytokines. Cytokines produced by type 1 T helper cells, such as TNF-α and IFN-γ, markedly potentiate apoptosis. Gastric cell proliferation is significantly higher in patients with *H. pylori* infection than in normal controls, and eradication of the infection leads to a reduction in cell proliferation. Apoptosis and cell proliferation are also increased in precancerous lesions such as gastric atrophy, intestinal metaplasia, and dysplasia in the presence of *H. pylori* infection. However, *H. pylori*–induced apoptosis may no longer be cell cycle–dependent in these lesions because of the occurrence of alterations and mutations of apoptosis-regulating genes, resulting in a loss of balance between apoptosis and cell proliferation.

CONCLUSIONS: It is hypothesized that *H. pylori*–induced apoptosis may play a key role in gastric carcinogenesis by increasing cell proliferation and/or resulting in gastric atrophy. (Am J Gastroenterol 2001;96:16–26. © 2001 by Am. Coll. of Gastroenterology)

INTRODUCTION

There is now convincing evidence that *Helicobacter pylori* is causally linked to gastric cancer. In 1994, Forman *et al.* summarized all available case-control studies and concluded that the relative risk for the development of gastric cancer was 3.8-fold higher in patients with *H. pylori* infection compared to those without infection, and that this risk increased to 8.7-fold in those who were diagnosed ≥15 yr after testing positive (1). A subsequent meta-analysis of 19 cohort or case-control studies in which serology was used for detection of *H. pylori* infection showed that the overall odds ratio of *H. pylori* infection for developing gastric cancer was 1.9 (95% CI, 1.3–2.8) (2). *H. pylori*-infected younger subjects have a higher risk for gastric cancer than do older persons, with the odds ratio decreasing from 9.3 at age <30 yr to 1.05 at age >70 yr (2). Recently, Eslick *et al.* reported, in a meta-analysis of 42 cohort and case-control studies, a positive association between *H. pylori* infection and gastric cancer; the overall odds ratio of *H. pylori* infection for developing gastric cancer was 2.0 (95% CI 1.7–2.5) (3). This was supported by another meta-analysis restricted to only the nested case-control studies, which calculated an odds ratio of 2.5 (95% CI 1.9–3.4) (4).

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综述范例 2：

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Review

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2. Regimens recommended in clinical practice
3. Impact of drug resistance
4. Impacts of drug doses and treatment duration
5. From clinical trials to clinical practice
6. Children and the elderly
7. From the West to the East
8. Indications for *H. pylori* eradication
9. Expert opinion
10. Conclusions
Acknowledgement
Bibliography

Monthly Focus: Anti-infectives

Helicobacter pylori infection - current treatment practice

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Helicobacter pylori infection, which is present in 30 - 60% of the population in developed countries and in more than 60% in developing countries, is established to be a major cause of gastritis, peptic ulcer disease and gastric cancer. Eradication therapy has been incorporated into clinical practice over the past 15 years. Treatment regimens include a 2 week bismuth-based triple therapy (a bismuth compound plus metronidazole, tetracycline or amoxycillin), a 1 week proton-pump inhibitor (PPI)-based triple therapy and a 1 week ranitidine bismuth citrate (RBC)-based triple therapy (a PPI or RBC plus any two of the three antibiotics, metronidazole, amoxycillin and clarithromycin). These regimens achieve eradication rates of > 80%. *H. pylori* resistance to metronidazole and clarithromycin decreases the clinical efficacy of most regimens, despite the high eradication rates for resistant strains achieved by the RBC-triple therapy in some recent trials. The dose of antibiotics (especially clarithromycin) and the duration of treatment may also influence the eradication rate. Doctors' beliefs impact on clinical practice and, thus, influence the clinical application of eradication therapy. Whereas peptic ulcer disease and primary gastric low-grade B-cell mucosa-associated lymphoid tissue lymphoma (MALToma) have become established as definite indications for eradication therapy, there remain controversies surrounding non-ulcer dyspepsia, gastro-oesophageal reflux disease, atrophic gastritis, intestinal metaplasia, use of non-steroidal anti-inflammatory drugs (NSAIDs) and *H. pylori*-related extradigestive diseases.

Keywords: *amoxycillin, clarithromycin, gastric cancer, gastritis,* H. pylori, *metronidazole, ranitidine bismuth citrate-triple therapy*

Exp. Opin. Pharmacother. (2001) ***2****(2):253-266*

1. Introduction

H. pylori infection, which is present in 30 - 60% of the populations in developed countries and in more than 60% in developing countries, has been established as a major cause of gastritis, peptic ulcer disease and gastric cancer [1,2]. Over the past 15 years, numerous antimicrobial therapy regimens aiming to eradicate *H. pylori* from the stomach have been tried and now many effective regimens are established. Eradication therapy for *H. pylori* infection has become a standard part of clinical practice.

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信稿范例 **1**：

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since been shown to have impaired synthesis of metallothionein in culture fibroblasts.[3] In our case,[4] however, basal and metal induced metallothionein synthesis in skin fibroblasts was normal,[5] indicating that heterogeneity exists among cases of primary, non-environmental, non-Wilsonian copper toxicosis.

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1 Bartók I, Szabo L, Horvath E, Ormos J. Juvenile Zirrhosmit mit hochgradiger Kupferspeicherung in der Leber. *Acta Hepatosplenol* 1971; **18:** 119–28.
2 Adamson M, Reiner B, Olson JL, Goodman Z, Plotnick L, Barnardini I, *et al*. Indian childhood cirrhosis in an American child. *Gastroenterology* 1992; **102:** 1771–7.
3 Hahn SH, Brantly ML, Oliver C, Adamson M, Kaler SG, Gahl WA Metallothionein synthesis and degradation in Indian childhood cirrhosis fibroblasts. *Pediat Res* 1994; **35:** 197–204.
4 Horslen SP, Tanner MS, Lyon TCB, Fell GS, Lowry MF. Copper associated childhood cirrhosis. *Gut* 1994; **34:** 1497–500.
5 Hahn SH, Tanner MS, Danks DM, Gahl WA. Normal metallothionein synthesis in fibroblasts obtained from children with Indian childhood cirrhosis or copper associated childhood cirrhosis. *Biochemical and Molecular Medicine* (in press).

Eradication rate of *Helicobacter pylori*

EDITOR,—The paper by Moshkowitz *et al* (*Gut* 1995; 36: 845–7) suggesting that the pretreatment ^{14}C-urea breath test results are related to the outcome of triple therapy consisting of colloidal bismuth, metronidazole, and amoxicillin raises several points. Unfortunately, the authors did not exclude confounding variables such as compliance, metronidazole resistance, smoking, age, and pretreatment with antibiotics and antisecretory drugs, respectively, which may also have an important effect on the outcome of eradication therapy. Another weakness of this particular study is that the authors did not prove the correlation between the urea breath test and histology, although biopsy specimens were taken for histological examination in all patients. On the basis of previously published correlation studies between breath test results and histology, the authors concluded that it is the density of *H pylori* that predicts the outcome of eradication therapy. We cannot agree with this conclusion.

Firstly, the urea breath test, as an indirect measure, may reflect the total gastric urease activity, however, urease activities may vary considerably between *H pylori* strains.[1] Thus, in clinical practice the accurate prediction of the *H pylori* density by non-invasive breath tests will in all likelihood be the exception rather than the rule.

Several studies have shown that a significant correlation does exist between urea breath test results and both the density of *H pylori* infection and the severity of gastritis. But what does a significant correlation imply clinically? Because of the high sensibility of statistical tests in correlation analyses, rather weak correlations may result in statistical significance. It is, however, the determination coefficient (squared correlation coefficient) that reflects the proportion of results that would have been predicted properly when one of two correlated variables is known. For example, we have found highly significant correlations ($p<0{\cdot}0001$) between the $^{13}CO_2$ excess after intake of labelled urea and the histologically visible degree of *H pylori* colonisation ($r=0{\cdot}81$), the degree ($r=0{\cdot}72$) and the activity of gastritis ($r=0{\cdot}69$) as well.[2] These correlations showed that the histological findings would have been predicted properly in 66%, 52%, and 48% of cases, respectively, which is of course clinically not very useful. It should also be mentioned that some of the studies quoted by Moshkowitz were published only as abstracts, which do not permit the estimation of the clinical relevance of the correlations, because the correlation coefficients are not given.

Previous studies have suggested that the density of *H pylori* determines both the grade and the activity of gastritis.[3 4] Recent studies have also shown that the severity of gastritis predicts the success of eradication therapy with triple therapy[5] as well as dual therapy consisting of omeprazole and amoxicillin[6] in the sense that a more severe gastritis is associated with a higher likelihood of eradication success. Grade and activity of gastritis reflect the specific and non-specific immune response of the host to the infection with *H pylori*. Although scientifically unconfirmed up to now, it seems to be plausible that comparable to other infectious diseases it is the immune response that facilitates eradication of *H pylori* whatever treatment is used. Provided the urea breath test used by Moshkowitz *et al* does actually reflect the *H pylori* density and thus in turn the severity of gastritis, the finding of a higher eradication rate in patients with lower urea breath test values is in apparent contradiction to the studies quoted above.

In conclusion, despite a significant correlation the clinical usefulness of urea breath tests with respect to prediction of *H pylori* density and severity of gastritis remains yet unproved and such predictions should be used in clinical studies only. Also, without exclusion of confounding variables by means of multiple logistic regression analysis it is actually impossible to identify a single factor independently governing the success of eradication therapy.

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1 Atherton JC, Spiller RC. The urea breath test for Helicobacter pylori. *Gut* 1994; **35:** 723–5.
2 Labenz J, Stolte M, Aygen S, Hennemann O, Bertrams J, Börsch G. Qualitative and semi-quantitative invasive and non-invasive assessment of Helicobacter pylori colonisation of the gastric mucosa. *Z Gastroenterol* 1993; **31:** 437–43.
3 Satoh K, Kimura K, Yoshida Y, Kasano T, Kihira K, Taniguchy Y. A topographical relationship between Helicobacter pylori and gastritis: qualitative assessment of Helicobacter pylori in gastric mucosa. *Am J Gastroenterol* 1991; **86:** 285–91.
4 Stolte M, Stadelmann O, Bethke B, Burkhard G. Relationships between the degree of Helicobacter pylori colonisation and the degree and activity of gastritis, surface epithelial degeneration and mucus secretion. *Z Gastroenterol* 1995; **33:** 89–93.
5 Cutler AF, Schubert TT. Patient factors affecting Helicobacter pylori eradication with triple therapy. *Am J Gastroenterol* 1993; **88:** 505–9.
6 Labenz J, Leverkus F, Börsch G. Omeprazole plus amoxicillin for cure of Helicobacter pylori infection. Factors influencing the treatment success. *Scand J Gastroenterol* 1994; **29:** 1070–5.

EDITOR,—We would like to comment on the article by Moshkowitz *et al* on the association between *H pylori* colonisation density and eradication rate with a triple therapy (*Gut* 1995; 36: 845–7). We agree that the bacterial density in the stomach is of considerable predictive value for eradication of the organism with triple therapy. We would suggest, however, that the treatment failure in the study was actually caused by metronidazole resistance, mainly acquired resistance that developed during the treatment.

In this study, unfortunately, the authors did not test the isolates for sensitivity to metronidazole, either before, or after the treatment. The authors referred to one of their previous studies showing a resistance rate of 6%, but the sample number was too small (only 18) to predict the prevalence of metronidazole resistant strains in their population. Moreover, even if this result were accurate, it could not exclude the possibility of acquired resistance in the strains that were not eradicated.

In an in vitro study, Berger *et al* assessed the effect of inoculum size on the susceptibility of 15 clinical isolates of *H pylori* to six antimicrobial agents by an agar dilution method. A considerable inoculum effect was found with metronidazole; the mean minimal inhibitory concentrations of the drug increased 21·2-fold (from 0·11 to 2·33 mg/l) as the inoculum size progressed from 10^3 to 10^7 cfu/spot.[1] Haas *et al* showed that the frequencies of spontaneous resistance for four isolates of *H pylori* to seven different classes of antimicrobial agents varied from $<4{\cdot}2\times10^{-9}$ to 5×10^{-5}. The highest rate of spontaneous resistance was to metronidazole, being from $<3{\cdot}5\times10^{-8}$ to 5×10^{-5}.[2] Furthermore, resistant mutants of *H pylori* to metronidazole, ciprofloxacin, and tobramycin could be easily selected in vitro, using the serial passage technique.[2]

In the authors' study, it is not surprising that they saw a poor eradication rate (64·4%) with their triple regimen, which incorporated a low daily dose of metronidazole (250 mg twice daily for two weeks). This dose was much lower than that in the regimens recommended by the Working Party (400 mg three times day for two weeks)[3] and those currently used by others.[4 5] Eradication rates of 72–95% were achieved with those regimens.[3–5]

The 'inoculum effect' and spontaneous resistance among *H pylori* strains in the stomach may account for the low eradication rate obtained in the study. It has been shown that, in untreated patients with duodenal ulcer or gastritis, the bacterial density of *H pylori* infection in the gastric antrum and body is as high as $1{\cdot}3\times10^8$ to $6{\cdot}9\times10^8$ cfu/g of mucosal tissue.[6] After ineffective antimicrobial therapy, *H pylori* can still be cultured from antral biopsy specimens at concentrations of 10^5 cfu/g of mucosa.[7] Thus, metronidazole resistant mutants can be easily selected in the stomach when a low daily dose of metronidazole is given. In fact, even when higher doses of metronidazole are used, *H pylori* is not eradicated in all patients infected with sensitive strains. Strains cultured after triple therapy incorporating metronidazole are almost invariably resistant to metronidazole. Thus, primary and acquired metronidazole resistance is the major cause for the treatment failure even when good compliance is achieved.[4 5] Moreover, poor compliance may lead to the emergence of metronidazole resistance because of incomplete or decreased dosage of the drug, resulting in low eradication rates.

What should also be emphasised in this study is that inclusion of a low daily dose of

metronidazole in triple therapy does not improve the efficacy of treatment, but increases the risk of acquisition of metronidazole resistance.

Determination of bacterial density in the stomach may have some implications for the eradication of the organism. The urea breath tests, which can detect *H pylori* quantitatively, are not routinely available in most units at present. The biopsy dependent rapid urease tests, which are widely used and commercially available, have the potential to determine the bacterial density by measuring the urease activity quantitatively or semi-quantitatively – that is, the greater the number of organisms, the quicker the colour change because of the increased production of ammonia.[8] The currently applied rapid urease tests, based on agar or liquid media, may need modifications for quantitative detection of *H pylori* in the stomach.

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1 Berger SA, Gorea A, Moskowitz M, Santo M, Gilat T. Effect of inoculum size on antimicrobial susceptibility of Helicobacter pylori. *Eur J Clin Microbiol Infect Dis* 1993; **12:** 782–3.
2 Haas CE, Nix DE, Schentag JJ. In vitro selection of resistant Helicobacter pylori. *Antimicrob Agents Chemother* 1990; **34:** 1637–41.
3 Editorial. Gastroenterologists in Sydney – histology and helicobacter. *Lancet* 1990; **336:** 779–80.
4 Xia HX, Daw MA, Sant S, Beattie S, Keane CT, O'Morian CA. Clinical efficacy of triple therapy in Helicobacter pylori-associated duodenal ulcer. *Eur J Gastroenterol Hepatol* 1993; **5:** 141–4.
5 Tytgat GNJ, Noach LA. H pylori eradication. In: Hunt RH, Tytgat GNJ, eds. *Helicobacter pylori: Basic Mechanisms to Clinical Care.* Dordrecht: Kluwer Academic, 1994: 550–69.
6 Vaira D, Holton J, Cairns S, Polydorou A, Falzon M, Dowsett J, *et al.* Urease tests for Campylobacter pylori: care in interpretation. *J Clin Pathol* 1988; **41:** 812–3.
7 Beji A, Vincent P, Darchis I, Hussn MO, Cortot A, Leclerc H. Evidence of gastritis with several Helicobacter pylori strains. *Lancet* 1989; ii: 1402–3.
8 Xia HX, Keane CT, O'Morain CA. Pre-formed urease activity of Helicobacter pylori as determined by a viable cell count technique – clinical implications. *J Med Microbiol* 1994; **40:** 435–9.

Reply

EDITOR,—We thank Dr Labenz and coworkers for their thoughtful comments on our study. They have raised basically two questions. The first one is whether a high gastric urease activity as measured by the ^{14}C-urea breath test is indeed a factor in predicting the effectiveness of eradication with triple therapy? They suggest that other confounding variables might contribute to the strong correlation found. In addition, they wonder whether high urease activity found in the ^{14}C-urea breath test represents a high bacterial density in the stomach or more severe gastritis.

Concerning the potential confounding variables, we pointed out in the article that metronidazole resistance of *H pylori* seems to be infrequent in Israel (6% in a preliminary study). We have no data to suggest that compliance with therapy was different in the three patient groups. None of the patients in the study were pretreated with antibiotics or omeprazole in the four weeks before the test. The adverse effect of smoking as reported by Dr Labenz's group is controversial.[1 2] Thus, we have no support for the assumption that these confounding variables might indeed be important factors. We therefore believe that urease activity as measured by ^{14}C-urea breath test is an important independent variable in predicting the effectiveness of *H pylori* eradication with triple therapy. This is not necessarily true of future therapies, which may be more effective and therefore less dependent on the bacterial load. In addition, we are now studying the effect of some factors mentioned by Dr Labenz *et al.*

The other point is more theoretical. Dr Labenz *et al* question whether the correlation between the ^{14}C-urea breath test values and density of *H pylori* colonisation as well as the degree of gastritis as reported by other investigators is clinically valid? Also, whether eradication might be more effective in more severe gastritis, which might reflect a stronger immune response? Our data do not permit answers to these theoretical considerations. As pointed out in our paper it is at present not known whether the higher urease activity results only from a higher bacterial load or also from different bacterial strains. This requires further investigation.

We thank Drs Xia, Keane and O'Morain for their valuable comments. We are happy that they agree with our conclusion that a higher bacterial load is of negative predictive value for the success of eradication of *H pylori* with triple therapy. They mentioned two important points: firstly, that resistance, particularly to metronidazole may develop during therapy. We agree, but would point out that the concurrent administration of bismuth salts, as inherent in the triple therapy, attenuates this effect. Secondly, they also suggest that our dose of metronidazole might have been too low, contributing to the overall low eradication rate. Here we have to point out a regrettable error. We gave 750 mg of metronidazole per day – that is, 250 mg thrice daily. This was erroneously printed as 250 mg twice daily. Although 750 mg daily for two weeks is not a high dose, it has been shown to be effective and is less conducive to non-compliance.[3]

Regarding their additional comment, we do not quite agree with their suggestion to use the rapid urease test (of gastric biopsy specimens) as a rough estimate of the gastric bacterial load. Unlike ^{14}C-urea breath test, which reflects the overall gastric urease activity, the estimation based on a small biopsy sample is much more prone to sampling error.

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1 Cutler AF, Schubert TT. Patients factors affecting Helicobacter pylori eradication with triple therapy. *Am J Gastroenterol* 1993; **88:** 505–9.
2 Graham D, Malaty H, Evans DG, Klein PD, Adam E. Epidemiology of Helicobacter pylori in an asymptomatic population in the United States: effect of age, race and socioeconomic status. *Gastroenterology* 1991; **100:** 1495–501.
3 Chiba N, Rao BV, Rademaker JW, Hunt RH. Meta-analysis of Helicobacter pylori eradication trials. *Am J Gastroenterol* 1992; **87:** 1716–27.

NOTES

Sir Francis Avery Jones BSG Research Award 1996

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1996 Award. Applications **(eighteen copies)** should include:

(1) A manuscript (2 A4 pages *only*) describing the work conducted.

(2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the UK or Eire.

Entrants must be 40 years or less on 31 December 1996 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring meeting of the Society in 1996. Applications **(eighteen copies)** should be made to: The Honorary Secretary, BSG, 3 St Andrews Place, London NW1 4LB by 1 December 1995.

Hopkin's Endoscopy Prize 1996

Entries are invited by the Endoscopy Committee of the British Society of Gastroenterology for the BSG Spring Meeting in Brighton 1996.

The abstract should be confined to two sides of A4 paper but tables and references can be on additional pages. The entry can contain work previously presented/published (please give details).

A cover note should contain the address and post of the entrant.

The winner will give a 20 minute lecture (plus 10 minutes for questions).

The closing date for entries is 6 January 1996 and should be made to: Hopkin's Prize Entry, Dr D M Hellier, Secretary-Endoscopy Committee BSG, Department of Gastroenterology, Princess Margaret Hospital, Okus Road, Swindon SN1 4JU.

信稿范例 **2**：

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PostScript

Figure 1 Imaging of tumour extent and response. (A) Positron emission tomography (PET)-CT scan prior to initiation of chemotherapy, showing regional and distant metastases. (B) Reassessment PET-CT after the eighth cycle.

chemotherapy. She received four more cycles of treatment with minimal toxicity, and PET-CT after the eighth cycle showed a further decrease in metabolic activity and size of the lymph nodes (fig 1B). She is currently asymptomatic a year after presentation with advanced disease, and continues to receive bevacizumab and capecitabine as maintenance therapy.

Targeted drugs are changing the natural history of advanced gastrointestinal cancers, with angiogenesis being a key target of strategic interest. Normal small bowel epithelium is a poor promoter of tumour growth,[9] perhaps explaining in part the notorious chemoresistance of this uncommon tumour type. To the best of our knowledge, the present case represents the first report of the use of an antiangiogenic agent in treating SBA. Given the mean survival of only 8–9 months in advanced SBA treated with standard cytotoxic drugs,[6 10] the impressive palliation achieved in this case suggests that VEGF signalling inhibitors merit further evaluation in this and other refractory gastrointestinal tumours, though we stress that prospective randomised studies will be needed to test this hypothesis.

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Patient consent: Obtained.

► **Competing interests:** Declared (the declaration can be viewed online only at http://gut.bmj.com/content/vol57/issue11.

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REFERENCES

1. **ten Kate GL**, Kleibeuker JH, Nagengast FM, *et al*. Is surveillance of the small bowel indicated for Lynch syndrome families? *Gut* 2007;**56**:1198–201.
2. **Hawker PC**, Gyde SN, Thompson H, *et al*. Adenocarcinoma of the small intestine complicating Crohn's disease. *Gut* 1982;**23**:188–93.
3. **Rampertab SD**, Forde KA, Green PH. Small bowel neoplasia in coeliac disease. *Gut* 2003;**52**:1211–4.
4. **Bulut K**, Pennartz C, Feldebauer P, *et al*. Vascular endothelial growth factor (VEGF164) ameliorates intestinal epithelial injury in vitro in IEC-18 and Caco-2 monolayers via induction of TGF-beta release from epithelial cells. *Scand J Gastroenterol* 2006;**41**:687–92.
5. **Brown LF**, Berse B, Jackman RW, *et al*. Expression of vascular permeability factor (vascular endothelial growth factor) and its receptors in adenocarcinomas of the gastrointestinal tract. *Cancer Res* 1993;**53**:4727–35.
6. **Kummar S**, Ciesielski TE, Fogarasi MC. Management of small bowel adenocarcinoma. *Oncology (Williston Park, NY)* 2002;**16**:1364–9; discussion 70, 72–3.
7. **Epstein RJ.** VEGF signaling inhibitors: more pro-apoptotic than anti-angiogenic. *Cancer Metastasis Rev* 2007;**26**:443–52.
8. **Hurwitz H**, Fehrenbacher L, Novotny W, *et al*. Bevacizumab plus irinotecan, fluorouracil, and leucovorin for metastatic colorectal cancer. *N Engl J Med* 2004;**350**:2335–42.
9. **Hodde JP**, Suckow MA, Wolter WR, *et al*. Small intestinal submucosa does not promote PAIII tumor growth in Lobund–Wistar rats. *J Surg Res* 2004;**120**:189–94.
10. **Thomsen Lonborg J**, Vilmar A, Mard D, *et al*. Prognosis of small bowel adenocarcinoma treated with Mayo or Xelox regimen: a matched case–control study from a database of 581 patients with colorectal cancer. *Oncol Rep* 2007;**18**:1023–9.

Rectal administration of NSAIDs in the prevention of post-ERCP pancreatitis: a complementary meta-analysis

As physicians with a long-time interest in the pharmacoprophylaxis of post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP), we greatly enjoyed reading the excellent meta-analysis performed by Elmunzer *et al* (*Gut* 2008;**57**:1262–7) based on four randomised clinical trials (RCTs). The analysis demonstrated a pooled relative risk (RR) for PEP of 0.36 (95% confidence interval (CI) 0.22 to 0.60) after prophylactic rectal administration of non-steroidal anti-inflammatory drugs (NSAIDs), with a relative risk (RR) of 0.30 (95% CI 0.01 to 0.76) for moderate and severe pancreatitis. The authors concluded that rectal administration of NSAIDs is effective in preventing PEP. While these results have significant clinical implications, several issues remain unsolved. For example, do risk factors influence the prophylactic effect?

Therefore, we performed a complementary meta-analysis based on the methodology and the source articles identical to those used by Elmunzer *et al*. The data extracted from the four RCTs were stratified by risk factors of patients (high-risk vs low-risk population)[1] and the severity of PEP (mild vs moderate to severe).[2] It was shown that administration of NSAIDs was associated with decreased incidence of PEP in patients with low (RR = 0.29, 95% CI 0.12 to 0.71, p = 0.006) and high risks (RR = 0.40, 95% CI 0.23 to 0.72, p = 0.002). Moreover, administration of NSAIDs significantly reduced incidence of mild PEP (RR = 0.49, 95% CI 0.28 to 0.84), p = 0.009), but marginally reduced incidence of moderate to severe PEP (RR = 0.13, 95% CI 0.02 to 0.99, p = 0.050), which was probably due to the limited number of cases with moderate to severe PEP (n = 7, all in the placebo group) (tables 1 and 2).

There was no death or severe adverse events recorded among the 912 patients treated with NSAIDs or placebo in the four RCTs, indicating that prophylactic rectal NSAIDs were safe.

Therefore, both the main meta-analysis by Elmunzer *et al* and our complementary meta-analysis showed beneficial effect of prophylactic rectal NSAIDs in preventing PEP. However, it must emphasised that there were several limitations of the both meta-analyses including small sample sizes (for both subjects and studies), inconsistent definition of PEP, and less representative populations. First, only four trials met the criteria for meta-analysis, two of which included fewer than 200 patients. Second, the PEP diagnostic criteria were not consistent throughout the four RCTs. Whereas two adopted the generally accepted criteria, ie, serum amylase levels 3-fold the normal upper limits, the other two adopted 4-fold. This may lead to over-diagnosis of PEP, and increased incidence of PEP. Theoretically, the data of these four RCTs using different PEP criteria should not have been pooled together for the meta-analysis. Third, the four RCTs were carried out in only three countries, ie, Iran (n = 542), Mexico (n = 150) and Scotland (n = 220). Thus, the

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Table 1 Consensus definition for post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis*

Complication	Mild	Moderate	Severe†
Pancreatitis	Clinical pancreatitis, amylase at least 3× normal >24 h after ERCP, requiring unplanned admission or prolongation of planned admission to 2–3 days	Pancreatitis requiring hospitalisation of 4–10 days	Pancreatitis requiring hospitalisation >10 days, intervention (percutaneous drainage or surgery), development of necrosis, or pseudocyst

*Adapted from Cotton *et al*.[3] †Nomenclature of acute pancreatitis modified to current terminology.

Table 2 Risk factors for post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis in multivariate analyses*¶

Yes†	Maybe‡	No§
Young age	CBD stone absent	Small CBD diameter
Female gender	Normal serum bilirubin	Periampullary diverticulum
Suspected SOD	Pancreatic acinarisation	Pancreas divisum
Prior post-ERCP pancreatitis	Pancreatic brush cytology	Allergy to contrast media
Recurrent pancreatitis	Pain during ERCP	Prior failed ERCP
Chronic pancreatitis absent	Low endoscopist volume	Intramural contrast injection
Pancreatic duct injection		Therapeutic vs diagnostic
Pancreatic sphincterotomy		Biliary sphincterotomy
Balloon dilation of intact biliary sphincter		Sphincter of Oddi manometry (using aspirated catheter)
Difficult or failed cannulation		
Pre-cut (access) sphincterotomy		

¶Adapted from Freeman *et al*.[1]
*Prospective series of >500 cases. †Significant by multivariate analysis in most studies or by meta-analysis. ‡Significant by univariate analysis only in most studies or by single multivariate analysis. §Inconsistent significance by univariate analysis, not significant by multivariate analysis.
CBD, common bile duct; SOD, sphincter of Oddi dysfunction.

results of the RCTs need to be reproduced in other populations. Finally, it was noticed that only two NSAIDs were used, indomethacin in two studies and diclofenac in the other two. Whether there was a difference in prophylactic effect between the two drugs and whether other NSAIDs possess the same effect needs further investigation.

In conclusion, rectal administration of NSAIDs is effective in the prevention of PEP in patients with low or high risk factors. However, multi-centre clinical trials with large sample sizes and consistent criteria for PEP are required to confirm the beneficial effect.

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REFERENCES

1. **Freeman ML**, Guda NM. Prevention of post-ERCP pancreatitis: a comprehensive review. *Gastrointest Endosc* 2004;**59**:845–64.
2. **Cotton PB**, Lehman G, Vennes J, *et al*. Endoscopic sphincterotomy complications and their management: an attempt at consensus. *Gastrointest Endosc* 1991;**37**:383–93.

Is detection of JC virus DNA in blood a valuable screening test for progressive multifocal leukoencephalopathy in Crohn's disease patients eligible for anti-α4 integrin therapy?

We read with interest the article by Verbeeck and colleagues (*Gut* 2008;**57**:1393–7) investigating the presence of JC virus DNA in urine and blood as a screening tool for active viral replication in immunosuppressed patients with Crohn's disease. Based on their data, these authors propose using serial assessments of JC virus DNA in the blood compartment to monitor such patients for the risk of developing progressive multifocal leukoencephalopathy (PML) before and during anti-α4 integrin therapy. They postulated that the presence of JC viraemia may be a risk factor for future progression to PML. Moreover, in agreement with other studies they suggest that the absence of JC virus DNA in blood can be associated with a low probability of developing PML.[1]

Based on our experience of patients with human immunodeficiency virus (HIV), JC virus replication in the blood is not a valuable tool for predicting the development of PML. We retrospectively investigated the presence of JC viraemia, before and at the time of diagnosis of PML in five patients with HIV who eventually developed PML. The diagnosis of PML was based on clinical neurological disorders, neuroimaging features and the presence of JC virus in the cerebrospinal fluid. We used plasma samples from these patients prospectively collected and stored at −20°C. The quantitative real-time polymerase chain reaction (PCR) performed for the detection of JC virus genome was the same as described in the article by Verbeeck and colleagues. The number of blood samples analysed for each patient and the time of collection for each sample are described in table 1. All serum samples collected before PML diagnosis were negative except one (table 1). One patient had a positive JC viraemia 5 months before the diagnosis of PML and was free of symptoms at this time. However, in this patient, JC viraemia became negative 2 months later and until the development of PML. Two patients were tested for JC viraemia at the time of diagnosis and were positive. These results are in accordance with other results in the literature showing that (1) JC virus is not detected in the plasma and/or in peripheral blood mononuclear cells samples from all patients with PML; and (2) these tests correlate with immunosuppression rather than the occurrence of PML.[2-4] These findings are consistent with the hypothesis defended by some authors that PML occurs as a result of viral reactivation from within the brain,[2 4] and do not support the suggestion that JC virus is activated from its latent stage in the kidneys to enter the blood, and then seeds the central nervous system, which is the basis of the hypothesis given by Verbeeck and colleagues.

In conclusion, we agree that developing adequate tools for screening PML is of great importance in the future. However, we believe that there is insufficient evidence for recommending the use of serial assessments of JC virus DNA in that situation.

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Competing interests: None.

Ethics approval: This study was approved by the Lille University Hospital Ethics Committee on 1 February 2007.

Patient consent: Written informed consent was obtained from three of the five subjects included in this study. The two remaining patients were unfortunately not alive at the time this study was designed.

附录七《癌症》杂志英文编辑 **He Hua** 发表的有关"华人编辑的优势"的论文原文

Dialogue

Advantages of English-Fluent Chinese Editors over Native–English-Speaking Editors in Editing Chinese Biomedical Manuscripts

Hua HE and Ke-Jian GAN

As is the case in many English-as-a-second-language (ESL) countries, the quality of the English language in manuscripts written by Chinese authors is below the typical standard evident in most English-language journals. Thus, further editing of manuscripts written by Chinese authors is essential. It is commonly believed that editing by a native–English-speaking editor is more accurate than that by an ESL editor. In our experience, however, this is not always the case. Here, we summarize what we see as the three major strengths that Chinese biomedical editors with skills in English possess over native–English-speaking editors with comparable credentials: better understanding of the logic of the Chinese language, better communication between the Chinese author and the editor, and greater economy.

With the rapid economic growth in mainland China, more well-designed biomedical studies are being performed. Biomedical scientists and clinicians increasingly prefer to publish their work in international English-language journals.[1–3] However, the ability of many Chinese researchers to write in English is still poor because they lack training in the English language and in communicating scientific findings. Improving scientific articles from Chinese authors to satisfy their desire to communicate with an international audience is increasingly important.

Many Chinese biomedical researchers have received comments from international journals such as "this manuscript must be carefully reviewed and corrected by a native English speaker or edited by a native English editor before it can be considered for publication". Those authors take it for granted that after they have sought help from a native English speaker—a native English teacher or colleague in the author's university, an academic collaborator in an English-speaking country, or a native English editor (for example, at a professional editing company in an English-speaking country)—the language problems will have been resolved and their manuscript will be suitable for acceptance. However, after resubmission, many Chinese authors are disappointed and confused because the journals' reviewers or editors still have problems with the revised version of their work, particularly language problems. The authors cannot understand why their work still poses language problems after being edited by native English speakers. In contrast, many Chinese biomedical researchers seek assistance from Chinese editors who are fluent in English and have their scientific articles published in international English-language journals without much difficulty.

The aim of the present article is to identify the reasons behind this phenomenon by drawing upon our own experience, illustrated by a few examples taken from our own and our colleagues' work.

Advantages of English-Fluent Chinese Editors ("Chinese Editors") over Native–English-Speaking Editors ("English Editors")

Over the years, we have observed that, compared with English editors, Chinese editors with an academic background and a good command of the English language tend to produce better editing of manuscripts submitted by Chinese authors, particularly those with very poor English-writing skills. We summarize some of the reasons below with a few anecdotal examples. All the examples were received from English editors holding a PhD or a master's degree in biomedicine or Chinese scientific editors holding equivalent credentials.

1. **Chinese editors are familiar with the intrinsic logic of the Chinese language and how it influences Chinese authors' way of thinking.**

Example 1

Original version

"All patients were discharged free of preoperative symptoms."

Edited by an English editor, with comment

"All patients were discharged when free of post-operative symptoms."

The editor's comment: I think this should this be POST-operative.

Edited by a Chinese editor

"All patients were discharged when free of symptoms."

Our comment: The author's meaning is that when symptoms that resulted in hospitalization (preoperative) disappeared, the patients were discharged. However, based on the English-language way of thinking, the English editor thought that the symptoms were "postoperative", in that only when there were no symptoms after operation could the patients be discharged. To avoid this problem, the Chinese editor deleted "preoperative". This kind of error is frequent in English articles translated from Chinese. As mentioned by Cameron,[4] because the clause structure and other typological characteristics of Chinese differ greatly from those of English, translated English versions may contain some

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Dialogue

Advantages

Chinese ways of expression and thus be misinterpreted by editors who do not know Chinese.

Example 2

Original version

"A recent report on corneal endothelitis associated with evidence of cytomegalovirus infection."

No revisions by the English editor

"A recent report on corneal endothelitis associated with evidence of cytomegalovirus infection."

Comment from the English editor: "The meaning of this phrase is unclear. Please revise to clarify."

Edited by a Chinese editor

"A recent report provided evidence that cytomegalovirus infection is associated with corneal endothelitis."

Our comment: The example came from an article on ocular manifestations in patients with leukemia. The original version is grammatically incorrect and confusing. However, when the Chinese editor translated the original English version word-to-word into Chinese, the author's intention was understood, and the revisions were made accordingly. This sort of Chinese-to-English translation is hard for native English editors when they are struggling to revise "what often appears to be nonsensical sentences, without changing the authors' meaning".[5]

2. Chinese authors can communicate more accurately and efficiently with Chinese editors than can English editors.

It can be much easier to edit an article if the editor can readily obtain and understand explanations and clarifications from the author. Chinese editors who are fluent in English have an advantage over English editors in this regard when communicating with Chinese authors, especially those with relatively poor fluency in English.

Example 1

Original version

"The figure of the positive cell of CD3, CD4 or CD8 were observed through the microscope (the T-lymphocyte which connects with above 3 red blood cell is positive, in all counts above 200), and the percentage of rosette formation cell was calculated."

Edited by an English editor

"The number of cells positive for CD3, CD4 or CD8 was then observed through a microscope (the T-lymphocyte which connects with above 3 red blood cell is positive, in all counts above 200), and the percentage of rosette formation cells was calculated."

Edited by a Chinese editor

"The number of cells positive for CD3, CD4 or CD8 was then observed through a microscope; a T-lymphocyte which bonded with more than 3 red cells (rosette formation) was defined as being positive. More than 200 T-lymphocytes were counted, and the percentage of cells with rosette formation was calculated."

Our comment: The passage describes T-lymphocyte subsets from peripheral blood. The English editor attempted to make the sentence grammatically correct, but the phrase "in all counts above 200" still did not make sense. The English editor requested that the author review, clarify, and rewrite the passage. However, instead of an explanation in English, the author could only manage to respond in Chinese. In this case, the Chinese editor was able to help modify the sentence to express its intended meaning accurately.

Example 2

Original version

"It is also important for food safety monitoring in the market of freshwater fishes, *L. hongkongensis* has become one of the routine pathogens analysis parameters of freshwater fish from Guangdong to Hong Kong is a good evidence."

No revisions by the English editor

"It is also important for food safety monitoring in the market of freshwater fishes, *L. hongkongensis* has become one of the routine pathogens analysis parameters of freshwater fish from Guangdong to Hong Kong is a good evidence."

Comments from the English editor: "1) perhaps specify what 'it' refers to. 'This study' ? 2) This sentence is unclear."

Edited by a Chinese editor

"Since *L. hongkongensis* has become one of the parameters for routine pathogen analysis of freshwater fish imported from Guangdong to Hong Kong, it is recommended that the imported freshwater fish also be monitored in Macao."

Our comment: In this example, the author studied the prevalence of *L. hongkongensis*, a novel genus and species associated with community-acquired gastroenteritis and traveler's diarrhea, in retail freshwater fishes in Macao. She wanted to emphasize that because *L. hongkongensis* is a routinely measured pathogen of freshwater fish imported from Guangdong to Hong Kong, it should be monitored by the Food Safety Department in Macao. Although the English editor had a clear sense that the sentence should be rephrased, he did not know how to correct it. Judging from "good evidence", the Chinese editor understood that the author was using analysis of *L. hongkongensis* in Guangdong and Hong Kong as an example for another location (Macao). After effective communication in Chinese with the author, who was not proficient in English, the Chinese editor corrected the awkward sentence structure and the vague meaning of the original version.

Example 3

Original version

"The basophilic epithelial cells became more and more from intraovarian rete, connecting rete to extraovarian rete."

No revisions by the English editor

"The basophilic epithelial cells became more and more from intraovarian rete, connecting rete to extraovarian rete."

Comments from the English editor: "The meaning of this sentence is not clear. Do you mean to say that 'The basophilic epithelial cells continued to differentiate from intraovarian rete to connecting rete, and finally to extraovarian rete'? Or is it the other way around? 'Basophilic epithelial cells continued to be produced through the differentiation of intraovarian rete, connecting rete and extraovarian rete'? Please review and revise."

Edited by a Chinese editor

"Basophilic staining was observed with increasing amount from intraovarian rete to connecting rete, to extraovarian rete in epithelial cells."

Our comment: This article investigated the ultrastructure of ovaries in African ostrich chicks. The English editor felt that the sentence was not clear and drew several inferences. The author was unable to respond to the English editor in English. With the Chinese editor, she could explain that she meant to say "the increased intensity of basophilic staining", not "the increase of basophilic cells". After efficient communication with the author in Chinese, the Chinese editor made the changes accordingly.

Example 4

Original version

"These results suggest that the chondrogenic microenvironment has very important effects on the differentiation of BMSC into cartilage cells and the formation of cartilage tissues."

Edited by an English editor

"These results suggest that the chondrogenic microenvironment is potent in inducing the differentiation of BMSC into cartilage cells and the formation of cartilage tissues."

Edited by a Chinese editor

"These results suggest that the chondrogenic microenvironment plays an important role in inducing the differentiation of BMSC into cartilage cells and the formation of cartilage tissues."

Our comment: When the author wrote this sentence, he or she meant that the chondrogenic microenvironment is a constituent factor, but not the only one, that induces the differentiation of BMSC into cartilage cells and the formation of cartilage tissues. The English editor's revision, although grammatically correct, changes the author's intended meaning. After communication with the author, the editing produced by the Chinese editor was agreed on.

3. **Extensive editing by a Chinese editor is more economical than that performed by an English editor.**

It appears that about half the English biomedical articles written by authors from mainland China are originally written in Chinese, and most of these need extensive editing if they are to be published in international English-language journals (personal communication with Harry H X Xia, February 2008). Normally, the fee for such extensive editing by an English editor is US$50–80 per hour or even more, whereas it is about US$40–50 per hour when done by a Chinese editor. For the reasons we have listed above, editing of a poorly drafted article would take an English editor much more time and effort than a Chinese editor with equivalent skills. Therefore, even if the two editors charge the author at the same hourly rate, the total cost for an English editor to complete the editing would be much higher than for a Chinese editor. In practice, the rate charged by a Chinese editor is lower than that of an English editor.

Advantages of Native–English-Speaking Editors

One has to acknowledge the advantages of an English editor over a Chinese editor, such as a greater command and better sense of the English language, richer vocabulary, more flexibility in the use of English, and faster editing if the original version is clear.[6]

Strategies for the Editing of Articles Written by Chinese Authors

We estimate that mistaken editing by English editors due to a lack of understanding of the Chinese language and inadequate communication with Chinese authors occurs in about 5%–30% of articles written by Chinese authors, depending on the author's command of English writing. On the basis of our experience and the anecdotal examples given, we propose that for Chinese authors, particularly those with a relatively poor command of English, instead of seeking help from an English editor directly, it would be more useful and cost effective to have a Chinese editor assess the accuracy of the translation. When necessary, light editing of an article by an English editor may be applied later to ensure a high standard of language. The combination of extensive editing of an article by a Chinese editor with light editing by an English editor would cost less than extensive editing by an English editor. According to the results of a survey performed by a biomedical English editing company whose editors are mostly senior Chinese scientists and investigators, this approach greatly increases the acceptance of articles submitted by authors from mainland China (personal communication with Harry H X Xia, February 2008). It is also suggested by Li et al[7] that "in the long run, it is in the interest of ESL authors to receive editorial assistance in their local scholarly community". With effective

communication between local language professionals, such as a local editing company, and subject professionals, such as the authors' supervisors and peers, authors are more likely to overcome the language barrier and express their academic ideas clearly.[8] This strategy may also be applied to other ESL writers who have relatively poor English skills. Finally, ESL editing would benefit from constant improvement of ESL editors' English skills and greater familiarity with and understanding of non-English languages by English editors.

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References

1. Gao R, Liao Z, Li ZS. Scientific publications in gastroenterology and hepatology journals from Chinese authors in various parts of North Asia: 10-year survey of literature. J Gastroenterol Hepatol. 2008;23(3):374-378.
2. Goh KL, Farrell GC. Publications from China: the sleeping giant awakens. J Gastroenterol Hepatol. 2008;23(3):341-343.
3. Lu JX. Scientific publication in China: an overview and some thoughts on improvement. Sci Ed. 2004;27 (4):120-121.
4. Cameron C. Bridging the gap: working productively with ESL authors. Sci Ed. 2007;33(3):43-44.
5. Radcliff J. Scientific editing around the globe: medical editing in Taiwan. CBE Views. 1999;22 (5):155-156.
6. Flowerdew J. Problems in writing for scholarly publication in English: the case of Hong Kong. J Sec Lang Writ. 1999;8(3):243-264.
7. Li Y Y, Flowerdew J. Shaping Chinese novice scientists' manuscripts for publication. J Sec Lang Writ. 2007;16(2):100-117.
8. Burrough-Boenisch J. Shapers of published NNS research articles. J Sec Lang Writ. 2003;12 (3):223-243.

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