

臺北護理健康大學100年度教學卓越計畫
分項計畫1—5 全方位T型教師之成長

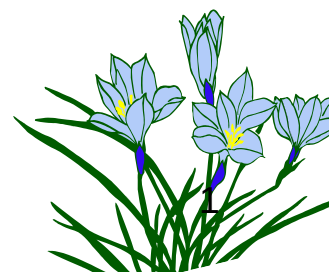
論文寫作工作坊
「我的論文寫作與投稿經驗」

李中一教授
成功大學
公共衛生學科暨研究所

時間：100年5月26日(星期四)
12:00—14:30

地點：親仁樓三樓B314教室
主辦單位：教師發展中心

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Manuscript *Writing & Submitting*

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Professor

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***Why do scientists publish results
of their work in scientific
journals?***

Note 1.

- Publication is the way that scientists communicate their findings with the rest of the world.
- The process of publication gives the scientist feedback on his or her work. **There is a long process to get a paper published.**

Note 2.

- Publication is vital to a scientist's career for two reasons:
 - Job hunting.
 - Research grant.

Note 3.

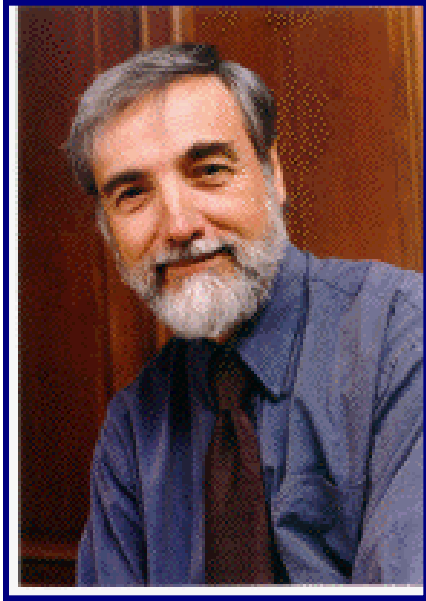
- Publication is also vital to science as a whole:
free exchange of information.
 - If someone publishes a new finding, other scientists can use that information to expand their own work and build upon the new findings.
 - The review process gives the researcher a broader view of the work, and often suggests fruitful paths that the scientist may not have otherwise taken.

科學論文的角色

一項研究不到發表、結果被了解，
不算完成

Day RA: *How to Write and Publish a Scientific Paper?* Phenix,
Oryx Press, 1994.

我通常都會鼓勵並協助學生將其論文在學術期刊上發表



*Gilles Thériault M.D., Dr.PH
School of Occupational Health
McGill University, Montreal,
Canada*

*Always Get Your Work
Published !!!
Because
Publish or Perish !!!*

我自己的博士論文總共發表了四篇期刊論文

- 1 in Epidemiology (IF=5.511 [2009])
 - 2 in Occupational Environmental Medicine (IF=3.643 [2009])
- &
- 1 in Journal of Exposure Science and Environmental Epidemiology (IF=2.718 [2009])

從2003年開始我總共指導（或共同指導）過5位大學部學生及25位碩博士班學生進行論文研究

- 共發表29篇期刊論文
- 其中20篇為SCI/SSCI期刊論文

10/03/2009

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Being Published Means...

- Your paper is permanent – published material enters a permanent and accessible knowledge archive – the ‘body of knowledge’
- Your paper is improved – through the interventions of editors, reviewers, sub-editors and proof-readers
- Your paper is actively promoted – it becomes available to a far greater audience
- Your writing is trustworthy – material which has been published carries a QA stamp. Someone apart from the author thinks it’s good

- 一個非常值得參考的例子是著作等身的英國社會學家安東尼紀登斯（ **Anthony Giddens** ）。他在接受訪問談到如何開始學術生涯時說：
 - 如果你才智平庸，像我一樣，只要你比別人多花一些時間在你的工作，而且鍥而不捨，你就能表現出色。

- 美國著名小說家史帝芬金（**Stephen King**）在其「寫作：我的作家生涯」一書中也指出：
 - 如果你想成為作家，你一定要遵守「多閱讀和常寫作」這兩項原則。因為這是唯一的方法，成功沒有捷徑。
 - 史帝芬金也說：「閱讀，是作家創作的源頭」。

- 學習論文寫作的另一個關鍵態度是深入閱讀。
- 詹姆斯華生在他「華生愛上DNA」一書中，提到當年在芝加哥大學受大學教育時，最大的特點是專注於研讀原創作品而非教科書。

- 英國著名的兒童精神醫學學者Michael Rutter在1999年接受訪問時，訪問者注意到他已有400篇論文並著有30本書。
- Rutter說對於他，寫作一開始並非容易之事。他曾把他自以為完稿的畢業論文拿給一位比他資深的人看，結果對方把前五頁整個重寫，藉以示範他該如何修改以把想法表達得更清楚。
- 因此，在論文寫作裡，永遠都有可能講得更清楚的寫法，一定要能練習一再的修改，不怕別人的質疑。

段落結語

- 一項研究不到發表，不算完成
- 可靠的是每天的投入，而不是一時的靈感
- 廣泛而深入的閱讀才能增進寫作的能力
- 勇於接受批評改進，不怕退稿只怕放棄

Outlines

- Essentials of writing a medical paper
- In the preparation of your manuscript
- Don't rely your conclusion solely on “*p-value*”
- Tips on how to get published
- Revision is a “*rule*”, not an “*exception*”
- Between submission and acceptance (or rejection)
- Concluding remarks

Essentials of Writing a Medical Paper

First Impressions are Important

- The paper should look well organized, with clear section headings.
- In particular, the *title page* & *covering letter* must be well organized and include all the necessary information, which is usually spelled out in the instructions to authors.

Research Title May Influence the Chance of Your Paper Being Reviewed

Epidemiology/Health Services Research

ORIGINAL ARTICLE

Increased Risks of Hip Fracture in Diabetic Patients of Taiwan

A population-based study

HUA-FEN CHEN, MD, MSC¹

CHING-AN HO, MD²

CHUNG-YI LI, PHD³

with diabetes showed a significant geographic variation in Taiwan, implying a differential quality of care delivered to the diabetic patients in certain areas (11). No

Age and Sex May Significantly Interact With Diabetes on the Risks of Lower-Extremity Amputation and Peripheral Revascularization Procedures

Evidence from a cohort of a half-million diabetic patients

HUA-FEN CHEN, MD, MSC^{1,2}
CHING-AN HO, MD³
CHUNG-YI LI, PHD²

ization procedure was observed to be a successful therapy for limb salvage in diabetic patients with critical limb ischemia. Nevertheless, the relative hazard of pe-

Short-Term Case Fatality Rate and Associated Factors among Inpatients with Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar State: A Hospital-Based Analysis over a 15-Year Period

Hua-Fen Chen¹, Chih-Yuan Wang¹, Hsin-Yu Lee¹, Ting-Ting See¹, Mei-Hsiu Chen¹,
Ju-Ying Jiang¹, Ming-Tsang Lee¹ and Chung-Yi Li²

Manuscript title: Incidence of renal and perinephric abscess among diabetic patients: A population-based national study in Taiwan

Dear Dr. Boah,

We are submitting the manuscript referenced above for your review and consideration for publication in *Epidemiology and Infection*. This manuscript was based on a national cohort of more than a half million of diabetic patients, who were followed for up to 11 years, and this population-based study highlighted that diabetes may substantially increase the risk of renal/perinephric abscess (RA), and that young diabetic patients and those from less urbanized regions experienced even higher incidence of RA. Because of its large sample size and prospective design, our study is able to provide reliable risk estimates and epidemiological evidence regarding the association of diabetes and risk of RA, which may be of interest to the readers of your esteemed Journal.

Format is Extremely Important

- The paper should follow the *Instructions to Authors* for the intended journal.
- The bibliography should be correctly formatted and without mistakes or omissions.

Current Issue

Volume 116, Number 5
May 2008

Recent In-Press

Gene and Protein Expression
Following Exposure...

Vanderstraeten J, et al.

Enduring Mental Health
Morbidity and Social Fu...

Stellman JM, et al.

The Pyrethroid Pesticide
Esfenvalerate Suppres...

Pine MD, et al.

A Temporal, Multi-City Model to
Estimate the E...

Shin HH, et al.

Genomic Profiling Reveals an
Alternate Mechanism...

Tilton SC, et al.

Estimating Community Drug
Abuse by Wastewater ...

Zuccato E, et al.

(More)

Recent Correspondence

Polybrominated Diphenyl
Ethers and Cryptorchid...

Banasiak M, et al.

Cryptorchidism: Effects of
Maternal Diabetes o...

ten Tusscher GW, et al.

(More)

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Instructions to Authors

- General Policy
- Breadth of Coverage
- Publication Sequence
- "Competing Financial Interests"
- Originality of Submission
- Peer Review
- Publication Date of Record
- Page Charges
- Page Proofs
- Copyrights, Reproduction, and Citations
- Press Releases
- Perspectives Section
- Correspondence
- Environews Section
- Submission of News Information
- Research Section
- Environmental Medicine Section
- Children's Health Section
- Announcements Section
- EHP Chinese-Language Edition
- Manuscript Preparation and Submission
- Conformance to EHP Style Requirements
- Manuscript Preparation
- Article Length
- References/Citations/Footnotes
- Footnotes
- Citations
- Format Checklist
- Supplemental Material
- Submission of Manuscripts

Instructions in PDF format

(Revised - July 2007)

General Policy

Environmental Health Perspectives (EHP) is a monthly journal of peer-reviewed research and news dedicated to the discussion of the impact of the environment on human health. We also publish a quarterly Chinese-language edition and occasional special issues. All scientific articles are subject to rigorous peer review. The primary criteria for publication are environmental significance and scientific quality.

Breadth of Coverage

Environmental health science and environmental medicine comprise many fields of study; therefore, EHP will consider scientific progress in all fields. Cross-fertilization and serendipity have proven to be extremely important in the advancement of science in general, and this must hold true for the environmental health sciences. EHP will consider articles from a wide range of scientific disciplines encompassing the most basic research to the most innovative technologies. Researchers concerned with mechanisms of toxicity, new approaches for detecting or remedying environmental damage, and the identification and characterization of genes involved in the manifestation of environmentally related disease are particularly encouraged to submit. EHP recognizes the vital interconnection between the environment and human health. Physicians and others working in environmental medicine are encouraged to submit reports for publication in the Environmental Medicine Section. EHP also addresses ethical, legal, social, and policy issues.

Scientific debate can lead to new research and discoveries. Opinions and ideas based on scientific observations are welcome for publication in all EHP editions. The formats available for publication include editorials and commentaries. In either format, EHP strives for objectivity and balance.

Publication Sequence

Realizing the importance of rapid publication of new findings, EHP has adopted a two-step process to expedite publication:

1. EHP-in-Press: EHP publishes author-supplied unedited PDF versions of articles online generally within 24 hours of acceptance as EHP-in-Press (<http://www.ehponline.org>). These articles have undergone peer review and author revisions but have not been copyedited. The EHP-in-Press articles are completely citable using the assigned DOI (Digital Object Identifier) code for the article. The DOI code enables the article to be immediately referenced and establishes publication priority. The PDF version of EHP-in-Press articles will be replaced with the copyedited, formatted version as soon as possible, but importantly, the DOI code will remain with the copyedited article. In addition to the DOI code, the copyedited article will include assigned volume and page numbers that will allow full conventional citation. The final version may be slightly different as a result of the editing process, but no substantive changes will be allowed. Any substantive changes at this stage will require an erratum.

※請勿不法重製

1. Introduction

A potential link between gestational overexposure to various air pollutants and adverse birth outcomes has been investigated in both experimental animals and epidemiological studies. Some investigations reported that air pollutants might cause developmental toxicity in mammals (Generoso et al., 1987; Rutledge, 1997). Inhalation of SO₂ by mice and rabbits increased the incidence of minor skeletal variants among their offspring (Murray et al., 1979). In mice, maternal exposure to NO₂ (Singh, 1988) or SO₂ (Singh, 1989) affected the neuromuscular coordination and caused functional

deficits in the developing offspring. Prenatal SO₂ exposure also reduced the levels of several mouse social/agonistic behaviors, such as tail rattling, freezing, and defensive postures (Fiore et al., 1998). Exposure of pregnant rats to NO₂ was also found to induce neurobehavioral deviations such as disturbances in early neuromotor development, coordination deficits, retarded locomotion development, reduced activity and reactivity (Tabacova et al., 1985), and altered ontogeny of ultrasonic emission (Di Giovanni et al., 1994). Additionally, a study found that inhalation of CO by pregnant rats from days 0 to 20 of gestation leads to alterations in habituation and subtle behavioral deficits in young adult male offspring (Giustino et al., 1999).

After the first human population study observing the effects of air pollution on birth weight (Williams et al., 1977), many epidemiological studies, conducted in various countries, have reported relationships between

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Bobak, M., 2000. Children's health outdoor air pollution, low birth weight, and prematurity. *Environ. Health Perspect.* 108, 173–176.

Bobak, M., Leon, D.A., 1999. Pregnancy outcomes and outdoor air pollution: an ecological study in districts of the Czech Republic 1986–8. *Occup. Environ. Med.* 56, 539–543.

Bureau of Tobacco and Alcohol Monopoly (BTAM), Taiwan Provincial Government, 1993. Annual report of tobacco, alcohol consumption investigation in Taiwan area. Bureau of Tobacco and Alcohol Monopoly (BTAM), Taiwan Provincial Government, Taipei.

A prospective cohort study in the third trimester. *J. Clin. Epidemiol.* 43, 461–466.

Lee, B.E., Ha, E.H., Park, H.S., Kim, Y.J., Hong, Y.C., Kim, H., Lee, J.T., 2003. Exposure to air pollution during different gestational phases contributes to risks of low birth weight. *Hum. Reprod.* 18, 638–643.

Liard, R., Zureik, M., Le Moullec, Y., Soussan, D., Glorian, M., Grimfeld, A., Neukirch, F., 1999. Use of personal passive samplers for measurement of NO₂, NO, and O₃ levels in panel studies. *Environ. Res.* 81, 339–348.

Lin, M.C., Yu, H.S., Tsai, S.S., Cheng, B.H., Hsu, T.Y., Wu, T.N.,

1. Introduction

Diabetes becomes epidemic worldwide and there are increasing reports of diabetes in children and adolescents [1,2]. As the risks of coronary artery disease are higher in diabetic patients [3–7], the risks associated

with younger diabetic subjects are a great concern to our society. Previous studies were limited to the selected population and they usually presented overall risks of coronary artery disease rather than the risks specific to the different age groups of the diabetic patients recruited. Moreover, there are few reports discussing the effects of age and sex on the risks of coronary revascularization procedures in diabetic populations.

In Taiwan, the mortality rate associated with diabetes mellitus almost doubled over the past ten years [8], and 19.8% of deaths in diabetic patients were ascribed to

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E-mail address: chungyi@mails.fju.edu.tw (C.-Y. Li).

- [7] R.D. Abbott, J.D. Curb, B.L. Rodriguez, K.H. Masaki, K. Yano, I.J. Schatz, et al., Age-related changes in risk factor effects on the incidence of coronary heart disease, *Ann Epidemiol* 12 (2002) 173–181.
- [8] C.J. Chang, F.H. Lu, Y.C. Yang, J.S. Wu, T.J. Wu, M.S. Chen, et al., Epidemiologic study of type 2 diabetes in Taiwan, *Diabetes Res Clin Pract* 50 (Suppl. 2) (2000) S49–S59.
- [9] C.H. Tseng, Mortality and causes of death in a national sample of diabetic patients in Taiwan, *Diabetes Care* 27 (2004) 1605–1609.
- [24] T.A. Hillier, K.L. Pedula, Complications in young adults with early-onset type 2 diabetes. Losing the relative protection of youth, *Diabetes Care* 26 (2003) 2999–3005.
- [25] P.J. O'Connor, J.R. Desai, L.I. Solberg, W.A. Rush, D.B. Bishop, Variation in diabetes care by age: opportunities for customization of care, *BMC Fam Pract* 4 (2003) 16.
- [26] L.M. Chuang, S.T. Tsai, B.Y. Huang, T.Y. Tai, The DIABCARE (Taiwan) Study Group, The current state of diabetes management in Taiwan, *Diabetes Res Clin Pract* 54 (Suppl. 1) (2001)

Breast cancer is a leading cause of cancer incidence for women in Taiwan, second only to cervical cancer. In 2001, 28,449 women in Taiwan were diagnosed as having cancer, and breast cancer was estimated to have affected 5,067 women. In addition, there were 1,241 deaths from breast cancer in 2001, and it was the fourth leading cause of cancer death.¹ Although the incidence and prevalence of breast cancer has remained high, the 5-year survival rate increased from 64% in 1992 to 73% in 1998. Survivors of breast cancer have to deal with experiences of being newly diagnosed, the uncertainty of treatment, and possible recurrence. Therefore, breast cancer is a chronic disease that can engender negative emotional and interpersonal responses throughout the diagnostic, treatment, and posttreatment phases.²

The high prevalence of psychosocial morbidity in breast cancer has been well documented in Western countries.³ Studies have found that providing information support is useful for lowering anxiety and distress and facilitating the process of coping with breast cancer.^{4,5} However, women with breast

2. Does a 3-month, 4-phase supportive intervention increase the perceived uncertainty among women newly diagnosed with breast cancer in Taiwan?

The following hypotheses were tested in this study:

1. Women who receive 3 months of additional CSC interventions (the experimental group) will have higher social support than do women who receive routine nursing care (the control group).
2. Women who receive 3 months of additional CSC interventions (the experimental group) will have less uncertainty than do women who receive routine nursing care (the control group).

■ Literature Review

Social Support

20. Mast ME. Survivors of breast cancer: illness uncertainty, positive reappraisal, and emotional distress. *Oncol Nurs Forum*. 1998;25(3):555–562.
21. Mishel MH, Braden CJ. Finding meaning: antecedents of uncertainty in illness. *Nurs Res*. 1988;37(2):98–103.
22. Wonghongkul T, Moore SM, Musil C, Schneider S, Deimling G. The influence of uncertainty in illness, stress appraisal, and hope on coping in survivors of breast cancer. *Cancer Nurs*. 2000;23(6):422–429.
23. Hwang R. *The Hope and Related Factors in Breast Cancer Women* [unpublished doctoral dissertation]. Taipei, Taiwan: National Defense Medical College; 1994.
24. Cohen S, Mermelstein R, Kamarck T, Hoberman H. Measuring the functional components of social support. In: Sarason I, Sarason BR, eds.

Social Support: Theory, Research, and Applications. The Hague, Holland: Martinus Nijhoff; 1985:73–94.

25. Mishel MH. The measurement of uncertainty in illness. *Nurs Res*. 1981;30(5):258–263.
26. Miller SM. Monitoring versus blunting styles of coping with cancer influence the information patients want and need about their disease. Implications for cancer screening and management. *Cancer*. 1995;76(2):167–177.
27. Samarel N, Tulman L, Fawcett J. Effects of two types of social support and education on adaptation to early-stage breast cancer. *Res Nurs Health*. 2002;25(6):459–470.
28. Corner J. Beyond survival rates and side effects: cancer nursing as therapy: the Robert Tiffany Lecture. *Cancer Nurs*. 1997;20(1):3–11.

Many papers are rejected simply because they don't fulfil journal requirements.

They don't even go into the review process.

- Identify a few possible target journals/series **but be realistic**
- Follow the Author Guidelines – scope, type of paper, word length, references style, etc
- Find where to send your paper (editor, regional editor, subject area editor). Check a copy of the journal/series or the publisher's web site
- Confirm how an editor would like a submission, e.g. e-mail; hard copy
- **Read at least one issue of the publication – visit your library for access**

- Pay careful attention to how other articles published in the intended journal have been formatted and try to mimic their format and style.

In the Preparation of Your Manuscript

You Can Start by Asking 4 Questions

- *What* is the message that I am trying to convey?
- *What* is the best format to report this message?
- *Who* is the best audience to hear this message?
- *What* is the right scientific journal?

Writing the First Draft

- The author must first determine the audience most appropriate for his message and **selects the journal** based upon this.
- When you write the first draft, you will have your data and statistical analysis in hand. You will also need to **do a literature review** as well.

Rank	Abbreviated Journal Title (linked to journal information)	ISSN	Total Cites	Impact Factor
1	ENDOCR REV	0163-769X	11205	23.901
2	CELL METAB	1550-4131	1409	16.710
3	FRONT NEUROENDOCRIN	0091-3022	1423	11.526
4	RECENT PROG HORM RES	0079-9963	1578	9.263
5	DIABETES	0012-1797	37265	7.955
6	DIABETES CARE	0149-5992	30486	7.912
7	TRENDS ENDOCRIN MET	1043-2760	3709	7.066
8	J BONE MINER RES	0884-0431	17633	6.635
9	J CLIN ENDOCR METAB	0021-972X	54902	5.799
10	CURR OPIN LIPIDOL	0957-9672	2801	5.689
11	FREE RADICAL BIO MED	0891-5849	21341	5.440
12	DIABETOLOGIA	0012-186X	15891	5.247
13	ENDOCRINOLOGY	0013-7227	42386	5.236
14	MOL ENDOCRINOL	0888-8809	12591	4.967
15	PSYCHONEUROENDOCRINO	0306-4530	4373	4.850
16	J CEREBR BLOOD F MET	0271-678X	9778	4.843
17	ENDOCR-RELAT CANCER	1351-0088	1903	4.763
18	ANTIOXID REDOX SIGN	1523-0864	2903	4.491

Journal Rankings

ISI is the most well known ranking, **BUT...**

- It is heavily biased towards North America
- Citations are a good, but not complete, guide to quality
- Usage is a better measure of *utility*
- Other factors to consider are recent articles, most communicative, societies and internationality

Writing the Second Draft

- After the first draft is finished, it is useful to put it aside for a short time (>1 day).
- This step may require deletion of unnecessary materials.
- You should ask questions about the content and structure of your paper. For example, *does the abstract summarize the paper adequately in the allowed space?*

*Don't Rely Your Conclusion
Solely on “p-value”*

“Significance-itis”

Commentaries

Scand J Work Environ Health 1997;23:152—4

“Significant-itis” — an obsession with the P-value

by Kee-Seng Chia, MD¹

Chia K-S. “Significant-itis” — an obsession with the P-value. *Scand J Work Environ Health* 1997;23(2):152—4.

Key terms confidence intervals, hypothesis testing, statistical significance.



Figure 1. “Significant-itis” — a manic-depressive disorder characterized by an obsession with the P-value.

which can be termed “significant-itis” (figure 1). The aim of this commentary is to highlight the limitations of the P-value in order to control this epidemic.

Statistical significance is not as informative as confidence intervals

Tests of significance force the researcher to decide if a result is statistically significant on the basis of the P-value. The 5% level used is purely arbitrary. Rumor has it that the statistician Sir Ronald Fisher was lying in his bathtub contemplating this very perplexing issue. While deep in thought, he pulled the plug accidentally and the water started draining from the tub. As the water level descended, he saw his five toes sticking out. That observation settled the issue; statistical significance is to be set at the 5% level! One might argue that if Fisher was more relevant, he would have set it at 10%, unless he was

Consider a RCT Evaluating the Efficacy of an Anti-hypertension Drug

- 5 mmHg difference

Tx: $X_{Tx}=125$ mmHg, $S_{Tx}=5$ mmHg

Control: $X_{Control}=130$ mmHg, $S_{Control}=5$ mmHg

If $n_{Tx}=n_{Control}=2$, $p>0.1$

If $n_{Tx}=n_{Control}=20$, $p=0.05$

If $n_{Tx}=n_{Control}=200$, $p<0.01$ * * * * *

Consider a RCT Evaluating the Efficacy of an Anti-hypertension Drug

- 1 mmHg difference

Tx: $X_{Tx}=129$ mmHg, $S_{Tx}=5$ mmHg

Control: $X_{Control}=130$ mmHg, $S_{Control}=5$ mmHg

If $n_{Tx}=n_{Control}=2$, $p>0.1$

If $n_{Tx}=n_{Control}=20$, $p>0.1$

If $n_{Tx}=n_{Control}=200$, $p>0.1$

If $n_{Tx}=n_{Control}=2000$, $p<0.01$

Problems with Too Much



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Environment International 32 (2006) 624–629

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Birth outcomes of infants born in areas with elevated ambient exposure to incinerator generated PCDD/Fs

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Table 3

Difference of birth outcomes between exposure and reference areas in 1991 and 1997

Exposure area ^a	Birth weight (g)			Gestation weeks		
	Crude effect		Adjusted effect ^b	Crude effect		Adjusted effect ^b
	Mean	SD ^c		Mean	SD ^c	Mean
1991						
Exposure (n=3421)	3272.69	440.85		39.23	1.46	
Reference (n=3276)	3263.39	446.39		39.21	1.51	
Difference	9.30		3.02	0.04		0.05
1997						
Exposure (n=3256)	3215.35	428.42		38.81	1.49	
Reference (n=3025)	3216.43	437.41		38.90	1.56	
Difference	-1.08		-5.87	-0.08*		-0.09*

^a Exposure area is categorized with exposure level in 1997.

^b Estimated from multivariable linear regression models with adjustment for gender, birth order, maternal age and education level.

^c Standard deviation.

* Indicate $p < 0.05$.



Problems with Too Small

表 9 父母親死亡原因對青少年自殺死亡之影響

	Odds Ratio (95% Confidence Interval) Model 2 ^b	
父、母親是否死亡		
否 (case/control=432/14,036)	1.00	
僅父親死亡 (case/control=48/704)	2.11	(1.54-2.89)
僅母親死亡 (case/control=17/232)	2.41	(1.45-4.01)
父親或母親死亡 (case/control=68/964)	2.20	(1.68-2.89)
父母親皆死亡 (case/control=3/28)	2.76	(0.82-9.36)
父親死亡 ^c		
否 (case/control=449/14,268)	1.00	
自殺 (case/control=6/31)	5.38	(2.17-13.33)
其他原因 (case/control=45/701)	1.88	(1.35-2.60)
母親死亡 ^d		
否 (case/control=480/14,740)	1.00	
自殺 (case/control=3/14)	6.59	(1.82-23.91)
其他原因 (case/control=17/246)	1.94	(1.16-3.24)

※請勿非法重製

表 10 父母親死亡原因對男性青少年自殺死亡之影響

	Odds Ratio (95% Confidence Interval)	
	Model 2 ^b	
父、母親是否死亡		
否 (case/control=263/8,625)	1.00	
僅父親死亡 (case/control=30/437)	2.12	(1.43-3.16)
僅母親死亡 (case/control=12/133)	3.03	(1.64-5.60)
父親或母親死亡 (case/control=44/585)	2.34	(1.67-3.28)
父母親皆死亡 (case/control=2/15)	2.98	(0.66-13.53)
父親死亡 ^c		
否 (case/control=275/8,758)	1.00	
自殺 (case/control=5/18)	8.23	(2.96-22.90)
其他原因 (case/control=27/434)	1.76	(1.16-2.67)
母親死亡 ^d		
否 (case/control=293/9,062)	1.00	
自殺 (case/control=1/7)	3.50	(0.41-30.13)
其他原因 (case/control=13/141)	2.62	(1.44-4.76)

※請勿非法重製

表 11 父母親死亡原因對女性青少年自殺死亡之影響

	Odds Ratio (95% Confidence Interval)	
	Model 2 ^b	
父、母親是否死亡		
否 (case/control=169/5,411)	1.00	
僅父親死亡 (case/control=18/267)	2.13	(1.26-3.60)
僅母親死亡 (case/control=5/99)	1.62	(0.65-4.06)
父親或母親死亡 (case/control=24/379)	2.00	(1.26-3.16)
父母親皆死亡 (case/control=1/13)	2.34	(0.29-19.18)
父親死亡 ^c		
否 (case/control=174/5,510)	1.00	
自殺 (case/control=1/13)	2.42	(0.30-19.57)
其他原因 (case/control=18/267)	2.07	(1.22-3.51)
母親死亡 ^d		
否 (case/control=187/5,678)	1.00	
自殺 (case/control=2/7)	9.71	(1.89-49.94)
其他原因 (case/control=4/105)	1.05	(0.38-2.93)

Table 1. Distributions of underlying-causes-of-death (UCOD) in suicidal adolescents and parents

Adolescents		Fathers		Mothers	
Date ¹	UCOD ²	Date	UCOD	Date	UCOD
95/10/17	957	92/04/04	957		
96/07/14	953	96/07/14	953		
87/12/25	953	86/07/07	953		
89/06/04	957	88/11/01	953		
96/09/11	950	96/02/10	950		
95/01/18	953	96/03/21	953	83/08/21	953
89/12/25	954			75/06/03	953
96/02/23	950			96/01/15	950
96/07/18	952	91/08/30	952		

¹ YY/MM/DD

² UCOD: underlying-causes-of-death

Rejected by Prof. Peter Tyrer

- Dear Dr. Li,
I have carefully considered your paper and I am sorry to say that I do not have the space to publish it in the *British Journal of Psychiatry*. Although your findings are tantalising, *the numbers are really too small and I urge you to try and expand the data base to see if your early results are supported.*

Tips on How to Get Published

Simon Chapman

Editor, Tobacco Control

Dec 28 2003

- 1. Editors receive far more papers than they can ever publish. Put yourself in their shoes and imagine how those who get to see the very best and worst of research in your field will judge your paper.

- 2. Familiarise yourself thoroughly with the journal to which you are submitting. Don't just go by the journal title. Does it publish papers like yours? If not, find somewhere else.

- 3. Step back from your paper and ask yourself ruthlessly:
 - *How important are my findings?*
 - *How many people really would be fascinated to know about them?*
 - *If my results were never published, would that diminish any important understanding in my field?*
 - *Is anyone ever likely to cite the paper, or are there far better examples of the same sort of findings?*
- These are the first questions editors ask.

- 4. If you are submitting to an international journal, is your subject matter too local or parochial to interest an international readership? Or is there something about what you've done or found that is unique and which may indeed interest people in other nations?
- If the answers here are “No !”, select a more appropriate national or provincial journal.

- 5. Are there tell-tale signs in your paper that it has been written for another journal and rejected? (wrong referencing system used, paper too long, references "old", key recent events or papers absent?)
- If so, fix these problems. Otherwise, it will look like you don't hold out much hope for it yourself.

- 6. If your paper has been rejected by other journals, have you addressed the criticisms made by the reviewers' reports? If so, explain this to the editors of the journal to which you are now submitting.
- Attach the reviews and a covering letter explaining how your paper has been improved. Editors will appreciate your candour.

- 7. Titles and abstracts are very important. Often they will be the only parts of your paper that an editor reads. If they sink an editor's interest, the rest is history. Make them stimulate the reader to want to know more.

- 8. If you are writing for a specialist journal, don't waste words explaining fundamentals. Your colleagues know these things. Cut to the chase.

Editors and reviewers look for...

- **Originality** – what's **new** about subject, treatment or results?
- **Relevance to and extension of existing knowledge**
- **Research methodology** – are conclusions valid and objective?
- **Clarity, structure and quality of writing** – does it communicate well?
- **Sound, logical progression of argument**
- **Theoretical and practical implications** (the 'so what?' factors!)
- **Recency and relevance of references**
- **Adherence to the editorial scope and objectives** of the journal

Revision is the Rule

Revising

- **A request for revision is good news!** It really is
- You are now in the publishing cycle. Nearly every published paper is revised at least once
- Don't panic!
- Even if the comments are sharp or discouraging, they **aren't** personal

Please be Reminded.....

- It is important to realize that revision is the rule and not the exception.
- Revision is normal and is part of the creative process of writing.
- As your draft does not evolves, you may want to contact your coauthors for input.
- *Rarely you are lucky enough*

Dear Professor Li,

“Association of physician specialty with diabetic patient risk of hospitalization due to diabetic ketoacidosis: a national population-based study in Taiwan ”

Thank you for your submission to the *Journal of Evaluation in Clinical Practice*.

Very fortuitously, your paper arrived just in time to be considered this afternoon by the Commissions Review Group which normally exercises the peer review function for invited works but which we also employ, where time allows, in the fast-tracking of unsolicited manuscripts as a journal efficiency measure.

I am pleased to tell you that the Group had no criticism of your paper and on the basis of its advice I am happy to confirm acceptance of your article for publication in the *Journal of Evaluation in Clinical Practice*.

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JOURNAL OF COMMUNITY HEALTH

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Role: Author Username: ph1014

Submissions with an Editorial Office Decision for Author Chung-Yi Li

Page: 1 of 1 (1 total completed submissions) Display 10 results per page.

Action	Manuscript Number	Title	Initial Date Submitted	Status Date	Current Status	Date Final Disposition Set	Final Disposition
Action Links	JOHE-D-11-00087	A time-series analysis of alcohol tax policy in relation to mortality from alcohol attributed causes in Taiwan	13 Mar 2011	20 Mar 2011	Accept		

Page: 1 of 1 (1 total completed submissions) Display 10 results per page.

<< Author Main Menu

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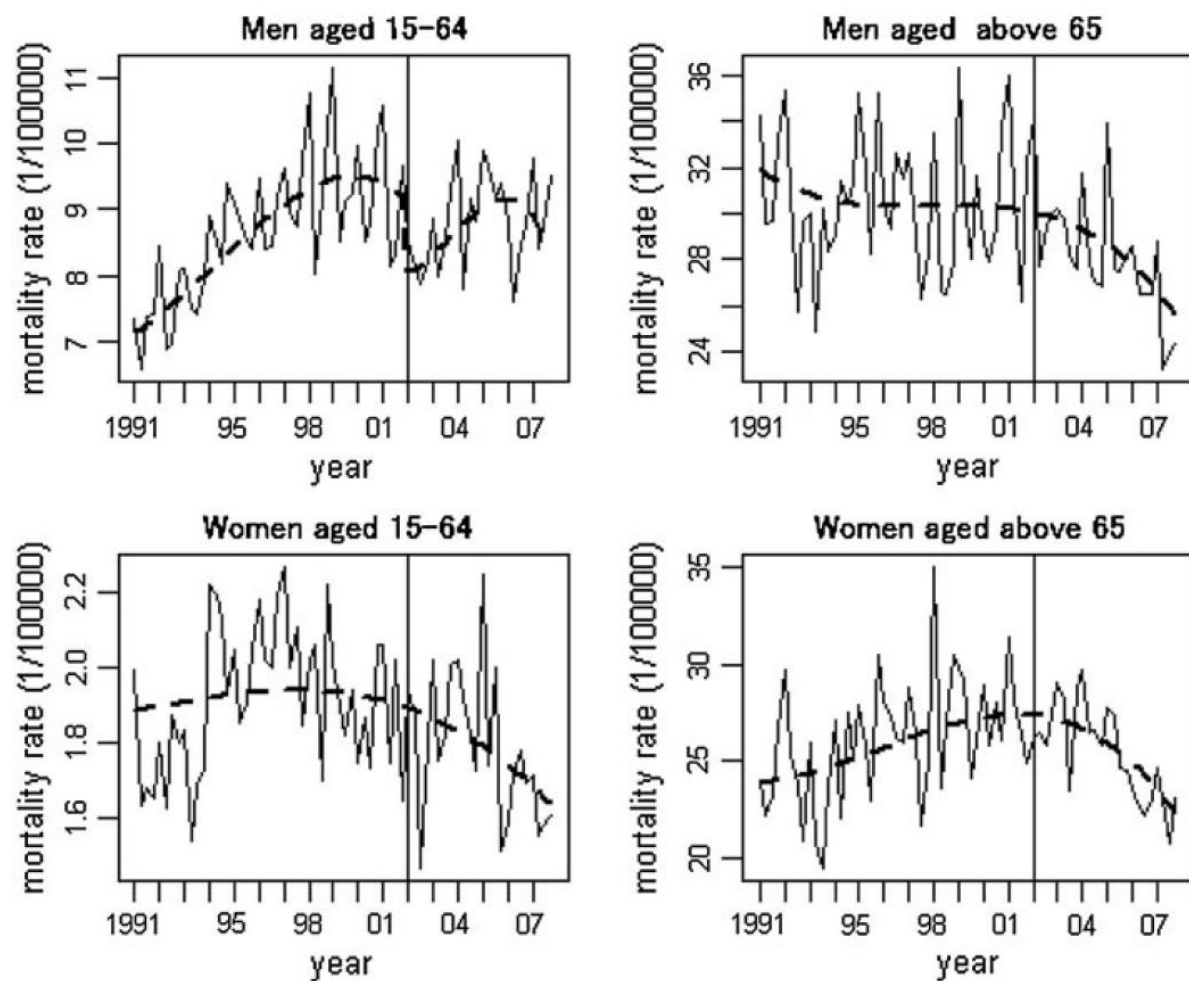
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A Time-Series Analysis of Alcohol Tax Policy in Relation to Mortality from Alcohol Attributed Causes in Taiwan

Chih-Ming Lin · Chen-Mao Liao · Chung-Yi Li



Fig. 1 Quarterly alcohol-attributed disease mortality rate and a one-step ahead forecast with an intervention in 2002



Minor Revision

Diabetes Care 29:2409–2414, 2006

Chronic hyperglycemia is a risk factor for peripheral vascular disease (1), and the severe form of diabetic foot disease usually leads to lower-extremity amputation (LEA). Diabetes increased the risk of LEA by a magnitude of 10–28 times (2–6), but Holstein et al. (7) reported that lower-extremity revascular-

.....

From the ¹Department of Endocrinology, Far Eastern Memorial Hospital, Taipei Hsien, Taiwan; the ²Department of Public Health, College of Medicine, Fu Jen Catholic University, Taipei Hsien, Taiwan; and the ³Department of Orthopedic Surgery, Catholic Mercy Hospital, Hsinchu Hsien, Taiwan.

Address correspondence and reprint requests to Dr. Chung-Yi Li, Department of Public Health, College of Medicine, Fu Jen Catholic University, 510 Chung Cheng Rd., Hsinchuang, Taipei Hsien, 242 Taiwan. E-mail: chungyi@mails.fju.edu.tw.

Received for publication 27 June 2006 and accepted in revised form 8 August 2006.

- Associate Editor Comments:

I agree with the reviewer - you should shorten the discussion and reference more recent studies from Sweden (Apelqvist), the Netherlands (van Houtum) and Texas (Lavery).

Reviewer(s)' Comments to Author:

- Reviewer: 1

Comments to the Author

This is a large, population-based dataset from Taiwan evaluating patients with and without diabetes undergoing Lower Extremity Amputation (LEA) and Peripheral Revascularization Procedures (PRP). **The data are robust and convincing and are interesting in that they are quite concordant with data derived from other industrialized nations.** To my knowledge, these are the first such data derived from Taiwan. **While I believe the introduction and conclusion can be shortened and focused-- especially on recent works emanating from the Netherlands and South Texas, I find the bulk of the manuscript sufficiently succinct.**

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Population-Based Case-Control Study of Risk Factors for Unintentional Mortality from Carbon Monoxide Poisoning in Taiwan

Huei-Guan Shie

Department of Respiratory Therapy, Taipei Veteran General Hospital, Taipei, and Department of Public Health, Fu-Jen Catholic University, Hsinchuang, Taipei County, Taiwan

Chung-Yi Li

Department of Public Health, Fu-Jen Catholic University, Hsinchuang, Taipei County, Taiwan

Received 6 March 2007; accepted 26 April 2007.

This study was supported by grants from the Health Promotion Bureau, Department of Health (DOH94-HP-1308) and the National Science Council (NSC94-2314-B-030-002).

Address correspondence to Prof. Chung-Yi Li, Department of Public Health, College of Medicine, Fu Jen Catholic University, 510 Chung Cheng Rd., Hsinchuang, Taipei County 24205, Taiwan. E-mail: chungyi@mails.fju.edu.tw

(Mortt et al., 2002; Cobb & Etzel, 1991). Despite such improvements, CO poisoning-related deaths are still prevalent in certain segments of the population and in certain places. For example, the elderly have been shown to be particularly at an increased risk of CO poisoning (Cobb & Etzel, 1991; Harper & Croft-Baker, 2004). Additionally, a California study reported higher death rates among male and African-American residents

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TABLE 4

Comparison of age- and gender-specific death rates between this study and a report from the Centers for Disease Control and Prevention (CDC) of the United States

Characteristic	This study (covering 2001–2003)				U.S. CDC (covering 2001–2003) ^a			
	Average number of deaths per year	(%)	Rate ^b	(95% CI ^c)	Average number of deaths per year	(%)	Rate ^b	(95% CI ^c)
Age group (yr)								
0–4	4	(4.9)	2.9	(2.8–3.0)	9	(1.9)	0.5	(0.2–0.7)
5–14	6	(6.9)	1.9	(1.7–2.0)	19	(4.0)	0.5	(0.3–0.6)
15–24	9	(11.0)	2.4	(2.3–2.5)	58	(12.1)	1.4	(1.2–1.7)
25–34	23	(28.2)	6.2	(6.0–6.4)	57	(11.9)	1.4	(1.2–1.7)
35–44	17	(20.4)	4.5	(4.3–4.6)	92	(19.2)	2.0	(1.7–2.3)
45–54	12	(15.1)	3.9	(3.8–4.0)	79	(16.5)	2.0	(1.7–2.3)
55–64	3	(3.7)	1.8	(1.8–1.9)	53	(10.9)	2.0	(1.6–2.4)
≥65	8	(9.8)	3.9	(3.8–4.0)	113	(23.5)	3.2	(2.0–3.6)
Gender								
Male	51	(62.9)	4.4	(4.1–4.7)	344	(71.6)	2.4	(2.3–2.6)
Female	31	(37.1)	2.8	(2.6–3.0)	137	(29.4)	0.9	(0.8–1.0)
Total	82	(100.0)	3.6	(3.3–4.0)	480	(100.0)	1.7	(1.6–1.8)

^aDerived from Centers for Disease Control and Prevention (2005).

^bPer 10⁶ people.

^cConfidence interval (CI) estimated with a Poisson assumption.

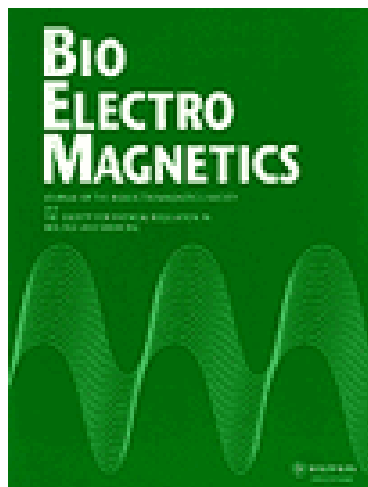
Our Submission to BEM

Manuscripts I Have Co-Authored

Manuscript ID	Manuscript Title	Date Created	Date Submitted	Status
BEM-06-0091.R3	Analysis of individual- and school-level clustering of power frequency magnetic field [View Submission]	15-Jun-2007	02-Jul-2007	RE: Leszczynski, Dariusz EE: Lin, James • <u>Major Revision (13-Sep-2007)</u> • a revision has been submitted
BEM-06-0091.R2	Multi-level analyses of individual-level and school-level clustering of power frequency magnetic field [View Submission]	01-Jan-2007	09-Jan-2007	RE: Leszczynski, Dariusz EE: Lin, James • <u>Major Revision (21-Apr-2007)</u> • a revision has been submitted
BEM-06-0091.R1	Multi-level analyses of individual-level and school-level clustering of power frequency magnetic field [View Submission]	14-Sep-2006	14-Sep-2006	RE: Leszczynski, Dariusz EE: Lin, James • <u>Major Revision (24-Nov-2006)</u> • a revision has been submitted
BEM-06-0091	Multi-level Analyses of Individual-level and school-level clustering of power frequency magnetic field [View Submission]	22-Jun-2006	22-Jun-2006	RE: Leszczynski, Dariusz EE: Lin, James • <u>Major Revision (06-Aug-2006)</u> • a revision has been submitted

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My Manuscripts	Author Resources
0 Unsubmitted Manuscripts 0 Resubmitted Manuscripts in Draft 0 Revised Manuscripts in Draft 0 Submitted Manuscripts 0 Manuscripts with Decisions 2 Manuscripts I Have Co-Authored 0 Withdrawn Manuscripts 0 Invited Manuscripts	 Click here to submit a new manuscript This section lists the subjects of the five most recent e-mails that have been sent to you regarding your submission(s). To view an e-mail, click on the link. To delete an e-mail from this list, click the delete link.

Manuscripts I Have Co-Authored

Manuscript ID	Manuscript Title	Date Created	Date Submitted	Status
BEM-06-0091.R5	Analysis of Individual- and School-level Clustering of Power Frequency Magnetic Fields [View Submission]	26-Mar-2008	27-Mar-2008	RE: Leszczynski, Dariusz EE: Lin, James • Accept (30-Apr-2008)
BEM-06-0091.R4	Analysis of individual- and school-level clustering of power frequency magnetic field [View Submission]	24-Dec-2007	24-Dec-2007	RE: Leszczynski, Dariusz EE: Lin, James • Minor Revision (20-Feb-2008) • a revision has been submitted
				 top



Manuscripts with Decisions

Manuscript ID	Manuscript Title	Date Submitted	Date Decisioned	Status	Action
HSR-06-0025.R2	Risks and causes of hospitalizations among the physicians in Taiwan [View Submission]	14-May-2007	28-Jun-2007	SAE: Clancy, Carolyn EIC: Luft, Hal ME: Schreiber, Meighan • Accept (28-Jun-2007) view decision letter	
HSR-06-0025.R1	Risks and causes of hospitalizations among the physicians in Taiwan [View Submission]	16-Jul-2006	23-Apr-2007	SAE: Clancy, Carolyn EIC: Luft, Hal ME: Not Assigned • Conditional Accept (23-Apr-2007) • a revision has been submitted view decision letter	a revision has been submitted (HSR-06-0025.R2)
HSR-06-0025	Risks and causes of hospitalizations among the physicians in Taiwan [View Submission]	20-Jan-2006	19-May-2006	SAE: Clancy, Carolyn EIC: Luft, Hal ME: Schreiber, Meighan • Major Revision (19-May-2006) • a revision has been submitted view decision letter	a revision has been submitted (HSR-06-0025.R1)
					▲ top

Incidence of ambulatory care visits among female nursing staff in Taiwan: a claim data-based retrospective cohort analysis

1 I-Chin Huang, Chiang-Hsing Yang, Fung-Chang Sung, Hua-Fen Chen and Chung-Yi Li

Aims. To investigate the incidence of ambulatory care visits among female nursing staff in Taiwan.

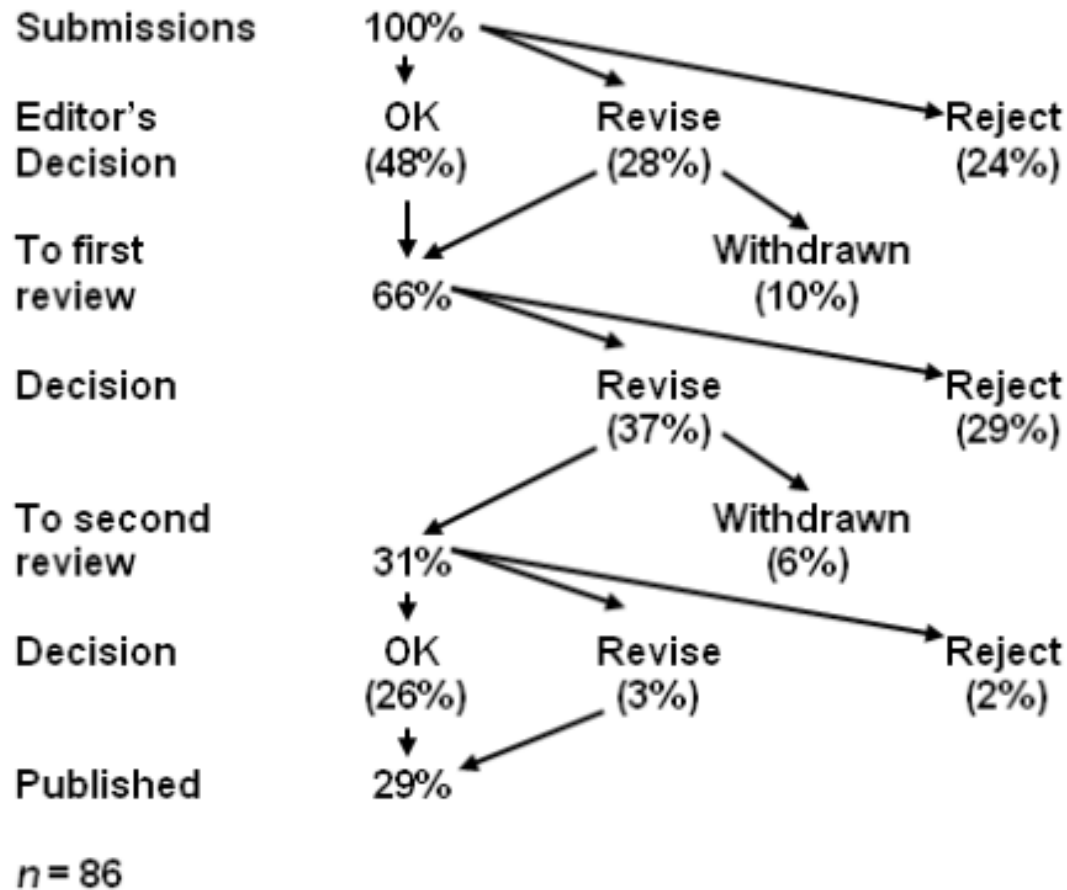
Background. Literature frequently indicated increased risks of needlestick injury and musculoskeletal disorders among practicing nurses. With increased workload in the forefront position of healthcare system, the nursing staff could also be vulnerable to other diseases.

Design. A retrospective cohort study design including 27 624 female nursing staff with a contract with Taiwan's National Health Insurance (NHI) programme between 2001 and 2004.

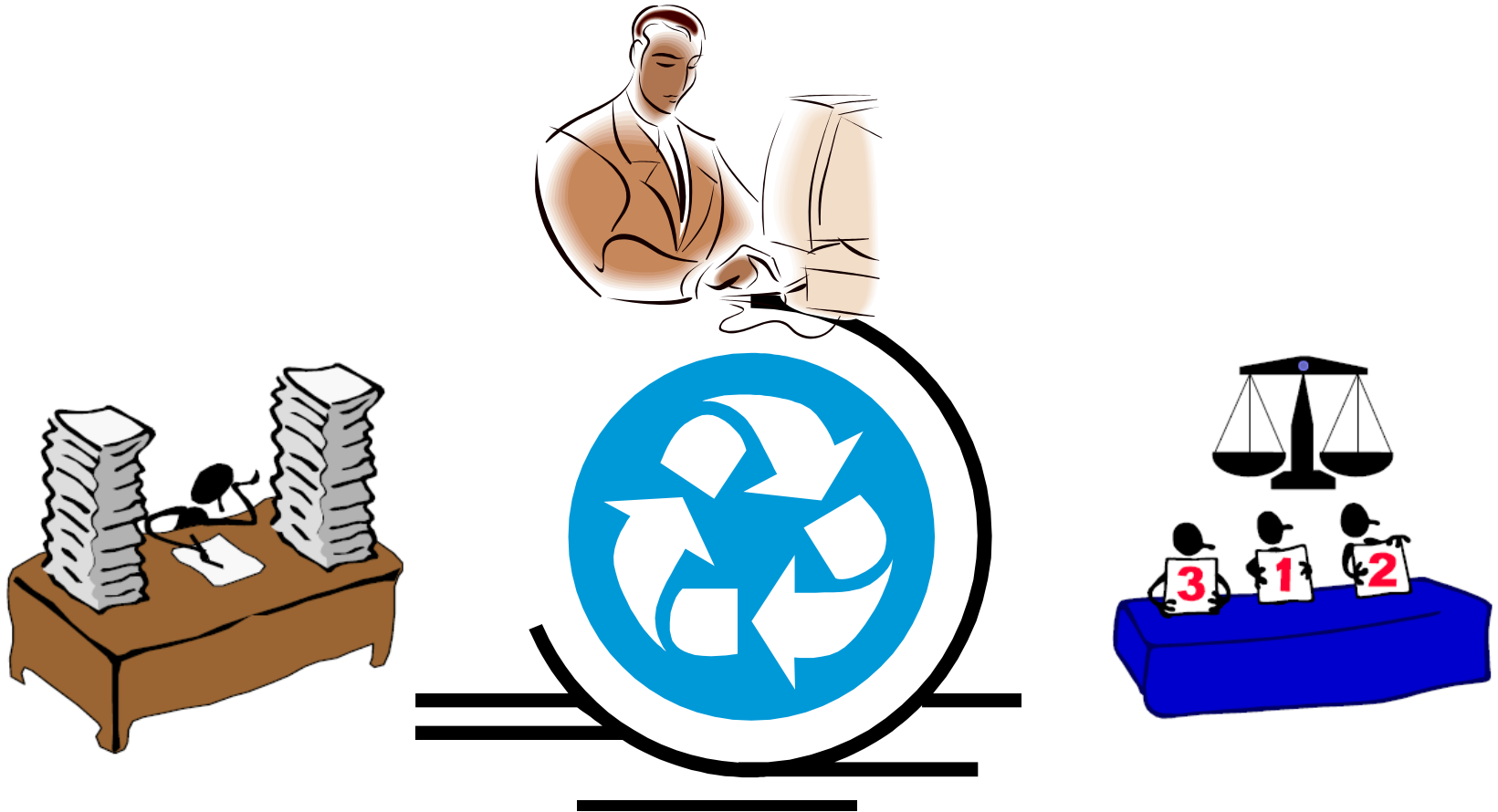
- has been rejected by
 - Occupational Environmental Medicine (OEM)
 - Research in Nursing & Health (RINAH)
 - Journal of Women's Health
 - International Journal of Nursing Studies

Between Submission and Acceptance or Rejection

Process of acceptance for a journal – just one example

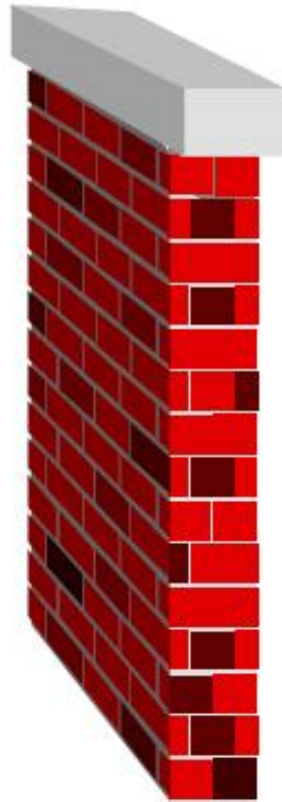


Stakeholders



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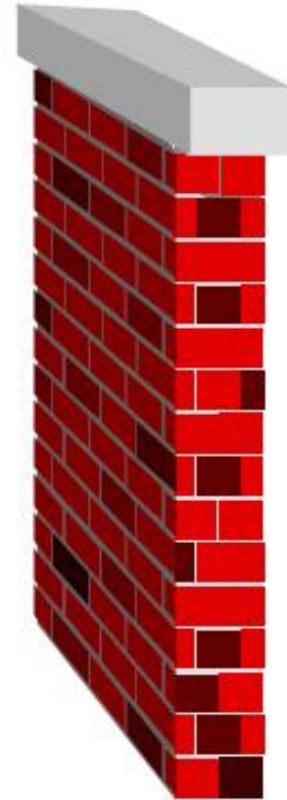
Peer Review



Thinking about
“*some*” help from
Reviewers or Editor?

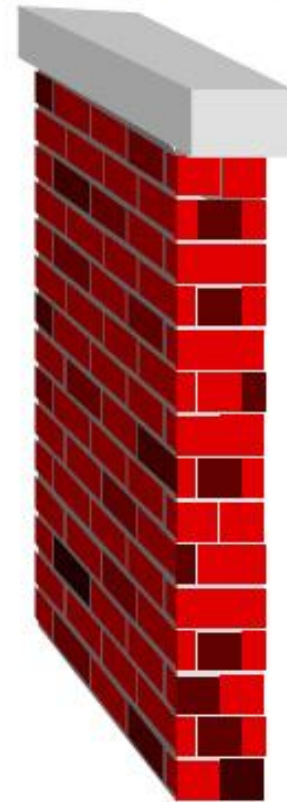


Peer Review



OR
“*big*” help?

Peer Review



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Low Birth Weight, Prematurity, and Paternal Social Status: Impact on the Basic Competence Test in Taiwanese Adolescents

WEN-LI WANG, MPH, YAU-TING SUNG, PhD, FUNG-CHANG SUNG, PhD, TSUNG-HSUEH LU, MD, PhD, SU-CHEN KUO, PhD, RN,
AND CHUNG-YI LI, PhD

Objective To investigate whether birth weight and paternal education may have independent and interactive effects on the learning achievement of adolescents.

Study design We linked birth weights, gestational ages (term or preterm) and paternal education to the Basic Competence Test (BCT) scores in Mandarin, mathematics and science for junior high school students aged 16 years. The study groups comprised infants with term low birth weight (TLBW; $n = 33\,507$), preterm low birth weight (PLBW; $n = 19\,905$), and preterm low birth weight (PLBW; $n = 25\,840$), as well as randomly selected normal birth weight (TNBW; $n = 83\,756$). Paternal education levels were categorized.

Results Compared with the TNBW adolescents, the TLBW adolescents consistently showed lower BCT scores in Mandarin ($\beta = -2.36$), mathematics ($\beta = -2.89$), and science ($\beta = -2.11$). The corresponding deficit scores for the PLBW adolescents were -1.93 , -2.80 , and -1.92 . The deficit scores were very small for the TNBW adolescents. Paternal education was inversely associated with scores of all 3 groups. Lower paternal education level had a greater impact on BCT scores.

Conclusions Both lower birth weight and lower paternal education exert an independent and interactive effect on adolescent learning achievement. (*J Pediatr* 2008;xx:xxx)



Table 1. Adjusted differences (95% confidence intervals) in BCT test scores in relation to birth weight and paternal educational status

Group	Mandarin*	Mathematics*	Science*
Birth weight†			
TLBW	-2.36 (-2.53 to -2.20)	-2.89 (-3.08 to -2.71)	-2.11 (-2.26 to -1.96)
PNBW	-0.52 (-0.72 to 0.32)	-0.73 (-0.95 to -0.51)	-0.32 (-0.50 to -0.15)
PLBW	-1.93 (-2.11 to -1.74)	-2.80 (-3.01 to -2.60)	-1.92 (-2.09 to -1.76)
Paternal education			
Elementary or less	-13.42 (-13.69 to -13.15)	-14.49 (-14.79 to -14.20)	-12.37 (-12.61 to -12.13)
Junior high	-11.03 (-11.22 to -10.83)	-12.23 (-12.45 to -12.01)	-10.44 (-10.62 to -10.26)
Senior high	-6.57 (-6.74 to -6.39)	-7.52 (-7.71 to -7.33)	-6.61 (-6.77 to -6.46)

*Differences in BCT test scores were estimated from multivariate regression model including explanatory variables of sex, birth order, singleton/multiple births, month of birth, parental ages, maternal marital status, current residence areas, birth weight category, and paternal education.

†TLBW: gestational age ≥ 37 completed weeks and birth weight < 2500 g; PNBW: gestational age < 37 completed weeks and birth weight ≥ 2500 g; PLBW: gestational age < 37 completed weeks and birth weight < 2500 g; TNBW: gestational age ≥ 37 completed weeks and birth weight ≥ 2500 g.

- Reviewer's Comments (4 reviewers; 19 A4, pages)
 - Classified as SGA, AGA, LGA
 - Treating as continuous variables

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Dear Prof. Li,

Your manuscript has been evaluated by the Editors and independent reviewers whom we consider to be experts in the field. The manuscript was not accepted for publication in its current form.

However, we will review a revised version if you choose to respond to the comments of the reviewers. We cannot guarantee, even with revision, that the manuscript will achieve a high enough priority for publication. Before resubmission, please attempt to satisfactorily resolve all the issues raised in this letter and in the comments of the reviewers, which are appended below. The reviewers recognize the size of your data sets, but have a number of questions and requests for clarification. Please consider using a phrase other than "parental qualifications" in your revision.

Please make your revision as short as possible; focus the discussion and remove all redundancy between sections of text and between illustrations and text. Make sure that your Abstract is <200 words. Upload each figure as a separate file. Be sure

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Sometimes Review Results Daunt the Authors



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The reasons for accepting manuscripts are
not the mirror image of the reasons for
rejecting manuscripts

- The main reasons for accepting manuscripts are: their contribution and relevance to the field, excellence of writing, and quality of the study design.
- Many journals expect reviewers to assess the scientific merits and validity of research in submitted manuscripts; however, reviewers can become critical of other things such as language errors

Main Reasons Why Manuscripts Are Rejected

- Inappropriate or incomplete statistics
- Unsatisfactory or confusing presentation of data in tables or figures
- Conclusions not supported by data
- Incomplete, inaccurate, or outdated review of the literature
- *Author unwilling to or inappropriately revise the manuscript to address reviewer's suggestions*

If your paper is rejected ...

- **Ask why**, and listen carefully!
Most editors will give detailed comments about a rejected paper.
Take a deep breath, and listen to what is being said
- **Try again!**
Try to improve the paper, and re-submit elsewhere. Do your homework and target your paper as closely as possible
- **Don't give up!**
At least 50% of papers in business and management don't get published. Everybody has been rejected at least once
- **Keep trying!**



DC05-1944	<u>Effect-modifications by age and sex on the risks of coronary artery disease and revascularization procedures in relation to diabetes: A retrospective cohort study based on the national data</u>	12-Oct-2005	12-Oct-2005	• Reject without Review (12-Oct-2005) Archived on 23-Oct-2007 view decision letter	
DC06-1343	<u>Age and sex may significantly interact with diabetes on the risks of lower extremity amputation and peripheral revascularization procedures "V evidence from a half million diabetic cohort</u>	27-Jun-2006	10-Jul-2006	• Reconsider with Minor Revisions (10-Jul-2006) • a revision has been submitted Archived on 13-Apr-2008 view decision letter	a revision has been submitted (DC06-1343.R1)
DC06-1343.R1	<u>Age and sex may significantly interact with diabetes on the risks of lower extremity amputation and peripheral revascularization procedures -evidence from a cohort of a half million diabetic patients</u>	07-Aug-2006	08-Aug-2006	• Accept (revised ms.) (08-Aug-2006) Archived on 13-Apr-2008 view decision letter	

▲ top

Decision Letter (DC05-1944)

From: lreynolds@diabetes.org

To: chungyi@mails.fju.edu.tw

Cc:

Subject: Editor Decision, Diabetes Care DC05-1944 CL

Body: Date: 12 Oct 2005
Reference no.: DC05-1944

Title: Effect-modifications by age and sex on the risks of coronary artery disease and revascularization procedures in relation to diabetes: A retrospective cohort study based on the national data

Dear Dr. Li,

Your paper, as titled above, has been reviewed by the editor(s). I regret to inform you that after careful consideration, we were unable to assign it sufficient priority to allow publication in Diabetes Care.

In addition to essential features: hypothesis testing, suitable controls, appropriate statistical methods, clear reporting of results, and conclusions supported by the results, papers are also evaluated on their uniqueness, priority, importance, and readership interest.

The retrospective nature of the study is a major limitation of this manuscript

Because of the large number of papers and letters submitted to the journal, we cannot accept the majority of manuscripts submitted. I am sure you will be disappointed by this decision, but wish you well in the eventual disposition of the paper.

Yours sincerely,

Mayer B. Davidson, MD
Editor, Diabetes Care

Date Sent: 12-Oct-2005

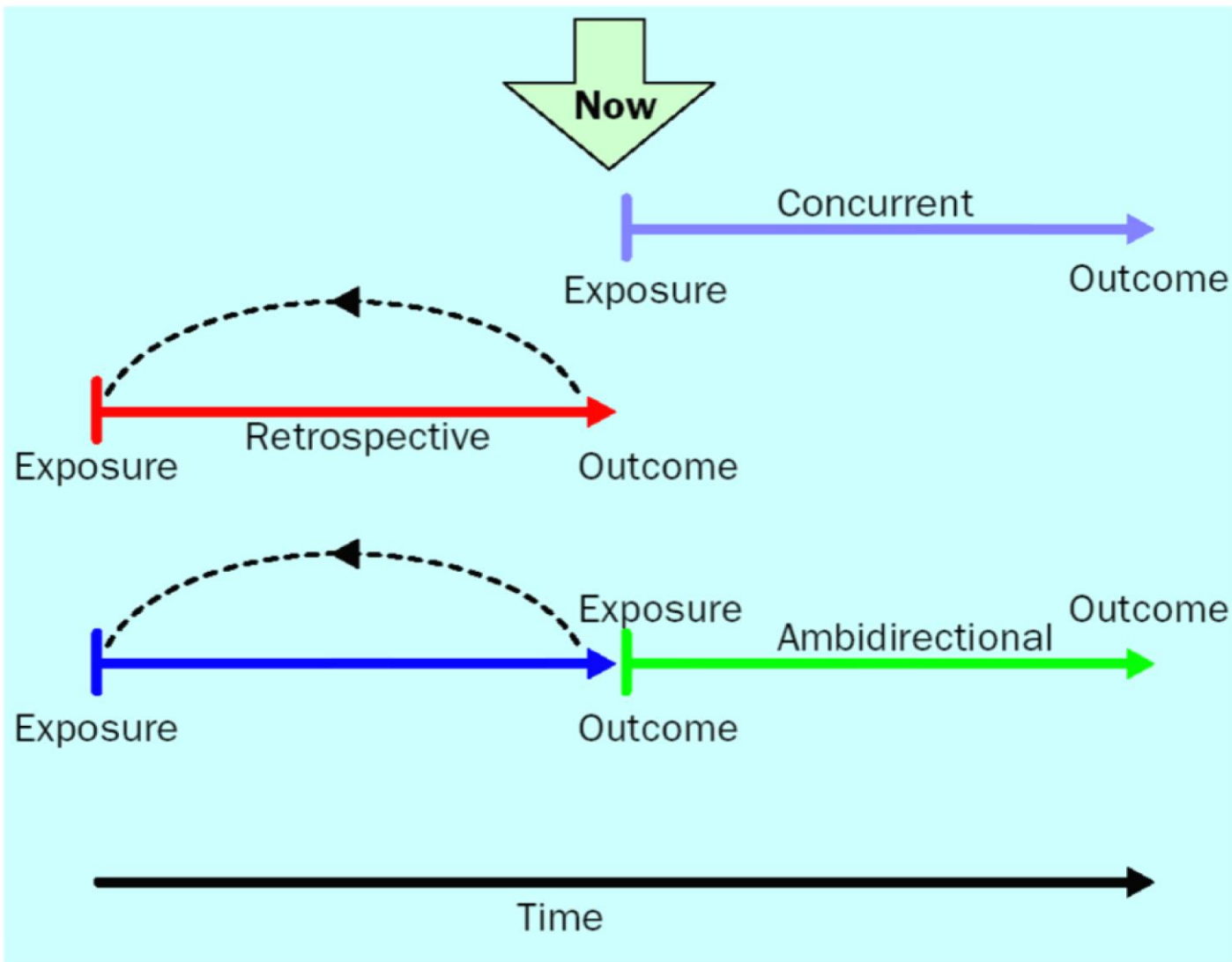


Figure 2: **Schematic diagram of concurrent, retrospective, and ambidirectional cohort studies**

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Epidemiology/Health Services/Psychosocial Research
ORIGINAL ARTICLE

Age and Sex May Significantly Interact With Diabetes on the Risks of Lower-Extremity Amputation and Peripheral Revascularization Procedures

Evidence from a cohort of a half-million diabetic patients

HUA-FEN CHEN, MD, MSC^{1,2}
CHING-AN HO, MD³
CHUNG-YI LI, PHD²

ization procedure was observed to be a successful therapy for limb salvage in diabetic patients with critical limb ischemia. Nevertheless, the relative hazard of pe-

Manuscripts with Decisions

Manuscript ID	Manuscript Title	Date Submitted	Date Decisioned	Status	
HEP-09-1596.R2	Risk of malignant neoplasms of liver and biliary tract in diabetic patients with different age and gender stratifications [View Submission]	18-Feb-2010	19-Feb-2010	AE: Therneau, Terry • Accepted (19-Feb-2010) view decision letter	
HEP-09-1596.R1	Risk of malignant neoplasms of liver and biliary tract in diabetic patients with different age and gender stratifications [View Submission]	27-Jan-2010	14-Feb-2010	AE: Therneau, Terry • Accept with Revisions (14-Feb-2010) • a revision has been submitted view decision letter	a revision has been submitted (HEP-09-1596.R2)
HEP-09-1596	Risk of malignant neoplasms of liver and biliary tract in diabetic patients with different age and gender stratifications: A population-based study [View Submission]	21-Sep-2009	26-Oct-2009	AE: Therneau, Terry • Reject with Opportunity to Resubmit (26-Oct-2009) • a revision has been submitted view decision letter	a revision has been submitted (HEP-09-1596.R1)
HEP-09-0843	<u>Risk of malignant neoplasms of liver and biliary tract in diabetic patients with different age and gender stratifications: A population-based study in Taiwan</u>	20-May-2009	<u>09-Jun-2009</u>	AE: Bruix, Jordi • Rejected (09-Jun-2009) <i>Archiving completed on 07-Dec-2009</i> view decision letter	



Comments on the Initial Submission

Reviewer: 1

Comments to the Author

This is a valuable report from a unique dataset.

The interpretation however needs substantial modification. In fact, although the RR is greater at younger age, the absolute risk difference (rate in diabetics - rate in nondiabetics) is similar or greater in the elderly. Thus, if surveillance is recommended, it would be a mistake to focus it on young diabetics.

The paper is also too long. For instance, Figure 1 and related sections (survival) are out of the main scope of the paper, and should be deleted.
A 30% shortening is recommended, at the best of the authors' choice.

Reviewer: 2

This manuscript examines the risks liver and biliary tract cancers in relation to diabetes in a large population-based cohort in Taiwan. The relationship has been previously analyzed in quite a few studies, but the current study has the advantages of being very large and population-based. Unfortunately, there are several rather important issues that require further consideration

- The manuscript leaves a number of questions unanswered. In specific:
- 1) The classifications of liver and biliary tract cancer used in the manuscript are not standard and not consistent with previous publications. As a result, it is impossible to tell how consistent the current results are with the previous literature. The authors should group the tumors in the standard way.
- 2) The mean age of the group with diabetes (60 years) is twice as great group without diabetes (30). Given that the investigators had a large pool of non-diabetics from which to draw, why did they not limit the age range of the non-diabetes to more closely mirror that of the diabetics?

(HEPATOLOGY 2010;52:155-163)

Risk of Malignant Neoplasms of Liver and Biliary Tract in Diabetic Patients With Different Age and Sex Stratifications

Hua-Fen Chen,¹ Peter Chen,² and Chung-Yi Li^{3,4}



Impact Factor: 10.84

**ISI Journal Citation Reports © Ranking: 2009:
2/65 (Gastroenterology & Hepatology)**

Table 1. Characteristics of the Study Subjects

Variables*	Control Group, n (%)	Diabetic Group, n (%)
General characteristics		
Age (years)		
<45	69,617 (11.32)	69,825 (11.34)
45-64	296,810 (48.27)	297,142 (48.27)
>64	248,444 (40.41)	248,562 (40.39)
Mean age ($\pm$ standard deviation)	60.00 (12.84)	60.09 (12.73)
Sex		
Female	319,308 (51.93)	319,310 (51.93)
Male	295,563 (48.07)	295,566 (48.07)
Geographic area		
Northern	269,239 (44.29)	269,920 (44.41)
Central	151,693 (24.96)	141,321 (23.25)
Southern	168,995 (27.80)	178,627 (29.39)
Eastern	17,938 (2.95)	17,944 (2.95)
Urbanization status		
Urban area	407,323 (66.81)	415,154 (68.16)
Rural area	202,343 (33.19)	193,949 (31.84)

DM and controls were identified from the 2000 NHI claims

Clinical risk factors

Hepatitis B

No	592,094 (96.30)	583,344 (94.77)
Yes	22,777 (3.89)	32,188 (5.23)

Hepatitis C

No	599,384 (97.48)	589,782 (95.82)
Yes	15,487 (2.52)	25,750 (4.18)

Unspecified chronic hepatitis

No	452,976 (73.67)	354,888 (57.66)
Yes	161,895 (26.33)	260,644 (42.34)

Alcoholic liver disease

No	604,804 (98.29)	595,601 (96.76)
Yes	10,067 (1.71)	19,931 (3.24)

Cirrhosis

No	594,230 (96.64)	574,716 (93.37)
Yes	20,641 (3.36)	40,816 (6.63)

Cholecystitis

No	607,954 (98.88)	604,119 (98.15)
Yes	6,917 (1.12)	11,413 (1.85)

Cholangitis

No	606,879 (98.70)	604,275 (98.17)
Yes	7,992 (1.30)	11,257 (1.83)

Cholelithiasis

No	559,856 (91.05)	535,981 (87.08)
Yes	55,015 (8.95)	79,551 (12.92)

Choledocholithiasis

No	606,032 (98.56)	604,008 (98.13)
Yes	8,839 (1.44)	11,524 (1.87)

Biliary cirrhosis

No	614,471 (99.93)	614,859 (99.89)
Yes	400 (0.07)	673 (0.11)

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Total	614,871 (100.00)	615,532 (100.00)
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Co-morbidity is
available in 1997-
1999

Reviewer's Comments (1/2)

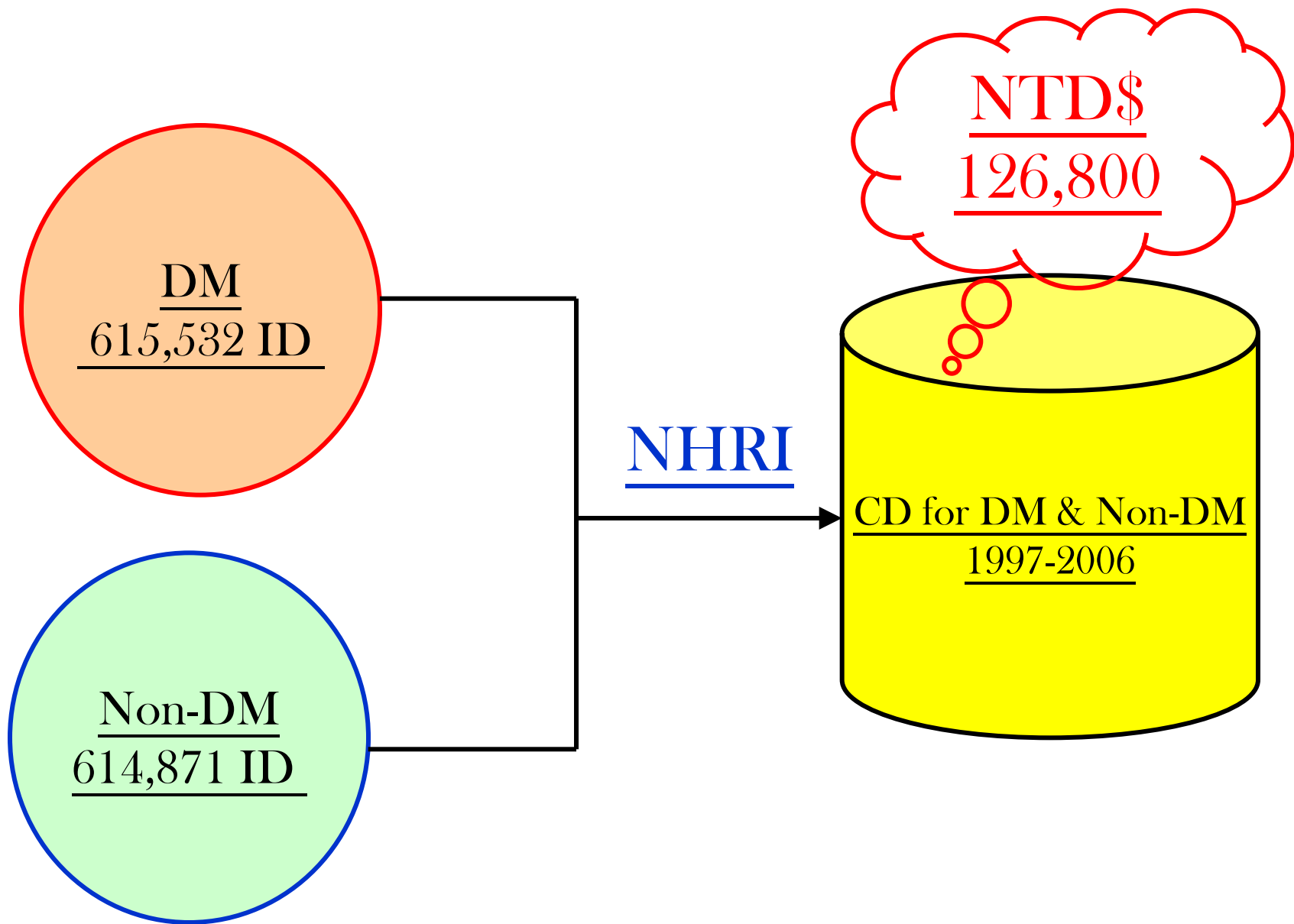
- I am surprised by the low percentages of patients with risk factors for liver and biliary tract malignancies. ... such as hepatitis B (1% in the diabetic group and less than 1% in the control group) and hepatitis C (less than 1% in both groups).

Reviewer's Comments (2/2)

- Is it possible to expand the collection of risk factor information to include ambulatory claims and years 2001-2006 rather than limit it to only in-patient claims during 1997-2000?

特殊需求申請

- 原申請案僅申請「住院醫療費用清單明細」資料
- 許多肝、膽疾病並不一定會出現在住院檔中.....
- 尚須申請「糖尿病」世代與「對照組」世代之門診資料



Risk of Malignant Neoplasm of the Pancreas in Relation to Diabetes

A population-based study in Taiwan

HUA-FEN CHEN, MD, MSC^{1,2}
PETER CHEN, MD³
CHUNG-YI LI, PHD⁴

for malignant neoplasm (ICD-9: 140–208) during 1997–1999, resulting in the final diabetic cohort of 615,532 patients, and the index date was the date of their

Diabetes Care 34:1177–1179, 2011

The DM-Colorectal Cancer Study

Still on Journey

- Gut
- Clinical Gastroenterology and Hepatology
- International Journal of Cancer
- *Medicine (The only Journal that review our manuscript)*
- Journal of Gastroenterology
- Journal of General Internal Medicine
- American Journal of Gastroenterology
- Colorectal disease
- Journal of Gastroenterology and Hepatology
- ???

Concluding Remarks

- Good Science
- Good Writing
- Good Ideas
 - Something **New**
 - Something **Important**
 - Something **Different**
- Practice ! Practice ! & Practice !