SCI國際投稿期刊經驗分享

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Graduate Institute of Clinical Pharmacy, National Taiwan university

2020.12.26

Background (1)

- *B.S in Pharmacy*, Taipei Medical University, Taiwan, 2001
- *M.S. in Clinical Pharmacy*, Taipei Medical University, Taiwan, 2003
- *Ph.D. in Health and Welfare Policy Management*, National Yang-Ming University, Taiwan, 2007
  - Major: Pharmacoepidemiology and Pharmacoeconomics

Background (2)

- University of Maryland, Department of Pharmaceutical Health Services Research
  - *Post-doctoral fellow, 2008-2010*
- National Taiwan University, College of Medicine, Graduate Institute of Clinical Pharmacy
  - *Assistant professor, 2010.8-2015.7*
  - *Associate professor, 2015.8-2020.7*
  - ***Director, 2018.8-***
  - ***Professor, 2020,8-***

Motivations to "Research (or This Talk)"?

- 持續教育學分?
- 主任交代?
- 剛好正在念碩士班/博士班 (論文需要)?
- 全國/國際會議壁報論文?
- 國際期刊論文?
  - Seldom considered
  - But, a good way to share what you found

系統性

幫問題找答案

組織性

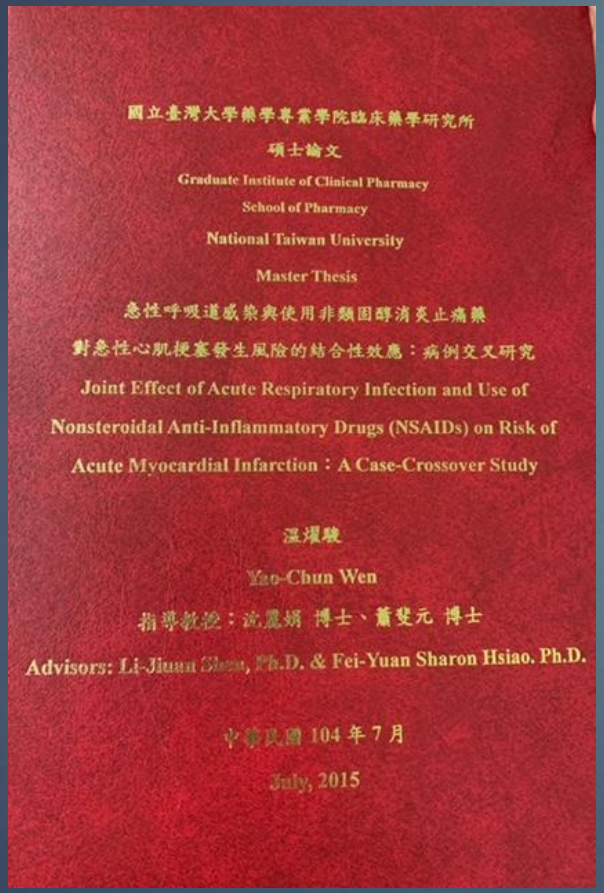
Good Research

- "Good" research question
- Sophisticated study design
- **Disseminate the results**

What is "Good" Research?

- Optimal goal
  - To **"impact"** people!!
    - Small population (e.g. patients in the hospital you work)
    - Larger population (e.g. diabetic patients in Taiwan)
    - Even larger population (e.g. Asian countries? Worldwide?)
  - That's why disseminating your findings is so important!

2015年臨藥所碩士論文 (2015.7)



- 急性呼吸道感染與NSAIDs對Acute MI的結合性效應
- 溫耀駿同學
- 團隊:
  - 沈麗娟
  - 蕭斐元
  - 急診 方震中醫師

Publication

J Infect Dis. 2017 Feb 15;215(4):503-509

The Journal of Infectious Diseases

MAJOR ARTICLE

Acute Respiratory Infection and Use of Nonsteroidal Anti-Inflammatory Drugs on Risk of Acute Myocardial Infarction: A Nationwide Case-Crossover Study

Yao-Chun Wen,[1,a] Fei-Yuan Hsiao,[1,2,4,a] K. Arnold Chan,[3,5] Zhen-Fang Lin,[1,2,4] Li-Jiuan Shen,[1,2,4] and Cheng-Chung Fang[6]

[1]Graduate Institute of Clinical Pharmacy, [2]School of Pharmacy, and [3]Graduate Institute of Oncology, College of Medicine, National Taiwan University; and [4]Department of Pharmacy, [5]Department of Medical Research, and [6]Department of Emergency Medicine, National Taiwan University Hospital, Taipei

(See the editorial commentary by Warren-Gash and Udell on pages 497-9.)

Background. Previous studies have suggested that acute respiratory infection (ARI) and nonsteroidal anti-inflammatory drugs (NSAIDs) use could trigger acute myocardial infarction (AMI). In some countries, physicians prescribe NSAIDs for patients with ARI for symptom relief. However, there is no research evaluating whether NSAIDs use during ARI episodes may increase the risk of AMI.

Methods. We identified 9793 patients with an incident hospitalization of AMI (index date) between 2007 and 2011. Using case-crossover design, we compared the following exposure status between the case (1–7-day before index date) and matched con-

Electronic Media…..

- *Becker's Hospital Review*: Widely used pain drugs could up risk of heart attack during respiratory illness, study shows
- Cardiology Advisor: The Handoff: Your Week in Cardiology News - 2/3/17
- Cardiovascular Business: Certain pain relievers may increase risk for heart attack during cold, flu
- Consultant360: NSAID Use During Acute Respiratory Infection Linked to Increased Heart Attack Risk
- Infection Control Today: Common Pain Relievers May Increase Heart Attack Risk During Respiratory Infections
- Medical Xpress: Common pain relievers may increase heart attack risk during respiratory infections

More Electronic Media…..

- **Medscape**: NSAIDs Plus Respiratory Infection Increase Heart Attack Risk
- MPR: NSAID Use During Respiratory Infection May Up MI Risk
- Nursing Times: NSAIDs use may increase heart attack risk during flu
- RxList.com: NSAIDs Plus Respiratory Infection Increase Heart Attack Risk
- **Science Daily**: Common pain relievers may increase heart attack risk during respiratory infections
- ***The Sun* (UK)**: Taking aspirin or ibuprofen to combat flu 'increases your risk of a heart attack'
- UPI.com: Pain meds used for colds, flu may raise heart attack risk

Medscape

- **NSAIDs Plus Respiratory Infection Increase Heart Attack Risk (**Rick Lewis, Feb. 2, 2017)
- ……Experts agree clinicians should consider patient history and the potential risks before prescribing the drugs to patients with an ARI.
- ……Charlotte Warren-Gash, PhD, from the London School of Hygiene and Tropical Medicine, United Kingdom, and Jacob A. Udell, MD, MPH, from the University of Toronto, Ontario, Canada, agree with the researchers that the pro-coagulation and pro-inflammatory effects of ARI and NSAIDs may set up a perfect storm of conditions for a cardiac event.

DVMB
Das Netzwerk zur Selbsthilfe

Deutsche Vereinigung Morbus Bechterew e.V.
Organisation of patients with ankylosing spondylitis in Germany
Membership journal **Morbus-Bechterew-Journal**

Prof. Dr. E. Feldtkeller, Michaeliburgstr. 15, D-81671 München

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München, 29. Mai 2017

Dear Dr. Fang,
In *Journal of Infectious Diseases* I found your interesting review on Acute Respiratory Infection and Use of NSAIDs on Risk of Acute Myocardial Infarction. Since this article may also be interesting for patients in our country, I made a patient-adapted German translation of your article for our membership journal.

Today I can send you the newest issue of our journal in which this translation is published.

Our membership journal is distributed to about 13 500 patients with ankylosing spondylitis or another spondyloarthritis who are members of our society, and to more than 1000 sponsoring members and interested doctors all over Germany and abroad.

We thank you and your colleagues very much for this important contribution.

Sincerely Yours

Ernst Feldtkeller

DVMB, self-hep organisation of patients with ankylosing spondylitis or other spondyloarthritides in Germany, is a charity registered in Schweinfurt, Germany
office address: Metzgergasse 16, 97421 Schweinfurt, Telephon (09721) 22033, Telefax (09721) 22055
Chairman: Peter Hippe, Naumburg – director: Ludwig Hammel, Schweinfurt

Nichtsteroidale Antirheumatika bei akutem Atemwegsinfekt erhöhen das Herzinfarkt-Risiko zusätzlich

Von Yao-Chun Wen, Dr. Fei-Yuan Hsiao, Dr. K. Arnold Chan, Dr. Zhen-Fang Lin, Dr. Li-Jiuan Shen und Dr. Cheng-Chung Fang, Taipeh, Taiwan

Es gibt Hinweise darauf, dass ein akuter Atemwegs-Infekt mit einem erhöhten Herzinfarkt-Risiko verbunden ist. Es wurde auch berichtet, dass das Herzinfarkt-Risiko in den ersten 7 Tagen entweder eines unspezifischen Atemwegs-Infekts oder eines vermuteten grippalen Infekts 2–5fach erhöht ist.

Gegen Schmerzen und Fieber bei einem Atemwegs-Infekt oder einer Erkältung werden häufig nicht-steroidale Antirheumatika (NSAR) verschrieben. Aber auch die NSAR sind nach den Ergebnissen vieler Studien mit einem erhöhten Herzinfarkt-Risiko verbunden. Das gilt nicht nur für die Cyclooxygenase-2-Hemmer („*Coxibe*"), sondern auch für unspezifische NSAR.[1]

Nachdem sowohl Atemwegs-Infekte als auch NSAR mit einem erhöhten Herzinfarkt-Risiko verbunden sind, ist vorstellbar, dass beide zusammen zu einem noch höheren Risiko führen. Das Ziel unserer Studie war deshalb, das mit einem Gebrauch von NSAR bei einem Atemwegs-Infekt verbundene Herzinfarkt-Risiko zu ermitteln.

Untersuchungsmethode

Wir benutzten dazu die Datenbank der staatlichen Krankenversicherung in Taiwan, in der persönliche Daten, Diagnosen und verordnete Therapien von 23 Millionen Versicherten (99% der Bevölkerung) gespeichert sind. Wir suchten darin nach Patienten, die in den Jahren 2007 bis 2011 wegen eines Herzinfarkts im Krankenhaus behandelt wurden. Nicht berücksichtigt wurden Patienten, die in den 24 Monaten vor diesem Krankenhausaufenthalt schon einmal ambulant oder stationär wegen eines Herzinfarkts ein Krankenhaus aufgesucht hatten, um nur erstmalige Herzinfarkte zu berücksichtigen. Vorausgesetzt wurde außerdem eine bereits mindestens 24-monatige Mitgliedschaft in der Krankenversicherung mit mindestens einem Arztbesuch, damit die Kranken-Vorgeschichte dokumentiert ist.

Um die Risiko-Erhöhung berechnen zu können, verglichen wir für jeden Patienten die Situation (Atemwegsinfekte, Medikamentengebrauch) während der ersten 7 Tage im Krankenhaus mit der Situation während 7 Tagen ohne Herzinfarkt genau 12 Monate vor diesem Krankenhausaufenthalt.

Studienergebnisse

9793 Patienten, die in den Jahren 2007 bis 2011 wegen eines Herzinfarkts ins Krankenhaus kamen, wurden für die Studie erfasst. Das mittlere Alter betrug 72 Jahre. Unter den zusätzlichen Erkrankungen war *Diabetes mellitus* (Zuckerkrankheit) am häufigsten (43% bzw. 41% im Vergleichszeitraum 12 Monate früher), gefolgt von Bluthochdruck (42% bzw. 40%).

Kalziumkanalblocker gegen Bluthochdruck waren die häufigsten zusätzlich eingenommenen Medikamente (50% bzw. 48%), gefolgt von Medikamenten, die das (Blutdruck-regulierende) Renin-Angiotensin-Sys-

[1] *MBJ* Nr. 111 S. 15–17, Nr. 114 S. 13–17, Nr. 121 S. 13–14, Nr. 132 S. 9

*Tabelle 1: Anzahl der Patienten, die innerhalb von 5 Jahren wegen eines Herzinfarkts ein Krankenhaus aufsuchten, unter den 23 Millionen Versicherten in Taiwan, in Abhängigkeit vom Vorliegen eines Atemwegsinfekts und des NSAR-Gebrauchs und daraus errechnete Erhöhung des Herzinfarkt-Risikos**

Situation	mit Herzinfarkt	vor 12 Monaten (ohne Herzinfarkt)	Risiko-Erhöhung*
weder Atemwegsinfekt noch NSAR	7.040	8.048	1,0
nur NSAR-Gebrauch	1.516	1.235	1,5-fach
mit Atemwegsinfekt ohne NSAR	767	334	2,7-fach
mit Atemwegsinfekt und NSAR	470	176	3,4-fach

*) korrigiert um den Einfluss zusätzlicher Krankheiten und Medikamente

In Kürze:

Ein akuter Atemwegsinfekt auf Grund einer Erkältung erhöht das Herzinfarkt-Risiko um den Faktor 2,7.

Der Gebrauch von nicht-steroidalen Antirheumatika (NSAR) erhöht das Herzinfarkt-Risiko um den Faktor 1,5.

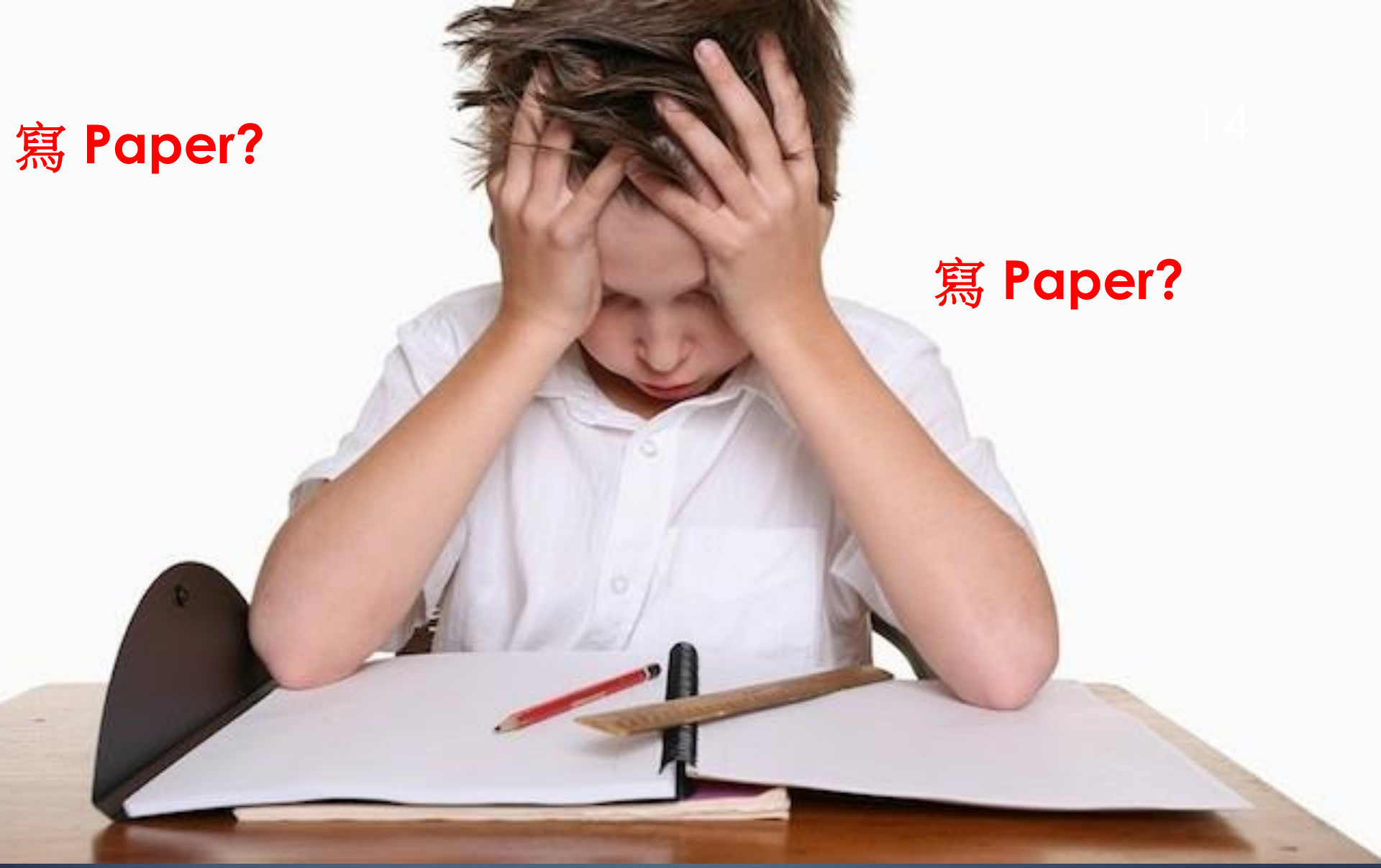
Wenn NSAR während einer Erkältung oder einer grippe-ähnlichen Erkrankung eingenommen werden, wird das Herzinfarkt-Risiko sogar auf das 3,4-Fache erhöht.

Noch höher ist das Risiko, wenn das NSAR parenteral (unter Umgehung des Darms, z.B. als Injektion) verabreicht wird.

Vor dem Gebrauch eines NSAR während einer Erkältung sind Nutzen und Risiko also sorgfältig abzuwägen.

寫 Paper?

寫 Paper?



到底要從哪裡開始?

Abstract Writing

- Abstract
  - **Why should you read my paper/research?**
- When do you need to "write an abstract"?
  - Your thesis
    - 中文摘要
    - 英文摘要
  - For a scientific conference
  - Your research paper
    - Journal style

Technical Writing

- Organization in Academic Writing
  - **I-M-R-D**
    - Introduction
    - Methods
    - Results
    - Discussion

Adopted from: Dr. Lily Chiao-Ling Chen (陳巧玲)
Academic Writing Education Center (臺灣大學 寫作教學中心)

Elements of Thesis/Papers (1)

- Results (paper的核心)
  - 先把圖表做出來
  - 5 Tables+Figures
  - Supplementary file

Elements of Thesis/Papers (2)

- **Methods**
  - **Focus on details (such as definition)**
  - **Statistical analyses**

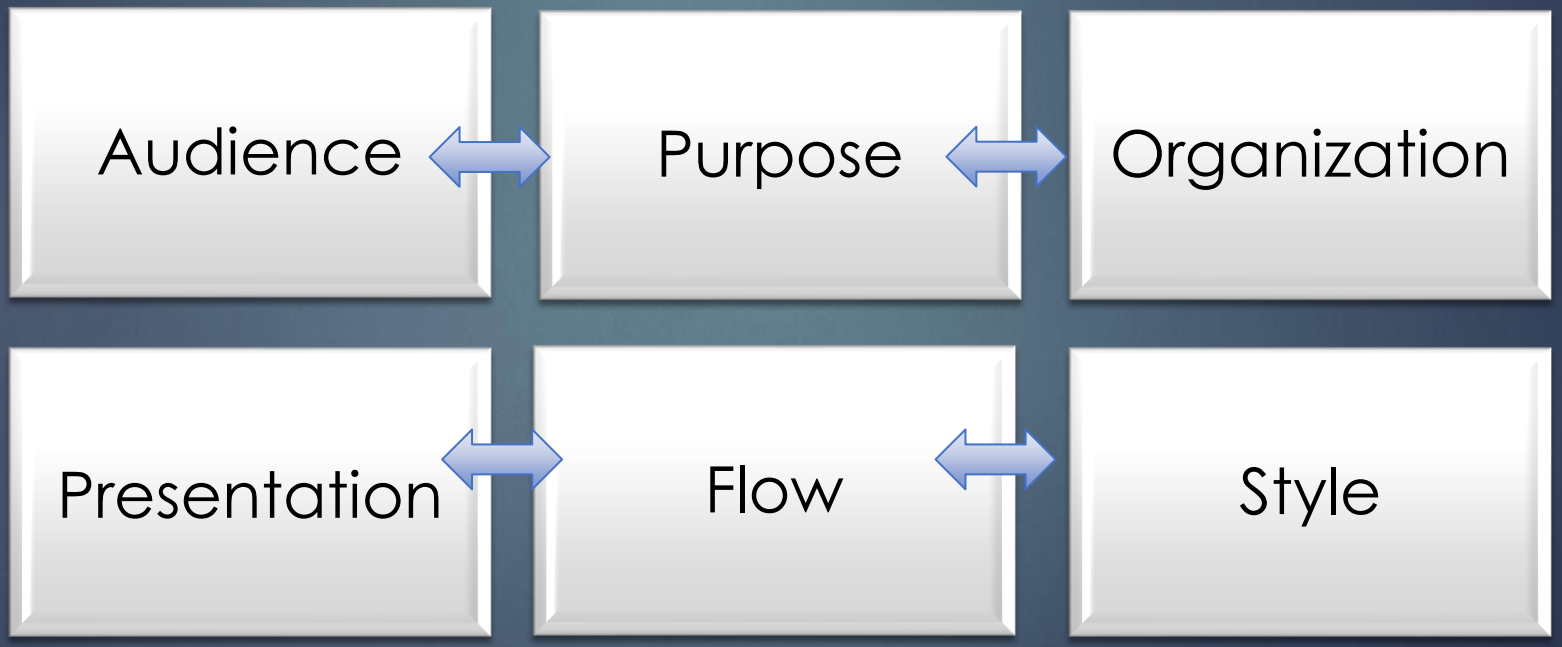
- **Introduction**
  - Introduce the study
  - Describe related literature
    - Unanswered questions
    - Underrepresented population

Elements of Thesis/Papers (3)

- **Discussion**
  - Compare your findings with existing studies
    - What did you find vs. What others found
    - Any improvement?
    - Any suggestion to future researchers? (study limitation)
- **Conclusion**
  - A summary based on your (and others') research

Academic Writing (學術寫作)

- Important Characteristics of Academic Writing



Adopted from: Dr. Lily Chiao-Ling Chen (陳巧玲)
Academic Writing Education Center (臺灣大學 寫作教學中心)

Technical Writing

- Flow in Academic Writing
  - Coherence
    - Ideas are arranged logically.
  - Cohesion
    - Sentences or paragraphs are connected.

Technical Writing

- Presentation
  The devil is in the details!
  - Incorrect homophone (too/to/two)
  - Misspelled words
  - Basic grammar errors
  - Overall format

    (homework requirement/ author guidelines)
    - citation style
    - line spacing
    - font size

Adopted from: Dr. Lily Chiao-Ling Chen (陳巧玲)
Academic Writing Education Center (臺灣大學 寫作教學中心)

養成良好寫作習慣 (寫出來最重要)

- 訂定行程表
- 建立寫作習慣 (e.g. 每個週三下午)
- 寫甚麼都好 (限定自己該段時間一定要寫)
  - 一小段方法, 一句話, 改一個表格
- **寫就對了！**

Journal Selection

- Clinical fields
  - Audience
- **From your references!!**
- Open access or NOT
  - USD 2000/3000
- Paper submission (On-line system)

Confirmation

Dear Dr, Fei-Yuan Hsiao,

Your submission entitled “Nice paper" has been assigned the following manuscript number: LR-D-20-CCCC.

Your manuscript has been sent for editorial review. You will be able to check on the progress of your paper by logging on to the Editorial Manager as an AUTHOR via the URL

Thank you for submitting your manuscript and have a great day.

Sincerely,

Elsevier Editorial Office

Rejection

Thank you for submitting your manuscript, "XXX" to *Annals of Internal Medicine*.

My colleagues and I have read your paper. I am sorry to report that we have decided **not to accept** it for publication.

We thought that the manuscript provided less new information than we typically like for our readership. We ranked the study design's strength or appropriateness lower than others we are considering. In the end, editors ranked your manuscript lower priority for publication than others under consideration at this time.

Space constraints allow us to publish only a small fraction of the many excellent submissions that we receive. While we are unable to publish this manuscript, we do hope that we'll have future opportunities to consider your work.

Sincerely,

Deputy Editor

Publication

J Infect Dis. 2017 Feb 15;215(4):503-509

The Journal of Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America

hivma hiv medicine association

OXFORD

Rejected by 9 journals

Acute Respiratory Infection and Use of N…teroidal Anti-Inflammatory Drugs on Risk o… …yocardial Infarction: A Nationwide Cas… …r Study

Yao-Chun Wen,[1,a] Fei-Yuan Hsiao,[1,2,4,a] K. Arnold Chan,[3,5] Zhen-Fa… … and Cheng-Chung Fang[6]

[1]Graduate Institute of Clinical Pharmacy, [2]School of Pharmacy, … …logy, College of Medicine, National Taiwan University; and [4]Department of Pharmacy, [5]Department of Medical Research, and [6]Depar… …, National Taiwan University Hospital, Taipei

(See the editorial commentary b… …Odell on pages 497-9.)

Background. Previ… …gested that acute respiratory infection (ARI) and nonsteroidal anti-inflammatory drugs (NSAIDs) use co… …ocardial infarction (AMI). In some countries, physicians prescribe NSAIDs for patients with ARI for symptom… …er, there is no research evaluating whether NSAIDs use during ARI episodes may increase the risk of AMI.

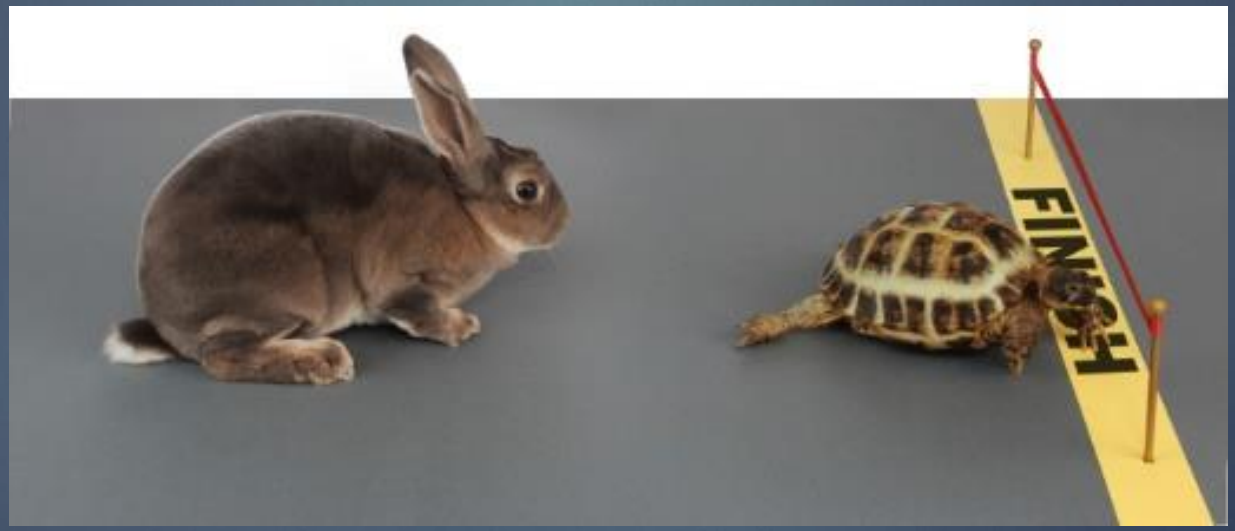
Methods. We identified 9793 patients with an incident hospitalization of AMI (index date) between 2007 and 2011. Using case-crossover design, we compared the following exposure status between the case (1–7-day before index date) and matched con-

Revision Letter!!

Dear Prof. Hsiao,

Reviewers have now commented on your submitted article, XXXX, and suggest a number of revisions before it can be re-considered for publication. The reviewers' comments are appended below.

When you resubmit your article, please include a list of changes or a rebuttal against each point raised by the reviewers. Your revision is due by xxx, 2019.



First thought……

But……

…….a list of changes or a rebuttal against each point

Your revision is due by……

First Evaluation

- Reviewers' comments
  - How many of them?
    - Reviewer 1~3 (usually) + Editor (optional)
    - Comments 1~10~30~∞
- **DUE!!!**
  - How many days for you to work on the revision?
    - 7 -30 days
    - 60 -90 days
    - ……

Second Evaluation (1).....

- Prioritize (檢傷分類) the comments
  - Simplest: format, English……
    (administrative staffs)
  - Moderate:
    - **Clarification for methods**
      - How did authors define follow-up period? Did authors include date of death while defining follow-up period? If yes, I request authors to provide details about mortality data.
    - **Add discussions**
      - This section lacks insights on XXXX. Therefore, I would recommend authors to add few sentences on this topic.
    - **Add limitations**
    - ……

Second Evaluation (2).....

- Prioritize (檢傷分類) the comments
  - Difficult: RE-RUN Data (How long will it take?)
    - Subgroup analysis
    - Sensitivity analysis
    - ……
  - Very difficult (or impossible): **Unable to do**

Third and fourth evaluation

- Print out the comments
  - Read them at least 3 times to make sure you understand the "core" question of the reviewer
    - Moderate
    - Difficult
    - Very difficult (read 10 times….)

How to Respond to Comments

展現你的最大誠意

SINCERITY

Simplest and Moderate Comments

DO

whatever the reviewer asked you to DO

Simplest and Moderate Comments

- Line 143: Added “was”
- [REPLY: Thank you very much for your kind reminder. We have modified the sentences in the revise manuscript as below based on the reviewer’s comment.]

Difficult Comments: RE-RUN Data

DO as much as whatever the reviewer asked you to DO

Very Difficult (or Impossible) Comments

Communications

in a polite and confident way

Very Difficult (or Impossible) Comments

- Agree or disagree the reviewer's comment?
  - Agree
    - Explain why you were unable to do it.
    - State you have tried your best, but due to certain limitations, you were unable to do it.
  - Disagree
    - Explain why you do not agree the comment, so you decide not to do it.
      - Misunderstanding? (Happens all the time!)

26-Dec-2020

Dear Dr. Hsiao:

It is a pleasure to **ACCEPT** your manuscript entitled “NICE PAPER" in its current form for publication in **NEJM**.

Thank you!

fyshsiao@ntu.edu.tw