



European Society of
Human Reproduction and Embryology



ESHRE campus symposium
Promoting excellence in clinical research: from idea to publication
Thessaloniki, Greece – 5-6 November 2010

Lecture 6

Completing the paper

Dimitrios G. Goulis
Endocrinologist

Disclosure

I have to declare no commercial relationships or other activities that might be perceived as a potential conflict of interest.

Completing the paper

Introduction

Discussion

References

Competing interests

Abstract and Title

Completing the paper

Introduction

Discussion

References

Competing interests

Abstract and Title

Introduction

The ERA structure

1. Entities
2. Rationale
3. Aim

1. Entities

- Presentation of the main entities
 - use the title as a guidance
 - one or more paragraphs

1. Entities

- Courtney W. Hanna, Karla L. Bretherick, Chi-Chao Liu, Mary D. Stephenson, and Wendy P. Robinson

Genetic variation within the hypothalamus-pituitary-ovarian axis in women with recurrent miscarriage

Hum. Reprod. (2010) 25(10): 2664-2671 doi:10.1093/humrep/deq211

» [Abstract](#) » [Full Text \(HTML\)](#) » [Full Text \(PDF\)](#) » [Supplementary Data](#) » [Permissions](#)

- Yan-Li Xu, Dan-Bo Wang, Qi-Fang Liu, Ying-Han Chen, and Zhuo Yang

Silencing of cofilin-1 gene attenuates biological behaviours of stromal cells derived from eutopic endometria of women with endometriosis

Hum. Reprod. (2010) 25(10): 2480-2488 doi:10.1093/humrep/deq197

» [Abstract](#) » [Full Text \(HTML\)](#) » [Full Text \(PDF\)](#) » [Permissions](#)

2. Rationale

- Why have you conducted the study?
- What is the innovation?
 - new hypothesis?
 - old hypothesis with new methodology?
 - controversial issue?
- Literature review
 - selected, not systematic

3. Aim

- Research question
 - a question that can be answered
 - affirmative
 - interrogative

3. Aim

- The aim of the study was to investigate the role of AMH in women with PCOS
- The aim of the study was to investigate if serum AMH concentrations are higher in women with PCOS as compared to women without PCOS

Introduction

- Entities presentation in accordance with the target reader group
- Rationale for conducting the study - Novelty
- Clear research question that can be answered as “yes” (null hypothesis) or “no” (alternative hypothesis)
- Keep it short
- Write it before completion of the study

Completing the paper

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The case for structuring the discussion of scientific papers

Much the same as that for structuring abstracts

Structure is the most difficult part of writing, no matter whether you are writing a novel, a play, a poem, a government report, or a scientific paper. If the structure is right then the rest can follow fairly easily, but no amount of clever language can compensate for a weak structure. Structure is important so that readers don't become lost. They should know where they've come from, where they are, and where they are headed. A strong structure also allows readers to know where to look for particular information and makes it more likely that all important information will be included.

BMJ 1999;318:1224-5

Suggested structure for discussion of scientific papers

- Statement of principal findings
- Strengths and weaknesses of the study
- Strengths and weaknesses in relation to other studies, discussing particularly any differences in results
- Meaning of the study: possible mechanisms and implications for clinicians or policymakers
- Unanswered questions and future research

Michael Docherty *Professor of rheumatology*

City Hospital, Nottingham NG5 1PB

Richard Smith *Editor, BMJ*

Discussion

The AIC-ILC structure

1. Aim and main result
2. Interpretation of results
3. Comparison with the literature
4. Implications
5. Limitations
6. Conclusions

1. Aim and main result

- Repetition of the main research question
- Answer of the main research question

- Do not:
 - mention secondary aims
 - give numbers
 - introduce new data

2. Interpretation of results

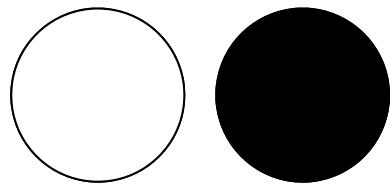
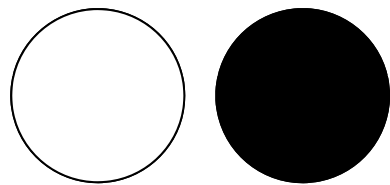
- What do the results mean?
 - use plain language
 - comment on what the results DO NOT mean

3. Comparison with literature

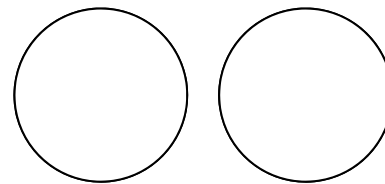
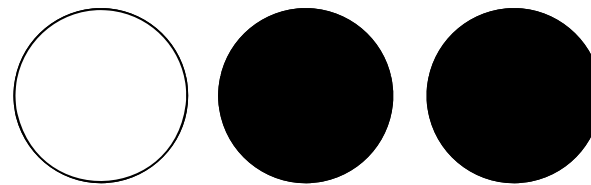
- Select best-evidence studies
 - similar results or not?
 - why?

4. Implications

- Combine your findings with the previously published, in order to provide new aspects of the mechanisms / pathophysiology that regulates the studied entity



before your study



after your study

5. Limitations

- Methodological issues
 - are the results valid?
 - to which extend?

6. Conclusions

- Answer of the main research question
- Implication, primary limitation
- Further work

Completing the paper

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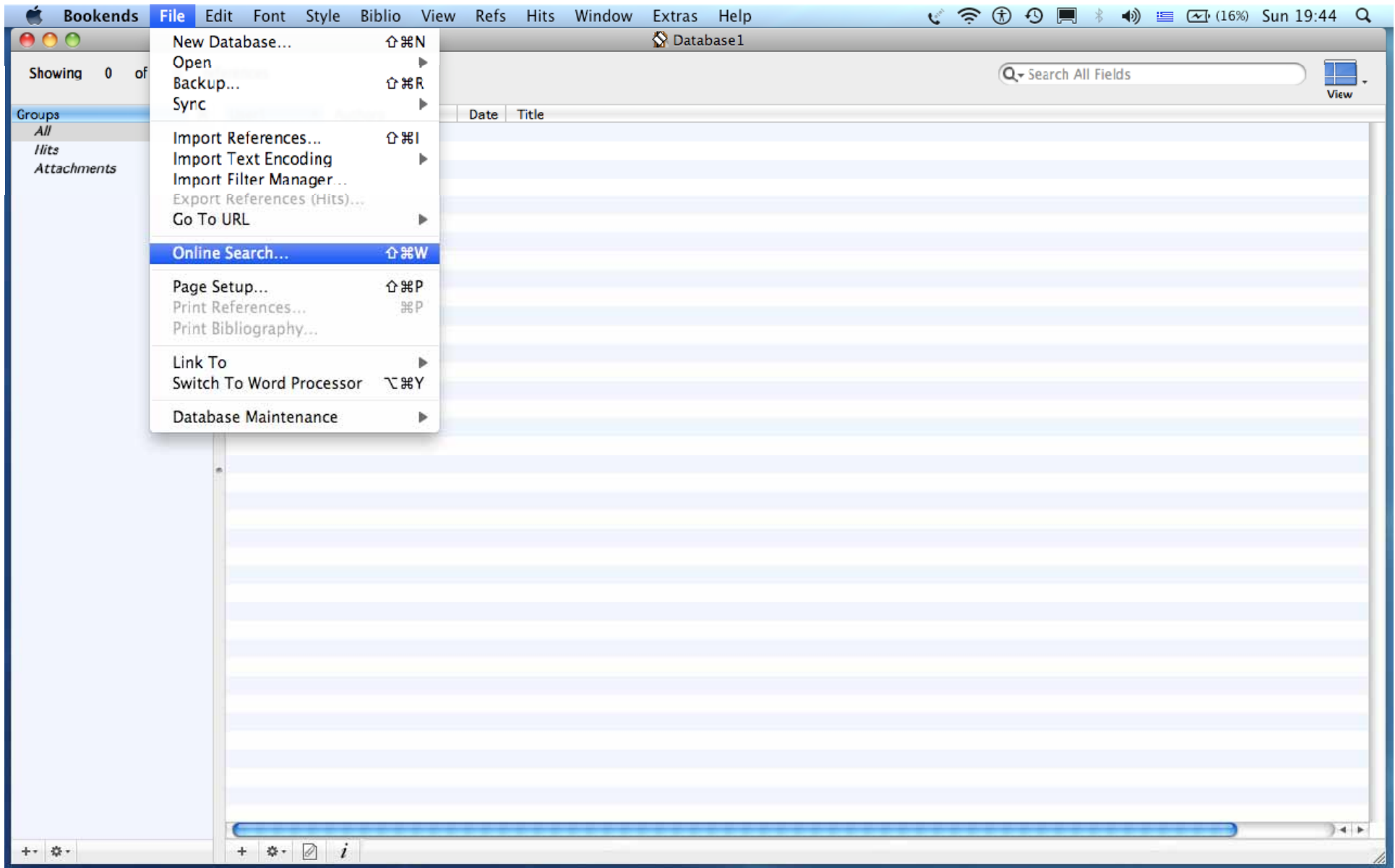
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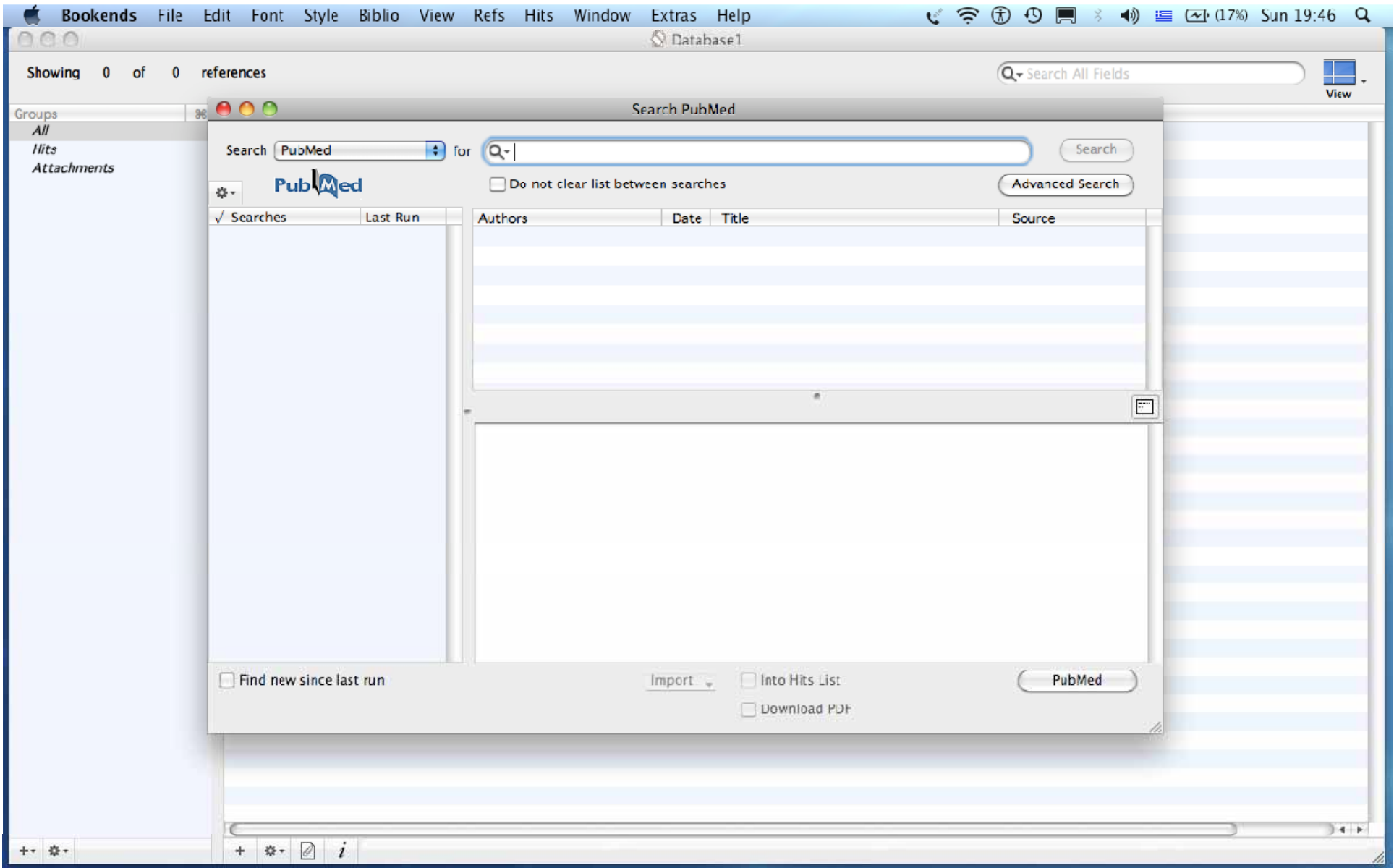
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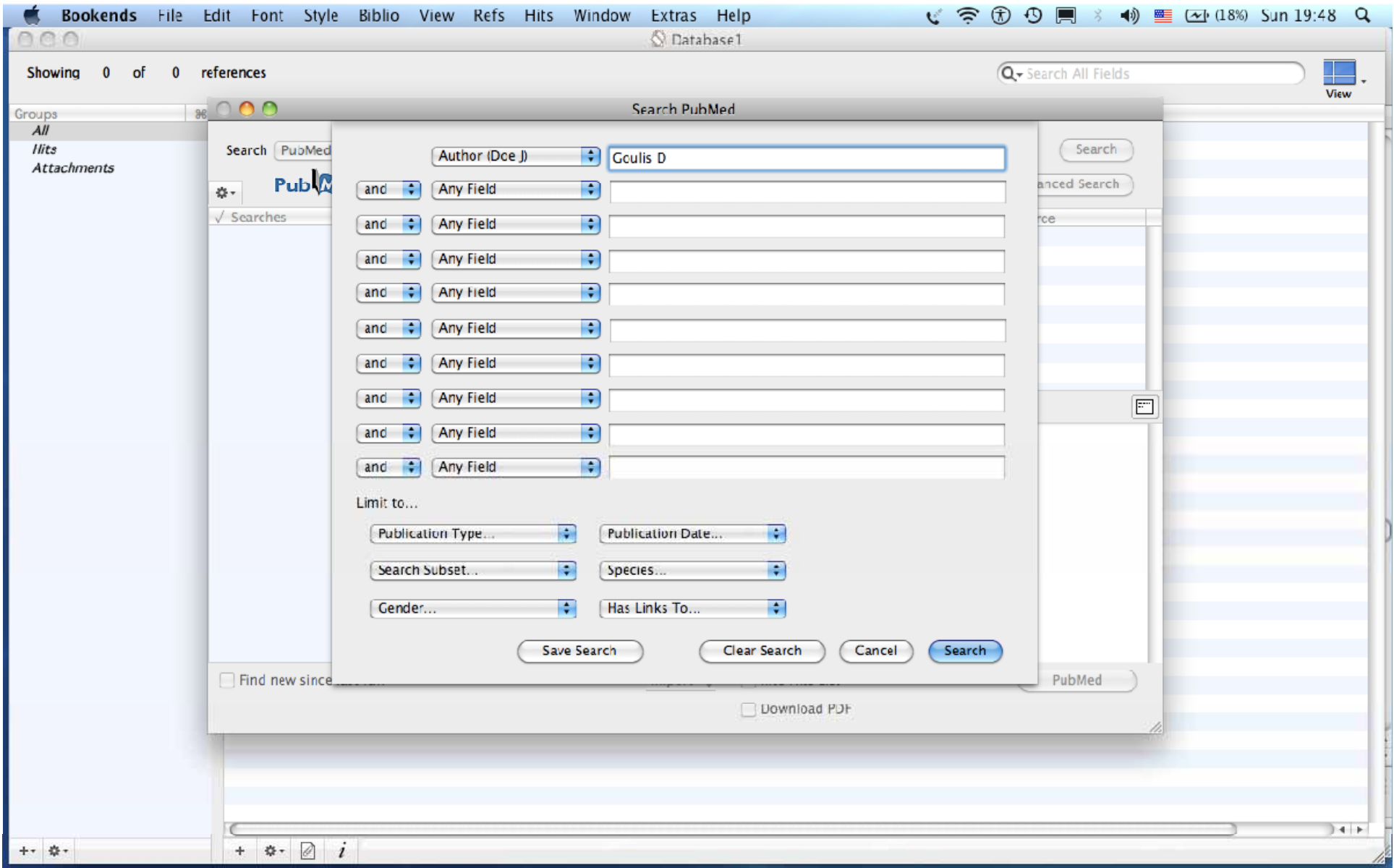
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Gynecol Endocrinol. 2010 Feb 5. [Publisher] DOI: 10.3109/09513590903507370

Sperm DNA fragmentation assessment: is it really helpful?

Tarlatzis BC, Goullis DG.

First Department of Obstetrics and Gynecology, Aristotle University of Thessaloniki, Greece.

PMID: 20132086

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Hormones (Athens) 2008 Apr-Jun; 7(2): 140-7.

Serum inhibin-B and follicle stimulating hormone as predictors of the presence of sperm in testicular fine needle aspirate in men with azoospermia.

Goulis, DG, Polychronou, P, Mikos, T, Grimbizis, G, Gerou, S, Pavlidou, V, Papanikolaou, A, Tarlatzis, BC, Bontis, IN, Papadimas, I

Unit of Reproductive Endocrinology, First Department of Obstetrics and Gynecology, Aristotle University of Thessaloniki, Thessaloniki, Greece. dimitrios.goulis@otenet.gr

<http://www.ncbi.nlm.nih.gov/entrez>

OBJECTIVE: Inhibin-B (Inh-B) is produced by Sertoli cells and controls Follicle Stimulating Hormone (FSH) secretion through a negative feedback mechanism. The primary aim of this study was to compare total Inh-B with FSH as predictors of the recovery of sperm in testicular fine needle aspirate in men with azoospermia. DESIGN: In 51 men with azoospermia basal values of Luteinizing Hormone (LH), FSH, prolactin and testosterone as well as Inh-B values before and 24 h and 48 h after the administration of 300 IU recombinant human FSH were determined. Testicular Fine Needle Aspiration (FNA) was also carried out. Thirty-one young healthy men were also enrolled in the study as controls. RESULTS: There was significant difference between men with azoospermia and controls with regard to the basal Inh-B levels [median (interquartile range) 37.2 (36) vs. 103.0 (90) pg/mL, respectively, p=0.003] but not to the stimulated Inh-B levels [40.5 (41) vs. 73.0 (44) pg/mL, p=0.113 at 24 h and 34.3 (34) vs. 82.0 (50) pg/mL, p=0.098 at 48 h]. The Area Under Curve in Receiver Operating Characteristic curves were similar for Inh-B and FSH (0.610 vs. 0.716, respectively, p=0.151) as far as prediction of sperm retrieval is concerned. CONCLUSIONS: Basal serum Inh-B values are significantly lower in men with azoospermia compared to controls. However, Inh-B is not superior to FSH in predicting the presence of sperm in testicular fine needle aspirate.

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Stud Health Technol Inform 1987; 43 PtA: 272-6.

Computer-aided prescription--a prototype system.

Anogianakis, G, Goulis, D, Vakalis, D

BIOTRIST s.a., Thessaloniki, Greece.

<http://www.ncbi.nlm.nih.gov/en...>

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Added 7 Jul, 2008 15:53

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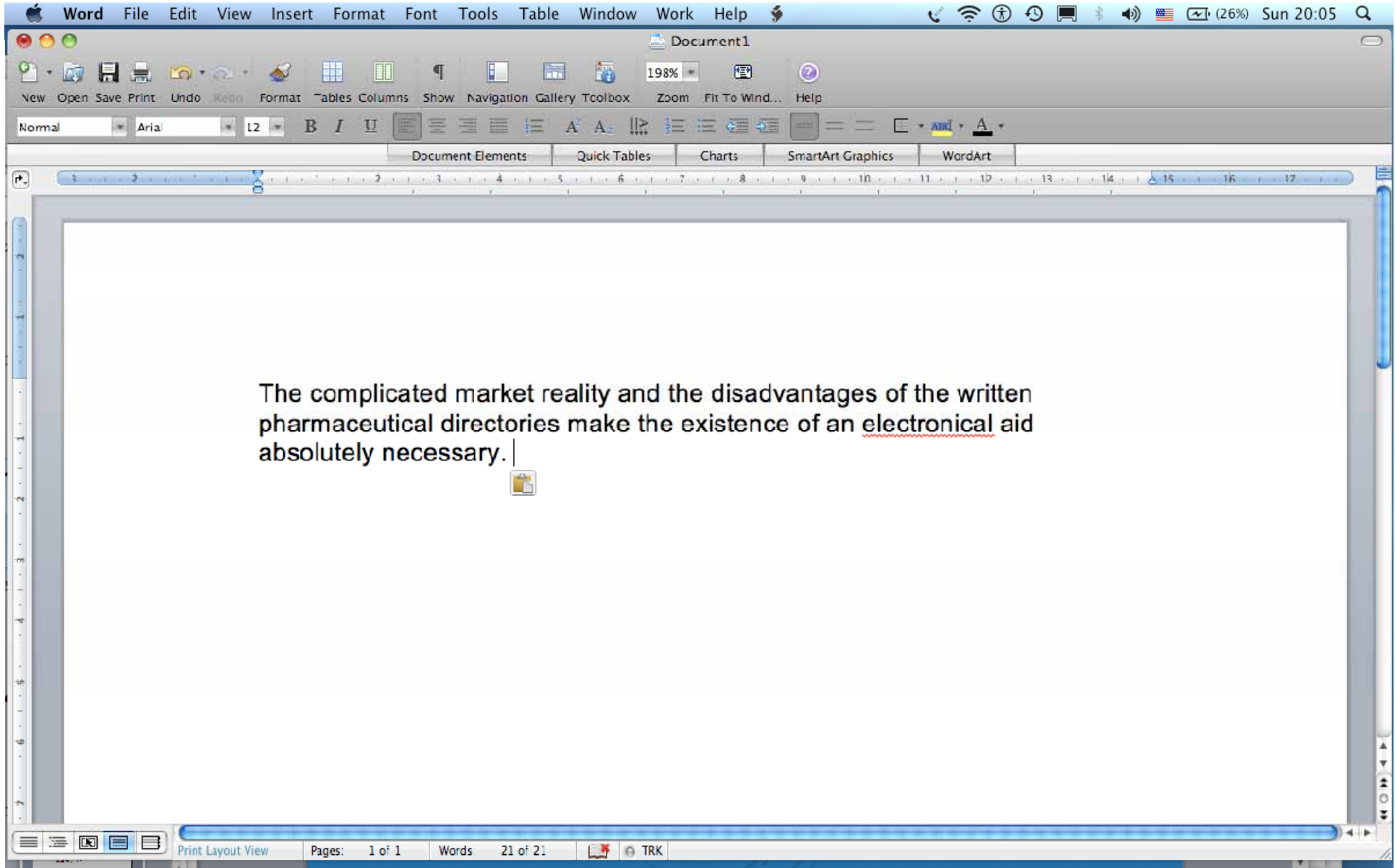
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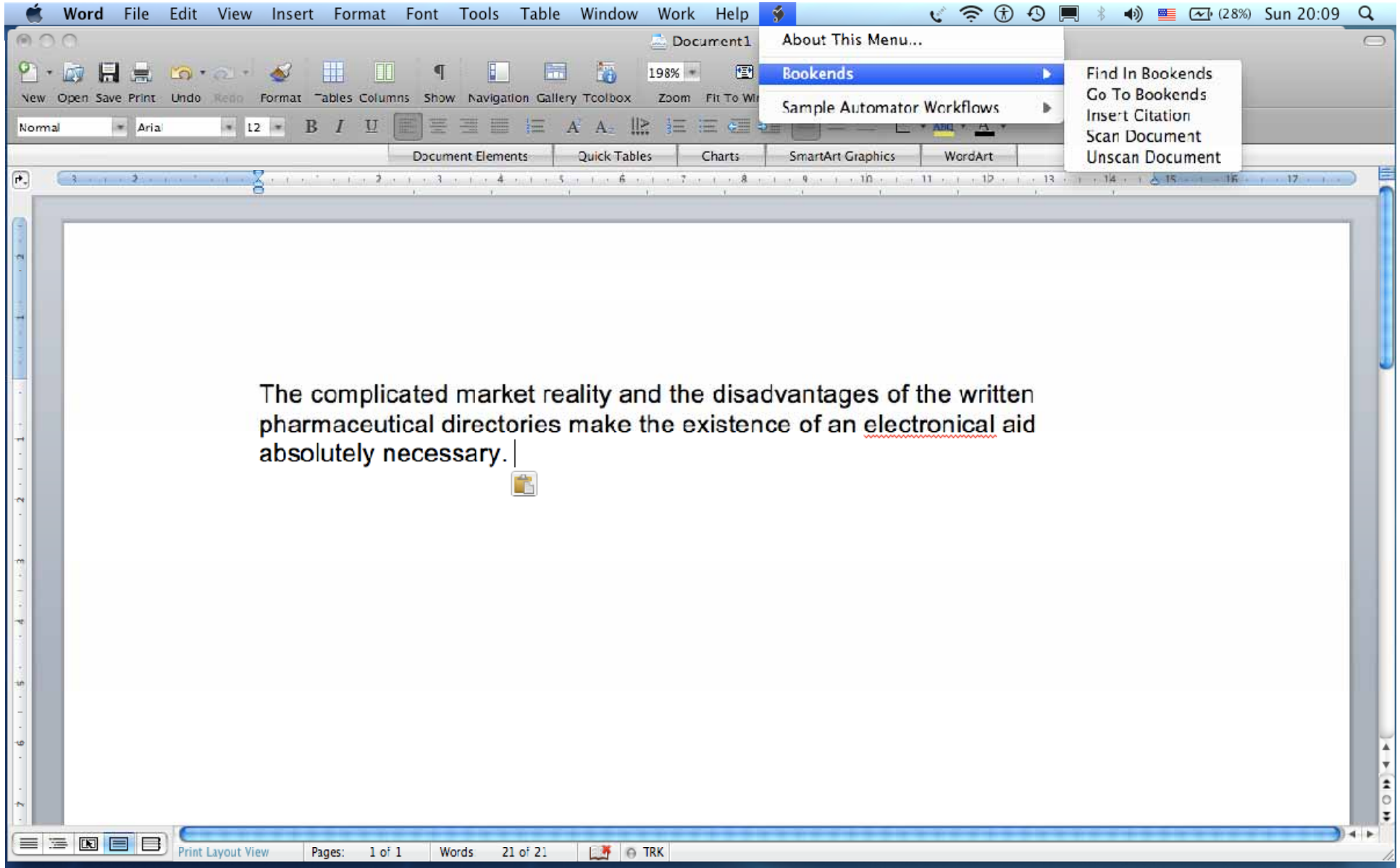
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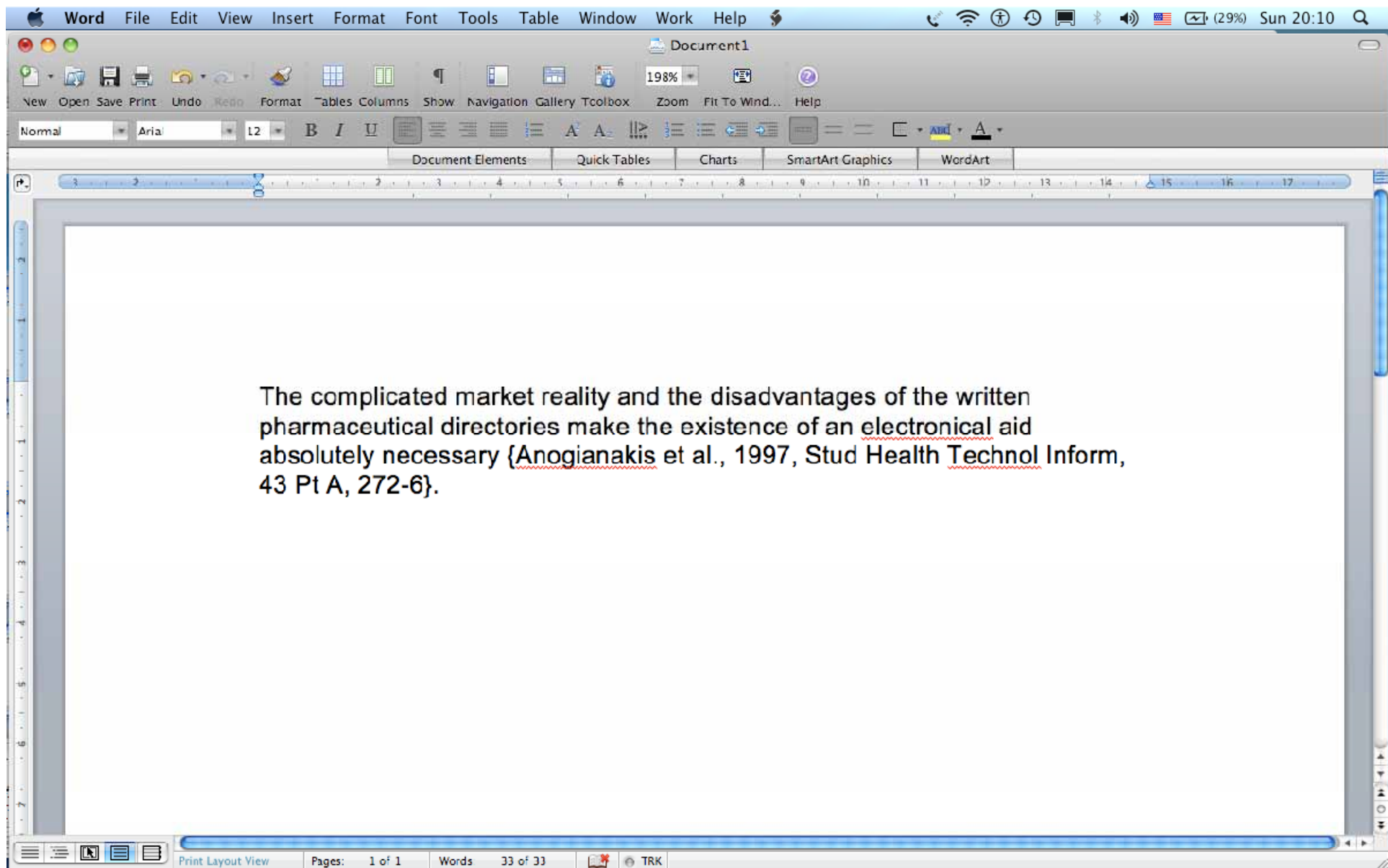
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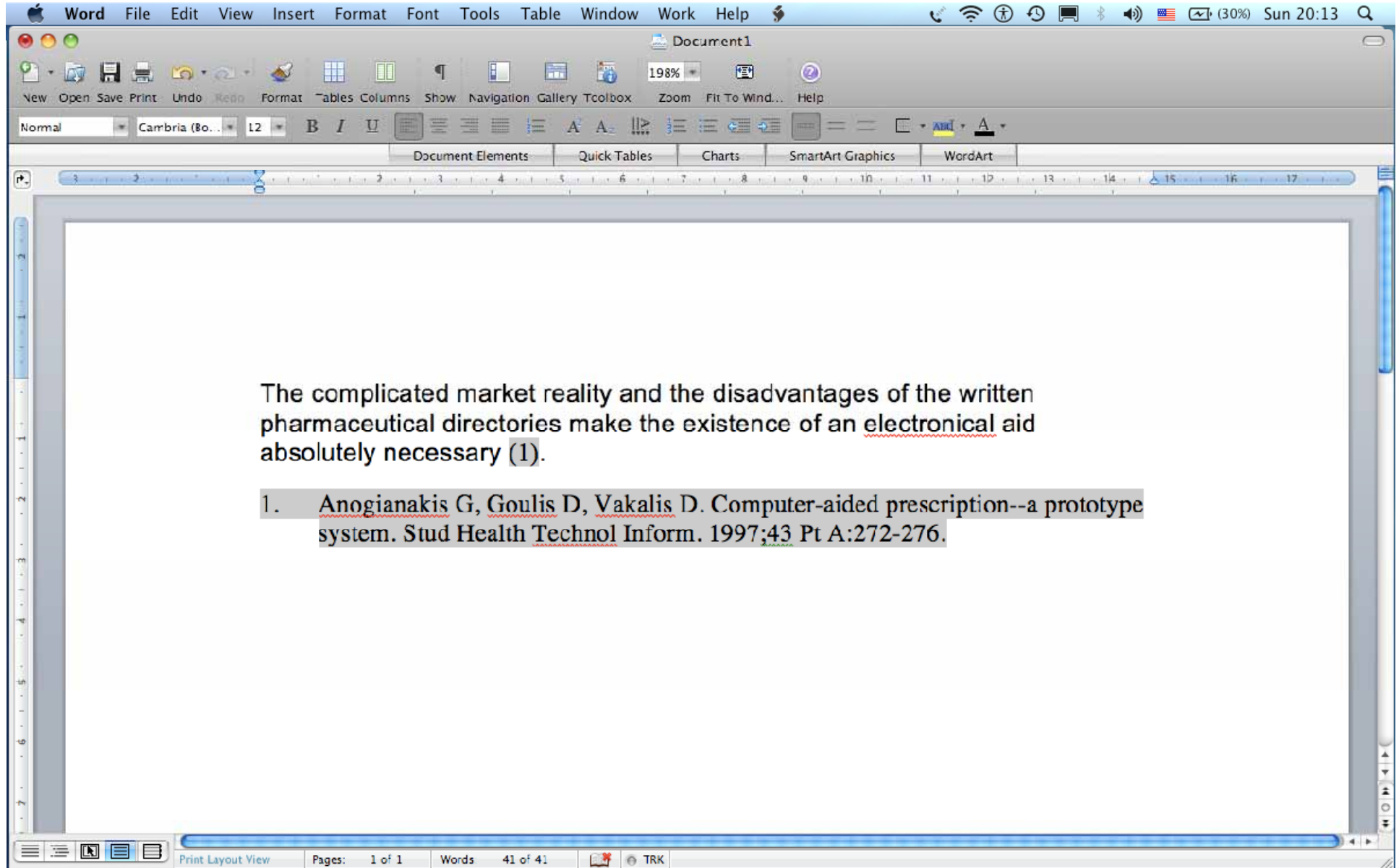
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An 18-year old, phenotypically female individual was examined for primary amenorrhea. Three months before her referral, the patient underwent surgery and a pelvic mass was removed. The physical examination revealed normal female external genitalia, normal breast development, sparse pubic hair and absence of axillary hair. The gynecological examination revealed a short blind vagina pouch and absence of cervix and uterus. Serum testosterone and dihydrotestosterone levels were very high. Karyotype was that of a normal male (46,XY). The transabdominal ultrasound, computed tomography (CT) and Magnetic resonance imaging (MRI) showed absence of uterus and fallopian tubes and revealed testis-like gonads located at the internal opening of the inguinal canal bilaterally. Bilateral gonadectomy was subsequently performed. The pathology report was that of "hamartomatous testes" and associated paratesticular leiomyoma. The clinical, laboratory, imaging, genetic and histological findings confirmed the diagnosis of complete androgen insensitivity syndrome. DNA analysis revealed a R831X mutation in exon 7 of the androgen receptor gene. A Sertoli-cell dynamic test showed elevated basal serum inhibin-B and anti-Mullerian hormone levels without further rise following FSH stimulation. The patient was started on hormone replacement therapy with conjugated estrogens. Complete androgen insensitivity syndrome must be considered in any case of primary amenorrhea. Gonadectomy must be planned to eliminate the risk of gonadal malignancy.

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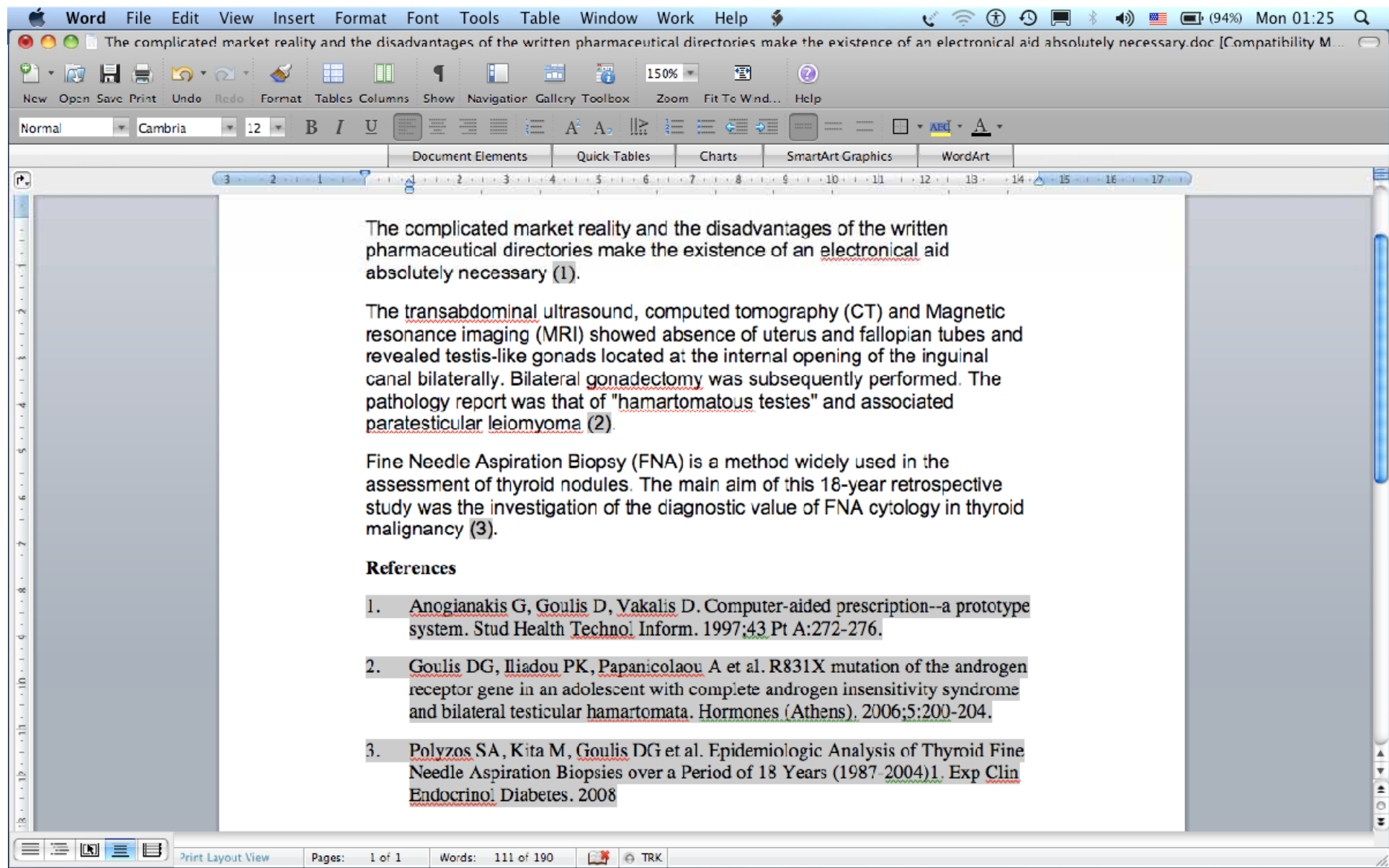
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The complicated market reality and the disadvantages of the written pharmaceutical directories make the existence of an electronical aid absolutely necessary (1).

The transabdominal ultrasound, computed tomography (CT) and Magnetic resonance imaging (MRI) showed absence of uterus and fallopian tubes and revealed testis-like gonads located at the internal opening of the inguinal canal bilaterally. Bilateral gonadectomy was subsequently performed. The pathology report was that of "hamartomatous testes" and associated paratesticular leiomyoma (2).

References

1. Anogianakis G, Goulis D, Vakalis D. Computer-aided prescription--a prototype system. Stud Health Technol Inform. 1997;43 Pt A:272-276.
2. Goulis DG, Iliadou PK, Papanicolaou A et al. R831X mutation of the androgen receptor gene in an adolescent with complete androgen insensitivity syndrome and bilateral testicular hamartomata. Hormones (Athens). 2006;5:200-204.



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resonance imaging (MRI) showed absence of uterus and fallopian tubes and revealed testis-like gonads located at the internal opening of the inguinal canal bilaterally. Bilateral gonadectomy was subsequently performed. The pathology report was that of "hamartomatous testes" and associated paratesticular leiomyoma DG Goulis et al., "R831X Mutation of the Androgen Receptor Gene in an Adolescent With Complete Androgen Insensitivity Syndrome and Bilateral Testicular Hamartomata," *Hormones (Athens)* 5, no. 3 (2006): 200-04..

Fine Needle Aspiration Biopsy (FNA) is a method widely used in the assessment of thyroid nodules. The main aim of this 18-year retrospective study was the investigation of the diagnostic value of FNA cytology in thyroid malignancy SA Polyzos et al., "Epidemiologic Analysis of Thyroid Fine Needle Aspiration Biopsies Over a Period of 18 Years (1987-2004)1," *Exp Clin Endocrinol Diabetes* (2008).

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Anogianakis, G, Goulis, D, and Vakalis, D. "Computer-Aided Prescription--a Prototype System." *Stud Health Technol Inform* 43 Pt A (1997): 272-76.

Goulis, DG, Iliadou, PK, Papanicolaou, A, Georgiou, I, Chatzikyriakidou, A, Gerou, S, Bondis, IN, and Papadimas, I. "R831X Mutation of the Androgen Receptor Gene in an Adolescent With Complete Androgen Insensitivity Syndrome and Bilateral Testicular Hamartomata." *Hormones (Athens)* 5, no. 3 (2006): 200-04.

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The complicated market reality and the disadvantages of the written pharmaceutical directories make the existence of an electronical aid absolutely necessary ¹.

The transabdominal ultrasound, computed tomography (CT) and Magnetic resonance imaging (MRI) showed absence of uterus and fallopian tubes and revealed testis-like gonads located at the internal opening of the inguinal canal bilaterally. Bilateral gonadectomy was subsequently performed. The pathology report was that of "hamartomatous testes" and associated paratesticular leiomyoma ².

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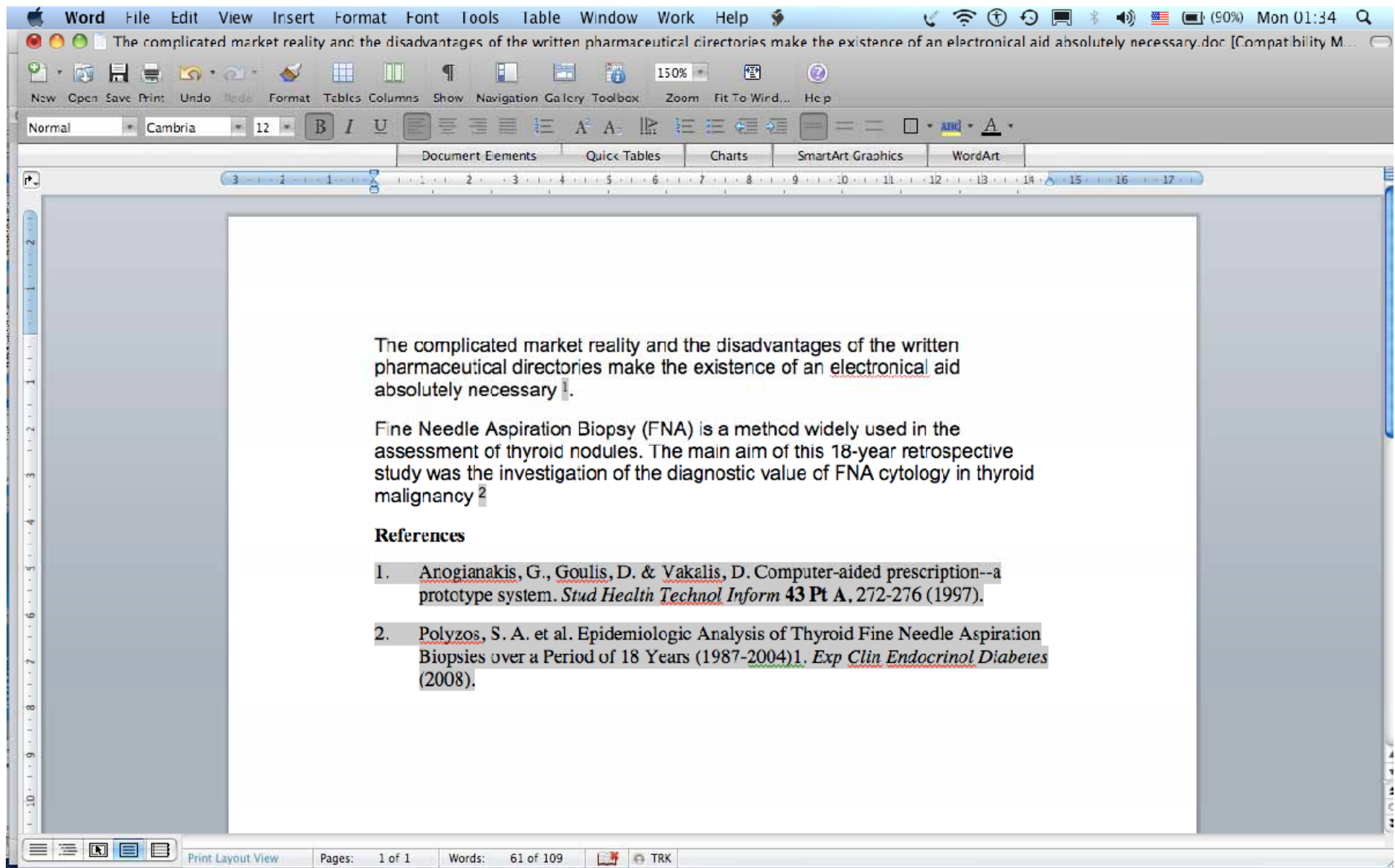
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1. Polyzos SA, Kita M, Gculis DG et al. Epidemiologic Analysis of Thyroid Fine Needle Aspiration Biopsies over a Period of 18 Years (1987-2004) 1. Exp Clin Endocrinol Diabetes 2008;

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General [edit]

In the "notes" section, there is a difference between:

- web-based*, referring to applications that may be installed on a web server (usually requiring MySQL or another database and PHP, perl, Python, or some other language for webapps)
- centrally-hosted website*

Software	Developer	First public release	Latest stable version	Ccost (USD)	Open source	License	Notes
Zcollab	Elsevier	2007-11	?	Free	No	proprietary	centrally-hosted website, web-based
Algaion	Algaion developers	2005-01	2.1.2 (2009-03-12)	Free	Yes	GPL	web-based
Bebop	ALaRI institute	2007-11-06	1.1 (2009-11-10)	Free	Yes	BSD	web-based BibTeX front-end
BibDesk	BibDesk developers	2002-04	1.4 (2010-01)	Free	Yes	BSD	BibTeX front-end + repository
Eibloscape	CG Information	1996	7.19 (2007-11-15)	Non-freeUS\$79-299 ^[1]	No	proprietary	ODBC; web access in Pro ad; optional client/server
EibSonomy	University of Kassel	2006-01	?	Free	No	proprietary	centrally-hosted website
Eibus	Bibus developers	2004-06-03	1.4.3 (2008-05)	Free	Yes	GPL	integrates with Word and CO.o Writer
Bookends	Sonny Software	1986 (Mac) / 1983 (Apple II+)	10.4.3 (2009-1-15)	Non-freeUS\$99 ^[1]	No	proprietary	integrated web search, pdf download, auto-completes reference details
GradeGuru Citation Manager	GradeGuru	2009-12-01	1.0 (2009-12-01)	Free	No	proprietary	centrally-hosted website
CiteULike	Oversity Limited	2004-11	?	Free	No	proprietary ^[2]	centrally-hosted website
Connotea	Nature Publishing Group	2004-12	1.7.1 (2006-02-01)	Free	Yes	GPL	centrally-hosted website, web-based
EndNote	Thomson Reuters	1986	X3 (2009-06-17) bdl 4043	Non-freeUS\$299.95 ^[1]	No	proprietary	often used in academia, industry; includes EndNote Web account
gPapers	Derek Anderson	2008-01	r150 (2008-01-21)	Free	Yes	GPL	Python PDF / bibliography manager ^[3]
I, Librarian	I, Librarian developers	2003	2.0.10 (2010-02-04)	Free	Yes	GPL	web-based
JabRef	JabRef developers	2003-11-29	2.5.0 (2009-06-22)	Free	Yes	GPL	Java BibTeX manager

Jumper 2.0	Jumper Networks	2009-3	2.0.1.1 (2009-3-26)	Free	Yes	GPL	web-based, centrally managed knowledgebase ^[4] Javascript & PHP
literaturedb	Lirich Woifgang	2009-01	1.0.6 (2010-01-21)	Free	Yes	GPL	web-based collaborative sharing of references and documents; can store document files (e.g. PDF); PHP & MySQL; LDAP support
Mendeley	Mendeley	2008-08	0.9.5 (December 3, 2009; 2 month(s) ago)	Free	No	proprietary	Desktop & Web components
Papers	Mokentcaj	2007	1.0.3 (2009-09-04)	Non-freeUS\$42 ^[1]	No	proprietary	search repositories from interface; supports plug-ins
ProCite	Thomson Reuters	1984 ?	5.0.3	Non-freeUS\$299.95 ^[1]	No	proprietary	supports network access
Pybliographer	pybliographer developers	?	1.2.12 (2003-11-30)	Free	Yes	GPL	Python/GTK2
rebase	rebase developers	2005-06-03	0.9.5 (2006-11-19)	Free	Yes	GPL	web-based for institutional repositories/self-archiving ^[5]
RefDB	refdb developers	2001-04-25	0.9.9 (2007-11-05)	Free	Yes	GPL	network-transparent; XML/S3ML bibliographies
Reference Manager	Thomson Reuters	1984	11.0.1	Non-freeUS\$299.95 ^[1]	No	proprietary	network version available; built-in web publishing tool
Referencer	Referencer developers	?	1.1.6 (2005-06-02)	Free	Yes	GPL	BibTeX front-end
RefWorks	RefWorks	2001	2007-08	Non-freeUS\$100 per year	No	proprietary	centrally-hosted website
Scholar's Aid	Scholar's Aid, Inc.	1996	4.1 (2008-4-1)	US\$149 ^[1] / Free Lite version	No	proprietary	integrates with Word and OpenOffice
Sente	Third Street Software, Inc.	2004	6.0.26 (2009)	Non-freeUS\$129.95 ^[1]	No	proprietary	integrates with Word, Mellel, Pages, and Nisus
Wikindx	Mark Grimshaw	2004-02	3.8.2 (2006-02-06)	Free	Yes	GPL	web-based
Zotero	Center for History and New Media	2006-10-05	1.0.10 (May 8, 2009; 6 month(s) ago)	Free	Yes	GPL	Firefox extension

Operating system support

[edit]

In the case of web applications, this describes the server OS. For centrally-hosted websites that are proprietary, this is not applicable. Any client OS can connect to a web service unless stated otherwise in a footnote.

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Comparison of reference management software - Wikipedia, the free encyclopedia

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Comparison of reference manage...

Software	Windows	Mac OS X	Linux	BSD	Unix
2collab	N/A	N/A	N/A	N/A	N/A
Aigaion	Yes	Yes	Yes	Yes	Yes
Bebop	Yes	Yes	Yes	Yes	Yes
BibDesk	No	Yes	No	No	No
Bibloscape	Yes	No	No	No	No
BibSonomy	N/A	N/A	N/A	N/A	N/A
Bibus	Yes	Yes	Yes	Yes	Yes
Bookends	No	Yes	No	No	No
CiteULike	N/A	N/A	N/A	N/A	N/A
Connotea	Yes	Yes	Yes	Yes	Yes
EndNote	Partial ^[6]	Yes	No	No	No
I, Librarian	Yes	Yes	Yes	No	No
JabRef	Yes	Yes	Yes	Yes	Yes
Jumper 2.0	Yes	Yes	Yes	Yes	Yes
Mendeley	Yes	Yes	Yes	No	No
Papers	No	Yes	No	No	No
ProCite	Yes	No	No	No	No
Pybliographer	Partial ^[7]	Partial ^[7]	Yes	Yes	Yes
refbase	Yes	Yes	Yes	Yes	Yes
RefDB	Yes	Yes	Yes	Yes	Yes
Reference Manager	Yes	No	No	No	No
Referencer	No	No	Yes	No	No
RefWorks	N/A	N/A	N/A	N/A	N/A
Scholar's Aid	Yes	No	No	No	No
Scite	No	Yes	No	No	No
Wikindx	Yes	Yes	Yes	Yes	Yes
Zotero	Yes	Yes	Yes	Yes	Yes

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Completing the paper

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Discussion

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Competing interests

Abstract and Title

Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: **Conflicts of Interest**

Public trust in the peer-review process and the credibility of published articles depends in part on how well conflict of interest is handled during writing, peer review, and editorial decision making. Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

All participants in the peer-review and publication process must disclose all relationships that could be viewed as potential conflicts of interest. Disclosure of such relationships is also important in connection with editorials and review articles, because it can be more difficult to detect bias in these types of publications than in reports of original research. Editors may use information disclosed in conflict-of-interest and financial-interest statements as a basis for editorial decisions. Editors should publish this information if they believe it is important in judging the manuscript.

Potential Conflicts of Interest Related to Individual Authors' Commitments

When authors submit a manuscript, whether an article or a letter, they are responsible for disclosing all financial and personal relationships that might bias their work. To prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist. Authors should do so in the manuscript on a conflict-of-interest notification page that follows the title page, providing additional detail, if necessary, in a cover letter that accompanies the manuscript. (See Section IV. A. 3. *Conflict-of-Interest Disclosure*.) The ICMJE developed a uniform disclosure form that ICMJE member journals piloted in 2009. The second version of the form is now available. Other journals are welcome to adopt this form.

Authors should identify individuals who provide writing or other assistance and disclose the funding source for this assistance.

Uniform Requirements for Manuscripts (URM)

✓ Statement of Purpose

- [About the URM](#)
- [Potential Users](#)
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✓ Ethical Considerations

- [Authorship and Contributorship](#)
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- [Peer Review](#)
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- [Privacy and Confidentiality](#)
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✓ Publishing and Editorial Issues

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- [Medical Journals and the General Media](#)
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Definition

- Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions
- Synonyms:
 - dual commitments
 - competing interests
 - competing loyalties

Author point of view

- Not all relationships represent true conflict of interest.
- The potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment.
- **All participants in the peer-review and publication process must disclose all relationships that could be viewed as potential conflicts of interest.**

Editor point of view

- Financial relationships are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors and of science itself.
- Conflicts can occur for other reasons, such as personal relationships, academic competition and intellectual passion.
- **Editors should publish this information if they believe it is important in judging the manuscript.**

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

2. Surname (Last Name)

3. Effective Date (07-August-2008)

4. Are you the corresponding author? Yes No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD
2. Consulting fee or honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD
5. Payment for writing or reviewing the manuscript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
						ADD

ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add +" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Consultancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
7. Payment for manuscript preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
9. Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

No competing interests

All authors have completed the Unified Competing Interest form and declare:

- no support from any organisation for the submitted work;
- no financial relationships with any organisations that might have an interest in the submitted work in the previous 3 years;
- no other relationships or activities that could appear to have influenced the submitted work.

Grant funding for research but no other competing interest

All authors have completed the Unified Competing Interest form and declare:

- all authors had financial support from ABC Company for the submitted work;
- no financial relationships with any organisations that might have an interest in the submitted work in the previous 3 years;
- no other relationships or activities that could appear to have influenced the submitted work.

Mixed

All authors have completed the Unified Competing Interest form and declare:

- financial support for the submitted work from ABC Company;
- AB has received research grants and honorariums from XYZ company, BF has been paid for developing and delivering educational presentations for BBB Company, DF does consultancy of HHH and VVV companies;
- AB chairs the BAA guideline committee on disease Y, BF is a member of the Royal College of Physicians' guideline committee on gastroenterology.

Further reading

- R Smith: Beyond conflict of interest. BMJ 1998, 317:291-292
- R Smith: Making progress with competing interests. BMJ 2002, 325:1375-1376
- CD DeAngelis, PB Fontanarosa, A Flanagin: Reporting financial conflicts of interest and relationships between investigators and research sponsors. JAMA 2001, 286:89-9
- K Morin, H Rakatansky, FA Riddick Jr, LJ Morse, JM O'Bannon 3rd, MS Goldrich, P Ray, M Weiss, RM Sade, MA Spillman: Managing conflicts of interest in the conduct of clinical trials. JAMA 2002, 287:78-84

Completing the paper

Introduction

Discussion

References

Competing interests

Abstract and Title

Abstract

Background / Aim

- last paragraph of “Introduction”

Materials and Methods

- one paragraph synopsis

Results

- first paragraph of “Discussion”

Conclusions

- last paragraph of “Discussion”

ESHRE suggestion

Background / Aim

- setting, objective, primary outcome
- PICO question

Methods

- design, patients, setting, intervention, analysis type

Results

- “numbers”: subjects, outcomes
- confidence intervals, absolute numbers, NNT

Conclusions

- clinical implication, primary weakness

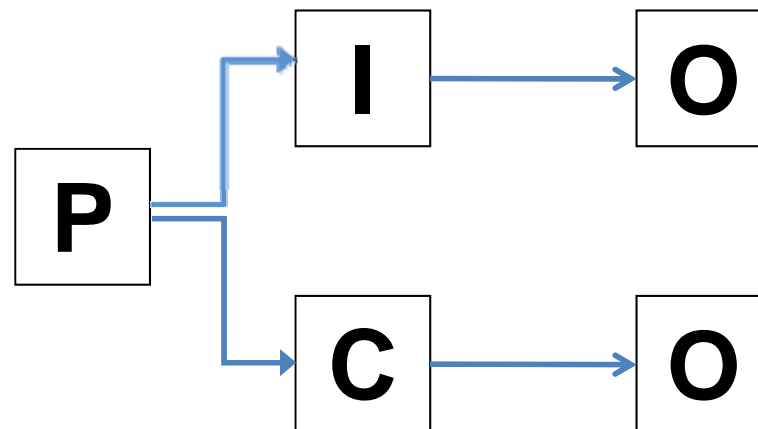
PICO question

Population / **P**roblem / **P**atients

Intervention

Comparator

Outcome



PICO question

OBJECTIVE. To compare the efficacy of multidose medroxyprogesterone acetate and a multidose monophasic combined oral contraceptive (OC) for hemodynamically stable women with non-gestational, acute uterine bleeding. (26 words)

OBJECTIVE. **Among** hemodynamically stable women with non-gestational acute uterine bleeding, **does** multidose medroxyprogesterone acetate **compared** with multidose monophasic combined oral contraceptive (OC) **increase the** likelihood that bleeding will stop in 28 days? (32 words)

Incorrect DNA methylation of the *DAZL* promoter CpG island associates with defective human sperm[†]

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Fernanda Leal⁶, Isabel Cordeiro⁶, Carlos Calhaz-Jorge⁶,
João Gonçalves³, and Carlos E. Plancha²

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Submitted on March 23, 2010; resubmitted on July 5, 2010; accepted on July 7, 2010

BACKGROUND: Successful gametogenesis requires the establishment of an appropriate epigenetic state in developing germ cells. Nevertheless, an association between abnormal spermatogenesis and epigenetic disturbances in germline-specific genes remains to be demonstrated.

METHODS: In this study, the DNA methylation pattern of the promoter CpG island (CGI) of two germline regulator genes—*DAZL* and *DAZ*, was characterized by bisulphite genomic sequencing in quality-fractionated ejaculated sperm populations from normozoospermic (NZ) and oligoasthenoteratozoospermic (OAT) men.

RESULTS: OAT patients display increased methylation defects in the *DAZL* promoter CGI when compared with NZ controls. Such differences are recorded when analyzing sperm fractions enriched either in normal or defective germ cells ($P < 0.001$ in both cases). Significant differences in DNA methylation profiles are also observable when comparing the qualitatively distinct germ cell fractions inside the NZ and OAT groups ($P = 0.003$ and $P = 0.007$, respectively). Contrastingly, the unmethylation pattern of the *DAZ* promoter CGI remains correctly established in all experimental groups.

CONCLUSIONS: An association between disrupted DNA methylation of a key spermatogenesis gene and abnormal human sperm is described here for the first time. These results suggest that incorrect epigenetic marks in germline genes may be correlated with male gametogenic defects.

Key words: male infertility / spermatogenesis / epigenetics / *DAZ* gene family / DNA methylation

Recurrence of hyperemesis gravidarum across generations: population based cohort study

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ABSTRACT

Objective To estimate the risk of hyperemesis gravidarum (hyperemesis) according to whether the daughters and sons under study were born after pregnancies complicated by hyperemesis.

Design Population based cohort study.

Setting Registry data from Norway.

Participants Linked generational data from the medical birth registry of Norway (1967–2006): 544 087 units of mother and childbearing daughter and 399 777 units of mother and child producing son.

Main outcome measure Hyperemesis in daughters in mother and childbearing daughter units and hyperemesis in female partners of sons in mother and child producing son units.

Results Daughters who were born after a pregnancy complicated by hyperemesis had a 3% risk of having hyperemesis in their own pregnancy, while women who were born after an unaffected pregnancy had a risk of 1.1% (unadjusted odds ratio 2.9, 95% confidence interval 2.4 to 3.6). Female partners of sons who were born after pregnancies complicated by hyperemesis had a risk of 1.2% (1.0, 0.7 to 1.6). Daughters born after a pregnancy not complicated by hyperemesis had an increased risk of the condition if the mother had hyperemesis in a previous or subsequent pregnancy (3.2 (1.6 to 6.4) if hyperemesis had occurred in one of the mother's previous pregnancies and 3.7 (1.5 to 9.1) if it had occurred in a later pregnancy). Adjustment for maternal age at childbirth, period of birth, and parity did not change the estimates. Restrictions to firstborns did not influence the results.

Conclusions Hyperemesis gravidarum is more strongly influenced by the maternal genotype than the fetal genotype, though environmental influences along the maternal line cannot be excluded as contributing factors.

outcomes such as low birth weight and preterm birth.^{1–3} The aetiology is unknown.²⁰ A study using the medical birth registry of Norway found that the risk of hyperemesis in a woman's second pregnancy was 15.2% if hyperemesis had occurred in the first, compared with only 0.7% if it had not occurred.⁹ For women with hyperemesis in the first pregnancy, the risk of hyperemesis in the second pregnancy was 10.9% after a change of partner, while it was 16.0% if the partner remained the same.⁹ These findings suggest that there might be a genetic aspect to hyperemesis, possibly involving both maternal and fetal genes, although environmental factors cannot be ruled out.

To extend our understanding of the aetiology of this condition we examined the risk of hyperemesis according to whether or not the women and men under study were born after pregnancies complicated by hyperemesis. In addition, we estimated the risk of hyperemesis in women born after pregnancies not complicated by hyperemesis but where their mothers had hyperemesis in a previous or later pregnancy.

METHODS

Population under study

The medical birth registry is a population based, mandatory registry of all births in Norway and contains data from 1967 to the present, providing an opportunity to study the occurrence of birth outcomes across generations.^{20–22} The midwife or physician attending the birth fills in a standardised form with demographic data on the parents, maternal health before and during pregnancy, complications and interventions during delivery, and the condition of the newborn. An antenatal card is completed for all pregnant women at the first routine examination in pregnancy, normally early in the first trimester. All

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Box 6.3 Developing a title in four steps (after Lilleyman, 1998)⁵

- 1 An epidemiological geographically based study of the quantity and effects of ionising radiation received by male employees of a nuclear reprocessing plant and male residents working elsewhere in the same vicinity shows an increased risk of childhood leukaemia in the children of nuclear workers only
- 2 An epidemiological study of the links between the radiation received by male employees of a nuclear reprocessing plant and other local residents and childhood leukaemia
- 3 Relation between working at and living near a nuclear reprocessing plant and childhood leukaemia
- 4 **“Nuclear reprocessing, radiation exposure, and childhood leukaemia: an epidemiological study”**

Title – basics aspects

Nouns

- necessary entities
- connection

Subtitle

- study type
- sample size

Title – basics aspects

Editorial check

- number of words
- no abbreviations

Author check

- concise: every word must add something
- precise: neither wide nor narrow

Title – advanced aspects

- **Neutral**
 - Comparison of A vs. B ...
- **Affirmative**
 - A is better than B ...
- **Interrogative**
 - Is A better than B?
- **“Non-medical” phrasing**
 - Apples and Bananas ...

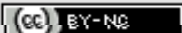
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- Rod T. Mitchell, Philippa T.K. Saunders, Andrew J. Childs, Claire Cassidy-Kujirna, Richard A. Anderson, W. Hamish B. Wallace, Chris J.H. Kelnar, and Richard M. Sharpe

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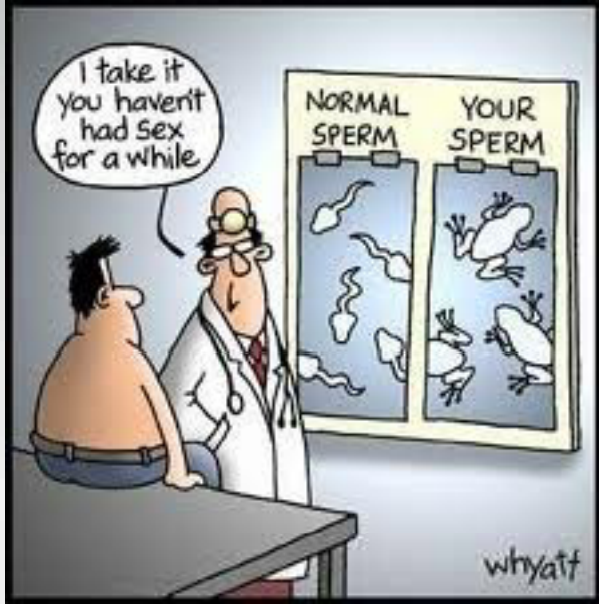
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Discussion

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(1642)

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- A valid attempt to get a clear answer

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