ΕΘΝΙΚΟ ΚΑΙ ΚΑΠΟΔΙΣΤΡΙΑΚΟ ΠΑΝΕΠΙΣΤΗΜΙΟ ΑΘΗΝΩΝ
ΣΧΟΛΗ ΕΠΙΣΤΗΜΩΝ ΥΓΕΙΑΣ
ΙΑΤΡΙΚΗ ΣΧΟΛΗ

ΠΡΟΓΡΑΜΜΑ ΜΕΤΑΠΤΥΧΙΑΚΩΝ ΣΠΟΥΔΩΝ «ΛΟΙΜΩΞΙΟΛΟΓΙΑ» 2021-2022

ΔΙΑΜΟΡΦΩΣΗ ΕΡΕΥΝΗΤΙΚΗΣ ΔΗΜΟΣΙΕΥΣΗΣ: ΕΠΟΠΤΙΚΟ ΥΛΙΚΟ

Ευδοξία Κυριαζοπούλου
Παθολόγος, Επιμελήτρια Β
ΠΓΝ ΑΤΤΙΚΟΝ

ΕΙΔΗ ΕΡΕΥΝΗΤΙΚΩΝ ΣΗΜΟΣΙΕΥΣΕΩΝ

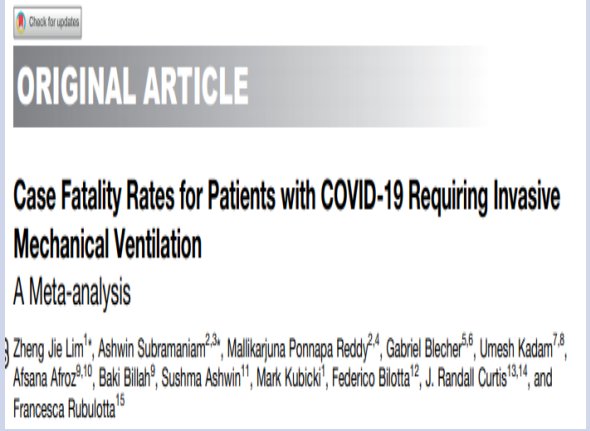
Check for updates

ORIGINAL ARTICLE

Urinary Leukotriene E_4 and Prostaglandin D_2 Metabolites Increase in Adult and Childhood Severe Asthma Characterized by Type 2 Inflammation

A Clinical Observational Study

Johan Kolmert[1,2,3], Cristina Gómez[1,2,3], David Balgoma[1,2,3], Marcus Sjödin[1,2,3], Johan Bood[1,3,4], Jon R. Konradsen[3,5,6], Magnus Ericsson[7], John-Olof Thörngren[7], Anna James[1,3], Maria Mikus[1,3], Ana R. Sousa[8], John H. Riley[8], Stewart Bates[8], Per S. Bakke[9], Ioannis Pandis[10], Massimo Caruso[11,12], Pascal Chanez[13], Stephen J. Fowler[14], Thomas Geiser[15], Peter Howarth[16], Ildikó Horváth[17], Norbert Krug[18], Paolo Montuschi[19], Marek Sanak[20], Annelie Behndig[21], Dominick E. Shaw[22], Richard G. Knowles[23], Cécile T. J. Holweg[24], Åsa M. Wheelock[25], Barbro Dahlén[3,4], Björn Nordlund[5,6], Kjell Alving[26], Gunilla Hedlin[3,5,6], Kian Fan Chung[10], Ian M. Adcock[10], Peter J. Sterk[27], Ratko Djukanovic[16], Sven-Erik Dahlén[1,3]*, and Craig E. Wheelock[2,3]*; on behalf of the U-BIOPRED Study Group



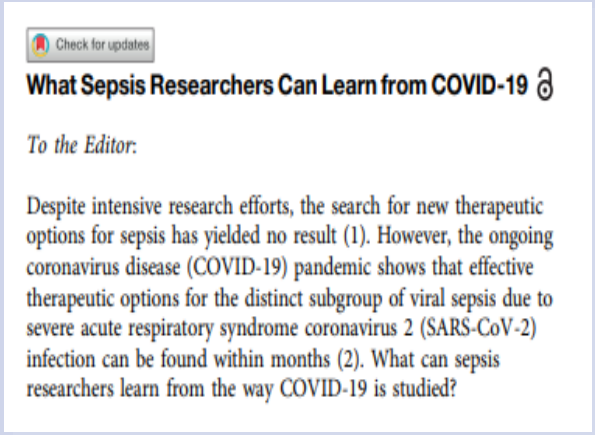
Check for updates

ORIGINAL ARTICLE

Case Fatality Rates for Patients with COVID-19 Requiring Invasive Mechanical Ventilation

A Meta-analysis

Zheng Jie Lim[1]*, Ashwin Subramaniam[2,3]*, Mallikarjuna Ponnapa Reddy[2,4], Gabriel Blecher[5,6], Umesh Kadam[7,8], Afsana Afroz[9,10], Baki Billah[9], Sushma Ashwin[11], Mark Kubicki[1], Federico Bilotta[12], J. Randall Curtis[13,14], and Francesca Rubulotta[15]



Check for updates

What Sepsis Researchers Can Learn from COVID-19

To the Editor:

Despite intensive research efforts, the search for new therapeutic options for sepsis has yielded no result (1). However, the ongoing coronavirus disease (COVID-19) pandemic shows that effective therapeutic options for the distinct subgroup of viral sepsis due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection can be found within months (2). What can sepsis researchers learn from the way COVID-19 is studied?

Original research

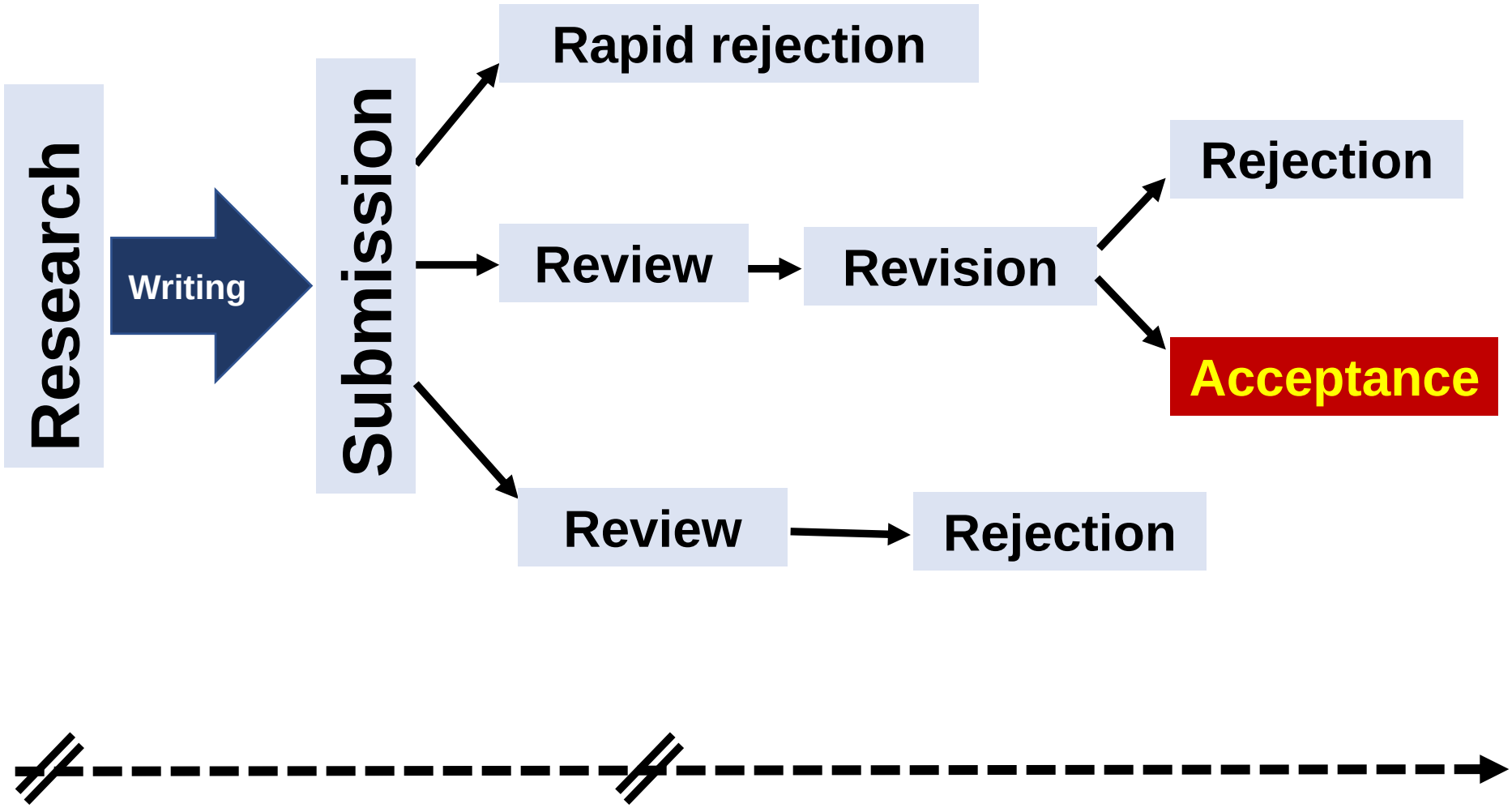
Review

Systematic
(± Meta-analysis)
or
Narrative

Other

Opinion letters
Editorials
Case reports
etc

ΠΟΡΕΙΑ ΕΡΕΥΝΗΤΙΚΩΝ ΔΗΜΟΣΙΕΥΣΕΩΝ



Tip 10 - Choice of journal: define a list of target journals!

ΕΠΙΛΟΓΗ ΠΕΡΙΟΔΙΚΟΥ

- Ανάλογα με γνωστικό αντικείμενο
- Ανάλογα με σκοπό/ προφίλ περιοδικού
- Ανάλογα με συντελεστή απήχησης

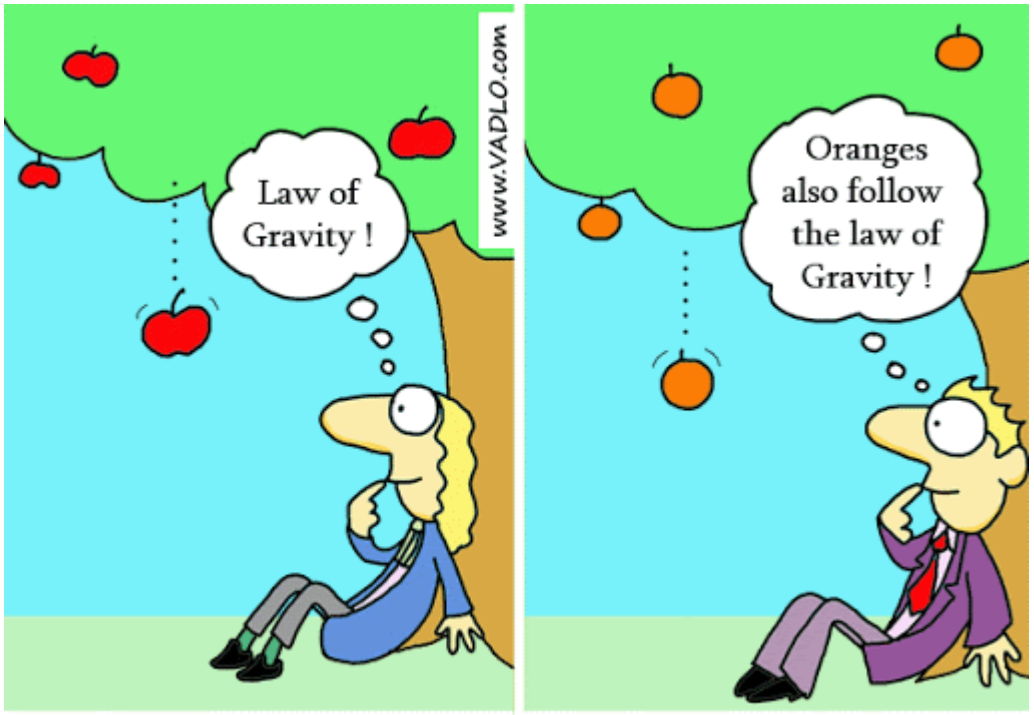
ΕΠΙΛΟΓΗ ΠΕΡΙΟΔΙΚΟΥ: ΠΡΟΦΙΛ ΠΕΡΙΟΔΙΚΟΥ

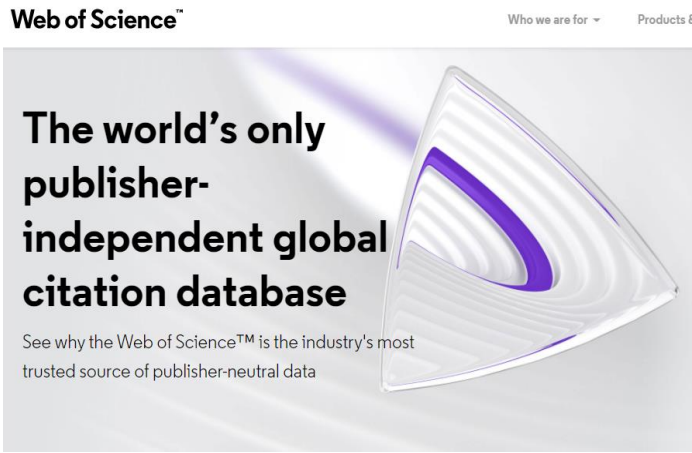
ΕΠΙΛΟΓΗ ΠΕΡΙΟΔΙΚΟΥ: ΣΥΝΤΕΛΕΣΤΗΣ ΑΠΗΧΗΣΗΣ

Scimago Journal & Country Rank SJR

https://www.scimagojr.com/journalrank.php

Web of Science Journal Citation Reports Clarivate





ΟΔΗΓΙΕΣ ΠΕΡΙΟΔΙΚΟΥ ΠΡΟΣ ΣΥΓΓΡΑΦΕΙΣ ΚΑΙ ΠΡΟΕΤΟΙΜΑΣΙΑ ΑΠΑΡΑΙΤΗΤΩΝ ΕΓΓΡΑΦΩΝ

- Cover letter
- Manuscript
- Figures/ Tables
- Supplement
- Checklist of reporting guidelines
- COI etc

REPORTING GUIDELINES
equator-network.org

equator network

Enhancing the QUAlity and Transparency Of health Research

EQUATOR resources in German | Portuguese | Spanish

Home | About us | Library | Toolkits | Courses & events | News | Blog | Librarian Network | Contact

Your one-stop-shop for writing and publishing high-impact health research

find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines

Library for health research reporting

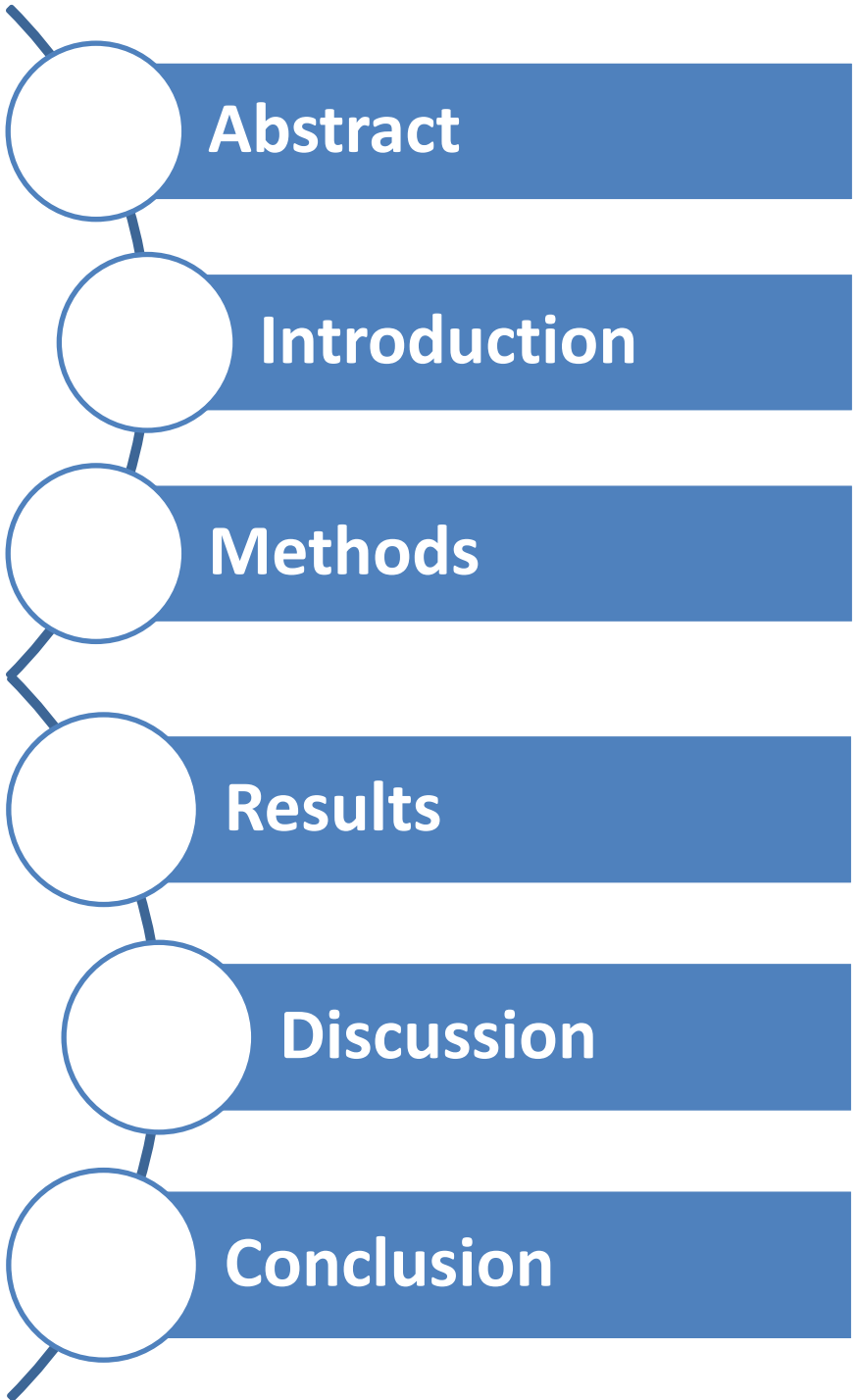
The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

- Search for reporting guidelines
- Not sure which reporting guideline to use?
- Reporting guidelines under development
- Visit the library for more resources

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Study protocols	SPIRIT	PRISMA-P
Diagnostic/prognostic studies	STARD	TRIPOD
Case reports	CARE	Extensions
Clinical practice guidelines	AGREE	RIGHT
Qualitative research	SRQR	COREQ
Animal pre-clinical studies	ARRIVE	
Quality improvement studies	SQUIRE	
Economic evaluations	CHEERS	

Manuscript


Abstract
Introduction
Methods
Results
Discussion
Conclusion

Methods and Results: Figures and Tables

- **Το Α και το Ω μιας δημοσίευσης**
- **Πρέπει να μπορούν να «στέκονται» αυτόνομα – να περιέχουν μια ολοκληρωμένη πληροφορία**
- **Απαραίτητο να φαίνεται ανάμεσα σε ποιες ομάδες γίνεται η σύγκριση και ο αριθμός των ασθενών/πειραματοζώων κλπ ανά ομάδα καθώς και η τιμή του στατιστικού κριτηρίου σύγκρισης**
- **Η παρουσίαση πρέπει να είναι ευκρινής και ελκυστική**

Study flow chart I

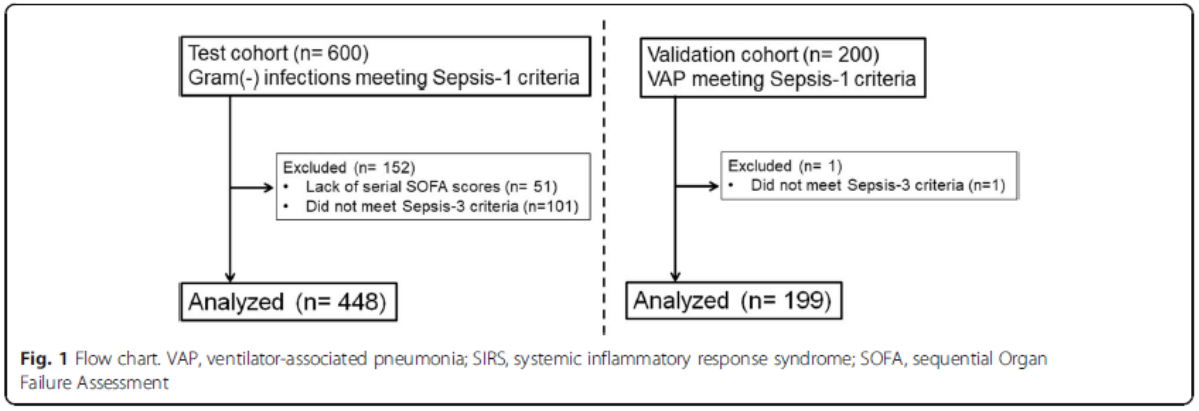
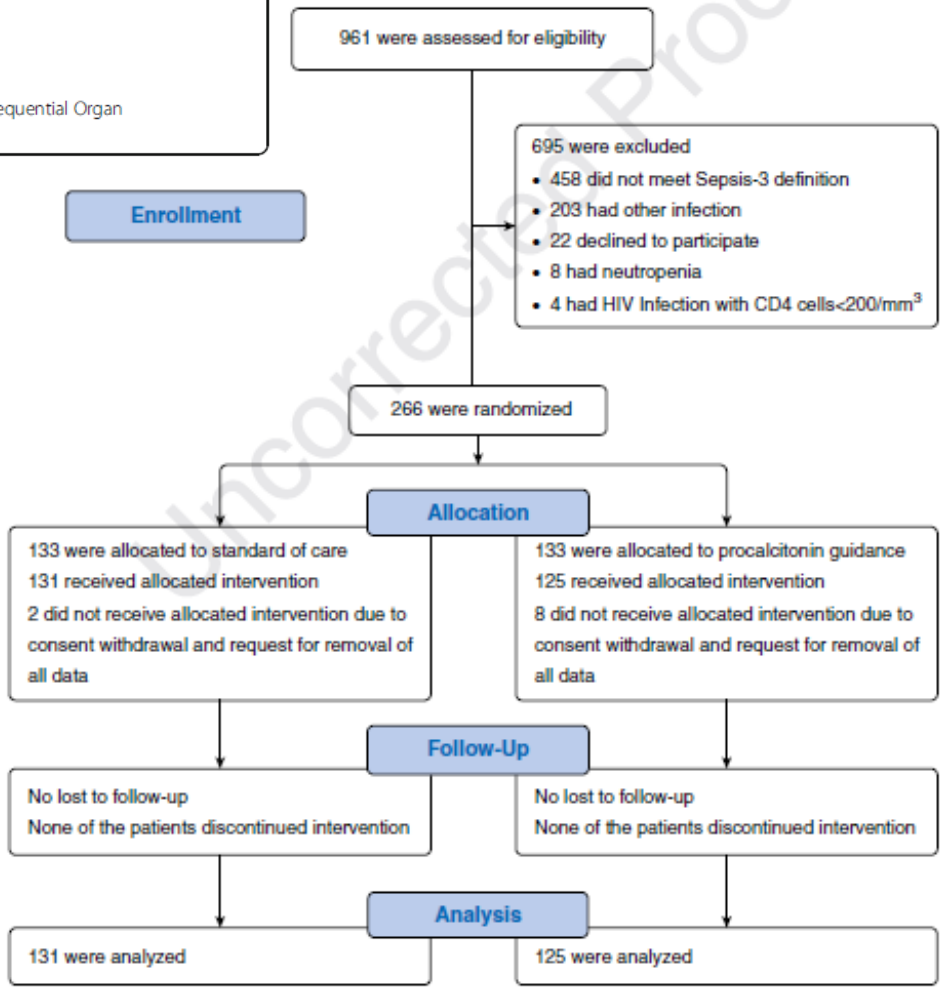
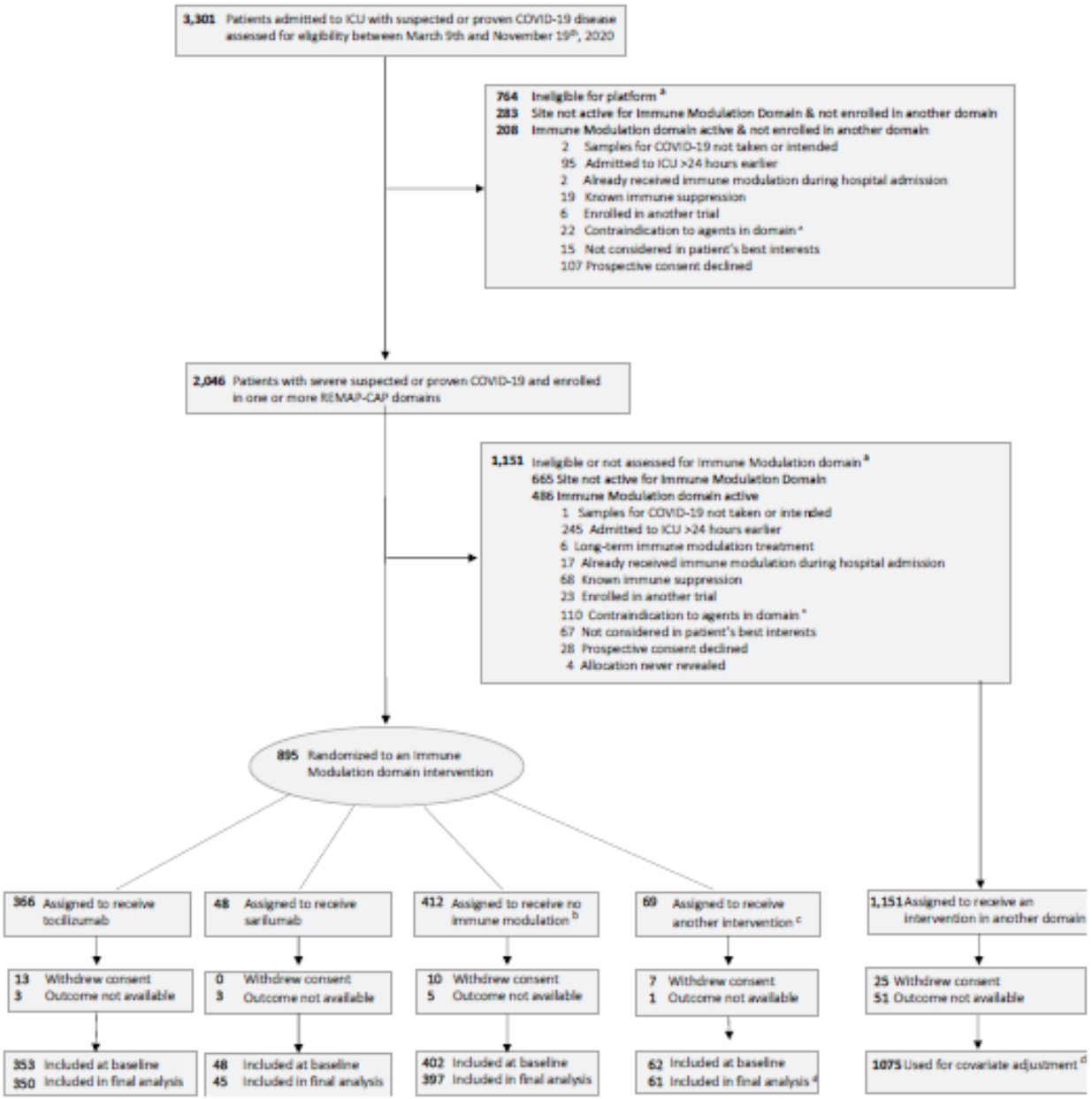


Fig. 1 Flow chart. VAP, ventilator-associated pneumonia; SIRS, systemic inflammatory response syndrome; SOFA, sequential Organ Failure Assessment



Karakike E, et al. *Crit Care* 2019
Kyriazopoulou E, et al. *Am J Respir Crit Care Med* 2020

Study flow chart II



Gordon A, et al. medRxiv preprint doi: https://doi.org/10.1101/2021.01.07.21249390

Table of baseline demographics I

Table 1. Baseline Characteristics of Enrolled Patients

	Standard of Care (*n* = 131)	PCT Guidance (*n* = 125)	All Patients (*N* = 256)
Age, mean (SD), yr	78.0 (13.1)	79.6 (9.8)	78.6 (11.6)
Sex, M, *n* (%)	62 (45.8)	52 (40.8)	114 (44.5)
Charlson's comorbidity index, mean (SD)	6.0 (2.4)	5.6 (1.9)	5.8 (2.2)
Septic shock, *n* (%)	9 (6.9)	9 (7.2)	18 (7.0)
APACHE II score, mean (SD)	13.3 (4.7)	13.0 (4.6)	13.2 (4.7)
SOFA score, mean (SD)	4.1 (2.2)	4.1 (2.1)	4.1 (2.2)
Procalcitonin, median (Q1–Q3), μg per liter	0.53 (0.15–5.03)	0.86 (0.17–5.95)	0.65 (0.17–5.77)
Meeting stopping rule on Day 5, *n* (%)			
⩾80% decrease of initial serum PCT	32 (24.4)	35 (28.0)	67 (26.2)
Serum PCT <0.5 μg per liter	74 (56.5)	71 (56.8)	145 (56.6)
Combined criteria	92 (70.2)	89 (71.2)	181 (70.7)
Meeting stopping rule after Day 5*, *n* (%)	N/A	20 (16.0)	N/A
Noncompliance with PCT stopping rule because of medical instability, *n* (%)	N/A	13 (10.4)	N/A
Overall compliance with PCT stopping rule, *n* (%)	N/A	96 (76.8)	N/A
Type of infection, *n* (%)			
Community-acquired pneumonia	57 (43.5)	55 (44.0)	112 (43.8)
Healthcare-associated pneumonia	27 (20.6)	16 (12.8)	43 (16.8)
Acute pyelonephritis	44 (33.6)	51 (40.8)	95 (37.1)
Primary bloodstream infection	1 (0.8)	2 (1.6)	3 (1.2)
Hospital-acquired pneumonia	2 (1.5)	1 (0.8)	3 (1.2)
Microbiological documentation, *n* (%)			
E. coli	22 (16.7)	24 (19.2)	46 (18.0)
K. pneumoniae	7 (5.3)	5 (4.0)	12 (4.7)
P. aeruginosa	2 (1.5)	1 (0.8)	3 (1.2)
S. pneumoniae	8 (6.1)	4 (3.2)	12 (4.7)
H. influenzae	8 (6.7)	6 (5.0)	14 (5.5)
S. aureus	3 (2.3)	3 (2.4)	6 (2.3)
C. difficile	0 (0.0)	0 (0.0)	0 (0.0)
Other	6 (4.6)	9 (7.2)	15 (5.9)
Multidrug-resistant pathogen	6 (4.6)	4 (3.2)	10 (3.9)
Extensively drug-resistant	0 (0.0)	0 (0.0)	0 (0.0)
Pandrug-resistant	0 (0.0)	0 (0.0)	0 (0.0)
Positive blood culture, *n* (%)	23 (17.6)	19 (15.2)	42 (16.4)
Empiric treatment according to ESCMID guidelines, *n* (%)†	112 (85.5)	103 (82.4)	215 (84.0)

Kyriazopoulou E, et al. *Am J Respir Crit Care Med* 2020

Table of baseline demographics II

Table 1 Comparative baseline demographics of the two cohorts

	Derivation cohort (n = 448)	Validation cohort (n = 199)	p value
Male gender, n (%)	213 (47.5)	147 (73.9)	< 0.001
Age (years, mean ± SD)	71.7 ± 16.6	58.4 ± 19.1	< 0.001
SOFA score (mean ± SD)	6.1 ± 4.1	7.8 ± 3.4	< 0.001
APACHE II score (mean ± SD)	15.1 ± 7.4	17.1 ± 5.7	0.001
CCI (mean ± SD)	4.1 ± 2.5	2.6 ± 1.7	< 0.001
PaO2/FiO2 ratio (mean ± SD)	298.8 ± 112.6	218.5 ± 98.0	< 0.001
Mechanical ventilation, n (%)	90 (20.1)	199 (100)	< 0.001
Characteristics of MV population			
Tidal volume (ml/kg, mean ± SD)	6.6 ± 0.9	6.5 ± 0.9	0.179
PEEP level (mmHg, mean ± SD)	5.7 ± 0.9	6 ± 0.9	0.011
PaO2/FiO2 ratio (mean ± SD)	252.7 ± 113.7	218.5 ± 98.0	0.020
Duration of MV (days, mean ± SD)	14.5 ± 13.8	14.7 ± 10.4	0.346
Underlying infection, n (%)			
Acute pyelonephritis	207 (46.2)	0 (0)	NA
Acute intra-abdominal infection	162 (36.2)	0 (0.0)	NA
Primary Gram-negative bacteremia	71 (15.8)	0 (0.0)	NA
Secondary Gram-negative bacteremia (other than urinary or intra-abdominal)	8 (1.8)	0 (0.0)	0.107
Ventilator-associated pneumonia	0 (0)	199 (100.0)	NA
Early (< 7 days of MV)		84 (42.2)	
Late (> 7 days of MV)		115 (57.8)	
Septic shock, n (%)	88 (19.6)	85 (42.7)	< 0.001
ARDS, n (%)	136 (30.4)	150 (75.4)	< 0.001
ICU admission, n (%)	90 (20.1)	198 (99.5)	< 0.001
ICU LOS (days, mean ± SD)	45.3 ± 94.3	36.9 ± 34.4	0.317
Hospital LOS (days, mean ± SD)	20.0 ± 47.6	51.7 ± 47.5	< 0.001
For ICU-admitted population	49.6 ± 98.9	51.7 ± 47.5	0.006
For non-ICU-admitted population	12.6 1 ± 0.9	NA	
ICU mortality, n (%)	49 (54.4)	89 (44.9)	0.162
Hospital mortality, n (%)	123 (27.5)	110 (55.3)	< 0.001
28-day mortality, n (%)	102 (22.8)	59 (29.6)	0.075
90-day mortality, n (%)	118 (26.3)	153 (76.9)	< 0.001

Abbreviations: *ARDS* Acute Respiratory Distress Syndrome, *SD* standard deviation, *SOFA* Sequential Organ Failure Assessment, *APACHE* Acute Physiology and Chronic Health Evaluation, *CCI* Charlson's comorbidity index, *ICU* Intensive Care Unit, *LOS* Length of Stay, *MV: mechanical ventilation*, *NA* not applicable

Karakike E, et al. *Crit Care* 2019

Other Tables and Figures

- **Σε μια κλινική μελέτη είμαστε υποχρεωμένοι να δώσουμε σε πίνακα αναλυτικά τα δεδομένα για primary and secondary outcomes**
- **Σε μια κλινική μελέτη είμαστε υποχρεωμένοι να δώσουμε σε πίνακα αναλυτικά τα δεδομένα για AE/SAE**
- **Βασικό Figure συνήθως αποτελεί το primary outcome ή το καίριο στοιχείο της έρευνας**

Methods and Results I

- **Συνήθως γράφονται μαζί καθώς το ένα κομμάτι απαντά στο άλλο**

- **Στις μεθόδους είμαστε όσο πιο αναλυτικοί μπορούμε, εξηγούμε τι ακριβώς πράξαμε υπό ποιες συνθήκες και πότε. Ορίζουμε με ακρίβεια νόσους και συνθήκες και εξηγούμε πιθανές παραδοχές.**

- **Αν πρόκειται για κλινική μελέτη ή μελέτη με ζώα απαραίτητο στα methods να δίνονται οι απαραίτητοι αριθμοί πρωτοκόλλου των εγκρίσεων. Ειδικά για κλινική μελέτη απαραίτητος και ο αριθμός καταγραφής σε μια έγκυρη βάση καταγραφής κλινικών μελετών (πχ clinicaltrials.gov)**

Methods and Results II

- **Σειρά methods και results κατά προτίμηση πρέπει να είναι ίδια**
- **Συχνές οι υποκεφαλίδες για μεγαλύτερη σαφήνεια**

2. Patients and methods

2.1. Study design

This was a retrospective analysis of prospectively collected clinical data of patients with infections and SIRS who were admitted to the 65 clinical sites that participate in HSSG. The study protocol was approved by the hospital ethics committees. All methods were performed in accordance with the relevant guidelines and regulations. Patients were enrolled after written informed consent was provided by themselves or their first-degree relatives in cases where patients were unable to consent themselves. The approved protocol and the informed consent form (ICF) allowed the analysis of clinical data and treatment modalities of patients in relation to final outcome. As a consequence, no new protocol submission for approval was needed and no new ICF was col-

2.2. Pre-defined analysis plan

Only patients with CAP and sepsis classified according to the new Sepsis-3 criteria were analysed. Patients treated with ceftazidime were excluded. Four treatment groups were formed:

- clarithromycin group, comprising all available patients treated with a combination of clarithromycin and one β-lactam;
- azithromycin group, comprising patients treated with a combination of azithromycin and one β-lactam;
- respiratory fluoroquinolone group, comprising patients treated with moxifloxacin or levofloxacin alone; and

2.3. Study endpoints

The primary study endpoint was comparative 28-day mortality between the clarithromycin group and the β-lactam group.

The secondary study endpoints were: (a) impact of clarithromycin intake on 28-day mortality in comparison with the other groups; (b) time to development of new organ dysfunction between the clarithromycin group and the β-lactam group; and (c) impact of clarithromycin intake on resolution of CAP in comparison with the other groups. Resolution of CAP was defined as resolution of the signs of SIRS and the symptoms compatible with CAP (cough, sputum production, dyspnoea, auscultatory rales) at the completion of 7 days of treatment.

2.4. Statistical analysis

The baseline characteristics of the four treatment groups were compared. Dichotomous variables were analysed using the Chi-squared test and quantitative variables were analysed by

Kyriazopoulou E, et al. *Int J Antimicrob Agents* 2020

Introduction and Discussion

Συχνά γράφονται μαζί καθώς το ένα φυσική συνέχεια του άλλου

Introduction

blabla blabla blabla
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1 σελίδα Α4
3-4 παράγραφοι το πολύ

1η παράγραφος = μια γενικότητα

2-3η παράγραφος = εστίαση περισσότερο στο θέμα

Τέλος = ξεκάθαρη αναφορά στο σκοπό μας

We aimed to show that…..
Our aim was to investigate if…
We conducted the…. trial to show that….

Discussion, τέχνη και εμπειρία…

Η πρώτη παράγραφος έρχεται ως απάντηση στο ερώτημα που θέσαμε στην τελευταία παράγραφο του Introduction και είναι σύνοψη των κύριων ευρημάτων

Discussion

Long-term use of antibiotics causes substantial damage to the gut flora, increasing the risk of infections caused by *C. difficile* and MDROs in critically ill patients, which are associated with poor clinical outcomes (14, 15). We conducted the PROGRESS (Procalcitonin-guided Antimicrobial Therapy to Reduce Long-Term Sequelae of Infections) trial to investigate whether the PCT-guided early discontinuation of antibiotic therapy would reduce the incidence of adverse events associated with these long-term infection sequelae in patients with sepsis that are driven by the prolonged use of antibiotics. These include death by MDROs and acquisition of infections by *C. difficile* and MDROs.

In this multicenter randomized trial, we found that early discontinuation of antimicrobial therapy guided by a PCT measurement below <0.5 μg per liter or a reduction of at least 80% from the baseline at Day 5 or later significantly reduced the rate of infection-associated adverse events. Following the PCT-guidance approach, the length of antibiotic therapy was reduced and there were survival benefits in terms of reduction in both in-hospital and 28-day mortality reflecting a direct impact on all baseline infections.

In the PROGRESS trial, we demonstrate for the first time that PCT-guided early discontinuation of antimicrobials in patients with sepsis prevents infection caused by MDROs and/or *C. difficile*. Two important

Discussion

- 2-3 σελίδες
- Συζήτηση κύριων και δευτερευόντων ευρημάτων στο πλαίσιο ως τώρα υπαρχόντων στοιχείων
- 10-20 βιβλιογραφικές παραπομπές το πολύ
- Οχι «θέσφατα» χωρίς βιβλιογραφική στήριξη
- Added value of the study vs Limitations (όσο το δυνατόν μεγαλύτερη ειλικρίνεια)

Conclusion

- Η τελευταία παράγραφος
- Σύνοψη του κύριου μηνύματος
- Όσο πιο catcy γίνεται
- Να αφήνει νέο παράθυρο για μετέπειτα έρευνα

Conclusions

The use of PCT guidance for early discontinuation of antimicrobials in medically stable and afebrile patients with sepsis demonstrated significant clinical benefits. The PCT-guidance approach was associated with lower infection-associated adverse events, lower 28-day mortality, shorter LOT, early hospital discharge, and decreased costs of hospitalization. These benefits may have substantial impact on public health, particularly for countries with high antimicrobial consumption. ■

Abstract-Keywords

- **Γράφεται στο τέλος**
- **Σχεδόν όλα τα περιοδικά με περιορισμό λέξεων**
- **Σχεδόν όλα τα περιοδικά ζητούν structured abstract**
- **Introduction, Methods, Results, Conclusion**

- **Μικρογραφία του manuscript**
- **Τα αποτελέσματα όσο πιο αναλυτικά γίνεται (με νούμερα!!!)**

Tip 12 - Responding to reviewers: don't get frustrated!