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签名：_____刘谦_____

日期：_____2018.5.31_____

肿瘤SCI文章发表的策略-选刊与问题

刘谦

《中国肺癌杂志》

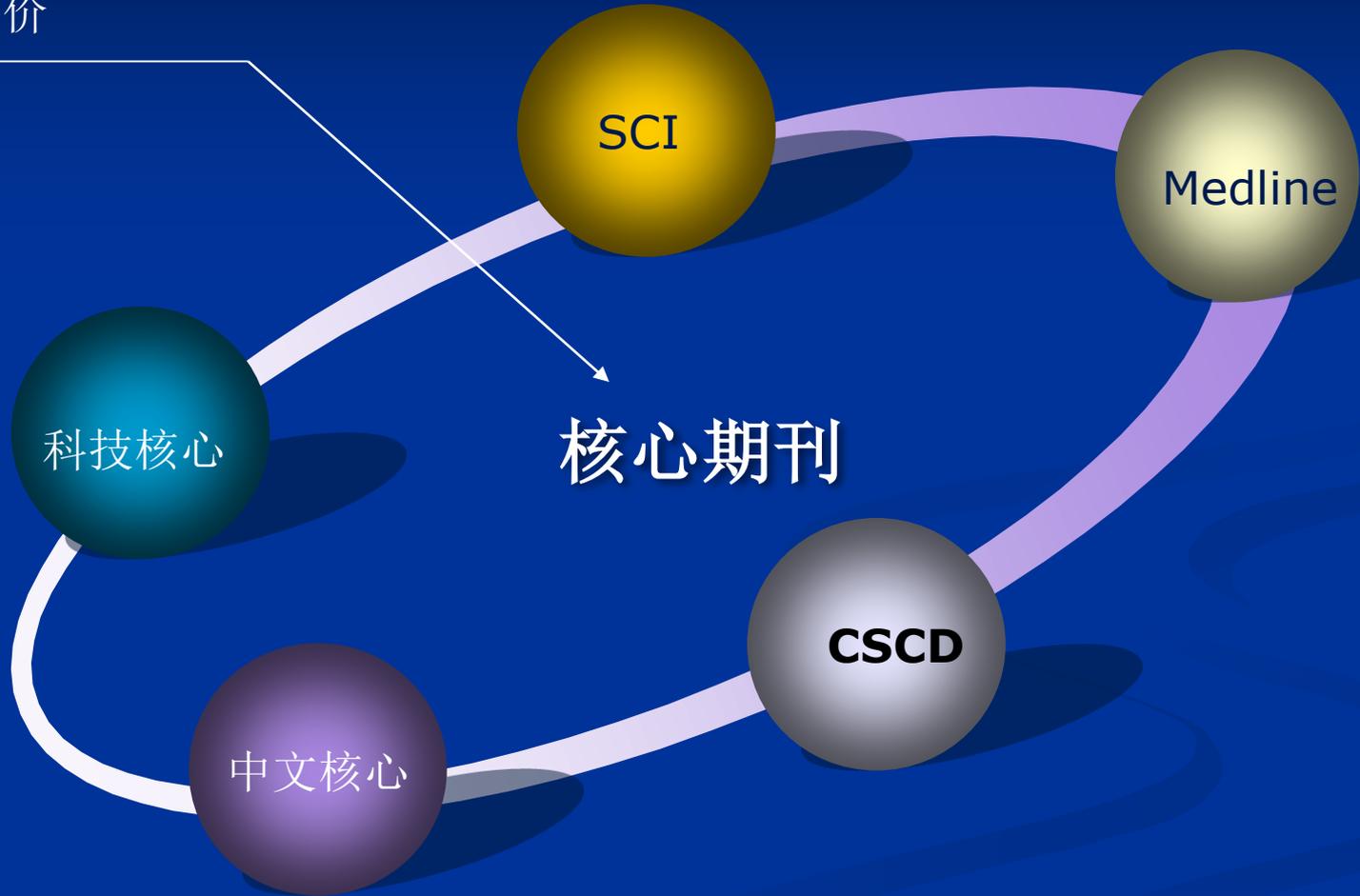
Thoracic Cancer

Asia-Pacific Journal of Clinical Oncology

Email: liuqian@lungca.org

核心期刊与SCI

论文评价



2014版北大中文核心期刊目录(肿瘤类)

1. 中华肿瘤杂志(北京)
2. 中华放射肿瘤学杂志(北京)
3. 肿瘤(上海)
4. 中国肿瘤生物治疗杂志(上海)
5. 中国癌症杂志(上海)
6. 中国肿瘤临床(天津)
7. 中国肺癌杂志(天津)
8. 肿瘤防治研究(湖北)
9. 中华肿瘤防治杂志(山东)

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ALL(8853)

	Full Journal Title	Total Cites	Journal Impact Factor 	Eigenfactor Score
1	CA-A CANCER JOURNAL FOR CLINICIANS	24,539	187.040	0.06459
2	NEW ENGLAND JOURNAL OF MEDICINE	315,143	72.406	0.70077
3	NATURE REVIEWS DRUG DISCOVERY	28,750	57.000	0.06082
4	CHEMICAL REVIEWS	159,155	47.928	0.24660
5	LANCET	214,732	47.831	0.40493
6	NATURE REVIEWS MOLECULAR CELL BIOLOGY	40,565	46.602	0.09576
7	JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	141,015	44.405	0.28091
8	NATURE BIOTECHNOLOGY	53,992	41.667	0.16993
9	NATURE REVIEWS GENETICS	32,654	40.282	0.10254
10	NATURE	671,254	40.137	1.43399
11	NATURE REVIEWS IMMUNOLOGY	34,948	39.932	0.09301
12	NATURE MATERIALS	81,831	39.737	0.20402
13	Nature Nanotechnology	48,814	38.986	0.17252
14	CHEMICAL SOCIETY REVIEWS	113,731	38.618	0.28427

Oncology(217)

	Full Journal Title	Total Cites	Journal Impact Factor <small>▼</small>	Eigenfactor Score
1	CA-A CANCER JOURNAL FOR CLINICIANS	24,539	187.040	0.06459
2	NATURE REVIEWS CANCER	46,017	37.147	0.08495
3	LANCET ONCOLOGY	38,110	33.900	0.12193
4	CANCER CELL	32,653	27.407	0.10293
5	JOURNAL OF CLINICAL ONCOLOGY	149,617	24.008	0.28480
6	Nature Reviews Clinical Oncology	6,733	20.693	0.02677
7	Cancer Discovery	8,944	20.011	0.05345
8	JAMA Oncology	2,496	16.559	0.01130
9	JNCI-Journal of the National Cancer Institute	38,391	12.589	0.06253
10	ANNALS OF ONCOLOGY	34,424	11.855	0.09098
11	LEUKEMIA	23,538	11.702	0.05980
12	CLINICAL CANCER RESEARCH	77,834	9.619	0.14099
13	BIOCHIMICA ET BIOPHYSICA ACTA-REVIEWS ON CANCER	4,889	9.452	0.00946
14	SEMINARS IN CANCER BIOLOGY	5,835	9.141	0.01237
15	CANCER RESEARCH	139,655	9.122	0.14918

Respiratory system(59)

	Full Journal Title	JCR Abbreviated Title	ISSN	Total Cites	Journal Impact Factor ▼
1	Lancet Respiratory Medicine	LANCET RESP MED	2213-2600	3,920	19.287
2	AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE	AM J RESP CRIT CARE	1073-449X	56,793	13.204
3	EUROPEAN RESPIRATORY JOURNAL	EUR RESPIR J	0903-1936	32,927	10.569
4	THORAX	THORAX	0040-6376	21,198	8.272
5	JOURNAL OF HEART AND LUNG TRANSPLANTATION	J HEART LUNG TRANSPL	1053-2498	9,754	7.114
6	Journal of Thoracic Oncology	J THORAC ONCOL	1556-0864	12,094	6.595
7	CHEST	CHEST	0012-3692	49,091	6.147
8	Journal of Cystic Fibrosis	J CYST FIBROS	1569-1993	3,708	4.727
9	JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY	J THORAC CARDIOV SUR	0022-5223	26,652	4.446
10	Journal of Breath Research	J BREATH RES	1752-7155	1,292	4.318
11	LUNG CANCER	LUNG CANCER	0169-5002	10,841	4.294
12	AMERICAN JOURNAL OF PHYSIOLOGY-LUNG CELLULAR AND MOLECULAR PHYSIOLOGY	AM J PHYSIOL-LUNG C	1040-0605	13,082	4.281
13	AMERICAN JOURNAL OF RESPIRATORY CELL AND MOLECULAR BIOLOGY	AM J RESP CELL MOL	1044-1549	11,266	4.100
14	RESPIRATORY RESEARCH	RESP RES	1465-993X	5,671	3.841
15	EUROPEAN JOURNAL OF CARDIO-THORACIC SURGERY	EUR J CARDIO-THORAC	1010-7940	14,568	3.759
16	CLINICS IN CHEST MEDICINE	CLIN CHEST MED	0272-5231	2,292	3.737

Surgery(197)

	Full Journal Title	Total Cites	Journal Impact Factor 	Eigenfactor Score
1	ANNALS OF SURGERY	48,707	8.980	0.07102
2	JAMA Surgery	3,379	7.956	0.01916
3	JOURNAL OF NEUROLOGY NEUROSURGERY AND PSYCHIATRY	27,955	7.349	0.03472
4	JOURNAL OF HEART AND LUNG TRANSPLANTATION	9,754	7.114	0.02394
5	AMERICAN JOURNAL OF TRANSPLANTATION	21,844	6.165	0.04961
6	BRITISH JOURNAL OF SURGERY	22,447	5.899	0.03307
7	ENDOSCOPY	10,295	5.444	0.01717
8	AMERICAN JOURNAL OF SURGICAL PATHOLOGY	20,369	5.363	0.02442
9	NEUROSURGERY	30,206	4.889	0.02856
10	JOURNAL OF BONE AND JOINT SURGERY-AMERICAN VOLUME	42,092	4.840	0.04914
11	Surgery for Obesity and Related Diseases	5,363	4.496	0.01297
12	JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY	26,652	4.446	0.04695
13	JOURNAL OF THE AMERICAN COLLEGE OF SURGEONS	16,427	4.307	0.03467

SCIENTIFIC REPORTS

影响因子

4.259 **4.847**

2016

5 年

JCR® 类别	类别中的排序	JCR 分区
MULTIDISCIPLINARY SCIENCES	10/64	Q1

PLOS ONE

影响因子

2.806 **3.394**

2016

5 年

JCR® 类别	类别中的排序	JCR 分区
MULTIDISCIPLINARY SCIENCES	15/64	Q1

MEDICINE

影响因子

1.803 **2.069**

2016

5 年

JCR® 类别	类别中的排序	JCR 分区
MEDICINE, GENERAL & INTERNAL	58/154	Q2

ONCOTARGET

影响因子

5.168 **5.312**

2016

5 年

JCR® 类别	类别中的排序	JCR 分区
CELL BIOLOGY	48/189	Q2
ONCOLOGY	44/217	Q1

NATURE COMMUNICATIONS

影响因子

12.124 **13.092**

2016

5 年

JCR® 类别	类别中的排序	JCR 分区
MULTIDISCIPLINARY SCIENCES	3/64	Q1

CELL REPORTS

影响因子

8.282 **8.728**

2016

5 年

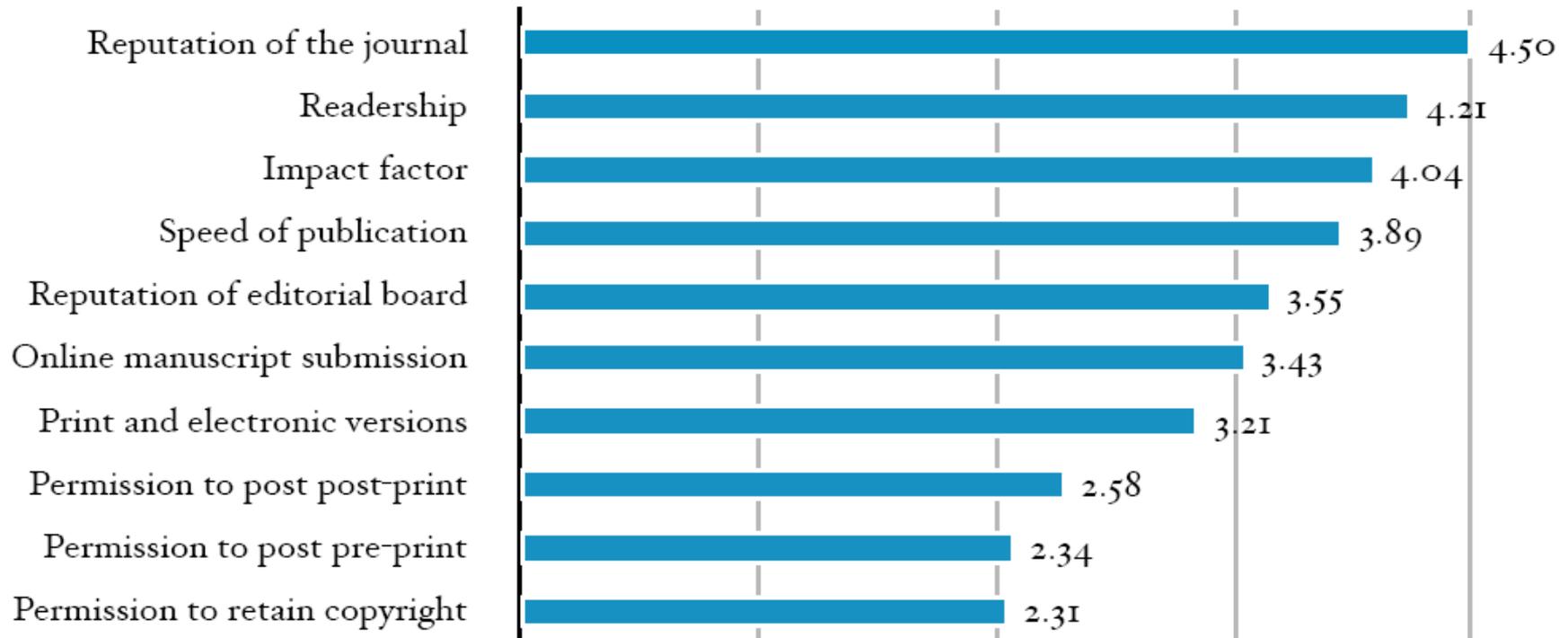
Choosing a journal



选刊的出发点

A survey: Reasons for choosing a journal (n=5,513)

Averages, where 5 = Very important, 1 = Not at all important



投稿前的准备

- 仔细阅读“**Guide for Authors**”

- 1、认真阅读期刊的题名页，以了解刊名、简单的办刊宗旨、编辑委员会组成、编辑部成员、出版商及其联系地址等。
- 2、浏览目录(table of contents)，以确定该刊物是否发表你研究领域的文章及发表的比例有多大。
- 3、注意栏目设置，确定拟投稿件的栏目。
- 4、看拟投栏目的文章，了解撰写要求、格式以及编辑特点：**图像，表格放在后面**

办刊宗旨



The NEW ENGLAND
JOURNAL of MEDICINE

ABOUT NEJM

The *New England Journal of Medicine* (NEJM.org) is dedicated to bringing physicians the best research and key information at the intersection of biomedical science and clinical practice, and to presenting the information in an understandable and clinically useful format. A career companion for physicians, NEJM keeps practicing physicians informed on developments that are important to their patients and keeps them connected to both clinical science and the values of being a good physician.

nature
medicine

Aims and scope of the journal

Original research articles published in *Nature Medicine* range from basic findings that have clear implications for disease pathogenesis and therapy to the earliest phases of human investigation. Aiming to keep Ph.D. and M.D. readers informed of a wide range of biomedical research findings, the journal publishes the latest advances in cancer biology, vascular biology, neuroscience, inflammatory disease, infectious disease and metabolic disorders, among other fields. Reviews, Perspectives and other commissioned content clarify and give context to these biomedical research advances, and the News section reports on the latest developments in drug research and development.

CANCER

ISSN: 0008-543X

WILEY-BLACKWELL
111 RIVER ST, HOBOKEN 07030-5774, NJ,
USA

[Go to Journal Table of Contents](#) [Go to Ulrich's](#)

Titles

ISO: Cancer
JCR Abbrev: CANCER-AM CANCER
SOC

Categories

ONCOLOGY - SCIE

Languages

ENGLISH

24 Issues/Year;

Key Indicators

Year	Total Cites Graph	Journal Impact Factor Graph	Impact Factor Without Journal Self Cites Graph	5 Year Impact Factor Graph	Immediacy Index Graph	Citable Items Graph	Cited Half-Life Graph	Citing Half-Life Graph	Eigenfactor Score Graph	Article Influence Score Graph	% Articles in Citable Items Graph	Normalized Eigenfactor Graph	Average JIF Percentile Graph
2015	62,200	5.649	5.474	5.434	1.303	459	>10.0	6.7	0.08818	2.081	89.76	10.05...	88.028

Journal of Cancer

ISSN: 1837-9664

IVYSRING INT PUBL
PO BOX 4546, LAKE HAVEN, NSW 2263, AUSTRALIA
AUSTRALIA

[Go to Journal Table of Contents](#) [Go to Ulrich's](#)

Titles

ISO: J. Cancer
JCR Abbrev: J CANCER

Categories

ONCOLOGY - SCIE

Languages

ENGLISH

9 Issues/Year;

 Open Access from 2010

Key Indicators

Year	Total Cites Graph	Journal Impact Factor Graph	Impact Factor Without Journal Self Cites Graph	5 Year Impact Factor Graph	Immediacy Index Graph	Citable Items Graph	Cited Half-Life Graph	Citing Half-Life Graph	Eigenfactor Score Graph	Article Influence Score Graph	% Articles in Citable Items Graph	Normalized Eigenfactor Graph	Average JIF Percentile Graph
2015	1,091	3.609	3.550	3.225	0.377	162	2.6	6.0	0.00423	0.884	89.51	0.48165	65.962

CANCER JOURNAL

ISSN: 1528-9117

LIPPINCOTT WILLIAMS & WILKINS
TWO COMMERCE SQ, 2001 MARKET ST, PHILADELPHIA, PA 19103
USA

[Go to Journal Table of Contents](#) [Go to Ulrich's](#)

Titles

ISO: Cancer J.
JCR Abbrev: CANCER J

Categories

ONCOLOGY - SCIE

Languages

ENGLISH

6 Issues/Year;

Key Indicators

Year	Total Cites Graph	Journal Impact Factor Graph	Impact Factor Without Journal Self Cites Graph	5 Year Impact Factor Graph	Immediacy Index Graph	Citable Items Graph	Cited Half-Life Graph	Citing Half-Life Graph	Eigenfactor Score Graph	Article Influence Score Graph	% Articles in Citable Items Graph	Normalized Eigenfactor Graph	Average JIF Percentile Graph
2015	2,582	3.496	3.465	3.782	0.414	70	5.6	5.9	0.00758	1.381	4.29	0.86423	63.615

刊名 ISSN (JCR)

学科分类

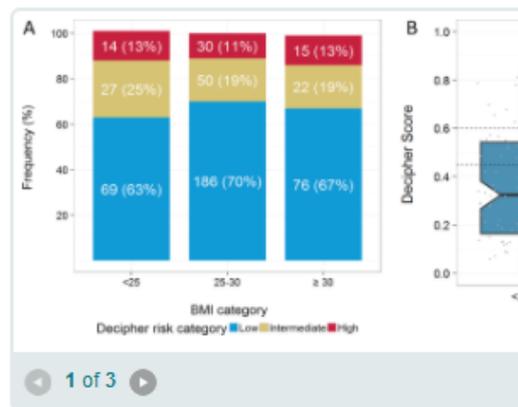
Cancer

Genitourinary Disease

Transcriptome evaluation of the relation between body mass index and cancer outcomes (pages 2240–2247)

Hyun Kim, Ingrid Kalchman, María Santiago-Jiménez, Jo Gretchen Hermann, Kosj Yamoah, Mohammed Alshalalfi, Ross, Edward M. Schaeffer, Elai Davicioni, Nicholas Erh Den

Version of Record online: 31 JAN 2017 | DOI: 10.1002/cncr.30599



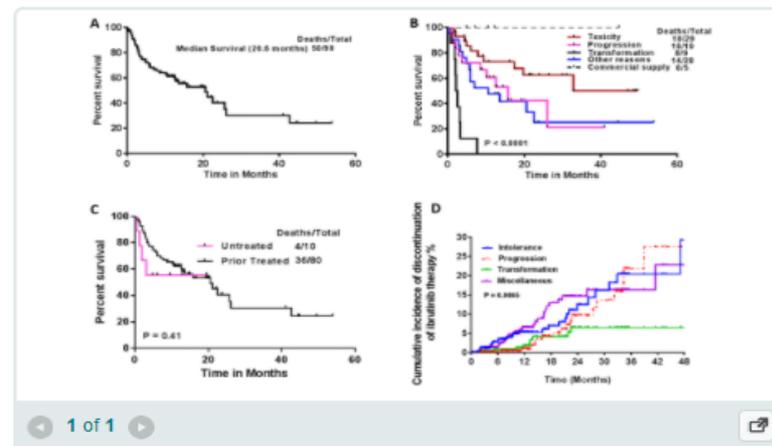
In a genomic analysis of 477 prostatectomy specimens, body mass index, not body mass index, is associated with prostate cancer outcomes.

Abstract | Article | PDF(529K) | References | Request Permissions

Hematologic Malignancies

Long-term outcomes for patients with chronic lymphocytic leukemia who discontinue ibrutinib (pages 2268–2273)

Preetesh Jain, Philip A. Thompson, Michael Keating, Zeev Estrov, Alessandra Ferrajoli, Nitin Jain, Hagop Kantarjian, Jan A. Burger, Susan O'Brien and William G. Wierda
Version of Record online: 7 FEB 2017 | DOI: 10.1002/cncr.30596



At nearly 4 years of follow-up, patients with chronic lymphocytic leukemia who progress and/or transform on ibrutinib therapy have poor outcomes. It is essential to delineate the pattern of mutations and dynamics of clonal evolution in patients who discontinue ibrutinib because of disease progression/transformation and to identify novel pathways for therapeutic targeting to improve their survival.

Abstract | Article | PDF(190K) | References | Request Permissions

Head and Neck Disease

Effect of postoperative radiotherapy on survival for and pT4aN0 laryngeal cancer: Analysis of the National Cancer Database (pages 2248–2257)

Evan M. Graboyes, Kevin Y. Zhan, Elizabeth Garrett-May, Sharma and Terry A. Day

Version of Record online: 9 FEB 2017 | DOI: 10.1002/cncr.30599

Neuro-Oncology

Treatment trends for patients with brain metastases: Does practice reflect the data? (pages 2274–2282)

Kiri A. Sandler, Narek Shaverdian, Ryan R. Cook, Amar U. Kishan, Christopher R. King, Isaac Yang, Michael L. Steinberg and Percy Lee
Version of Record online: 8 FEB 2017 | DOI: 10.1002/cncr.30607

速度与周期

Indian J Surg (May–June 2015) 77(3):200–205

DOI 10.1007/s12262-012-0761-8

ORIGINAL ARTICLE

DACH1 Expression in Osteosarcoma and Its Relation with Proliferation and Angiogenesis

**Peng Ren • Ming-zhi Gong • Zhi-yong Wang •
Peng Zhang • Peng Chen • Wan-li Ma • Cheng-jun Zhou**

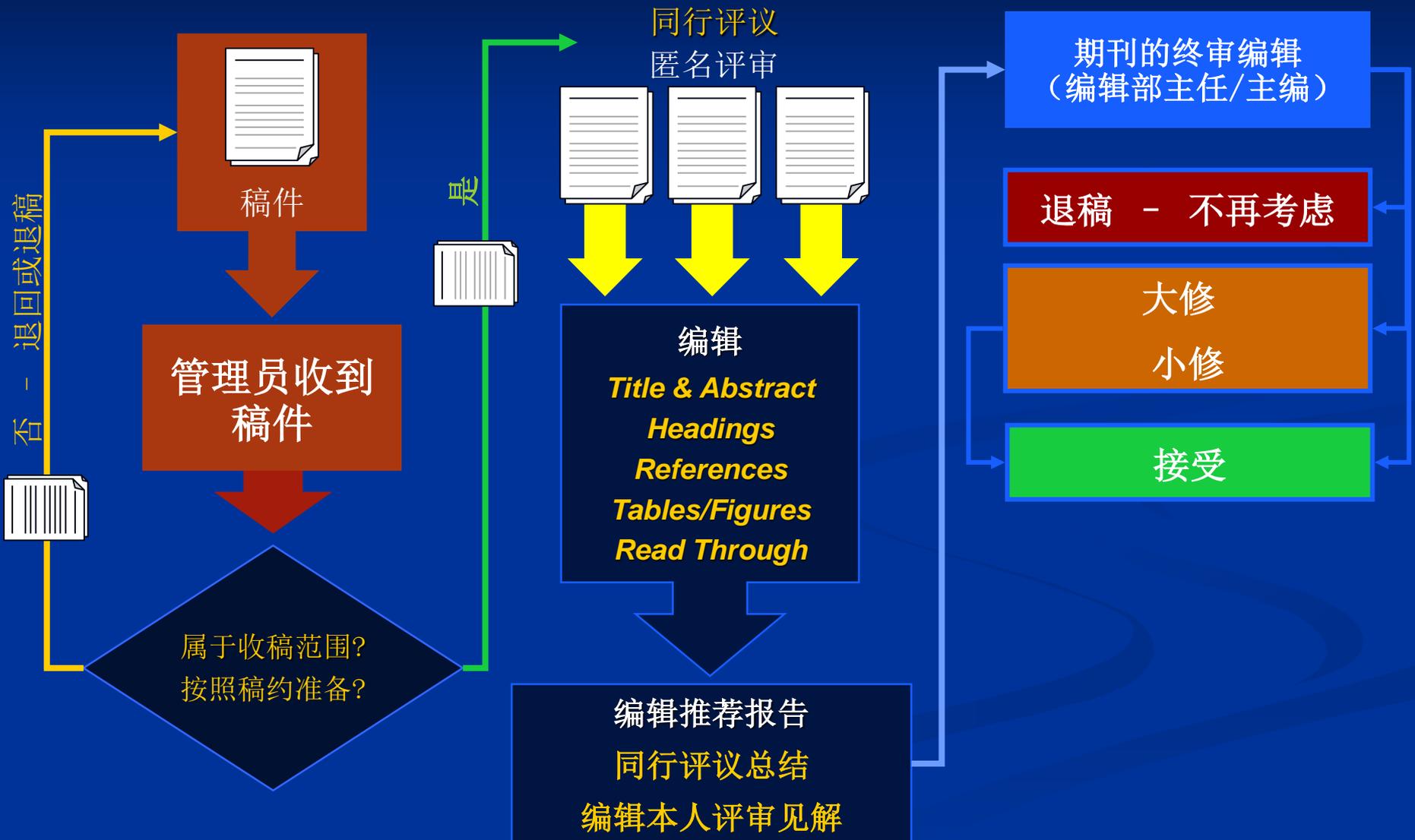
Received: 25 June 2012 / Accepted: 20 September 2012 / Published online: 27 September 2012

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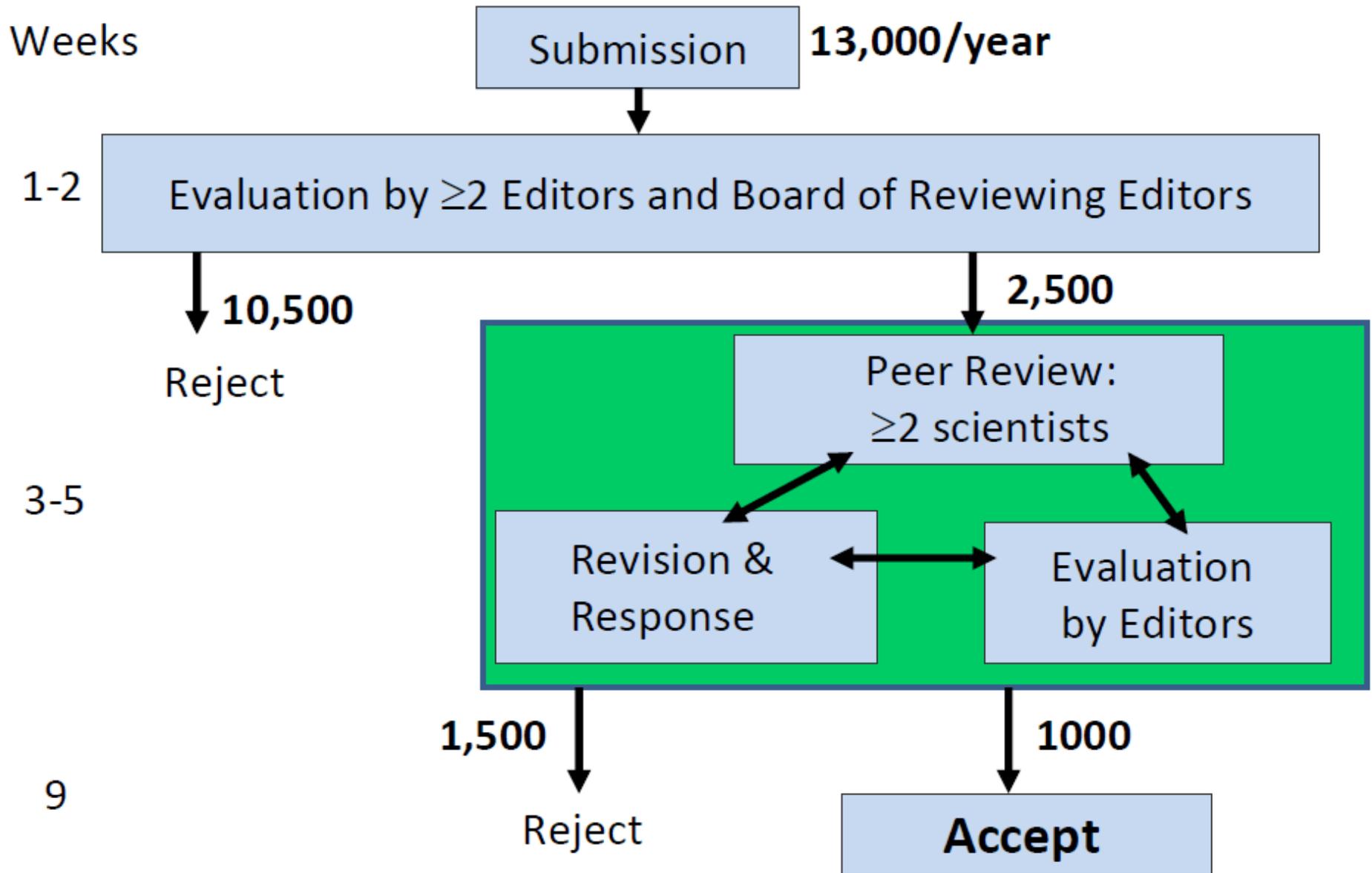
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- 5、某些期刊刊登文章的投稿和接收日期 (submitted and accepted dates), 你可据此计算出文章的发表周期。
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稿件评审流程



Science's actual publication model



修稿

- 标记修改部分
- 逐条答复

SPECIFIC COMMENTS TO REVIEWERS

Dear Reviewer #1

Thank you for spending time reviewing our work. We appreciate that you have found our work suggestive and valuable.

Reviewer`s comment

Suzuki et al. described an extremely rare collision tumor, consisting of the three different histology of the lung cancer. I am very interested in the pathogenesis of the collision tumor that is possibly associated with IPF in the background lung. It was suggested that the chronic inflammation due to IPF may be carcinogenic stimuli, but it cannot be proven. In my opinion, examination of the gene mutations known to be related to be lung cancer pathogenesis may give us useful information. I understand it is not able to detect gene mutations (for example, EGFR, K-Ras, ALK, ERBB2, ect.) precisely. Taken together, this case report is suggestive and valuable, which is worth to publish in Thoracic Cancer.

Response to Reviewer#1

Thank you for your comments about driver gene mutations. We added the result of EGFR mutation in the manuscript.

Dear Reviewer #2

Thank you for spending time reviewing our work. We have answered your comment according to your suggestion.

Reviewer`s comment

The final part of Conclusions is improper and must be suppressed.

Response to Reviewer #2

Thank you for your comments. We deleted the final part of conclusion according to your comments.

Dear Reviewer #3

Thank you for spending time reviewing our work. We appreciate that you finding our work as very interesting. We revised our manuscript according to your comments.

Reviewer`s comments and responses to Reviewer #3

1. Were other diagnostic procedures like colonoscopy, CT-abdomen etc. performed? What were the results? Please specify them in your case report.

Thank you for your comment. This patient underwent whole body FDG-PET, and did not undergo other specific diagnostic procedures. We added the words `whole body` in front of the FDG-PET in the manuscript.

2. I assume that immunohistochemical analysis of the tumor subtypes was performed. Please name the results and – if possible – ad more pictures of your stainings.

Thank you for your comments. We did not perform immunohistochemical analysis. Because we believe that morphology is sufficient enough to make pathological diagnosis for three neoplastic components which were squamous cell carcinoma, invasive mucinous adenocarcinoma and invasive non-mucinous adenocarcinoma.

3. Were the histological specimen examined by a reference pathologist/reference laboratory? What were the results?

Revised Manuscript with Track Changes

128 OATP1B1-, OATP1B3-, OATP2B1-, and mock-transfected HEK293 cells were
129 maintained in DMEM supplemented with 10% FBS, 2 mmol/L L-glutamine, 100
130 units/mL penicillin G, 100 µg/mL streptomycin, and 1% MEMNAA at 37 °C in a
131 humidified 5% CO₂ atmosphere. BioCoat poly-D-lysine-coated 24-well plates were
132 seeded with cells at a density of 2×10^5 cells/well. Uptake studies were conducted 2
133 days after seeding.

134 Uptake studies using OATP-expressing HEK293 cells

135 Prior to the assay, cells were rinsed three times with prewarmed HBSS (37 °C) and
136 equilibrated in HBSS for 10 min. Uptake studies were initiated by the addition of
137 HBSS containing the test compounds with or without the selected inhibitors, and
138 were terminated at the designed time after removing the transport buffer. Cells were
139 washed with ice-cold HBSS three times and lysed with deionized water (300 µL) by
140 three freeze–thaw cycles. The protein content of the cell lysate was determined using
141 the BCA protein assay kit. The concentrations of the test compounds were
142 determined by liquid chromatography–tandem mass spectrometry (LC-MS/MS).

143 Preparation of freshly isolated rat and cryopreserved human hepatocytes

144 Rat hepatocytes were freshly isolated from male Sprague–Dawley rats weighing
145 200–250 g by the two-step collagenase perfusion method as described in the

nuclear factor 4 α (HNF4 α , also known as NR2A1), both of which are required for the basal transactivation of *Cyp7a1*^[17-20]. The inhibition of *Cyp7a1* by the BA-FXR-SHP axis resonates with the aforementioned feedback regulation of *Cyp7a1* transcription by excess BAs, which provided the molecular basis for the intrahepatic feedback regulation of BA biosynthesis. Despite the complex phenotypes, including hypertriglyceridemia, the analysis of FXR knockout (KO) mice further supported this model, as FXR KO mice displayed elevated BA levels, **decreased** *SHP* expression, and increased *Cyp7a1* expression^[21]. However, *SHP* KO mice only exhibited mild BA increase and were still responsive to feedback regulation of BA biosynthesis^[22]. Moreover, BA synthesis and *Cyp7a1* expression are dramatically higher in mice with double knockout (DKO) of FXR and *SHP* than with either gene alone^[23]. While these observations were still consistent with the intrahepatic feedback model, they also allow for additional pathway or factor involvement in the tight control of BA biosynthesis.

The ileum has long been recognized as the site for BA absorption^[24, 25], which is physiologically indispensable for the intrahepatic feedback model. It was still a surprising discovery that the ileum acts as more than a canal for BA recycling^[26]. In ileocytes, BAs bind to FXR and transactivate *fibroblast growth factor 19* (*FGF19*, *FGF15* as the mouse ortholog)^[26]. Then, *FGF15/19*, specially expressed in the ileum^[27], binds to FGF receptor 4 (FGFR4), which

Answers to the reviewer 1

1. The authors take our comments to consideration? "Answer: **This research was done almost three years ago, it's my negligence that have lost the figures of gel running and sequencing results because of my computer paralysis.**" It means the authors are not ready to publish the article until they could repair the computer?

Answer: Firstly, I will apologize my negligence. Then, the reviewer misunderstood my meaning. Here, I try to explain. **I have done this research almost 3 years ago, and my computer was paralyzed during that time, unfortunately, the figures of gel running and sequencing results have lost. After that, I have bought a new computer, but I couldn't find the figures back.**

I hope this will make it acceptable for publication and I look forward to hearing from you soon.

The corresponding author is: *****, Ph.D. Prof. **** is the corresponding author as listed in the manuscript. In order to facilitate communication, please send a copy of communication letter to this E-mail address: ****@qq.com.

期刊投稿的主要问题

• cover letter

- Concise and clear, less than one page. 简短明了、重点突出, 最好不要超过一页;
- •What to include? 投稿信的基本内容:
 - Article type 稿件的栏目类型;
 - Significance of your research 文章内容的重要性本研究意义
 - Reviewers 推荐的审稿人或需回避的审稿人;
 - Corresponding author contact details 通讯作者详细的联系地址、电话号码、传真号码、E-mail地址



An effective cover letter

Dear Dr Zhou,

Please find enclosed our manuscript entitled “Localized biphasic type malignant mesothelioma arising in the peritoneum: Report of a case”, by Kohno et al., which we would like to submit for publication as a Case report in *Thoracic Cancer*.

Localized malignant mesothelioma is an uncommon circumscribed tumor of the serosal membrane with the microscopic appearance of diffuse malignant mesothelioma, but without any evidence of infiltration. ...

背景介绍

This report describes a rare case of localized malignant biphasic (mixed epithelioid and sarcomatoid) mesothelioma arising in the peritoneum. A 69-year-old male with a history of asbestos exposure, complaining of a painful mass of left chest wall, was found to have a tumor of left peritoneum on computed tomography (CT). The resected tumor was histologically consistent with a malignant mesothelioma with mixed epithelioid and sarcomatoid type and no distant metastasis. The diagnosis of localized malignant biphasic mesothelioma arising in the peritoneum was appropriate because there was no evidence of any other primary tumor.

本文新意

We believe our findings would appeal to a broad audience, such as the readership of *Thoracic Cancer*.

对期刊读者群的帮助

All authors have read and approved the manuscript. We hope that you find our study worthy of publication. Please address all correspondence to....

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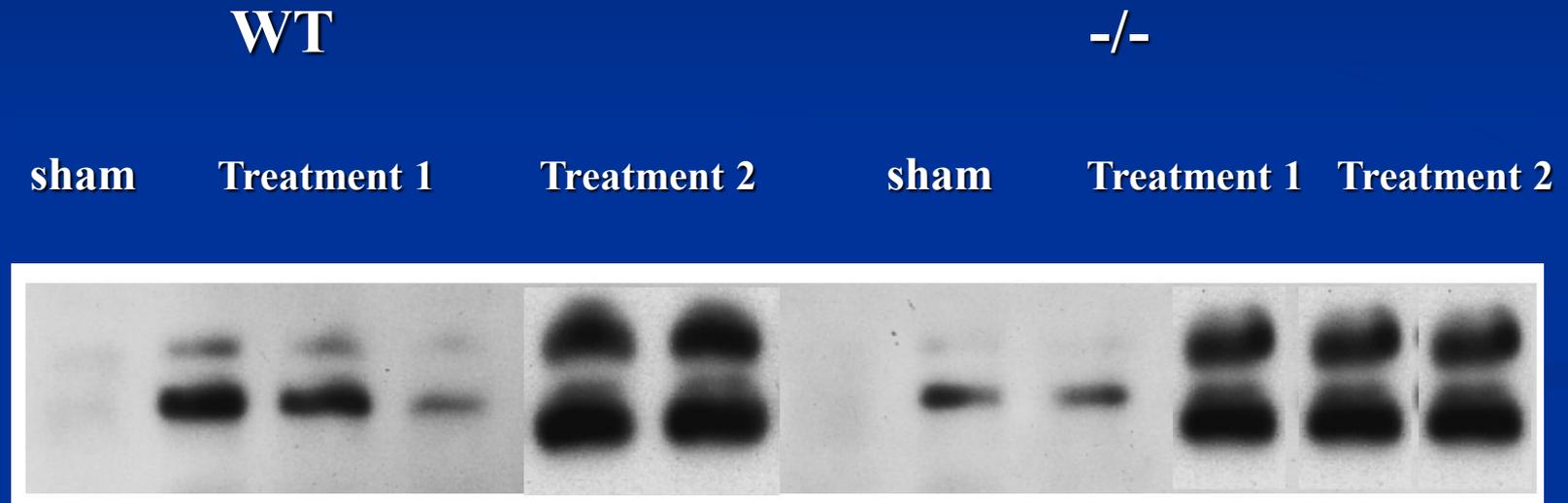
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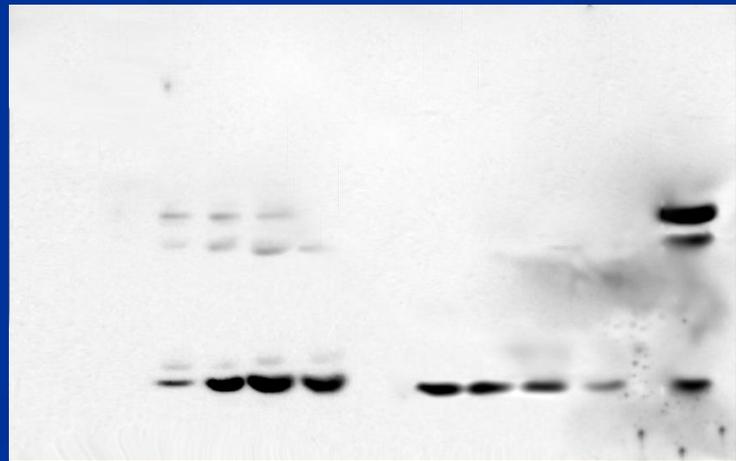
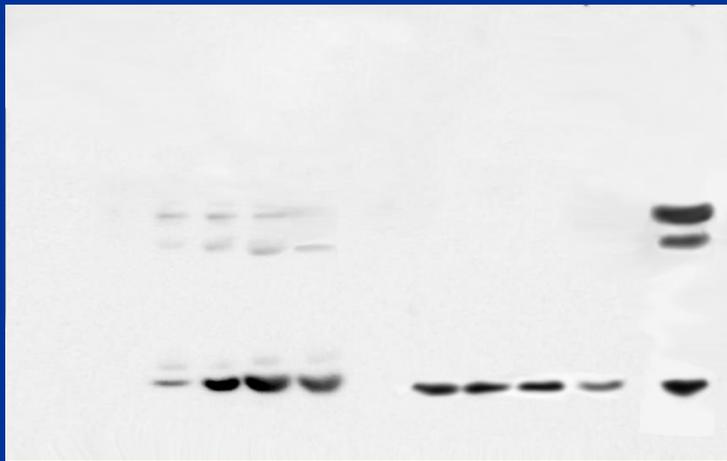
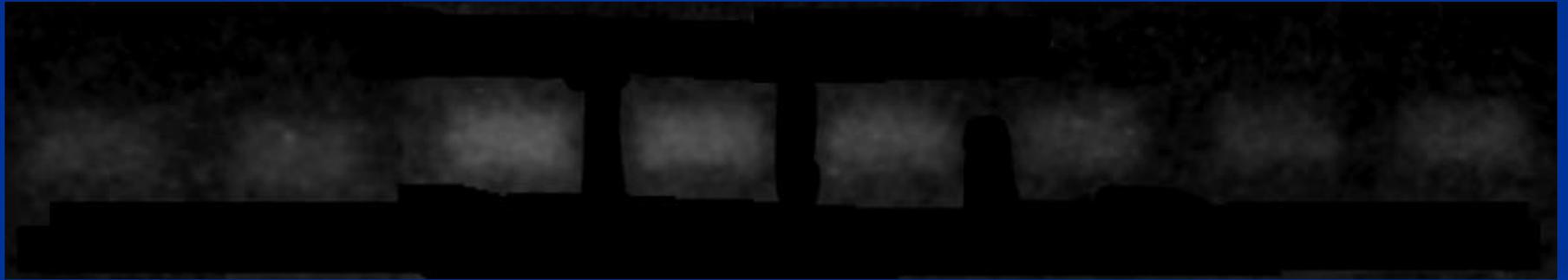
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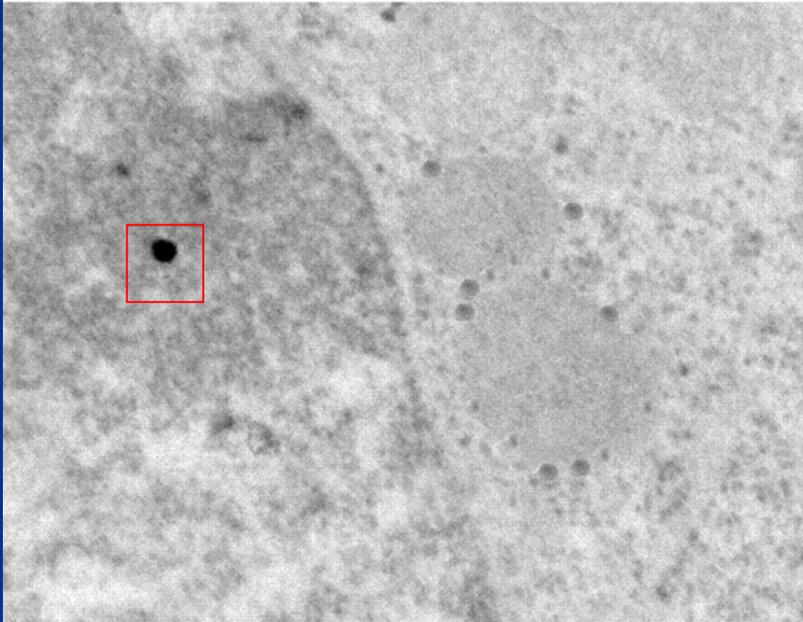
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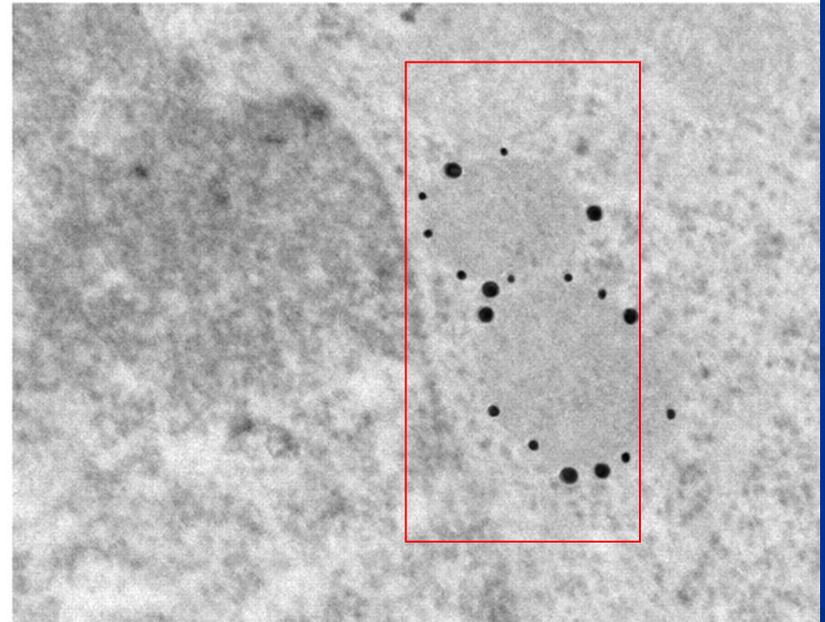


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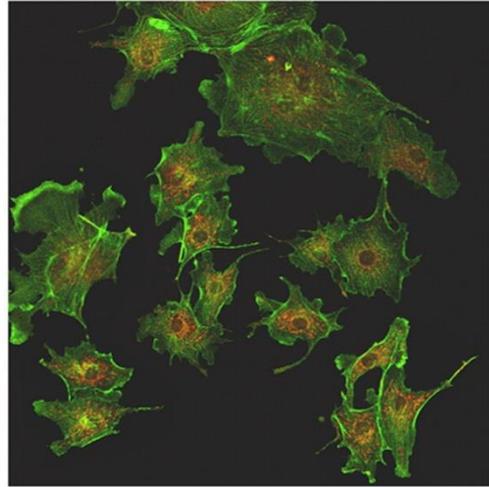


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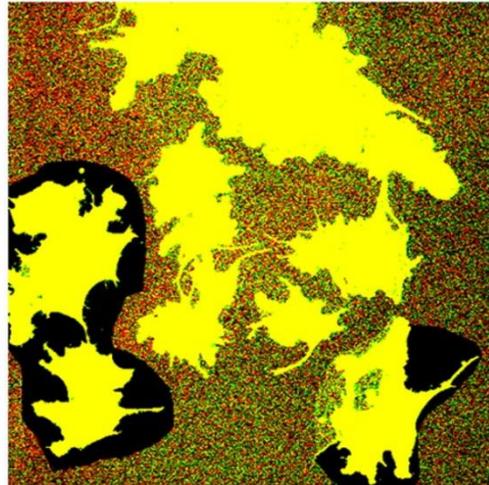


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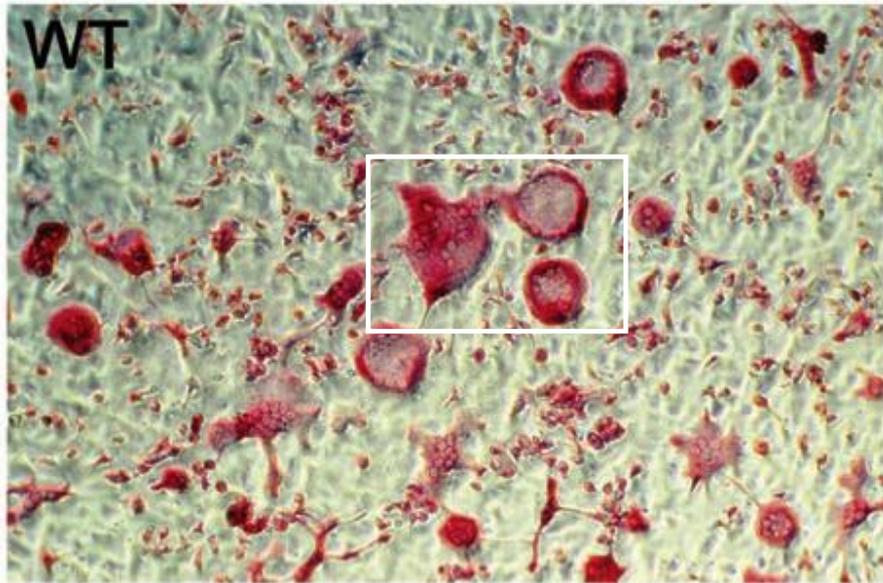


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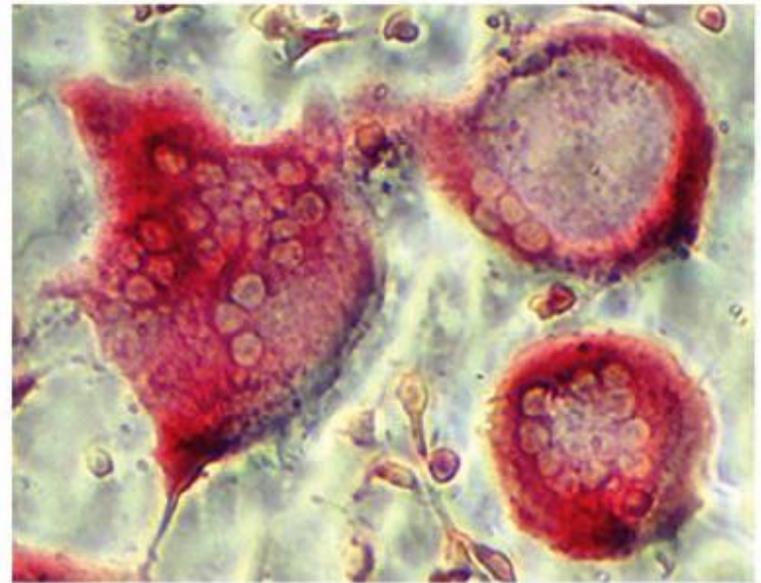


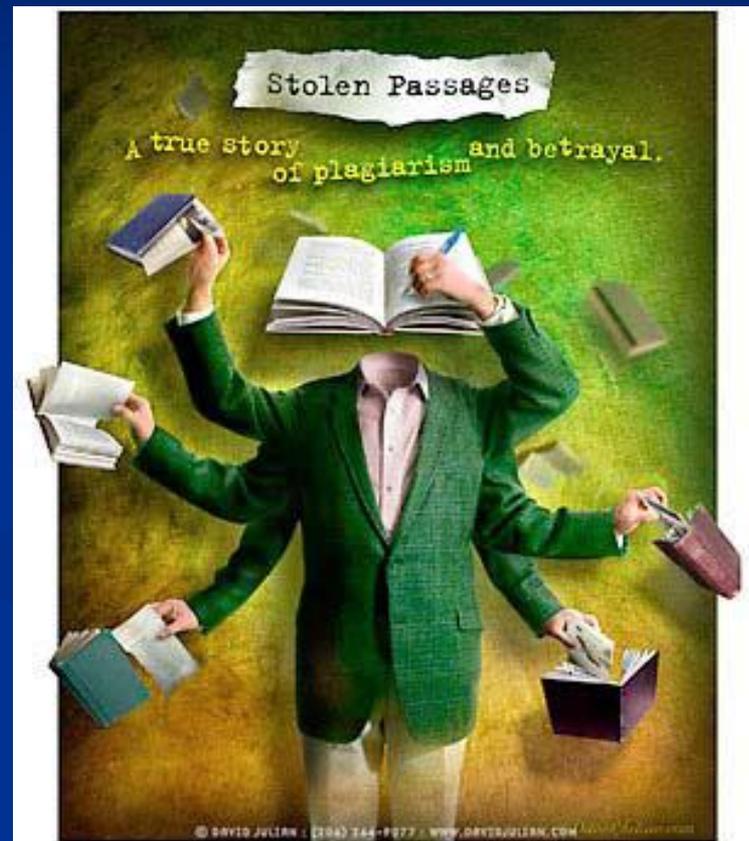
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NSCLC. Key word chrome; copper; lung cancer; magnesium; zinc

Introduction Lung cancer is the leading cause of cancer-related deaths in both men and women worldwide. In the developed countries and many developing countries, the 5-year survival rates for lung cancer are less than 15% and 5%, respectively .1

5

However,

the precise mechanisms that underlie the development and progression of lung cancer

52

are far from clear.

The association of trace elements and high cancer risk has been found in many studies.

27

Some trace metals can affect DNA stability. They have the potential to modulate DNA repair capacity (DRC), while the DRC may influence lung cancer risk in some literatures reported .2,3These trace metals are included in magnesium, zinc, copper and chrome etc.

Magnesium is required in multiple functions and in all cellular processes.

4

1 414 words / 12% - CrossCheck

[Hamid Mazdak. "The comparative study of serum iron, copper, and zinc levels between bladder cancer patients and a control group". International Urology and Nephrology, 06/23/2009](#)

2 296 words / 8% - CrossCheck

[Ho, E., "Zinc deficiency, DNA damage and cancer risk". The Journal of Nutritional Biochemistry, 200410](#)

3 149 words / 4% - Internet from Apr 20, 2010

[peir.path.uab.edu](#)

4 114 words / 3% - CrossCheck

[Permyakov. "Interactions of Metal Cations with Nucleic Acids". Metalloproteomics, 04/07/2009](#)

5 71 words / 2% - CrossCheck

[Shu-Hai Li. "Gene Diagnosis and Prognostic Significance of Lymph Node Micrometastasis after Complete Resection of Histologically Node-negative Non-small Cell Lung Cancer". World Journal of Surgery, 08/2008](#)

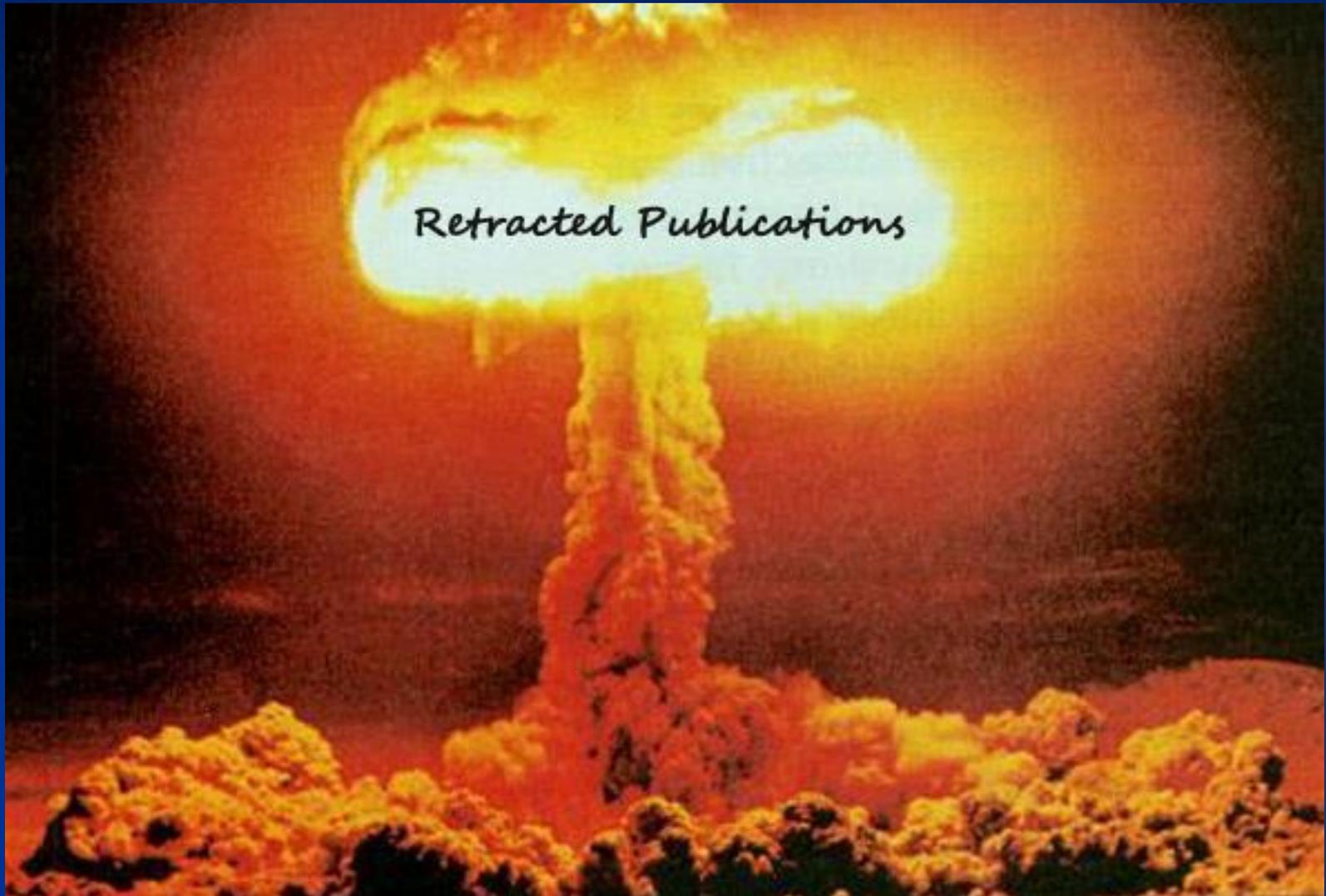
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[Shu-hai Li. "Overexpression of Metastasis-Associated Protein 1 is Significantly Correlated with Tumor Angiogenesis and Poor Survival in Patients with Early-Stage Non-Small Cell Lung Cancer". Annals of Surgical Oncology, 02/03/2011](#)

Surge in retracted publications



RETRACTION

Post date 12 January 2006



Serious errors. Cloning researcher Woo Suk Hwang has said he will withdraw a landmark paper published in *Science* earlier this year because of errors but says the conclusions are valid.



Pushing forward. Hwang told a press conference that his team would produce new evidence that they had made stem cells from cloned human embryos.

As we post this retraction, seven of the 15 authors of Hwang *et al.*, 2004 (2) have agreed to retract their paper. All of the authors of Hwang *et al.*, 2005 (3) have agreed to retract their paper.

Science regrets the time that the peer reviewers and others spent evaluating these papers as well as the time and resources that the scientific community may have spent trying to replicate these results.

Donald Kennedy
Editor-in-Chief

Retraction Watch*

Retraction Watch

Tracking retractions as a window into the scientific process

- A blog that reports on retractions of scientific papers.
- An informal repository for retractions.
- Investigate how journals themselves deal with retractions.

*<http://retractionwatch.wordpress.com/>

Sample cases(NEJM)

Retraction: Gong Z et al. Injuries after a Typhoon in China. N Engl J Med 2007;356:196-7.

TO THE EDITOR: I request that our letter to the editor, "Injuries after a Typhoon in China,"¹ be retracted because much of it was previously published in Chinese journals.^{2,3}

Zhenyu Gong, M.P.H.

Zhejiang Center for Disease Control and Prevention
Hangzhou 310009, China
87235011@163.com

1. Gong Z, Chai C, Tu C, Lin J, Gao Y, Qui Y. Injuries after a typhoon in China. *N Engl J Med* 2007;356:196-7.
2. Gong Z, Chai C, Tu C, et al. Epidemiologic study of the present status of injury to the population caused by typhoon Yunna. *Natl Med J China* 2005;85:3007-9. (In Chinese.)
3. Gong Z, Chai C, Tu C, et al. A field epidemiological study on the risk factors of injury caused by typhoon. *Chin J Epidemiol* 2006;27:773-6. (In Chinese.)

Retraction: Guo H. Complication of Central Venous Catheterization. N Engl J Med 2007;356:e2

TO THE EDITOR: I retract the Image in Clinical Medicine presenting a complication of central venous catheterization that was published in the January 11, 2007, issue of the *Journal*,¹ because the figures, which I had previously submitted elsewhere, have already been published.^{2,3}

Hangyuan Guo, M.D.

Shaoxing People's Hospital
Shaoxing, Zhejiang 31200 China
ghangyuan@hotmail.com

1. Guo H. Complication of central venous catheterization. *N Engl J Med* 2007;356:e2 (Web only). (Available at <http://content.nejm.org/cgi/content/full/356/2/e2>.)
2. Guo H, Peng F, Ueda T. Loss of the guide wire: a case report. *Circ J* 2006;70:1520-2.
3. Guo H, Lee JD, Guo M. Guidewire loss: mishap or blunder? *Heart* 2006;92:602.

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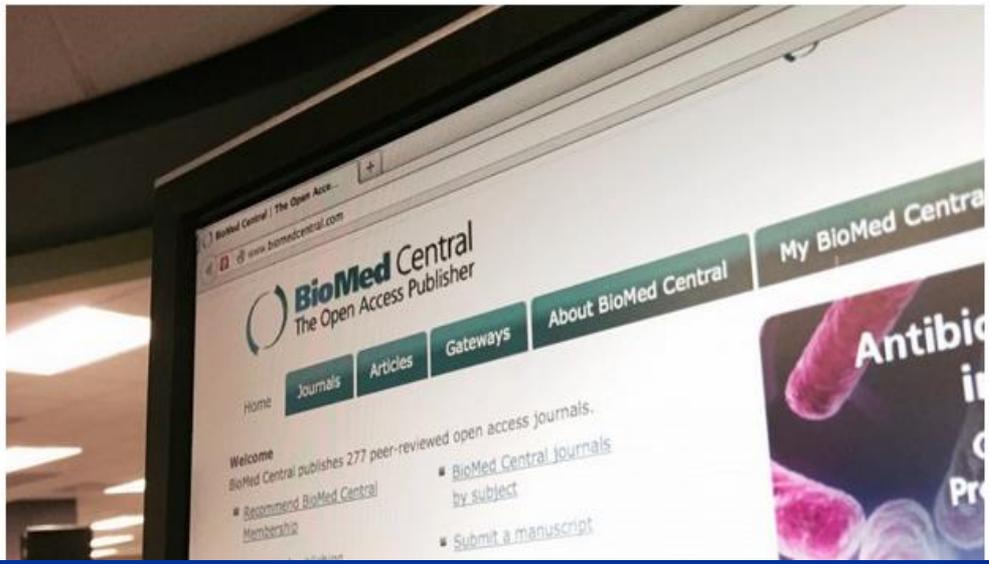


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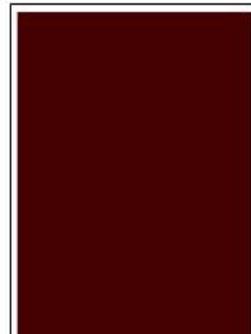
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前列消癌汤治疗激素前列腺癌的临床疗效观察

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[给本刊投稿]

【作者】 廖春贤;

【Author】 LIAO Chun-xian;Uropolesis Surgical Department,Shunde First People's Hospital,Foshan,Guangdong;

【机构】 广东省佛山市顺德区第一人民医院泌尿外科;

【摘要】 目的观察探讨应用前列消癌汤治疗激素前列腺癌的临床疗效。方法选取我院2012年3月至2014年11月收纳的98例激素前列腺癌患者,按随机分配原则分为观察组和对照组,各49例,观察组激素前列腺癌患者,在对照组基础治疗上,加用前列消癌汤治疗,对照组激素前列腺癌患者,使用戈舍瑞林,口服醋酸甲地孕酮等常规西药治疗。以3个月为一个疗程,连续进行半年。观察两组患者临床疗效,在两组治疗过后采取SAS焦虑量表、生活质量自评量表对患者生存质量及心理状态的变化进行评估分析。结果两组患者进行各自治疗后在生活质量自评量表中的心理领域、生理领域、环境领域、社会领域均具有显著差异,观察组各项评分均显著高于对照组,具有统计学意义($P < 0.05$)。观察组与对照组治疗后焦虑情绪评分差别不大,无明显差异,不具有统计学意义($P > 0.05$)。两组治疗后焦虑情绪评分有明显差异,具有统计学意义($P < 0.05$)。观察组激素前列腺癌患者总有效率95.9%,对照组激素前列腺癌患者总有效率77.5%,观察组总有效率比对照组高,有明显差异,具有统计学意义($P < 0.05$)。结论前列消癌汤治疗激素前列腺癌疗效显著,明显降... 更多

【关键词】 前列消癌汤; 激素前列腺癌; 临床疗效观察;

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丁香园

一、资料与方法

1. 一般资料:选取我院 2012 年 1 月至 2014 年 11 月收纳的 98 例激素前列腺癌患者,按随机分配原则分为观察组和对照组,各 49 例,观察组 49 例中,男 26 例,女 23 例,年龄 39 - 69 岁,平均(48.3 ± 6.4)岁;对照组 49 例,男 21 例,女 28 例,年龄 33 - 63 岁,平均(47.8 ± 6.9)岁;观察组及对照组在常规检查后基本一般资料如年龄、性别、血脂、血糖、文化程度、入院时临床资料等方面具有可比性,差别不大,无统计学意义($P > 0.05$)。本研究经本院伦理委员会批准,所有受试者均签署知情同意书,研究人员合格通过医院研究内容培训考核。纳入标准^[46]:纳入研究患者均由病理检查等原因确诊为激素前列腺癌患者;排除短期内并发急慢性感染、患有严重心肺基础性疾病的患者。入院近 3 个月内未并发急慢性感染,未使用抗血小板药物,无出血或输血史。排除入院时伴有循环

者临床疗效,在两组治疗过后采取 SAS 焦虑量表、生活质量自评量表对患者生存质量及心理状态的变化进行评估分析。疗效判定标准^[7]:①无效:患者排尿困难,尿频尿急尿痛,骨盆疼痛,咳嗽,下肢水肿,乏力,厌食等临床症状,体征无改善迹象,无明显变化,血清前列腺特异性抗原明显增高,症状恶化。②有效:患者排尿困难,尿频尿急尿痛,骨盆疼痛,咳嗽,下肢水肿,乏力,厌食等临床症状,体征部分改善或者缓解,但未完全消失,血清前列腺特异性抗原有所增高,但不多;③显效:患者临床症状,体征明显改善,血清前列腺特异性抗原不变或略微增高。

3. 统计学方法:定量资料由不同数据类型选取对应的 t 检验,表格数据以均数 ± 标准差($\bar{x} \pm s$)表示;定性资料采用 χ^2 检验。采用 SPSS 17.0 统计软件进行统计分析,按 $\alpha = 0.05$ 的检验水准,以 $P < 0.05$ 为有统计学意义。

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二、结果

1. 两组患者进行治疗后生存质量评分对比:两组患者进

具有统计学意义($P < 0.05$)。观察组及对照组激素前列腺癌患者总有效率分别为 95.9%、7.5%,观察组总有效率比对照

下一研究宫颈癌的文章，就会有男性对照组？

硫酸镁与硫酸镁联合硝苯地平治疗妊高症疗效

石少平

[摘要] 目的 观察对比硫酸镁与硫酸镁联合硝苯地平治疗妊娠高血压综合症的临床疗效。方法 选取2007年8月~2011年8月66例妊娠高血压综合症的患者,随机分为观察组与对照组,各33例。观察组采取硫酸镁联合硝苯地平治疗,对照组单纯采用硫酸镁治疗,观察对比两组治疗效果。结果 观察组总有效率为93.9%(31/33),对照组总有效率为66.7%(22/33),两组总有效率比较差异有统计学意义($P < 0.05$)。结论 硫酸镁联合硝苯地平治疗妊娠高血压综合症的临床疗效明显,比单用硫酸镁治疗效果显著。

[关键词] 硫酸镁;硝苯地平;妊高症;血压

[Abstract] Objective To observe the contrast of clinical efficacy of magnesium sulfate and magnesium sulfate combined with nifedipine in the treatment of pregnancy-induced hypertension. Methods From August 2007 to August 2011 in our hospital, 66 cases of pregnancy-induced hypertension patients were randomly divided into the observation group and control group, each 33 cases. Observation group were treated with magnesium sulfate combined with nifedipine treatment, the control group were treated with simple magnesium sulfate treatment, the effect in two groups were compared. Results The total effective rate in the observation group was 93.9% (31/33); which was 66.7% (22/33) in the control group, there was significant difference between two groups ($P < 0.05$). Conclusion Magnesium sulfate combined with nifedipine in the treatment of pregnancy-induced hypertension clinical curative effect is obvious compared with the single use of magnesium sulfate in the treatment effect.

[Key words] Magnesium sulfate; Nifedipine; Pregnancy induced hypertension; Blood pressure

妊娠高血压综合征(pregnancy-induced hypertension syndrome, PIH),属于妊娠期中常见的一种并发症,严重时可引起妊娠期妇女出现多系统的功能紊乱现象,继发昏迷、抽搐,甚至是胎死宫中,严重威胁着母婴安全^[1]。因此,对PIH妇女进行有效地血压控制非常关键。本研究观察对比硫酸镁与硫酸镁联合硝苯地平治疗PIH的临床疗效,现报道如下。

1 资料与方法

1.1 一般资料 选取我院2007年8月~2011年8月66例PIH患者,皆符合《妇产科学》第六版中关于PIH的诊断标准,随机分为观察组与对照组,各33例。观察组男21例,女12例,年龄24~36岁,中位年龄(27±3)岁;对照组男19例,女14例,年龄24~38岁,中位年龄(28±4)岁,皆排除合并有心肝肾功能不全,其他妊娠期并发症,过去1周内曾使用过利尿药物、降压药物及解痉类药物的可能。两组患者性别、年龄等方面比较差异无统计学意义($P > 0.05$),具有可比性。

1.2 治疗方法

3次/d,联合硫酸镁治疗,首先给予20mL浓度为25%的硫酸镁混入到20mL浓度为10%的葡萄糖中静脉推注,往后再采取60mL浓度为25%的硫酸镁混入到500mL浓度为5%的葡萄糖注射液中静脉滴注,滴速调节为1.0~2.0g/h,必要时可采取20mL浓度为25%的硫酸镁混入到2mL的利多卡因中深度臂肌下注射,1~2次/d^[2]。

1.2.2 对照组 单纯采用硫酸镁治疗,首先给予20mL浓度为25%的硫酸镁混入到20mL浓度为10%的葡萄糖中静脉推注,往后再采取60mL浓度为25%的硫酸镁混入到500mL浓度为5%的葡萄糖注射液中静脉滴注,滴速调节为1.0~2.0g/h,必要时可采取20mL浓度为25%的硫酸镁混入到2mL的利多卡因中深度臂肌下注射,1~2次/d。

1.3 疗效评价标准 根据《妇产科学》第六版中关于PIH的疗效标准^[3],显效:经用药后患者的临床症状及体征基本消失,血压明显下降,收缩压 < 160 mmHg,舒张压 < 105 mmHg;有效:收缩压 < 160 mmHg,舒张压 < 105 mmHg;无效:收缩压 ≥ 160 mmHg,舒张压 ≥ 105 mmHg。

作者单位:513036 广东省英德市浚洸医院(石少平)

Materials and methods

Subjects

48 early lung cancer patients were collected from October 2011 to February 2014, including 26 males and 24 females, the average age was 52 ± 13 years, 30 cases of II period and 18 cases of III period. All were postoperative patients and followed

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谢谢！