SAPPORO MEDICAL UNIVERSITY

Dr. Kenji Nakamori is Assistant Professor at the Sapporo Medical University's Department of Oral Surgery. His research interest is the prediction of lymph node metastasis in squamous cell carcinoma (SCC) of the tongue. He has previously shown that regional lymph node metastasis of oral SCC can be predicted by histopathological features and immunohistochemical findings, such as the expression of catenins.

Kenji Nakamori

Sapporo Medical University, Department of Oral Surgery

Research interests:

- Squamous cell carcinoma
 (SCC) of the tongue
- Regional lymph node metastasis
- Clinical, histological and immunopathological prediction of metastasis



He's also interested in prediction by clinical findings. But when his 2008 paper on this theme was rejected by two major journals, he knew he had a problem. The reviewers were scathing: Oral Oncology commented that the study added nothing to current knowledge, while Head and Neck noted its lack of objectivity and circular arguments. He was confident in the importance of his findings, but suspected the paper did not adequately express them. He chose DMC's Paper Rescue Service to overhaul the paper.

THE RESEARCH QUESTION

In squamous cell carcinoma of the oral tongue (SCCOT), tumor depth appears to be a powerful predictor of regional lymph node metastasis. Measurement is usually based on histological findings following surgical resection, however, and is thus invasive and subject to biopsy sample-related error. Dr Nakamori wanted to know if metastasis could be predicted from clinical findings - inspection and palpation - alone, without the need for biopsy. His data, obtained from 280 cases over 30 years, said that it could: the long axis of endophytic-type tumors correlated with tumor depth, and was thus a predictor of lymph node metastasis.

"Nothing new under the sun! This is another retrospective study that adds nothing to the current body of knowledge."

- Reviewer comment, Oral Oncology



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THE PROBLEM

Consistency of data. With a case series extending from 1976 to 2005, Dr Nakamori needed to show that the data were collected in a unified and consistent way. Problems included changes in staff members at his department and lost medical records. Some cases were assessed from both clinical examination and photos, others from examination only. One reviewer commented: "Were all examiners using the same criteria over the length of the study? This seems to be a critical flaw of the study that cannot be corrected unless strict criteria have been utilized to define these parameters over a long period of time and adhered to by all investigators."

Relevance and originality of findings. The original paper paid too little attention to emphasizing the relevance and originality of the findings. Not surprisingly, the reviewers failed to see the point: one commented "Limited information that in part has been (already) presented in better formats. The relationship of depth is (already) known and described well....the relationship with size is also (already) well described." A second was worse: "Nothing new under the sun! This is another retrospective study that adds nothing to the current body of knowledge."

Writing style and global standards. Although the original paper had been edited by an editing company, their manuscript contained grammatical errors and non-native expressions. Moreover, it was inconsistent with standard biomedical style. It appeared that the editor at the previous company was neither a native speaker or familiar with science writing style.

In any language, expression and nuance are difficult for non-native speakers. But they are extremely important when native speakers read, because they make a big impression, at both a conscious and unconscious level. The problems with the language of the paper prejudiced the reviewers againt the science of the study.

THE METHODOLOGY

Over the next few days, Dr Nakamori and the Paper Rescue team evaluated on the best way to communicate the study. "Nuances are difficult to express in English, in particular using technical terms and specialized words. Since specific knowledge of the research field is necessary, we first discussed the research contents by sharing teaching and research articles, presentation slides and other resources by email."

THE SOLUTION

Consistency of data. The Data Collection section was completely revised and important new content was added. Key content included the percentage of patients with lost records, the years each author had worked at the Department, and how the data were originally recorded.

Although not needed in the paper, additional detail was required in the response to reviewers. Six drafts were prepared before finalization. One response, for example, went from a single sentence in the first draft to two paragraphs in the final. The final version was an extremely precise and convincing description of how consistency was achieved throughout the 30-year period. Working together, Dr Nakamori and the Paper Rescue team optimized not only the paper itself, but all communications with the journal and reviewers.



'This is a well-written
paper dealing with a
problem that has
plagued the
management of early
mouth cancer... The
authors use wellestablished criteria to
seek an association
between clinical
features, histology and
metastasis.'

-Reviewer comment, Oral Surgery



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Increased relevance and originality. By optimizing language and sentence structure, the Paper Rescue editors were able to make the relevance and originality clear and obvious. For example, problems with current knowledge were highlighted in such a way that readers were intrigued to learn how Dr Nakamori solved them. In the Discussion, the key first paragraph was completely rewritten to emphasize the main finding, and the implication of the finding for clinical practice. "As we revised the paper, points were much easier to understand after clarification."

Enhanced writing style and global standards. Among changes to ensure the paper flowed smoothly and logically, Paper Rescue:

- •Restructured paragraphs, in some cases adding new topic sentences.
- •Improved readability, eg. by moving the main point of sentences to the end of the sentence.
- •Clarified the paper's logic, eg. by ensuring sentences were logically connected using connectors such as 'although', 'however' etc.

"Using topic sentences, the subject of each paragraph was considerably clarified, and the flow of the entire manuscript improved."

Yaritori approach. The Paper Rescue process is intense. Dr Nakamori's manuscript went through 7 versions before submission and, after submission, his response to reviewers went through 6, with more than 40 emails exchanged. "Great care was put into creating responses to reviewers which were both logical and persuasive. We frequently exchanged with DMC until all possible misunderstandings were resolved."

THE BENEFITS

Paper acceptance. Dr Nakamori submitted the rescued paper to Oral Surgery in September 2008. The editor's response was excellent: 'The reviewers have recommended publication, but also suggest some minor revisions'. Reflecting Paper Rescue's intense editing approach, Reviewer 2's comments began: "This is a well-written paper...." After two rejections, the paper was accepted in January 2009.

Better peer review. The reviewer comments of the two rejecting journals were short and flippant, and offered few suggestions on improving the paper. In contrast, those of the accepting journal were well-considered, serious and respectful.

"Although I am not sure if the paper was initially rejected due to my main study points possibly not reaching the journal's expectations or due to unsatisfactory expressions, DMC helped me find a solution to my problems."

Improved communication and security. The Paper Rescue team are bilingual native English medical and life sciences senmonsha who are based in Tokyo. Unlike other editing companies, DMC's clients communicate directly with the editor who is working on their paper, in Japanese, by email, telephone or face to face. The ability to discuss complex nuances in Japanese is essential to capturing the true meaning of the study. "Detailed discussions were always done in Japanese. Although others send their papers overseas to be checked, knowing that DMC keeps the paper within Japan until it is finalized gives me peace of mind."

Reduced costs. Because the paper had already been edited by another company, Dr
Nakamori's budget was limited. DMC recognized this and flexibly reduced
the cost. Paper Rescue's flexible pricing allowed Dr Nakamori to get his



The Paper Rescue process is intense. Dr Nakamori's manuscript went through 7 versions before submission and, after submission, his response to reviewers went through 6. More than 40 emails were exchanged.

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paper published and stay within his Department's budget limits.

The published paper can be accessed here:

http://www3.interscience.wiley.com/cgi-bin/fulltext/122295829/HTMLSTART

DMC's Paper Rescue is an intensive editing process designed to get your rejected paper published. Call or email us now for a no-cost discussion on whether Paper Rescue is right for you.

For further information, visit us at: www.dmed.co.jp/editing/paper_rescue/

