

Structura articolului stiintific

Clasificarea revistelor medicale stiintifice

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UMF Carol Davila

- De ce scriem?
- Ce este un articol stiintific?

Ce este un articol stiintific?

- De ce scriem?
 - impartasirea informatiei (diseminare)
 - prestigiu (recunoastere internationala-citari)
 - avansare in cariera, atragere de fonduri (credibilitate)
- Document
- Contine informatii astfel incat altii
 - sa poata reproduce studiul/experimental realizat
 - sa poata verifica validitatea celor gasite

Clasificare articole stiintifice

- Articole tip review (reviews)
- Articole originale (original articles)
- Articole tip prezentari de caz (case reports)
- Articole tip scrisori catre editor (letter to editor), editorial (editorials)
- Articole tip erate, corrigendum (erratum, corrigendum)

Structura articol stiintific original

- Abstract (150-200 cuvinte)
- Articolul propriu-zis:
 - ACRONIM IMRaD
 - **I**: Introducere
 - **M**: Materiale si metode
 - **R**: Rezultate
 - **D**: Discutii

Plan pentru abordarea articolului stiintific

- Identificare tipul studiului
- Identificare obiectivele studiului
- Identificare populatie studiu
- Identificare end-points (efecte)
- Identificare variabilele studiului (expunerile, care sunt grupurile care se compara)
- Identificare metode statistice (metodele statistice au fost corect aplicate?)

Abstract

- Sumarizare a intregului articol
- De obicei numar limitat de cuvinte (150-200)
- Se prezinta pe scurt metodele folosite si principalele rezultate
- Trebuie sa fie independent de articol
- Acesta este de obicei cel mai citit (mai degraba decat articolul)

I Introducere

- -date generale despre problema studiului
- -revizuirea (pe scurt) a literaturii de specialitate (“background”)
- -argumente care sa sustina studiul (inovatie, design superior altor studii din literatura ce ataca problematica similara,etc)
- **-obiectivul studiului-fraza de incheiere a introducerii**
- **FRAZE SCURTE, CONCISE!**

Materiale si metode

- Descriere amanuntita a **metodologiei (cum facem?)**:
 - **NU REZULTATELE** (ce am gasit facand asa?)
- tipul de studiu
- populatia studiului
- end-point-urile (efectele) si masurarea lor
- variabilele studiului si masurarea lor (inclusiv metode de laborator, tehnici, etc)
- abordare statistica, inclusiv softul si versiunea folosita

Rezultate

- Se trec rezultatele obtinute, fara comentarii asupra lor
 - date descriptive despre cohorta/loturi : gen, varsta, diagnostic pozitiv, alte date relevante
 - rezultatele testelor statistice aplicate (grafice tip placinta-de evitat!, bare, histograme, box plot, tabele..)
 - NU prezentati doar valoarea p ci includeti si 95% interval incredere**
 - sunt de preferat TABELE (mai putin spatiu si mai multa informatie)
 - prezentare modele predictive, etc
 - timpul trecut, prezentare CONCISA!
- **Se face referire la grafice si tabele incluse in text**

Rezultate

- Tabelele si figurile trebuie sa fie cat mai clare
- Trebuie sa aiba legenda
- Trebuie explicate prescurtarile folosite

- O figura/tabel bine prezentat trebuie sa transmita mesajul independent de articol!

Discutii

- Comentarii despre rezultate, comparatii cu alte rezultate din literatura de specialitate
- **Subliniati ce ADUCE NOU STUDIUL!**
- Viitoare implicatii ale descoperirilor studiului
- Limitarile studiului, viitoare directii de cercetare
- La final, concluziile!!

Referinte

- Atentie la stilul bibliografic!
- Din Instructiuni pentru autori luati forma bibliografiei
- Stilul Vancouver
- “Previous review [12] presented relevant data about H₁ blockers and cardiac output”

12. Leurs R, Church MK, Taglialatela M. H₁-antihistamines: inverse agonism, anti-inflammatory actions and cardiac effects. *Clin Exp Allergy*. 2002;32(4):489-498.

- Stilul Harvard

Leurs, R, Church,M,K, Taglialatela,M, 2002, “H₁-antihistamines: inverse agonism, anti-inflammatory actions and cardiac effects”. *Clin Exp Allergy*, vol.32, no4, pp.489-498.

Cum imi fac strategia de scriere articol?

- Trebuie scris, scris, scris (cat mai des!)
- STRATEGIE (idee)
 - Incepeti cu MATERIAL SI METODE
 - Continuati cu REZULTATELE (decideti ce informatie prezentati, cum prezentati-tabele, figuri)
 - INTRODUCERE, DISCUTII
 - La final: titlu si abstract

EVITATI prea multe abrevieri sau jargon!

ATENȚIE PLAGIAT!

- Atentie la **PLAGIAT!-CITATI INTOTDEAUNA SURSELE!**
 - Daca preluati *ad litteram* puneti ghilimele!
 - Articolele sunt supuse analizelor contra plagiatului prin softuri dedicate in prima faza a analizei editoriale
 - Atentie la parafraza : scrieti cu cuvintele voastre, citati sursa de unde ati gasit informatia



SITAGLIPTIN INDUCED ACUTE NECROTIZING PANCREATITIS

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intravenous fluid therapy, administration of antibiotics and pancreatic enzyme inhibitors systemically and via an arterial catheter, use of a respirator, and continuous hemodiafiltration in the intensive care unit. Oral intake restarted after

1

relieving complaints. a significant decrease in amylases and lipase levels and renal parameters were noted.

His diabetes mellitus was well controlled with a total insulin injection of 28 units per day. He was discharged from.

1

There is no recurrence of pancreatitis after discontinuation of sitagliptin. DISCUSSION Acute pancreatitis is known to be fatal, with a mortality rate of nearly 10% if severe disease is not diagnosed and if appropriate treatments are not initiated immediately.2 Even in cases in which diagnosis and treatment are rapid, severe pancreatitis can prove life threatenina. Various causes for pancreatitis include alcohol consumption, gallstones,

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severe disease is not diagnosed and if appropriate treatments are not initiated immediately. 2 Even in cases in which diagnosis and treatment are rapid, severe pancrea- titis can prove life threatening. Various causes for pancreatitis include alcohol consumption, gall- stones, idiopathic chronic pancreatitis, endoscopic retrograde cholangiopancreatography or endoscopic sphincterotomy, trauma, malignancy, autoimmune hypercalcemia, hyperlipidemia, or certain drugs, of which alcohol and gallstone are the 2 primary causes in Japan. 3 Our patient did not have a history of alcohol intake within the few months prior to hospitalization. In addition, he had no history of a medical condition that could cause acute pancreatitis, except hyperlipi- demia, which was well controlled with atorvastatin for the past 3 years. Because abdominal CT revealed gallstones and bilirubin was elevated after hospi- talization, we first suspected gallstone pancreatitis. However, neither CT nor ultrasound imaging indi- cated biliary ductal dilatation involving the common bile duct. Hyperbilirubinemia improved only a few days after treatment for pancreatitis had begun, sug- gesting that bilirubinemia might have developed as a result of the spread of inflammation from pancreatitis. In addition, there was no recurrence of pancreatitis



SITAGLIPTIN INDUCED ACUTE NECROTIZING PANCREATITIS

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A 50-year-old man with a 10-year history of type 2 diabetes mellitus on voglibose and metformin, with sitagliptin was admitted to our hospital for upper abdominal pain. His pancreatic enzyme levels were elevated, and abdominal computed tomography (CT) showed diffuse pancreatic swelling with fluid accumulation. The patient was diagnosed with severe acute pancreatitis. There were no obvious causes for pancreatitis except the recently administered sitagliptin. Since incretin-related drugs entered the market, the number of incretin-related drugs prescriptions rapidly increased and so did the incidence of pancreatitis. There are several reports suggesting the correlation between incretin-related drugs and pancreatitis, such as a report based on data obtained from the United States Food and Drug Administration (FDA) which revealed a significant correlation between the administration of exenatide or sitagliptin and pancreatitis. However, there also is a report that denied the evidence for such in a large cohort study. The relation between incretin based drugs and pancreatitis is still controversial.

Keywords: diabetes mellitus, DPP-4 inhibitor, sitagliptin, pancreatitis

CASE REPORT

Patient came to the hospital on with the complaints of retrosternal back pain for 4 hours. He had been to a local nursing home and referred here for treatment. The patient was diagnosed with type 2 diabetes mellitus which had been controlled with 0.6 mg of voglibose and 500 mg of metformin and 50 mg of sitagliptin per day and diabetes mellitus was in good control with HbA1c below 6.5%. He did not have a history of dyslipidemia or alcohol consumption. Abdominal pain was unrelated to food intake and was not accompanied by nausea, vomiting, or changes in the bowel habits. Physical examination revealed jaundice and pain in the epigastrium on deep palpation without signs of peritoneal irritation. Laboratory tests on admission showed a serum bilirubin level of 6.3 mg/dL (direct bilirubin 3.6 mg/dL), alkaline phosphatase 429 mg/dL, aspartate aminotransferase 470 mg/dL, and alanine aminotransferase 430 mg/dL. The serum lipid profile, ions and amylase in serum and urine were within normal ranges. The abdominal ultrasound revealed pancreatitis and computed tomography (CT) and MRCP revealed acute pancreatitis. Extensive peripancreatic fluid collection with adjacent peripancreatic fat stranding and mild ascites. He was diagnosed

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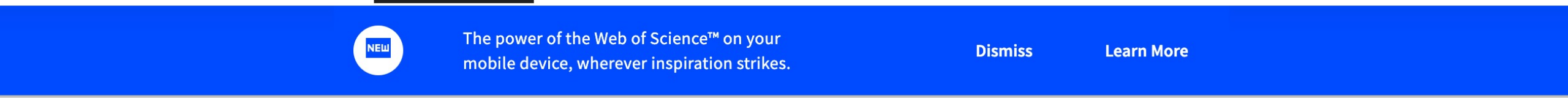
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Clasificarea revistelor medicale

- **Reviste cotate ISI** [Institute for Scientific Information](cu factor de impact)
- Din 2015 o noua baza de date extinsa **Emerging Sources Citation Index (ESCI)**-anticamera pentru obtinerea F.I
- **Reviste indexate in baze de date internationale (BDI)**
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Other Possible Matches

Drumul parcurs de la articol pana la publicare

- 1. Ne alegem revista
- 2. Consultam pagina de instructiuni pentru autor
- 3. Redactam articolul conform instructiunilor
- 4. Trimitem articolul
- 5. Primim raspunsul evaluarii (peer-reviewing)
- 6. Raspundem la evaluare
- 7. Articolul poate fi acceptat sau respins

1. Alegerea revistei

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Scientometrie - Reviste

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Definiția unei *reviste cotate ISI* se regăsește în Ordinul de Ministru (MECTS) Nr. 4478 din 23 iunie 2011, publicat în Monitorul Oficial, Partea I, Nr. 448/27.VI.2011, în cadrul secțiunii "DEFINIȚII" din ANEXA Nr. 2: "O *revistă cotată ISI* este o revistă pentru care Thomson Reuters (din 2015: **Clarivate Analytics**) calculează și publică factorul de impact în Journal Citation Reports" (JCR).

Catalogul cu indicatori scientometrici, JCR, se publică anual și este disponibil pe platforma informatică Web of Science.

Definiția unei *reviste indexate ISI* se regăsește în Ordinul de Ministru (MECTS) Nr. 4692 din 29 iulie 2011, publicat în Monitorul Oficial, Partea I, Nr. 540/29.VII.2011, în cadrul secțiunii "DEFINIȚII" din ANEXA Nr. 2: "O *revistă indexată ISI* este o revistă indexată în Science Citation Index Expanded, Social Sciences Citation Index sau Arts & Humanities Citation Index.

Verificarea unei reviste indexate ISI se poate face prin intermediul interfeței disponibile la adresa: <http://mjl.clarivate.com/>.

NEW Situația curentă a revistelor românești indexate/cotate ISI ([Valori 2021: Factor de Impact și AIS](#)):

- modernizarea administrației publice din sectorul cercetării.

Subprograme coordonate de UEFISCDI:

SUBPROGRAMUL 1.1

Resurse umane (integral)

▲ Obiective subprogram

▼ Instrumente de finanțare

- Proiecte de cercetare postdoctorală (PD)
- Proiecte de cercetare pentru stimularea tinerelor echipe independente (TE)
- Bursa tânărului cercetător (BT)
- **Premierea rezultatelor cercetării - articole (PRECISI)**
- Premierea rezultatelor cercetării - brevete (PRECBVT)
- Proiecte de mobilitate pentru cercetători (MC)
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- Burse de cercetare "Stefan Odobleja" (BSO)
- Burse de cercetare "Spiru Haret" (BSH)



▲ Proces evaluare - Rezultate finale

▲ Lista propunerilor de proiect depuse

▼ Pachet de informații și proces depunere

• [Pachet de informații](#) (aprobat prin Ordinul Ministrului Cercetării și Inovării nr. 507/17.08.2017)

• Cererea de finanțare:

o Secțiunea 1: Informații despre articol și autori
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o Secțiunea 2: Validarea și tipărirea Cererii de premiere

o Secțiunea 3: Incărcarea Cererii de premiere semnată și scanată
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o Secțiunea 4: Finalizarea cererii de premiere

Premiere articole publicate în anul 2017

• Pentru articolele publicate în reviste din Science Citation Index Expanded & Social Sciences Citation Index:

[Lista revistelor încadrate pe subdomenii, ordonate în funcție de factorul de impact al acestora \(IF\)](#)

[Lista revistelor încadrate pe subdomenii, ordonate în funcție de scorul de influență al acestora \(AIS\)](#)

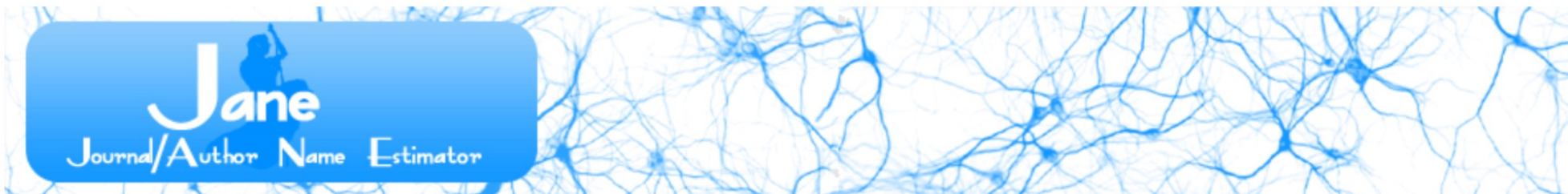
• Pentru articolele publicate în reviste indexate în Arts & Humanities Citation Index:

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Lista revistelor incadrate pe subdomenii, ordonate descrescator in functie de factorul de impact al acestora (IF)
Indexate in Science Citation Index Expanded sau Social Sciences Citation Index

Index	Web of Science Category	Revista <i>(revistele marcate cu (*) au acelasi punctaj ca si revista anterioara)</i>	ISSN	Zona	Top
science	GASTROENTEROLOGY & HEPATOLOGY	J VIRAL HEPATITIS	1352-0504	1	15
science	GASTROENTEROLOGY & HEPATOLOGY	LIVER INT	1478-3223	1	16
science	GASTROENTEROLOGY & HEPATOLOGY	ALIMENT PHARM THER	0269-2813	1	17
science	GASTROENTEROLOGY & HEPATOLOGY	AM J PHYSIOL-GASTR L	0193-1857	1	18
science	GASTROENTEROLOGY & HEPATOLOGY	NEUROGASTROENT MOTIL	1350-1925	1	19
science	GASTROENTEROLOGY & HEPATOLOGY	LIVER TRANSPLANT	1527-6465	2	20
science	GASTROENTEROLOGY & HEPATOLOGY	CLIN LIVER DIS	1089-3261	2	21
science	GASTROENTEROLOGY & HEPATOLOGY	J CLIN GASTROENTEROL	0192-0790	2	22
science	GASTROENTEROLOGY & HEPATOLOGY	HELICOBACTER	1083-4389	2	23
science	GASTROENTEROLOGY & HEPATOLOGY	DIS COLON RECTUM	0012-3706	2	24
science	GASTROENTEROLOGY & HEPATOLOGY	DIGEST LIVER DIS	1590-8658	2	25
science	GASTROENTEROLOGY & HEPATOLOGY	J GASTROEN HEPATOL	0815-9319	2	26
science	GASTROENTEROLOGY & HEPATOLOGY	J GASTROINTEST SURG	1091-255X	2	27
science	GASTROENTEROLOGY & HEPATOLOGY	HEPATOL INT	1936-0533	2	28
science	GASTROENTEROLOGY & HEPATOLOGY	GASTROENTEROL CLIN N	0889-8553	2	29
science	GASTROENTEROLOGY & HEPATOLOGY	COLORECTAL DIS	1462-8910	2	30
science	GASTROENTEROLOGY & HEPATOLOGY	J CROHNS COLITIS	1873-9946	2	31
science	GASTROENTEROLOGY & HEPATOLOGY	WORLD J GASTROENTERO	1007-9327	2	32
science	GASTROENTEROLOGY & HEPATOLOGY	BEST PRACT RES CL GA	1521-6918	2	33
science	GASTROENTEROLOGY & HEPATOLOGY	BMC GASTROENTEROL	1471-230X	2	34
science	GASTROENTEROLOGY & HEPATOLOGY	GASTRIC CANCER	1436-3291	2	35



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Background: Systemic sclerosis (Ssc) is an autoimmune disease with incomplete known physiopathology. There is a high number of candidate proteomic biomarkers for Ssc that have not yet been confirmed on independent Ssc cohorts. The aim of the study was to confirm circulating S100A6, calumenin, and cytohesin 2 as biomarkers for Ssc. Methods: 53 Ssc patients and 26 age- and gender-matched controls were included. Serum S100A6, calumenin, and cytohesin 2 were evaluated with commercial ELISA kits. Associations between serum expression and clinical Ssc characteristics were evaluated. Results: Serum calumenin, S100A6, and cytohesin 2 were higher in Ssc patients compared to controls. Calumenin associated with extensive cutaneous fibrosis, frequency of Raynaud phenomenon, and low complement level, and had a tendency to be higher in Ssc patients with pulmonary fibrosis. S100A6 correlated with the number of active digital ulcers. Serum cytohesin 2 levels were higher in patients with teleangiectasia and associated with pulmonary artery pressure. Conclusions: Serum calumenin, S100A6, and cytohesin 2 were confirmed as biomarkers on an independent group of Ssc patients. Calumenin had the best predictive capacity for cutaneous Ssc manifestations. Future studies are needed to evaluate the prognostic value of these biomarkers and evaluate them as possible therapeutic targets

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	The Journal of rheumatology Medline-indexed	1.0	Show articles
	Annals of the rheumatic diseases Medline-indexed	3.0	Show articles
	Rheumatology international Medline-indexed	0.5	Show articles
	Seminars in arthritis and rheumatism Medline-indexed	1.4	Show articles
	PloS one High-quality open access Medline-indexed PMC	1.1	Show articles
	Arthritis & rheumatology (Hoboken, N.J.) Medline-indexed	1.9	Show articles
	International journal of rheumatic diseases Medline-indexed	0.5	Show articles
	Rheumatology (Oxford, England) Medline-indexed PMC	1.5	Show articles
	Journal of the European Academy of Dermatology and Venereology : JEADV Medline-indexed	0.9	Show articles
	Scientific reports High-quality open access Medline-indexed PMC	1.9	Show articles
	Clinical laboratory Medline-indexed	0.2	Show articles
	Clinical chemistry and laboratory medicine Medline-indexed	0.6	Show articles
	Digestive diseases and sciences Medline-indexed	0.7	Show articles
	Journal of clinical immunology Medline-indexed	1.0	Show articles
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2. Consultam instructiuni pentru autori

The screenshot displays the website for the journal **Biomarkers**. The page features a blue header with the journal title and a navigation menu including Home, Journals, Books, Collections, Resources, Services, and Subscribe. A search bar with a 'Go' button and a dropdown menu for 'All Books and Journals' is located in the top right. A yellow navigation bar contains links for Home, All Issues, Current Issue, Early Online, Aims & Scope, Editorial Board, and **Instructions for Authors** (circled in red). The main content area includes an 'About the Journal' section with a cover image and text: Editor-in-Chief: **Alan Paine** (circled in red), 2013 Impact Factor: 2.522, 5-Year Impact Factor: 2.427, Eight issues are published per year, and ISSN: 1354-750X (print), 1366-5804 (electronic). To the left are icons for 'Sign up for eAlerts', 'Request a call back', and 'Publish with us'. To the right are 'Quick Links' (Add to Favourites, RSS TOC Alerts, Email TOC Alert) and a 'Purchase' section with a 'Buy Now' button. An 'Access Indicator' shows a blue circle with a white 'F' for Full and a blue circle with a white 'P' for Partial. The 'All Issues' section lists 'Early Online' and '2014', with the current issue being 'September 2014 Vol. 19 No. 6 Current Issue'.

Biomarkers

Instructions for Authors

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3.Redactarea si trimiterea articolului

- Majoritatea au platforma online de depunere articol



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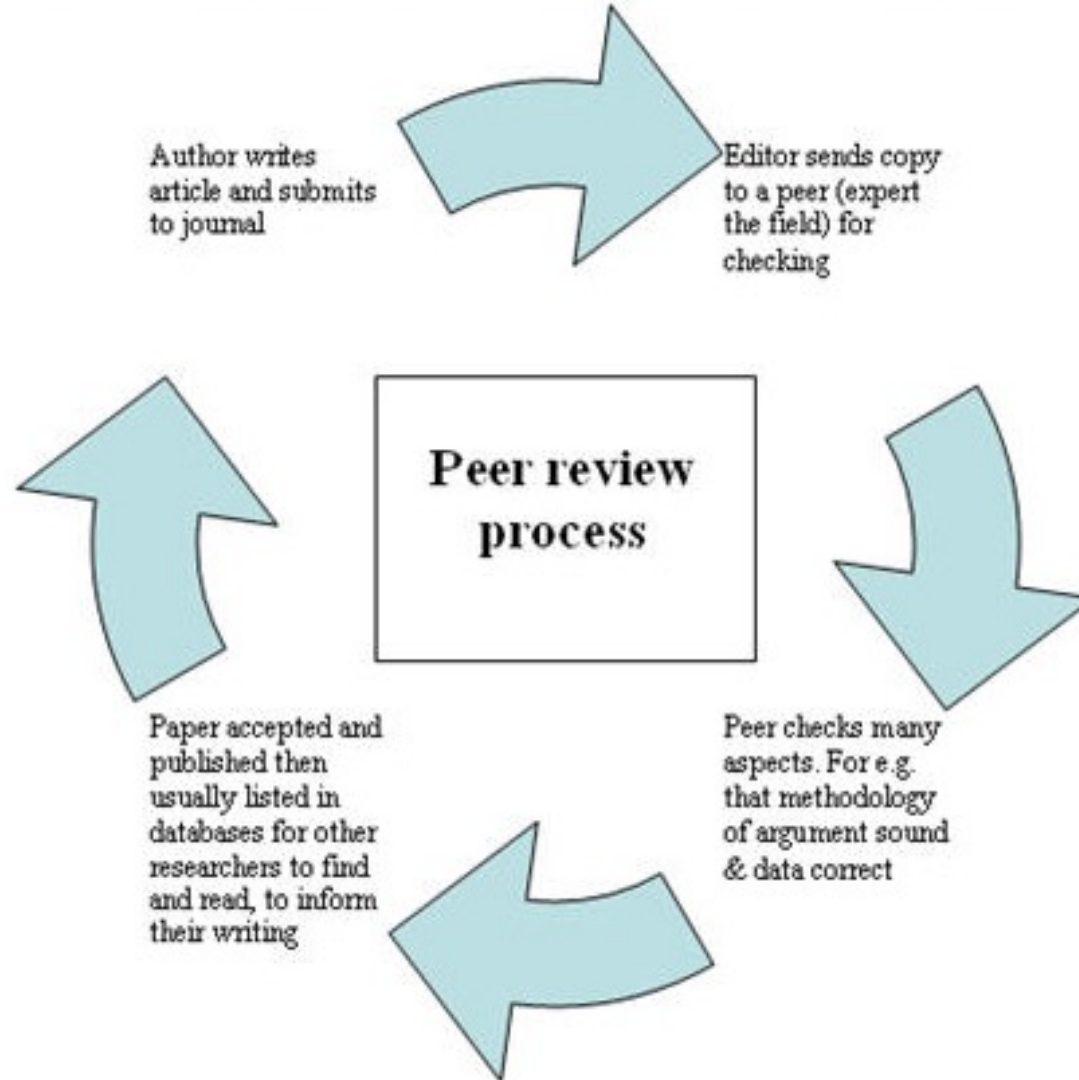
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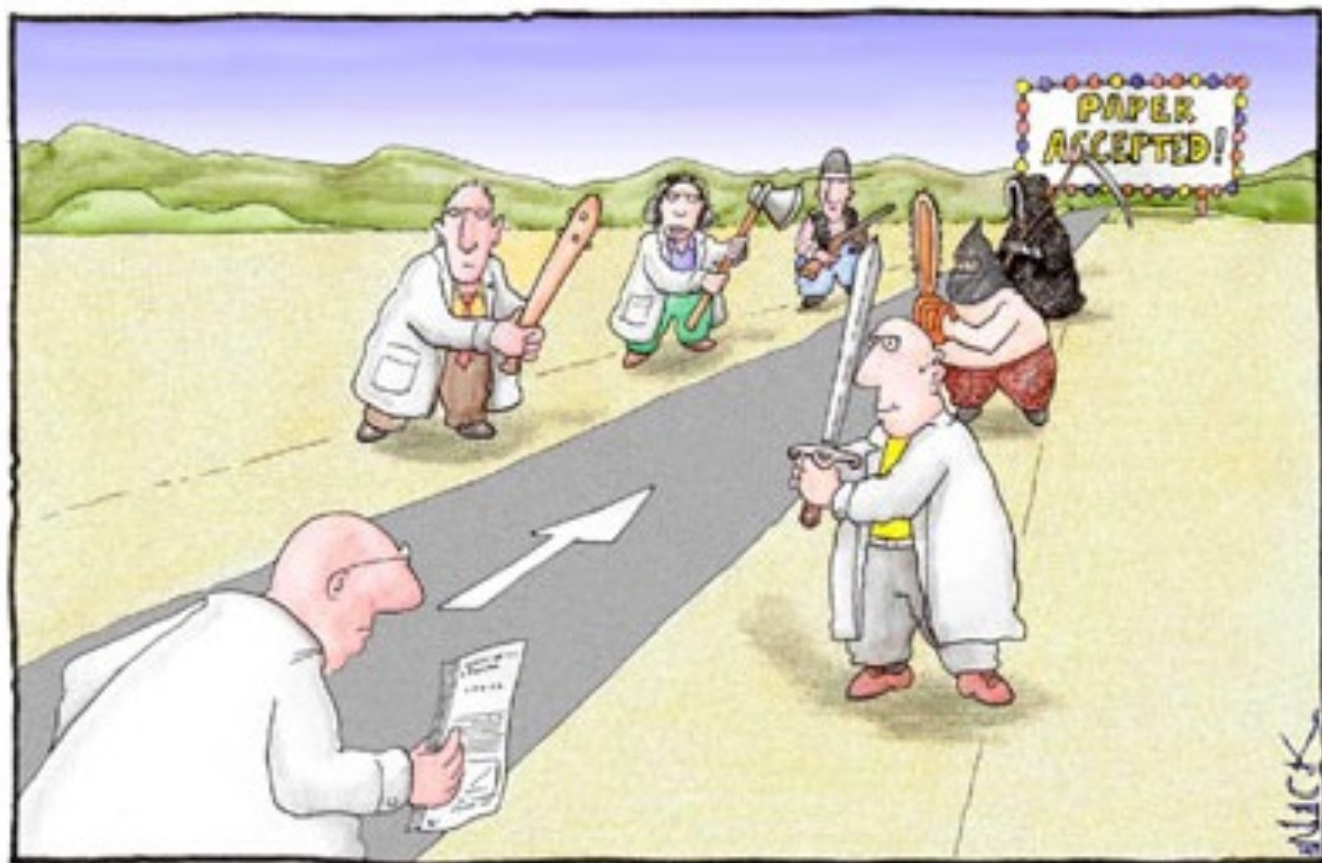
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Procesul de peer-reviewing





Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'

Cartoons by Nick Kim, www.nearingzero.net

Avantajele publicarii

- Prestigiu, vizibilitate nationala si internationala
- Avansare profesionala (obtinerea titlului de doctor in stiinte)
- Poti la randul tau sa faci activitate de peer-reviewer pentru articole, propuneri de proiecte de cercetare
- Dezvoltarea si imbunatatirea rigorii stiintifice
- Dezvoltarea simtului critic

Cum reusim sa publicam?

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- Citind multe articole pe tema respectiva
- Realizarea unui protocol de studiu/tip de studiu
- **SCRIEM, SCRIEM, SCRIEM-trimitem** articole reviste BDI, locale, ESCI!
- +/- **Obtinere suport financiar**
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