国際英文誌への論文投稿

ーAssociate Editor (Clinical Neurology and Neurosurgery)として
1228報の採否決定の経験からー

諸藤　陽一
長崎大学脳神経外科

Florian Roser
Editor in chief, Clinical Neurology and Neurosurgery
Professor & Chairman, Cleveland Clinic Abu Dhabi

第18回　東京脳卒中の血管内治療セミナー、東京、2024年9月1日

専門：
脳神経外科
脳卒中、脳血管内治療、脳卒中の外科
血液脳関門、薬理（中枢神経）、転移性脳腫瘍

Editor-in-Chief

Prof. Dr. F. Roser MD, PhD

Cleveland Clinic Abu Dhabi Neurological Institute

Clinical Neurology and Neurosurgery
Associate Editor
https://www.sciencedirect.com/journal/clinical-neurology-and-neurosurgery

Maria A Deli

Biological Research Centre

Szeged, Hungary

Specialty Chief Editor
CNS Drug Delivery

Frontiers in Drug Delivery
Associate Editor
https://www.frontiersin.org/journals/drug-delivery/sections/cns-drug-delivery

Journal of Clinical Medicine
Targeted Diagnosis and Management of Traumatic Brain Injury
Guest Editor
https://www.mdpi.com/journal/jcm/special_issues/E323AR95ZC

Prof. Dr. Kenji Dohi
Guest Editor
Showa University, Tokyo

Running Title: The efficacy of endovascular coil embolization for bow hunter's stroke

Early endovascular parent artery occlusion (or management) for recurrent bow hunter's stroke

(title は雑誌によって変えた方がいいかな？1 例です)

Word Count (Abstract- Discussion, Figure Legends): 1447 words

Number of Figures: 3

Number of Tables: 1

- ✓ Bow hunter's stroke の原因、今回は A to A、抗凝固（抗血小板？）必要、再発繰り返しており、しっかりとした抗凝固（抗血小板？）必要
- ✓ 早期の外科介入必要（or カラー固定、but 根本的な解決にならない）
- ✓ 外科介入するなら、抗凝固（抗血小板）は一時中断する必要あり、脳梗塞繰り返している症例では不利
- ✓ IVR で！
- ✓ Stent はつぶれるし、適応なし
- ✓ そもそも BHS で意識消失してないとしたら、non-dominant VA のはず
- ✓ 血管を犠牲にするとはいえ、早期の PAO (parent artery occlusion)がいい！

の流れはどうでしょうか？

基本論文のメッセージは一つに絞った方がいいと思います（もちろん他の案も

あります。エコーが文章にか、、、）。

Abstract

Bow hunter's stroke is a rare cause of vertebrobasilar brain infarction. Hemodynamic insufficiency and artery-to-artery (A-to-A) embolism ~~is~~ are assumed as the mechanism, however, it still remains ~~to be elucidated~~ controversial. Furthermore, there is no consensus regarding optimal treatment ~~there are still no standard treatment options~~. We present a case of recurrent posterior circulation infarcts due to bow hunter's stroke successfully treated by early endovascular treatment. ~~a patient who underwent coil embolization to prevent the recurrence of embolic stroke. We have described a~~ A 70-year-old man presented vertigo (救急車？walk-in?). Serial (Repeated) MRI showed ~~showing~~ recurrent posterior circulation infarcts associated with A-to-A embolism due to repetitive stimulation for vertebral artery (この文章は推測もしくはエコー、DSA 所見の後かな？). A dynamic angiography showed the thrombus formation and the hypoperfusion of right vertebral artery on head rotation to the left. The right vertebral artery occlusion with coil embolization was performed, and there is no recurrence at follow-up magnetic resonance imaging. Thus, coil embolization proved to be useful in treatment for bow hunter's stroke, especially A-to-A embolism.

Early endovascular embolization for the culprit artery is an optimal procedure for recurrent bow hunter's stroke.

Delayed symptomatic onset with traumatic middle meningeal arteriovenous fistula of non-fractured site: Case report

骨折もない部位でも delayer onset もありうるから注意が必要

もしくは CTA (4D)でオシャレに detect した！　他

なんでもいいけど、この論文で先生が推したいポイントを絞ったほうがいい

全体的に冗長になっている。CNN に出すなら、もうちょっと focus を絞る

（参考）

最近 reject で提出した review comment です

General comment

In the manuscript entitled 'Persistent primitive trigeminal artery:　Classification and clinical significance' the authors present a rare case of PPTA associated with carotid artery aneurysm'. While the manuscript is well written, there are no new additional information for CNN readers. The work is a repetition of work that has been already reported by other groups. I cannot recommend publication of this paper because of the relatively low impact of the results.

あと、他の論文も含めてだけど、なんで MM dural AVF じゃなくて、MMAVF なんかな？

Yusuke Iki[1], Yoichi Morofuji[2], Tadashi Kanamoto[3], Nobutaka Horie[2], Tsuyoshi Izumo[2], Takeo Anda[2], Takayuki matsuo[2]

[1]Department of Neurosurgery, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan. Electronic address: yusuke.nagasaki1119@gmail.com.

[2]Department of Neurosurgery, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan.

[3]Department of Neurology and Strokology, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan.

Abstract

The characteristics and clinical significance of traumatic middle meningeal arteriovenous fistula (MMAVF) have been unclear. Especially, MMAVFs of non-fractured site are rare. We report a case of fall accident from a height of 5 meters (脳外対象に書くなら abstract で具体的な高さ要らんかな)in a 69-year-old male. He was managed conservatively for a moderate traumatic subarachnoid hemorrhage and left subdural hematoma with right temporoparietal bone fracture. (基本文頭数字ダメ　Five) 5 days after trauma, he complained　(aphasia を complain できるかどうか微妙、要確認) of aphasia and right hemiparesis. Emergent computed tomography (CT) revealed a perfusion disorder　(←書くなら具体的に。abstract では要らん気がする)　and sporadic low density area in left cerebral hemisphere. Digital subtraction angiography showed left middle meningeal artery – middle meningeal vein fistula like "rod configuration" ←これは有名なワード？. Venous drainage flowed through sphenoparietal sinus into cavernous sinus and through anterior temporal diploic vein with retrograde flowing into superior sagittal sinus leading to venous congestion. MMAVF was obliterated by transarterial coil embolization successfully. The unique hemodynamic often leads to massive hemorrhage or blood flow stagnation secondary to initial damages. Endovascular treatment could be less invasive and effective when MMAVFs inducing abnormal venous drainage or clinical symptoms.

Middle meningeal arteriovenous fistula (MMAVF) of non-fractured site is extremely rare and the clinical characteristics are still unclear. We report a case of delayed onset of venous infarction due to MMAVF following fall accident. A 69-year-old man suffered from multiple trauma after fall accident. Head computed tomography (CT) showed moderate traumatic subarachnoid hemorrhage, left subdural hematoma, and skull fracture in his right temporal bone which were managed conservatively. Five days after his admission, he suddenly presented total aphasia and right hemiparesis. Emergent CT revealed sporadic low density area in left cerebral hemisphere and (four-dimensional CT angiography showed the dilatation of left middle meningeal artery and early venous drainage in cavernous sinus and anterior temporal diploic vein with retrograde upward flowing to high convexity). MMAVF was obliterated by transarterial coil embolization successfully.

この稀な病態の detect に 4 DCTA がよかったという line が一番いいような気がする。

Introduction

MMAVFs are ~~relatively~~ rare and make fistulous communication between ~~the~~ middle meningeal artery (MMA) and middle meningeal, diploic or cortical veins, as well as with the dural venous sinuses (連？with?) . MMAVFs have been mainly　~~almost~~ reported as a single case report including trigger of various intracranial hemorrhage, since 1951. Although these lesions occur in 1.8% of head trauma cases, natural history remains uncertain especially in ~~considering~~ asymptomatic cases. In our case, MMAVF led intracranial venous congestion symptomatically on a non-fractured site. It contains unique etiology and angiographical findings. Herein we report the case with a literature review. 論文の line をどうするかで変わる

Case presentation

最初 CTA とっていたかどうか？多分とってる

A 69-year-old man ~~male~~ was transferred to our hospital with multiple traumas ~~injuries~~. He suffered fall accident from a height of 5 meters. He had a head trauma, pulmonary contusion, fractured ribs, scapula, clavicle and toe. ~~He complained of posttraumatic amnesia and threatening, but neither motor nor sensory disturbance was detected in emergency room.~~ Head CT showed diffuse ~~traumatic~~ subarachnoid hemorrhage ~~of whole cerebrum with~~ a linear skull fracture in his right ~~the~~ temporoparietal area and

本日の内容

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（Clinical Neurology and Neurosurgery）

1. 論文作成
2. 投稿
3. 査読
4. 採否の決定
5. Editor kickを回避するために

なぜ論文を書くのか？どう書くのかは割愛し、査読・採否決定プロセスを中心に

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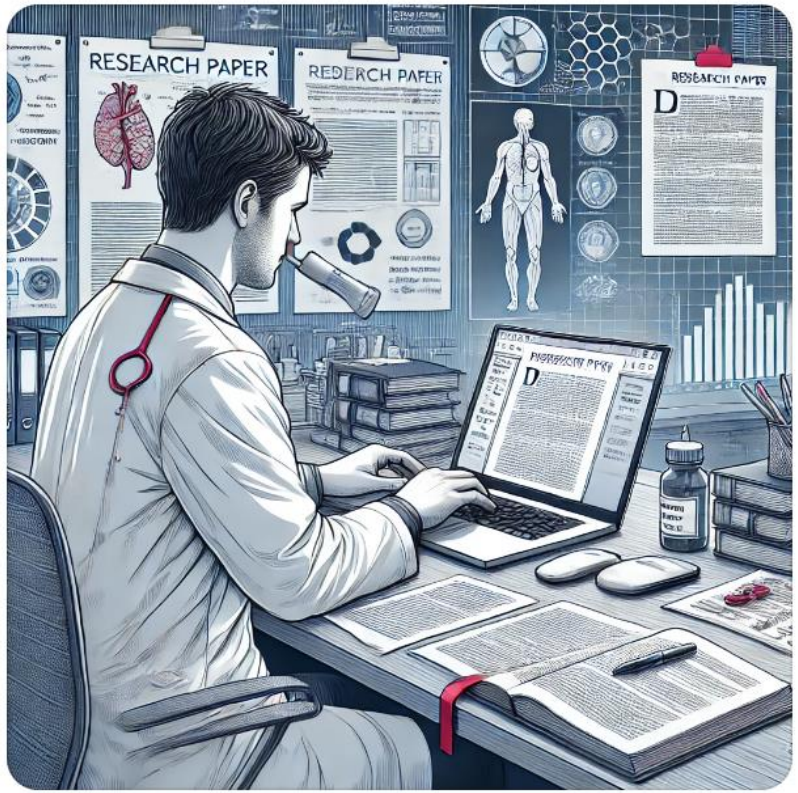
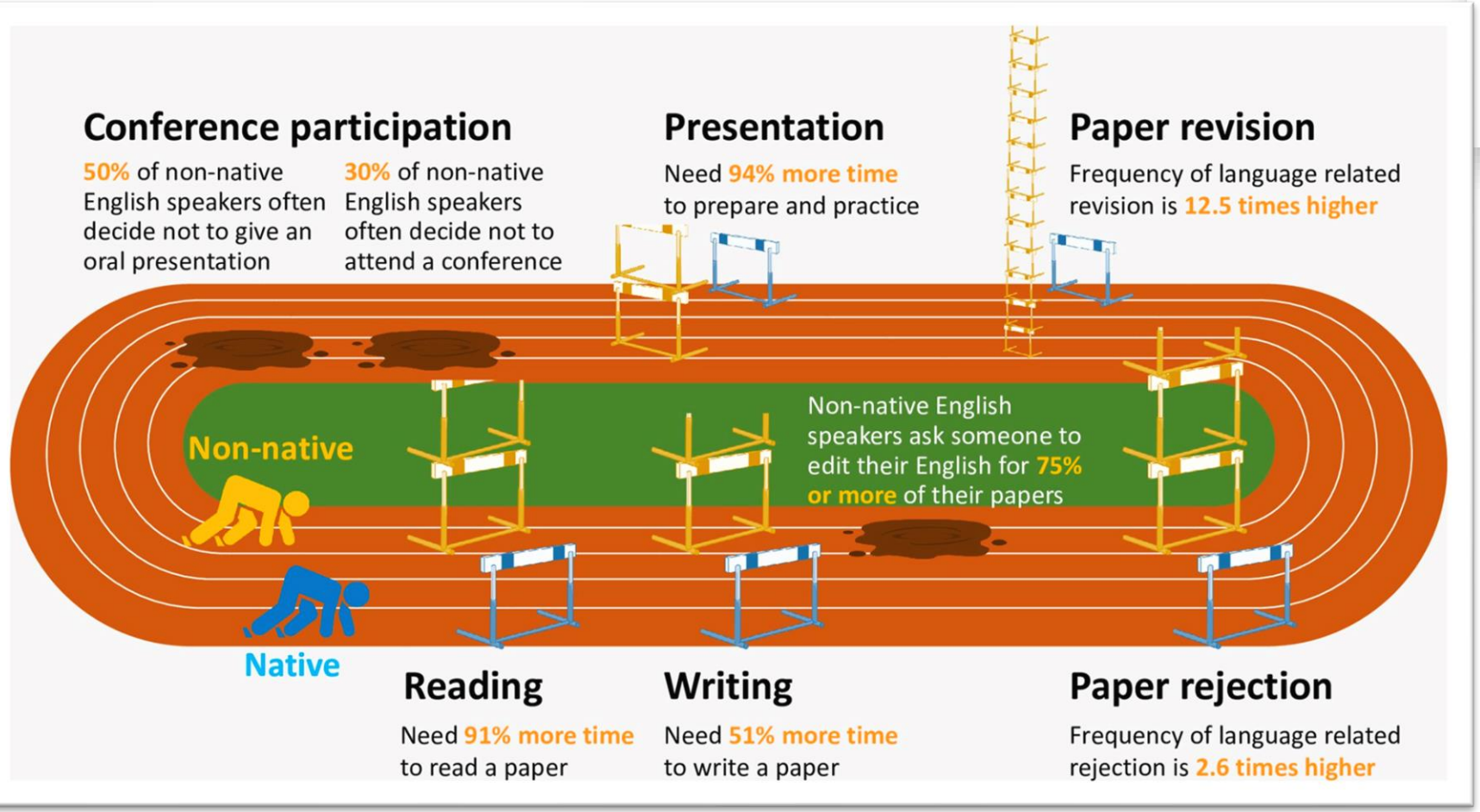


なぜ論文を書くのか？どう書くのかは割愛し、査読・採否決定プロセスを中心に

don‘t shy away…



PLOS BIOLOGY

META-RESEARCH ARTICLE

The manifold costs of being a non-native English speaker in science

Tatsuya Amano[1,2]*, Valeria Ramírez-Castañeda[3,4], Violeta Berdejo-Espinola[1,2], Israel Borokini[5], Shawan Chowdhury[1,2,6,7,8], Marina Golivets[9], Juan David González-Trujillo[10], Flavia Montaño-Centellas[11,12], Kumar Paudel[13], Rachel Louise White[14], Diogo Veríssimo[15]

1 School of the Environment, The University of Queensland, Brisbane, Queensland, Australia, 2 Centre for Biodiversity and Conservation Science, The University of Queensland, Brisbane, Queensland, Australia, 3 Museum of Vertebrate Zoology, University of California, Berkeley, California, United States of America, 4 Department of Integrative Biology, University of California, Berkeley, California, United States of America, 5 University and Jepson Herbaria, Department of Integrative Biology, University of California, Berkeley, California, United States of America, 6 Institute of Biodiversity, Friedrich Schiller University Jena, Jena, Germany, 7 Department of Ecosystem Services, Helmholtz Centre for Environmental Research - UFZ, Leipzig, Germany, 8 German Centre for Integrative Biodiversity Research (iDiv) Halle-Jena-Leipzig, Leipzig, Germany, 9 Department of Community Ecology, Helmholtz Centre for Environmental Research - UFZ, Halle, Germany, 10 Museo Nacional de Ciencias Naturales (CSIC-MNCN), Madrid, Spain, 11 Instituto de Ecología, Universidad Mayor de San Andrés, La Paz, Bolivia, 12 Department of Biological Sciences, Louisiana State University, Baton Rouge, Louisiana, United States of America, 13 Greenhood Nepal, Kathmandu, Nepal, 14 School of Applied Sciences, University of Brighton, Brighton, United Kingdom, 15 Department of Biology, University of Oxford, Oxford, United Kingdom

* t.amano@uq.edu.au

Check for updates

OPEN ACCESS

Citation: Amano T, Ramírez-Castañeda V, Berdejo-Espinola V, Borokini I, Chowdhury S, Golivets M, et

かかる労力

（個人の見解）

学会発表（日本語） x 1
論文作成（日本語） x 10
論文作成（英語） x 100

注目論文数、日本１３位に転落　過去最低更新　イランに抜かれる

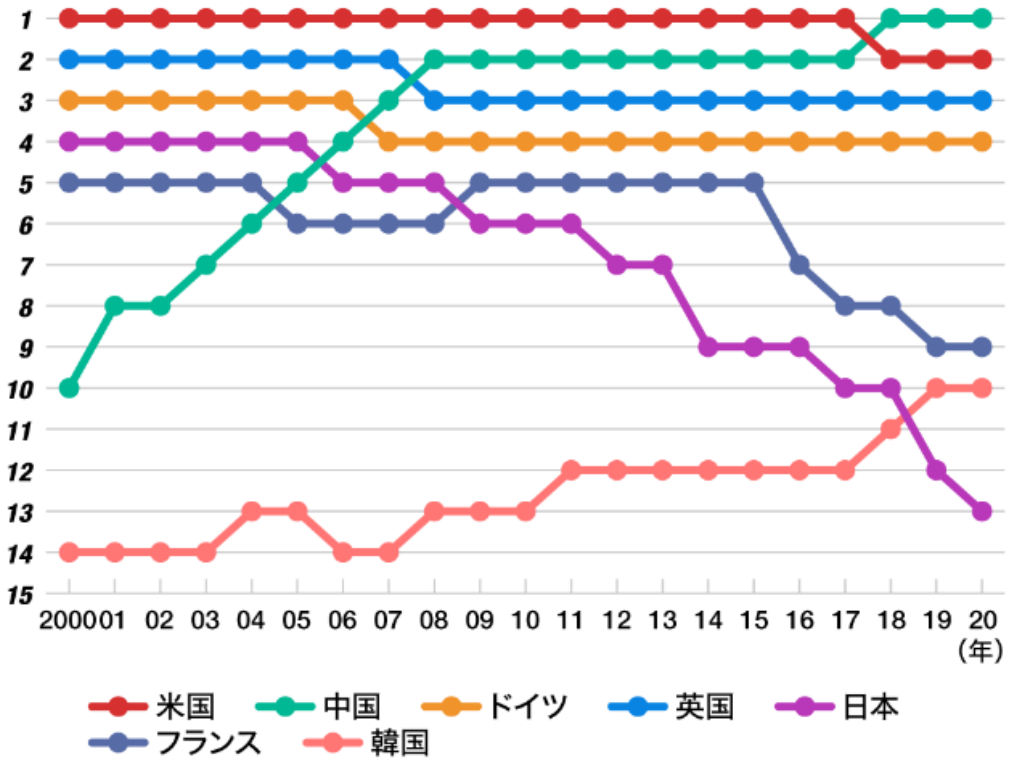
2023/8/8 17:07

Nature | Vol 623 | 2 November 2023

JAPANESE RESEARCH IS NO LONGER WORLD CLASS — HERE'S WHY

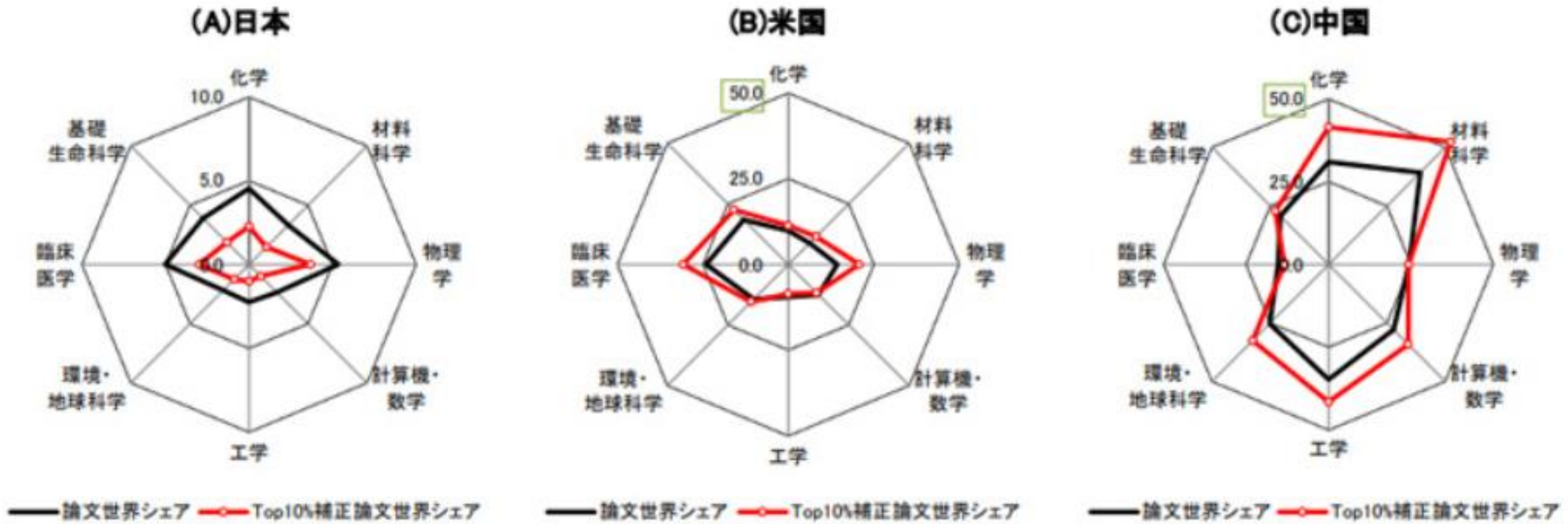
Despite a strong workforce, Japan's research continues to slide down the indicators of quality.

主要国のTop10補正論文数（分数）の世界ランキング推移



（各年の順位は3年移動平均値）
出所：科学技術指標2023

Science Portal
科学技術の最新情報サイト「サイエンスポータル」



日本、米国、中国それぞれの論文数、「トップ10%」の世界シェアが高い分野を示すグラフ（科学技術・学術政策研究所提供）

https://scienceportal.jst.go.jp/newsflash/20230818_n01/

どこに投稿するか？

APC (Article Processing Charge), case report,,,,,

どこに投稿するか？

Neurosurgery

JNS JOURNAL OF NEUROSURGERY
OFFICIAL JOURNALS OF THE AANS SINCE 1944

The NEW ENGLAND JOURNAL of MEDICINE

impact factorの高い雑誌、当該分野で評価が高い雑誌

Stroke

そうはいっても、、、なかなか難しい

Bottom line（個人的見解）
PubMedに収載されていること

掲載料を払って、PubMedに収載されていない雑誌に掲載

↓

ハゲタカジャーナルに狙われる？？

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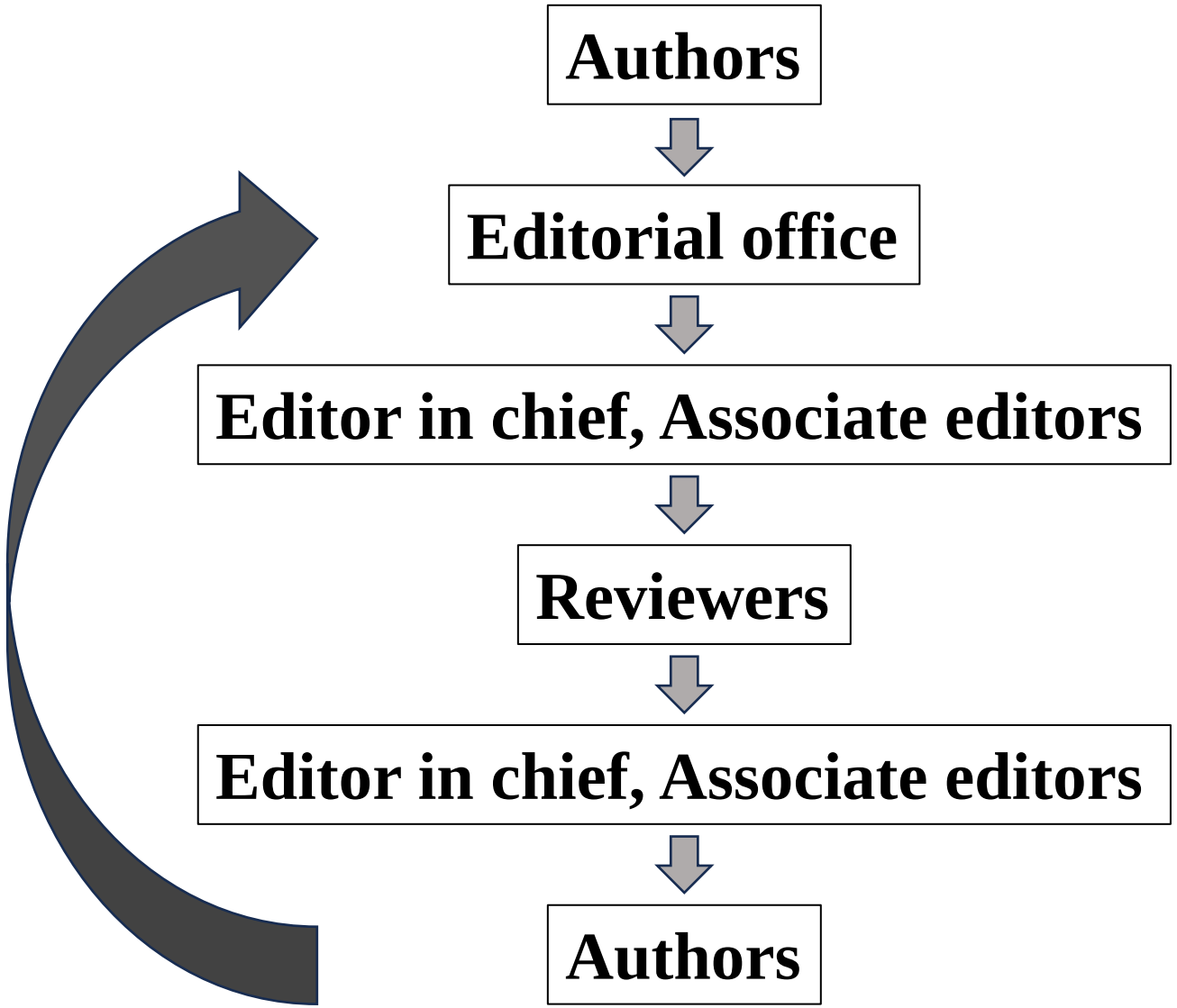
査読の流れ



Journalにより違う（甘い or 厳しい）

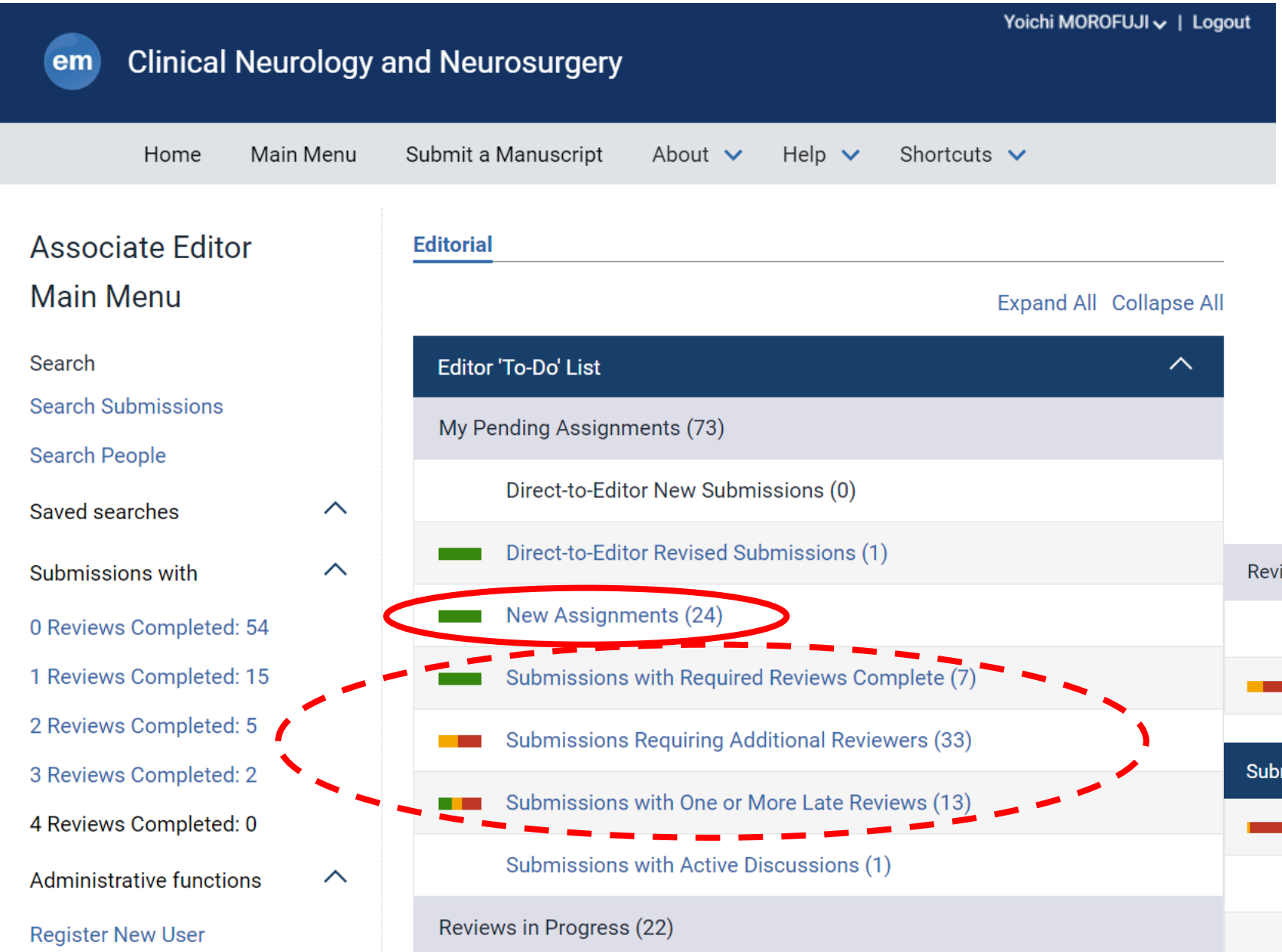
投稿論文の担当編集者が決まる

査読依頼（最低2名の査読者）

採否決定（rejectでなければrevisionへ）

採否のもしくはrevisionの連絡

論文を受け取る



年間500本の採否決定のペース

時間は限られている

Aug-29-2024, (5 days interval)

Reviewerを探す

Change Search Type

○ Search My Publication | Search for Reviewers | from | Entire Database | Go

◉ Find reviewers using Scopus

Welcome to Find Reviewers. Please select one of the available search options below to identify potential reviewers.

Editorial Board Members

Browse a list of your journal's Editorial Board Members.

Keyword Search

Search on Scopus using your own keywords and queries.

Author Search

Search on Scopus for specific users by name, institution or email address.

System Recommendations

Browse a list of reviewers recommended by Elsevier based on their relevancy and field of research.

Referenced Authors

Browse authors of works referenced in the manuscript.

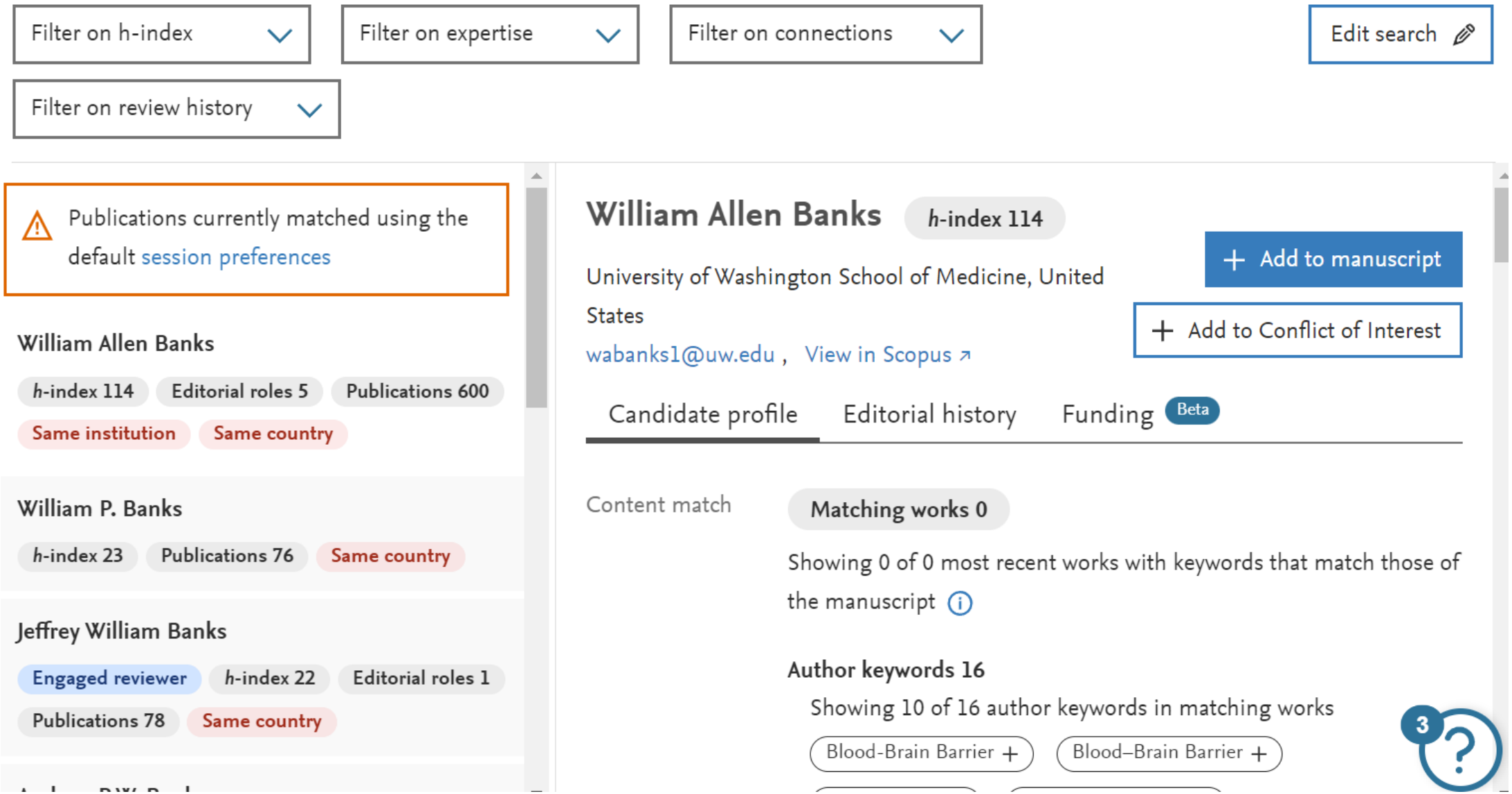
Interested Reviewers

Select from a list of reviewers who have expressed an interest to review for your journal via Reviewer Hub.

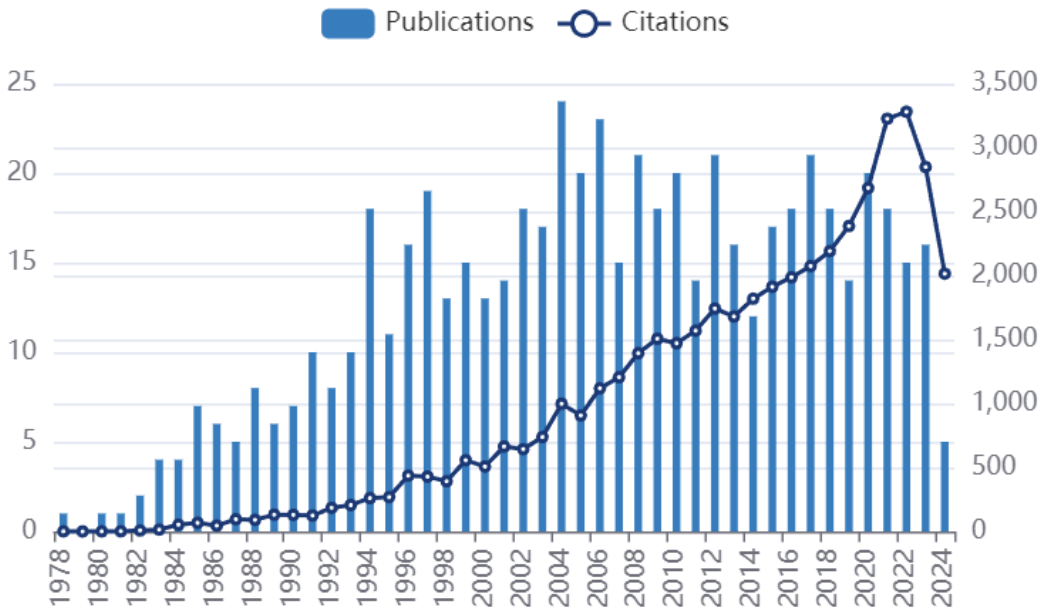
Journal Reviewers

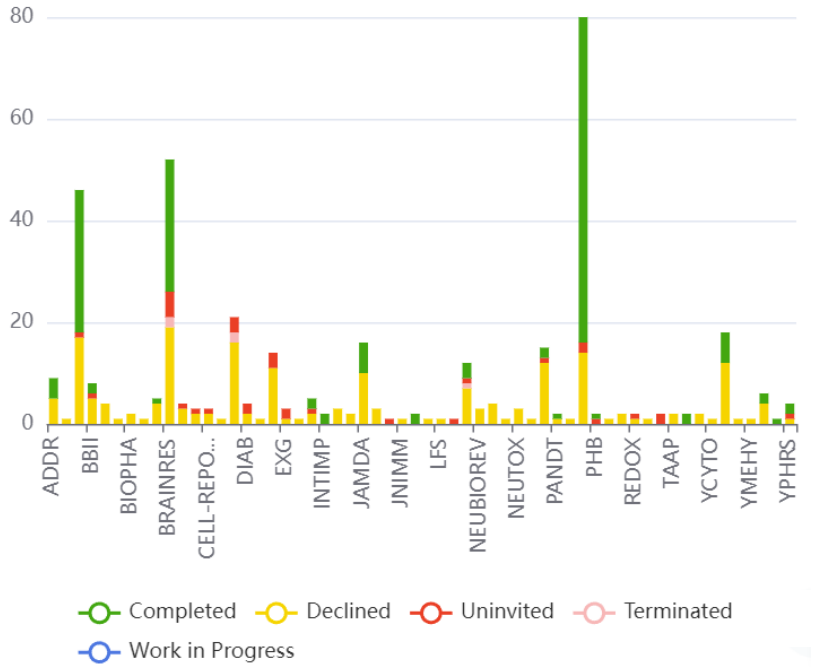
Look for reviewers from your journal.

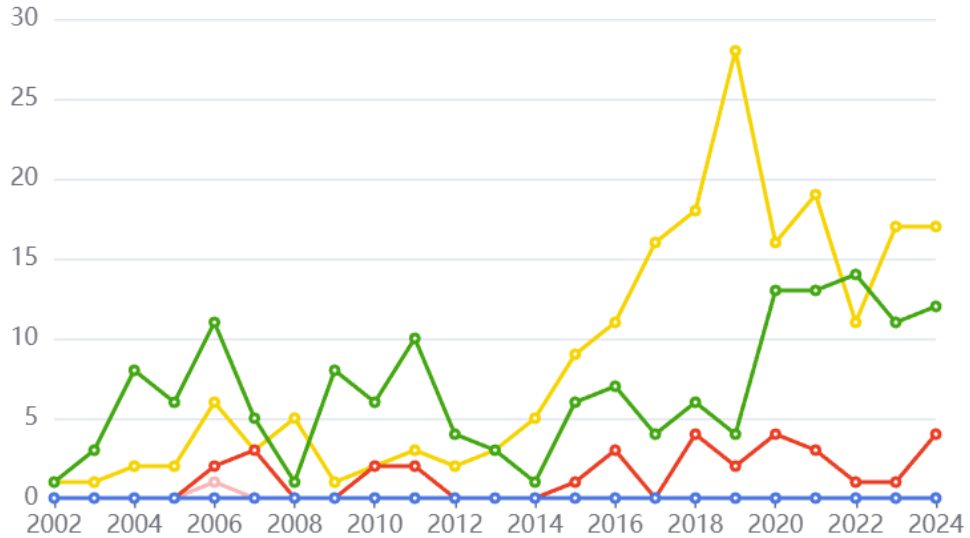
Reviewerを探す



Reviewerを探す







Reviewer Statistics (Agreed Invitations)		Invitation Statistics	
Reviews in Progress:	1	**Date Last Invited:**	18 Aug 2024
Completed Reviews:	76	**Outstanding Invitations:**	0
Un-assigned After Agreeing:	0	**Agreed:**	87
Terminated After Agreeing:	10	**Declined:**	0
Last Review Agreed:	11 Jun 2024	**Un-invited Before Agreeing:**	7
Last Review Completed:	23 Jun 2024	**Terminated:**	1
Last Review Declined:	-	**Total Invitations:**	95
Avg Days Outstanding:	10		
Manuscript Rating:	50		
Avg Review Rating:	77.0		

Reviewを依頼しても、、、

Article Type	Short Title	Keywords	Class	Current Status	Status Date	Initial Date Submitted	Reviewers	Review Status	Handling Editor	Assigned Editors
Original article		Stroke;Carotid stenosis;Platelet Aggregation Inhibitors;stent	3: Endov 37: Critica	Under Review	29 Aug 2024	09 Nov 2023		2 Agreed 3 Invited - No Response 23 Declined 1 Late (more...)	Yoichi MOROFUJI	Yoichi MOROFUJI, M.D., Ph.D.

34 Declined - View Reasons

[redacted] - I am busy at this moment. Dra. [redacted] and Dr. [redacted] are recommended. Best regards

[redacted] - I have not enough time right now. Dr. [redacted] or Dra. [redacted] Escudero are recommended Cheers

[redacted] - I have no time for the time being, so I cannot finish the review by the 26th May. My apology

[redacted] - The lack of free time is the only reason of my decline, apology.

[redacted]

査読は完全にボランティア
受けてくれる研究者は必ずしも多くない
（一部の研究者で回っている？？）
自身も論文を投稿するのであれば、お互い様ではあるが、、

査読することで自身がtopicに関しupdateできる
他の研究者の論文を評価することで、自身の執筆能力向上
（労力はかかるが、ただ読むのとは圧倒的な質の差がある）
専門領域、医学、研究の発展に寄与

Reviewerさえ決まれば、、、

	Original Submission
[redacted], MD, PhD (Reviewer 1)	Reject
[redacted] (Reviewer 2)	Reject

3 Complete
[redacted] - *Major Revision*
[redacted] - *Minor Revision*
[redacted] - *Minor Revision*
2 Total Required

2 Complete
[redacted], *MD, FACP, FNCS... - Major Revision*
[redacted], *MD - Major Revision*
2 Total Required

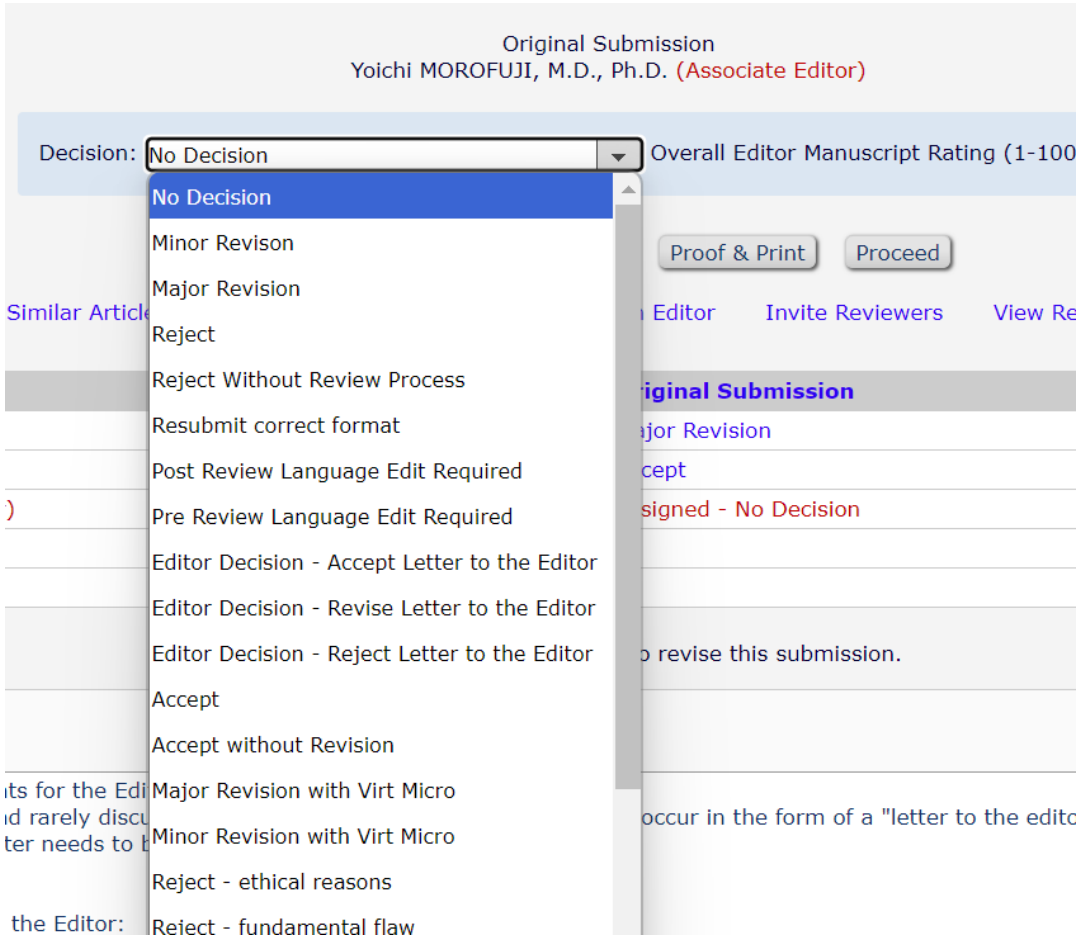
多くの場合、判断は
おおむね一致している

Initial Date Submitted	Status Date	Current Status	Review Status	Editor Decision
12 Jul 2024	15 Aug 2024	Under Review	2 Complete [redacted] - *Accept* [redacted] - *Reject* *2 Total Required* 4 Declined [redacted] - I'm sorry but I don't [redacted] ough time. [redacted] - I have no [redacted] review this article, sorry. [redacted] - it is not my field (less...)	

判断が割れた場合は
更に新しい
reviewerを探す

‘reject’の判定があれば、基本rejectとなる可能性が高い

Reviewerさえ決まれば、、、



Accept

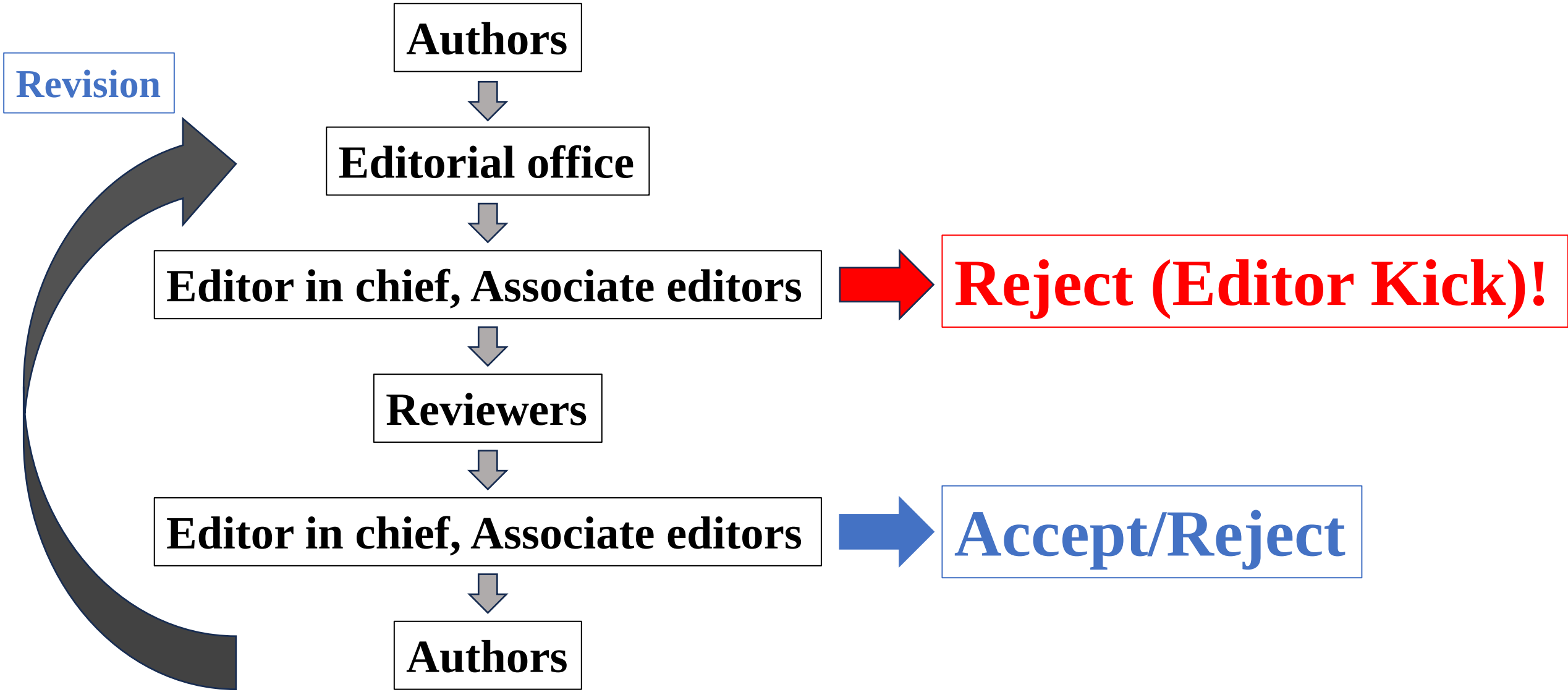
Minor revision

Major revision

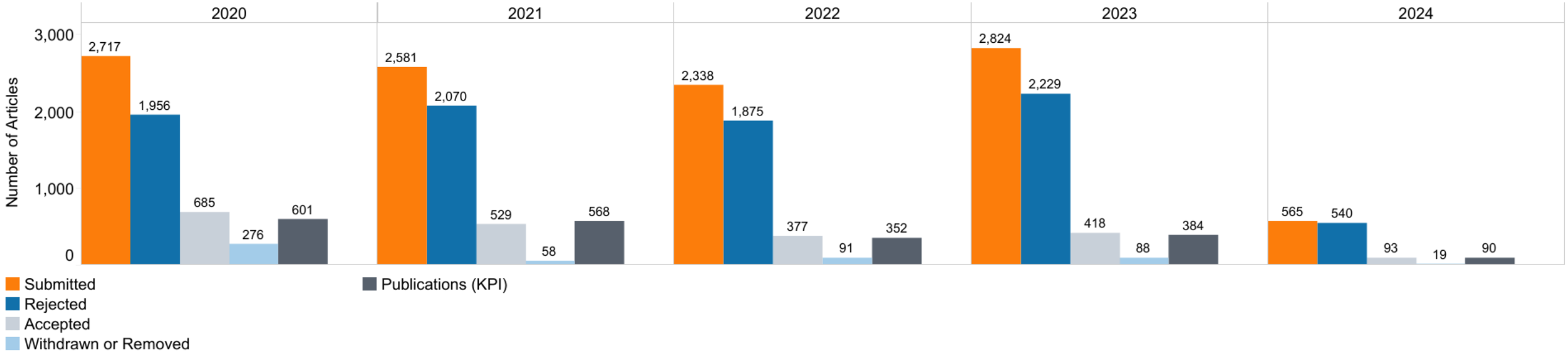
Reject

判断に困ることは少ない！

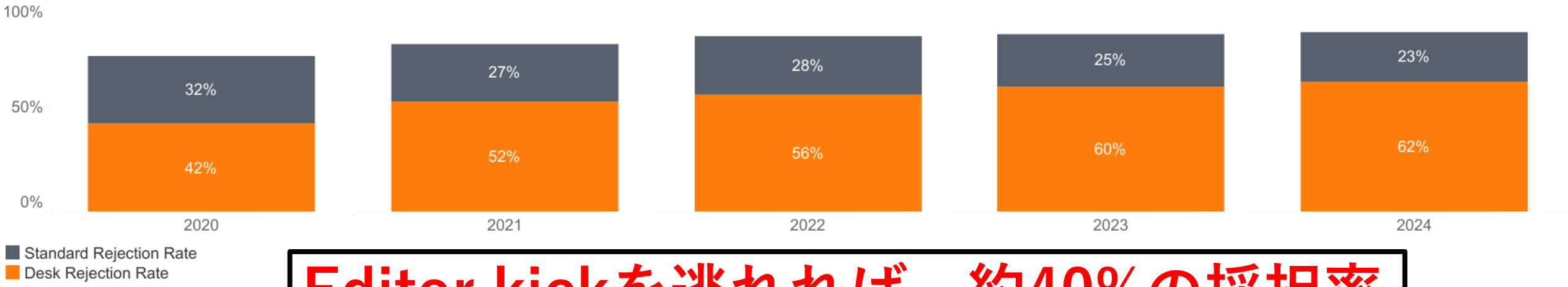
査読の流れ


Authors
Revision
Editorial office
Editor in chief, Associate editors
Reject (Editor Kick)!
Reviewers
Editor in chief, Associate editors
Accept/Reject
Authors

Submissions, Editorial Outcomes and Published Counts

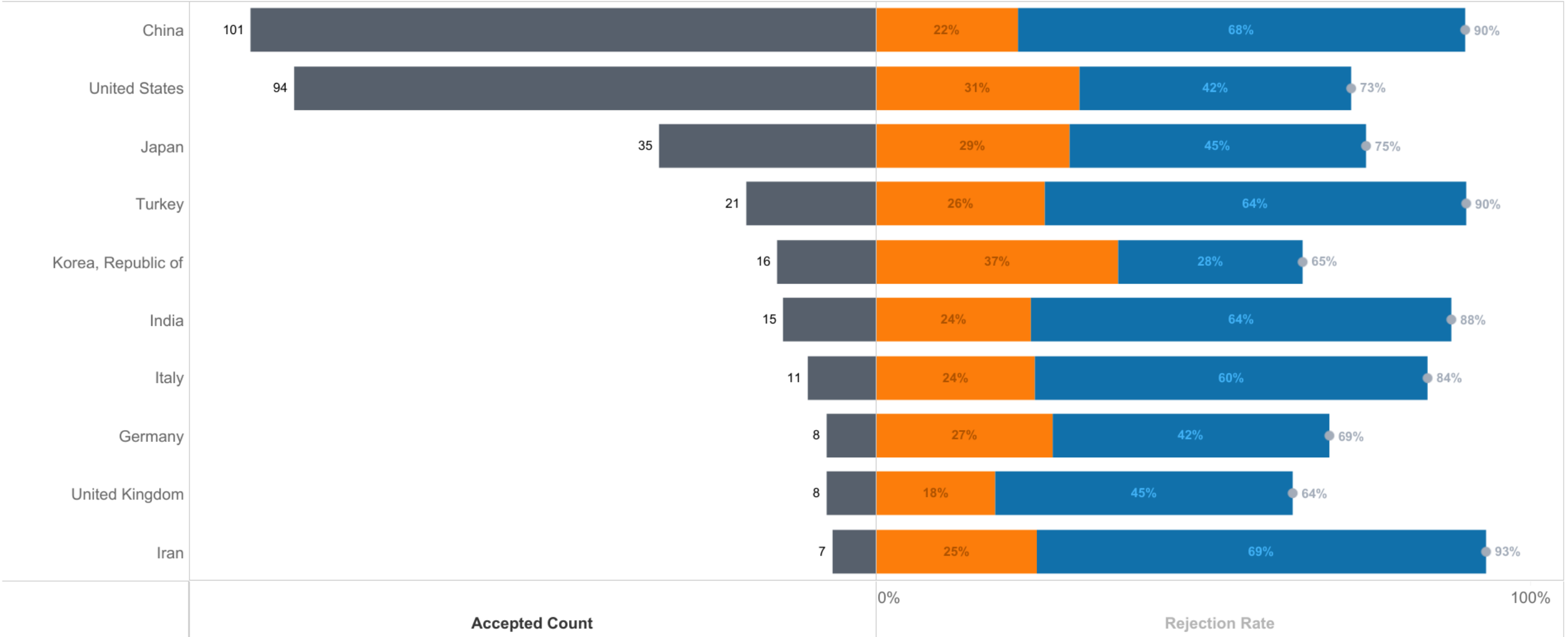


Rejection Rate



Editor kickを逃れれば、約40%の採択率

Top 10 Countries & Regions by Accepted, with Rejection Rates (2023)



Desk Rejection Rate
Standard Rejection Rate
Rejection Rate (Total)
Editorial Outcome Accepted Count

Submitted, Accepted and Rejected by Publication Item Type (2023)

Pit Description	Submitted	Accepted or Rejected	Desk Decisions	Standard Decisions	Avg. Weeks Submission to First Decision (Desk)	Avg. Weeks Submission to First Decision (Standard)	Avg. Weeks Submission to Editorial Outcome (Standard)	Withdrawn or Removed	Accepted	Rejected	Rejection Rate
Full length article	1,786	1,690	881	809	0.8	7.7	10.5	1	295	1,395	83%
Case Report	627	577	488	89	1.0	5.9	8.8	1	34	543	94%
Review article	314	293	184	109	0.9	6.4	8.9	0	42	251	86%
Correspondence	50	45	31	14	0.9	4.9	5.8	0	27	18	40%
Discussion	23	20	11	9	0.5	8.2	11.2	0	4	16	80%
Video	17	16	14	2	0.6	2.6	8.6	0	14	2	13%
Editorial	6	5	3	2	0.2	3.7	3.7	0	1	4	80%
Retraction	1	1	0	1		11.0	13.4	0	1	0	0%
Grand Total	2,824	2,647	1,612	1,035	0.9	7.4	10.1	2	418	2,229	84%

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4. 採否の決定
5. Editor kickを回避するために

なぜ論文を書くのか？どう書くのかは割愛し、査読・採否決定プロセスを中心に

Planning Your Article

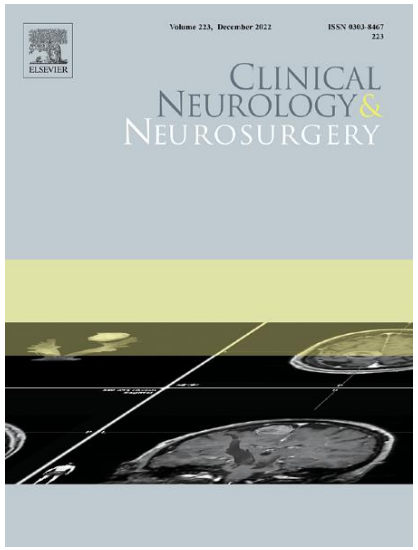
What makes a strong manuscript?

- Clear and useful message
- A logical manner
- Readers grasp the research

Editors, reviewers and readers all want to receive well presented manuscripts that fit within the aims and scope of their journal.

Adding new, scientific and/or clinical information to improve knowledge on pathophysiology, the disease in general and/or disease management requires upfront a few rules to follow:

1. What is the problem I try to analyze?
2. Do my findings qualify for answering the initially raised question?
3. Do my findings qualify to draw further conclusions such as how to proceed from the current findings?
4. Do my findings add insights to research or to clinical practice or both?
5. Was my research conducted following local, national and international requirements?

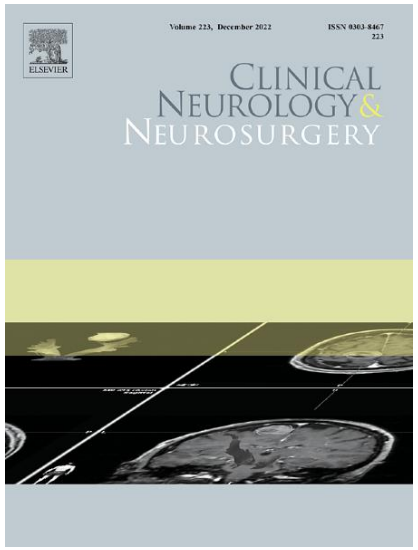


Editor Decision Phrases

Preview Selected Phrases

Editor Decision Phrases available for inclusion in the Decision Letter are displayed below. Select the phrases you wish to include.

Select	Phrase
☐	While your results are of potential interest, the topic of 雑誌の対象外 de of the scope of this journal. For an overview of the Aims & Scope, please have a look at the journals' homepage. We hope you will consider the journal for p within the scope.
☐	Although your 新規性がない scope of this journal, it is being declined due to lack of sufficient novelty. We receive a much larger number of papers than we are able to accept.
☐	In its current state, the level of English throughout your manuscript does 英語がダメ（native check もしくは当社のauthor service） mmar, style and syntax, or use the professional language editing options availa
☐	We regret to tell you reviewerがみつからない reviewers to evaluate your manuscript; we don't want to delay the process for you any longer.
☐	Your manuscript shows an unacceptable level of overlap with prior public これまでの報告と類似している aphs that are virtually unchanged. In the present form, the originality of the study cannot be assessed.
☐	Although the problems being addressed are potentially of interest to our readership, your manuscript does not meet the required qua クオリティが低い ublication.
☐	The research result 出版するには未熟 blication. More work is needed to substantiate the conclusions in your manuscript.



投稿された論文のどこをみて、評価しているか？

‘Editor kick’ or ‘To reviewers’

Clinical Neurology and Neurosurgery

自身がCNNに投稿し、rejectされた論文（reviewあり）を例に

Clinical Neurology and Neurosurgery

Early endovascular embolization is associated with a higher risk of hematoma expansion unrelated to rebleeding in ruptured anterior cerebral artery aneurysms

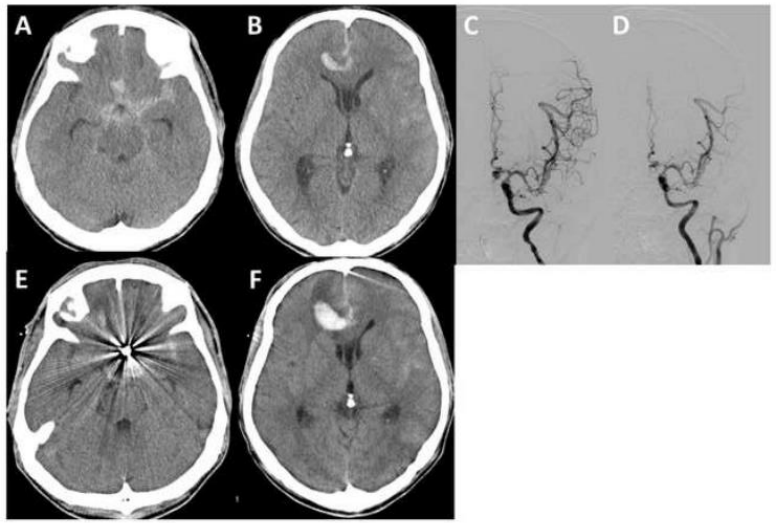
Manuscript Number:	CNN-D-21-1011
Article Type:	Full Length Article
Keywords:	Anticoagulation; Endovascular embolization; Hematoma enlargement; Ruptured aneurysm; Subarachnoid Hemorrhage
Corresponding Author:	Yoichi MOROFUJI, M.D., Ph.D. Nagasaki University School of Medicine nagasaki, JAPAN
First Author:	Kazuaki Okamura, MD
Order of Authors:	Kazuaki Okamura, MD
	Yoichi MOROFUJI, M.D., Ph.D.
	Nobutaka Horie, MD, PhD
	Tsuyoshi Izumo, MD, PhD
	Kei Sato, MD
	Takashi Fujimoto, MD, PhD
	Takayuki Matsuo, MD, PhD
Abstract:	Objective Whether hematoma expansion after aneurysmal rupture is always a sign of rerupture remains unclear. Hence, the current study aimed to assess the incidence and risk factors of hematoma expansion unrelated to aneurysmal rerupture after endovascular embolization for ruptured cerebral aneurysms. Methods We included patients who underwent endovascular embolization for ruptured cerebral aneurysms within 48 h after onset at our institution between January 2009 and February 2014. The medical records of 70 consecutive patients were reviewed and analyzed retrospectively. Results Hematoma expansion unrelated to aneurysmal rerupture occurred in 7 (10%) of 70 patients. Interestingly, four of seven patients had distal anterior cerebral artery aneurysms. The interval from onset to aneurysm coiling was shorter in patients with hematoma expansion than in those without (p = 0.040). Conclusions Early embolization of ruptured ACA aneurysms might increase the risk of hematoma expansion unrelated to aneurysmal rerupture because the procedures were conducted under systemic anticoagulation. It would be better to refer the patient for direct clipping if the patient has an ACA aneurysm with parenchymal hematoma at interhemispheric fissure. Delayed coil embolization, which means around 12h – 18h delayed, might be another option for ruptured distal ACA aneurysms to prevent hematoma expansion.
Suggested Reviewers:	Kenji Dohi kdop@med.showa-u.ac.jp Professor Kenji Dohi is considered a leading expert on neurotrauma, oxidative stress, and Neurosurgery.
	Michael Levitt

タイトルが長い
タイトルは短く、簡潔にわかりやすく

Original Article

Hematoma expansion unrelated to rebleeding in ruptured anterior cerebral artery aneurysms treated by early endovascular embolization

SNI Open Access



Authorからのsuggested reviewers
に回すことはない。しかし、、、、

Cover letter

May 10, 2021

Prof. Dr. P.P. De Deyn, MD, PhD
Editor-in-chief
Clinical Neurology and Neurosurgery

Dear Prof. Dr. P.P. De Deyn, MD, PhD,
Please find enclosed our manuscript entitled "**Early endovascular embolization is associated with a higher risk of hematoma expansion unrelated to rebleeding in ruptured anterior cerebral artery aneurysms**", which I request you to consider for publication as an *Original Article* in *Clinical Neurology and Neurosurgery*.
Endovascular embolization is considered an alternative to surgical clipping for aneurysmal subarachnoid hemorrhage. Patients who undergo this procedure experience complications including hematoma expansion. However, whether all hematoma expansion after aneurysmal rupture is a sign of rerupture has not been validated. Thus, the current study aimed to assess the incidence and risk factors of hematoma expansion unrelated to aneurysmal rerupture in patients with ruptured cerebral aneurysms who underwent endovascular embolization. In this research, the data of seven patients were evaluated, and early embolization under systemic anticoagulation was conducted. The procedure was found to be associated with a higher risk of hematoma expansion unrelated to aneurysmal rerupture. Therefore, direct clipping or delayed (12h - 18h delayed) coil embolization should be considered in patients with anterior cerebral artery aneurysm with parenchymal hematoma or dense subarachnoid hemorrhage at the interhemispheric fissure.

The current study can provide further evidence about the outcomes of early embolization under systemic anticoagulation and can contribute to the current practice of healthcare professionals in this field of study. Moreover, the results can be used in future studies that aim to further assess the risk factors of hematoma enlargement unrelated to rebleeding in cases of ruptured anterior cerebral artery aneurysms.
I, Yoichi Morofuji, certify that this manuscript is a unique submission and is not being considered for publication, in part or in full, with any other source in any medium. I have approved the manuscript and agree with submission to *Clinical Neurology and Neurosurgery*.
There are no conflicts of interest to declare.

I believe that the findings of this study are relevant to the scope of your journal and will be of interest to its readership. The manuscript has been carefully reviewed by an experienced editor whose first language is English and who specializes in editing papers written by scientists whose native language is not English.
I look forward to hearing from you at your earliest convenience.

Sincerely,

Yoichi Morofuji

Editor in chief の名前

論文タイトル
論文区分（review, original article, case report,,,,,）
論文投稿先

論文の要点（新規性・重要性）

論文が未発表で他のどこにも投稿されていないこと

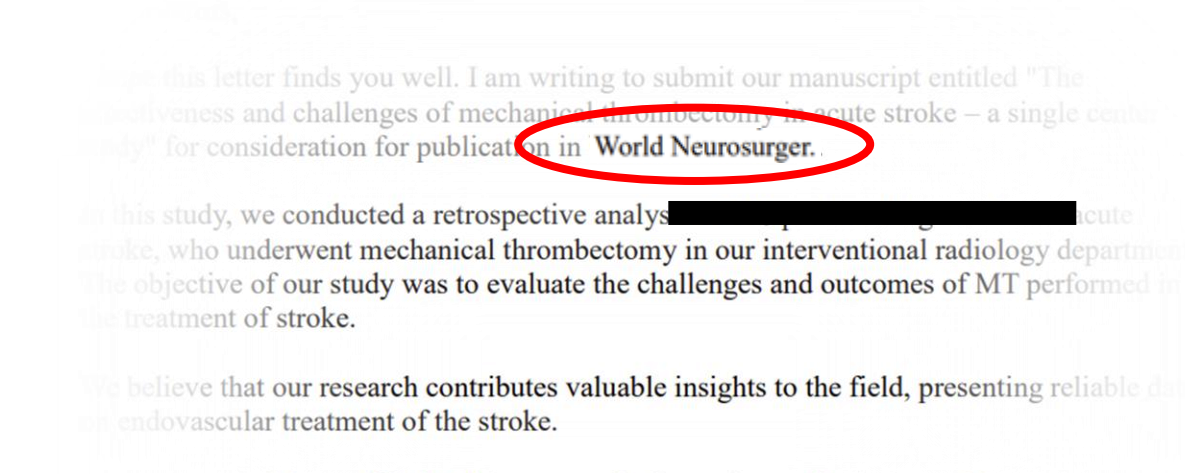
共著者すべてが論文投稿に同意していること
COI

1ページ内に収まったほうがいい（気がする）

体裁のみ確認、書くべきことは決まっている

Cover letter

論文投稿先　間違い



...this letter finds you well. I am writing to submit our manuscript entitled "The ...effectiveness and challenges of mechanical thrombectomy in acute stroke – a single ...study" for consideration for publication in World Neurosurger.

...this study, we conducted a retrospective analys[redacted] ...acute ...stroke, who underwent mechanical thrombectomy in our interventional radiology department. The objective of our study was to evaluate the challenges and outcomes of MT performed in the treatment of stroke.

We believe that our research contributes valuable insights to the field, presenting reliable data on endovascular treatment of the stroke.

他誌にrejectされたのは、明らか

雑誌のrankにもよるが、不注意であることは間違いない

前の雑誌と同じreviewerに回してしまう可能性（特に基礎研究）もあり、基本的にreject

Editor in chief の名前
論文投稿先
間違えるくらいなら、、、、

August [redacted]th, 2024

Dear Editor-in-Chief,

I am writing to you to submit our manuscript entitled: "[redacted]
Endovascular Treatments for Unruptured Intracranial Aneurysms: [redacted].

This systematic review aims to identify key factors related t[redacted]g endovascular treatments for unruptured intracranial aneurysms. [redacted] anterior aneurysm location, aneurysm-related symptoms, and extended procedure lengths are significant factors associated with [redacted]. Most importantly, this study underscores the importance of further research to establish standardized guidelines and prognostic tools that can optimize patient care and reduce unnecessary healthcare costs.

We confirm that this manuscript is original, has not been published previously, and is not under consideration for publication elsewhere.

Thank you for your consideration.

Sincerely,

[redacted]

University of [redacted] School of Medicine
[redacted], US [redacted]

Highlights

Highlights (for review)

Highlights

Early embolization of ruptured ACA aneurysms might increase the risk of hematoma expansion unrelated to aneurysmal rerupture because the procedures were conducted under systemic anticoagulation.

It would be better to refer the patient for direct clipping if the patient has an ACA aneurysm with parenchymal hematoma at interhemispheric fissure.

Delayed coil embolization, which means around 12h – 18h delayed, might be another option for ruptured distal ACA aneurysms to prevent hematoma expansion.

「ハイライト」セクションは、論文のタイトル、著者の次に配置されることが増えてきている。

3〜5つの要点で構成され、各要点は約85文字以内に収める必要がある。

論文の新規性とその意義を簡潔に伝えることにより、研究に対する興味を喚起し、より多くの人に研究内容を深く知ってもらう機会となる。

（もともとは検索エンジンにアピールする目的？）

Highlights

Highlights

Highlights are three to five (three to four for Cell Press articl
increase the discoverability of your article via search engines
capture the novel results of your research as well as new me
the study (if any). Think of them as the "elevator pitch" of you
that you know your readers will be looking for online. Don't t
concepts or conclusions as highlights are meant to be short:
including spaces.

Highlights offer your paper a considerable advantage in the
that search engines pick up your article and match it to the
machines read your work just as often as humans do!). High
widen the reach of your work and help to ensure that your a
attention of interested colleagues, both inside and outside y
Apart from a wider distribution of your research, we hope th
collaborations and help accelerate the pace of science.

AI による概要

エレベーターピッチとは、15～30秒程度の短時間でプレゼンテーションを行うことです。営業や面接の自己PR、社員のプレゼン力向上、コミュニケーションスキルの向上など、さまざまな場面で活用できます。

エレベーターピッチの語源は、エレベーターとピッチ（＝説明する）で、シリコンバレーが発祥と言われています。多忙な投資家に対して、エレベーターに乗り合わせたわずかな時間で自社のビジネスアイデアやプロダクトを売り込んだことに由来しています。

エレベーターピッチでは、相手の興味を引く内容や話す順番などを工夫して、短い文章に魅力を凝縮させる必要があります。メリットとしては、次のようなことが挙げられます。

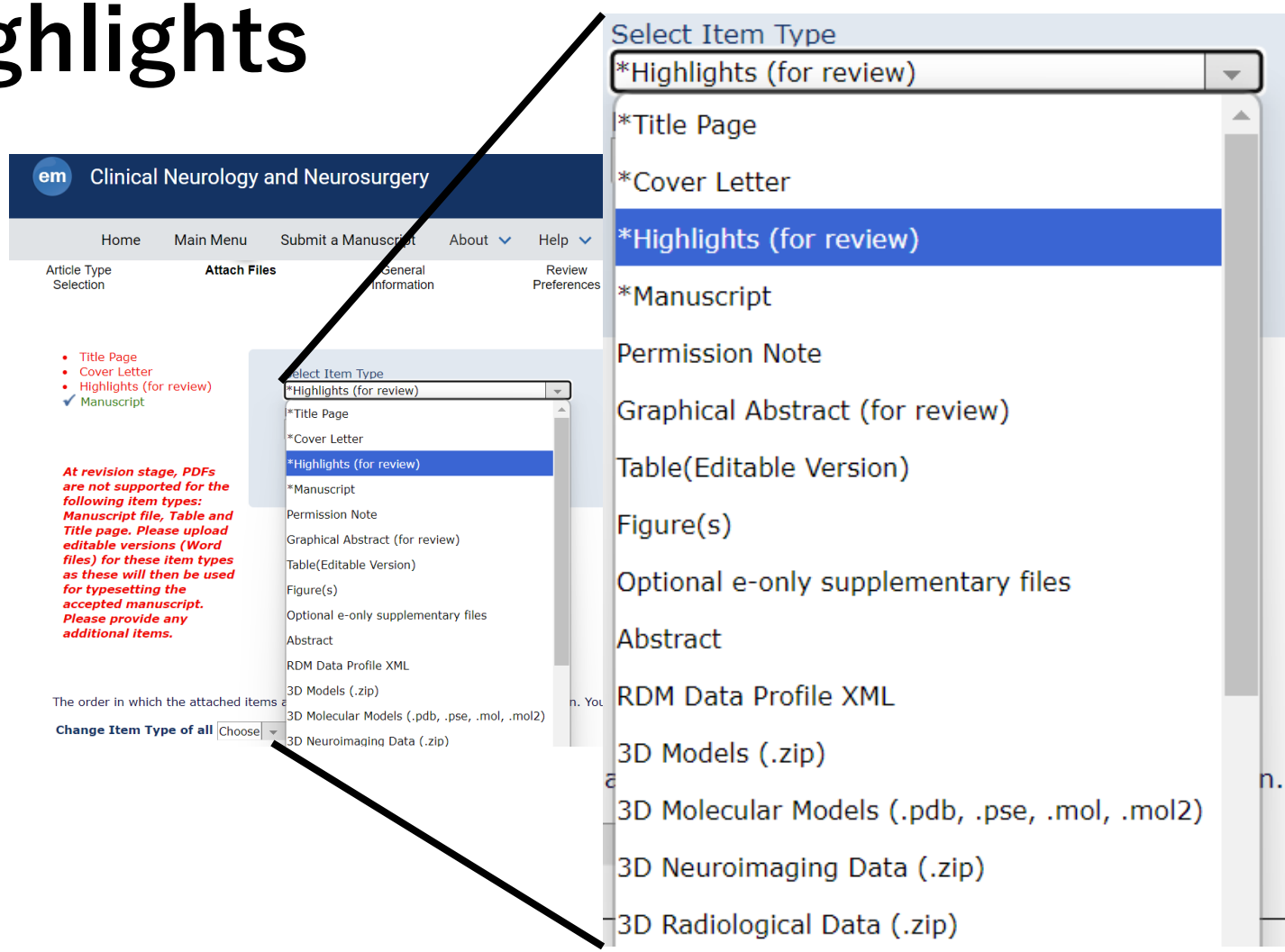
- 簡潔に言いたいことが伝えられる
- 話し合いが短く終わる
- ロジカルシンキング力などが鍛えられる
- 業務効率化にも効果的

https://www.elsevier.com/researcher/author/tools-and-resources/highlights

Highlights

Highlight

This material is systematically introduced to highlight the challenges in cerebrovascular disease,Ischemic stroke accounts for 81.9% of all stroke inpatients. It is particularly important for emergency physicians in primary hospitals to quickly identify large vessel occlusion ischemic stroke (LVDS) patients.many screening tools have been developed in clinic.However， these scales still have low specificity and sensitivity in identifying LVDS，and most of them are designed for anterior circulation large vessel occlusion stroke(A-LVDS)， while their evaluation value for posterior circulation large vessel occlusion stroke(P-LVDS) is limited.In this retrospective study, we aimed to design preliminary screening tool to predict A-LVDS and P-LVDS in primary hospitals.so that we built the Atherosclerotic Field Assessment Stroke Triage Scale (A-FAST)and Posterior Field Assessment Stroke Triage Scale (P-



Abstractのコピペではダメ
最後の気力を振り絞って、推敲を重ねる

Highlights

投稿された論文のどこをみて、評価しているか？

‘Editor kick’ or ‘To reviewers’

（まったくの個人的見解）

Highlights

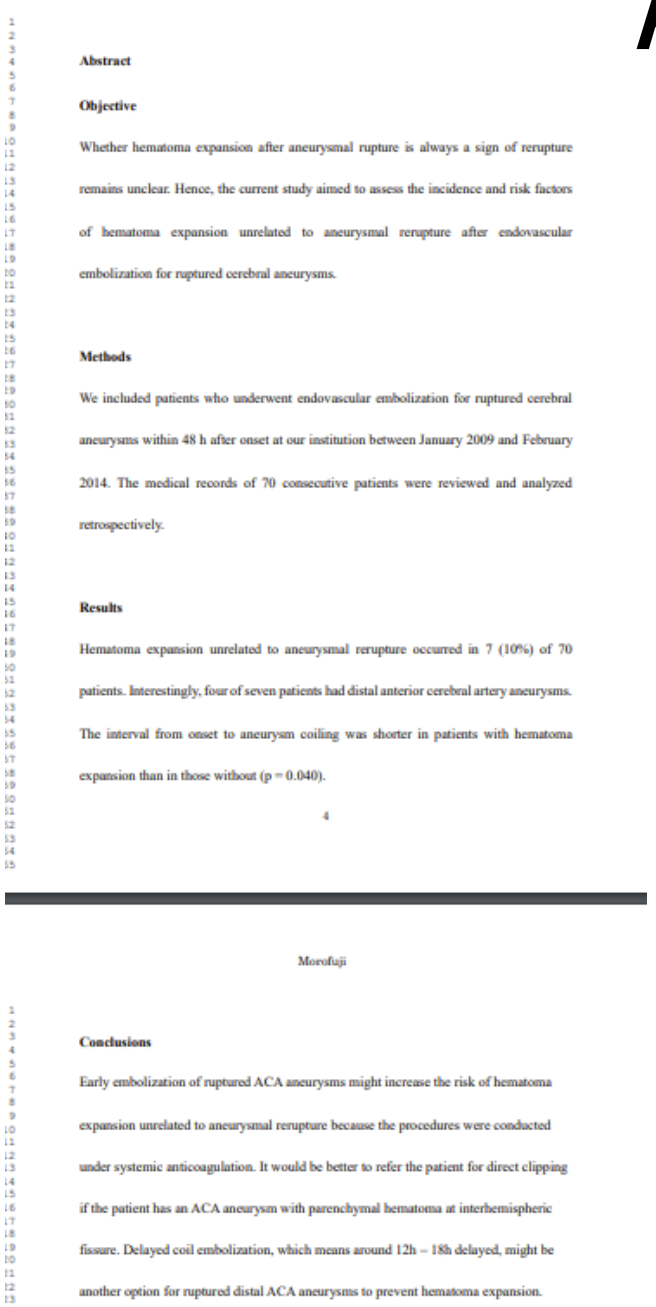
論文の新規性、意義を凝縮したものであるべき

1．論文の最も重要な結果とその意義をメッセージとして明確に伝える

2．読者を意識する

（3．Keywordsを使用する　　4．Abstractとの重複を避ける）

Abstract, manuscript



Abstract

Objective

Whether hematoma expansion after aneurysmal rupture is always a sign of rerupture remains unclear. Hence, the current study aimed to assess the incidence and risk factors of hematoma expansion unrelated to aneurysmal rerupture after endovascular embolization for ruptured cerebral aneurysms.

Methods

We included patients who underwent endovascular embolization for ruptured cerebral aneurysms within 48 h after onset at our institution between January 2009 and February 2014. The medical records of 70 consecutive patients were reviewed and analyzed retrospectively.

Results

Hematoma expansion unrelated to aneurysmal rerupture occurred in 7 (10%) of 70 patients. Interestingly, four of seven patients had distal anterior cerebral artery aneurysms. The interval from onset to aneurysm coiling was shorter in patients with hematoma expansion than in those without ($p = 0.040$).

4

Morofuji

Conclusions

Early embolization of ruptured ACA aneurysms might increase the risk of hematoma expansion unrelated to aneurysmal rerupture because the procedures were conducted under systemic anticoagulation. It would be better to refer the patient for direct clipping if the patient has an ACA aneurysm with parenchymal hematoma at interhemispheric fissure. Delayed coil embolization, which means around 12h – 18h delayed, might be another option for ruptured distal ACA aneurysms to prevent hematoma expansion.

1．Abstractの形式がjournalの形式にあっていない

2．Abstractでの文法上のミス

は致命的

多くの場合、manuscript本体も稚拙であることがほとんど

reviewerに回る可能性は「０％」

manuscript本体はreviewersによって詳細に評価される

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文献ソフトを使用していれば、特に問題となることはない？

Editorの段階で気にすることはない、、、？

Dear Dr. Morofuji,

Thank you for your submission to "Current Pharmaceutical Design(CPD)". It will be sent to the Editor in Chief for his initial provisional approval, and once this is obtained for peer-reviewing,

The recommended number of references as per norm (https://clarivate.com/essays/impact-factor/) for Review Articles is approximately 100 or more and for Research Articles 75 or more. Articles which are well referenced (100 or more references) may have high chances of acceptance by referees and they are likely to attract a greater number of citations.

Table

Table(s) 1

Click here to access/download;Table(s);Table 1 final.pptx

Table 1 Characteristics of patients and aneurysms

	hematoma growth (n = 7)	no hematoma growth (n = 63)	p value
age (yrs)	63 (43-70)	60 (13-91)	0.883
female sex (%)	4 (57)	42 (67)	0.614
WFNS grade	2	35	
I-III	5	28	
IV-V			0.174
Fisher grade	0	10	
1-2	7	53	
3-4			0.254
aneurysm location	7 (100)	51 (81)	
anterior circulation	6	23	
ACA	1	28	
ICA	0	0	0.040*
MCA	0 (0)	12 (19)	
posterior circulation			
time from onset to aneurysm coiling (min)	267 (151-1021)	671 (210-2880)	0.012*
mRS (3-6) at discharge	3 (43)	26 (41)	0.935

Value's are median (range) or n (%).

manuscript本体より先にみる

内容はもちろんだが、見栄えも大事

Supplementary Table 3. Sensitivity and specificity of different projections for the etiological diagnosis

	CaW detection			Carotid atherosclerosis detection			Normal carotid detection		
	AUC (CI 95%)	Sensitivity	Specificity	AUC (CI 95%)	Sensitivity	Specificity	AUC (CI 95%)	Sensitivity	Specificity
Axial section	0.69 (0.62-0.76)	44%	95%	0.85 (0.80-0.90)	88%	83%	0.87 (0.83-0.91)	83%	91%
Axial vs Axial + Sag/Cor	**0.001**			0.65			0.52		
Axial + Sag/Cor	0.86 (0.80-0.91)	76%	96%	0.83 (0.77-0.88)	80%	96%	0.89 (0.84-0.93)	82%	95%
Axial + Sag/Cor vs All Planes	0.64			0.83			0.73		
All planes	0.84 (0.79-0.90	75%	94%	0.84 (0.79-0.90)	80%	89%	0.90 (0.86-0.94)	84%	96%

Abbreviations: CaW, Carotid web; and Sag/Cor, Sagittal/Coronal

縦線いる？（ダサい）
Excelそのまま、、

pdfになった後の確認が重要

Figure

Figure(s) 1

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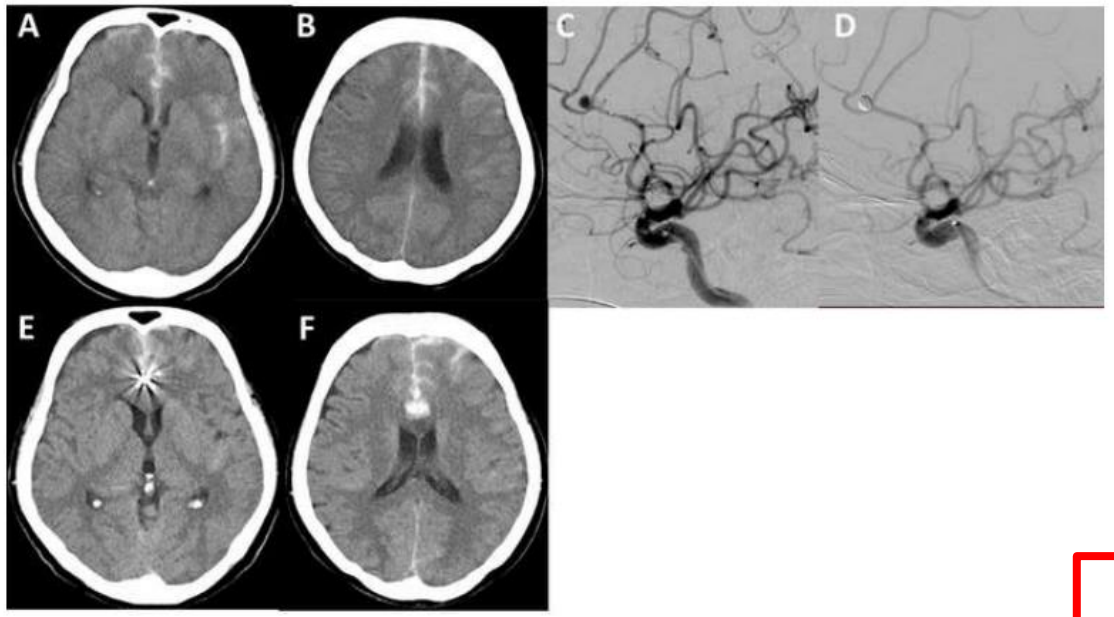

manuscript本体より先にみる

qualityが大事

Figureのqualityに問題があれば、reviewに回ることはない

Summary

- ✓ 論文作成・投稿・査読・採否決定の流れを説明させていただいた
  （Clinical Neurology and Neurosurgery）
- ✓ Editor kickを逃れれば、約40％の採択率
- ✓ Highlightsが意外に大事
- ✓ Associate Editor：まあまあ大変
  年間約500例の採否決定、reviseを考慮すると、その2, 3倍
  review依頼は１論文最低４名（時に20名以上）
- ✓ review依頼を受けていただけると非常にうれしいです
  No review, no accept!

おまけ

- ✓ reviewの進みが遅い、返事が来ないとき、問い合わせるべき？
  - 問い合わせると、editorは一応確認するかも、、、
  - 結果には影響しないと思われる
  - （結果が割れているときは、rejectにするかも、、）

- ✓ reviewerのコメントが納得いかない
  - 可能であれば、従った方がいい
  - R2, R3でも普通にrejectになる

- ✓ 臨床論文は常に全力投球
  - 出し惜しみしない、どうせやり直せない（統計は別、、）

- ✓ 基礎論文は駆け引きが必要な場面がある気がする
  - reviewerのコメントをこちらから引き出す、、、

Fin.