



Middle East Society for Gynecological Endoscopy

The 1st Regional Conference of
**THE MIDDLE EAST SOCIETY OF
GYNECOLOGICAL ENDOSCOPY**

1 - 3 MARCH
JW Marriott Marquis Hotel
DUBAI - UAE

IN COLLABORATION WITH



SEGI
June-2020

How to publish a paper

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SEGI
June-2020

How to **publish** a paper

Get it published

original article

systematic review

case report

Get it read

Get it cited

**MESGE**

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Emirates Endometriosis League

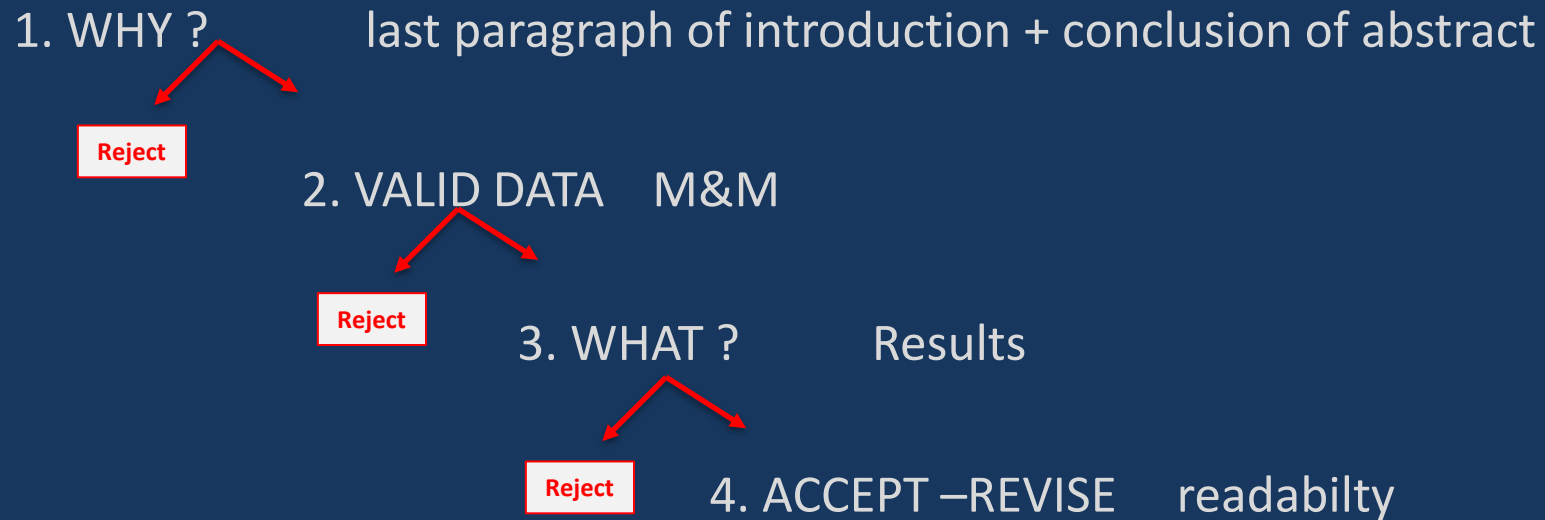

International Endometriosis & Ovarian

Rule 1

How to write a paper

Get it published

write with the eyes of the reviewer



Aim high = journal

At a reasonable effort and cost timing

Rule 2 : technique

1/3th = planning

the message – the hypothesis
planning & strategy

1/3th = execution

experiments of data collection & analysis

1/3th = writing

follow the rules

the introduction should introduce why the work was done
materials and methods and results should be clear
discussion discusses interpretation, strength and weaknesses
understandable with rapid reading

Planning = Why = Message

- 1 message

>1 message is ++ difficult

- That adds information

a little piece is enough

New or confirmation or correction

Knowledge/Diagnosis/Treatment

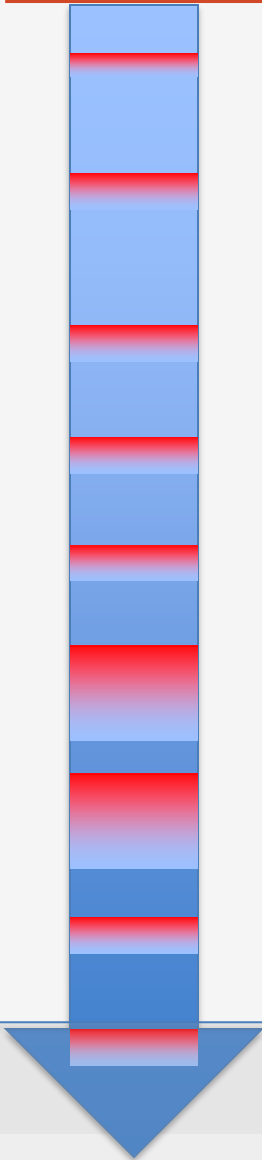
No speculation

- And is useful

Target audience

Medicine = experience and knowledge based,
publications are about evidence
if message or usefulness is not clear ask advice

Example : hysterectomy

- 
- Indication
 - Laparoscopy - technique
 - Entrance – pneumoperitoneum pressure
 - Preoperative : Bowel preparation – enema – diet
 - Prophylactic Antibiotics
 - With or without ovariectomy, Ampullectomy
 - Vaginal suturing : which suture – stiches or running
 - Postoperative catheter – drinking – eating - discharge

How solid is the evidence for each aspect ?

What part is experience, local habits and what is demonstrated ?

Advice 1 The aim

Do not conquer the world

*Simple Clear facts
remain forever
with little resistance*

Aim high

*More difficult to publish
More important
More complicated*

1 message

Feasible effort & cost

Compare to grant application = what + who + time + costs

- Feasible
 - How much work ?
 - Persons available ?
 - Equipment available ?
 - Ethically acceptable ? Eg adhesions and second look laparoscopy
- Within the time limits
- Reasonable costs
 - Careful estimation Do not under or overestimate the costs

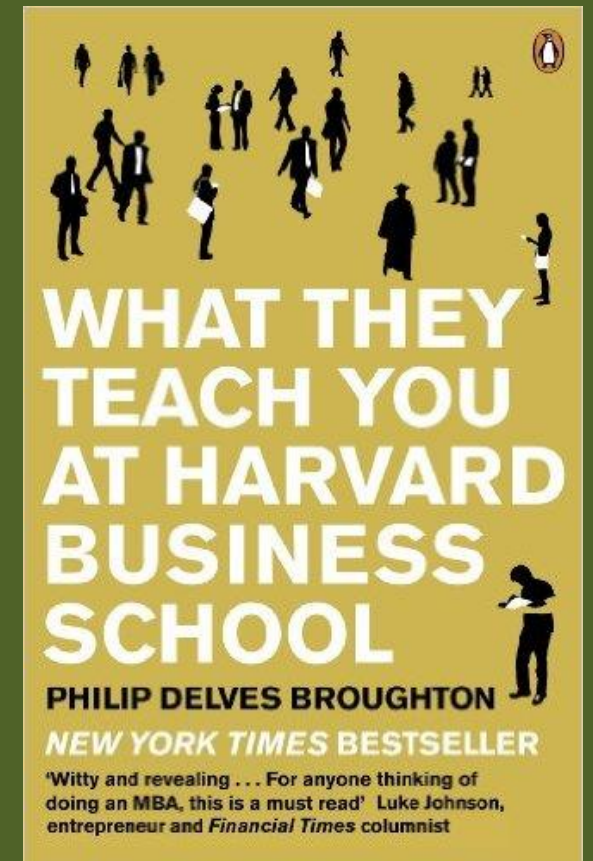
Advice 2 : feasibility

Know yourself

Know your environment

Be realistic

If you fail more than 40%
of grant applications
Something is wrong



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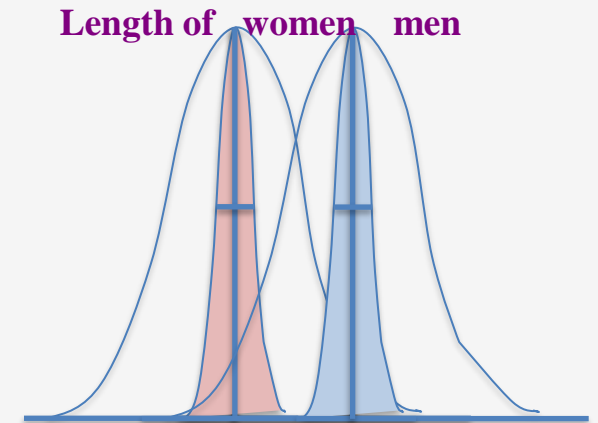
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Planning & Strategy

Results are not important
As long they are clear

- The type of the study
 - Review narrative – systematic – meta-analysis
 - Descriptive eg anatomy, epidemiology
 - Hypothesis driven
 - Effect of therapy : 2 groups or more – randomised
 - Diagnostic test : sensitivity-specificity-PPV-NPV
 - Non hypothesis driven : eg genome wide scan
- How strong will be the evidence = statistics
 - Significances : which statistics will be used
 - Power which numbers are required (feasibility)
 - Are groups comparable eg Bowel resections<->excision for deep endometriosis
 - Do not mix statistical significance and clinical relevance E.g. height of men and women



Numbers to reach significance

- Inclusion and exclusion criteria

 - Exclude some diseases

 - More variability = more numbers required

 - RCT = more strict = less extrapolation

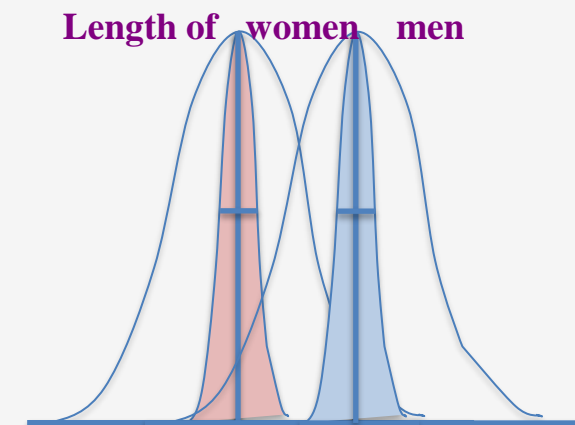
- Groups should be comparable

 - Stratification

 - By country, area, ethnicity, social class

 - By surgeon, hospital

 - Randomisation to exclude bias inclusion, evaluation



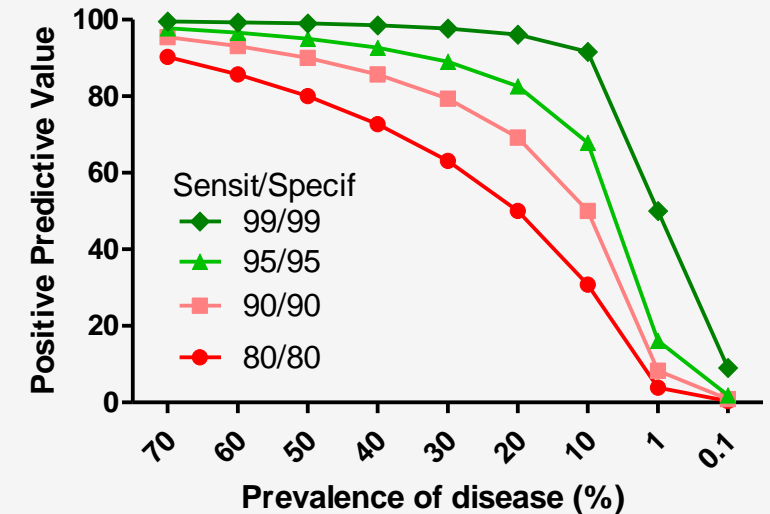
Statistics have no value if groups are not comparable
Result are limited to groups evaluated

Which statistics ?

- 2 or more groups = comparable & randomisation
- Effect of therapy
 - Paired or unpaired t-test = assumptions determine numbers & effort
 - The problem of the RCT
 - Factorial design eg effect of growth hormone in men and in women
 - Rare events a 1% event needs a RCT of 6000 (=30cases in each arm)
- Observational data as surgery
 - Stratification by surgeon, hospital,
 - Logistic regression, correlation analysis
- Significant digits

Diagnostic tests

- Specificity and sensitivity
 - True positives and true negatives
 - Precision of estimation
 - Golden standard of test with verification bias
 - Bias if laparoscopy only done on indication
 - Stratification by clinical importance
 - Sequential and incremental testing requires Bayesian analysis
- PPV and NPV
 - PPV and prevalence <10%
 - Stratification by clinical importance
- A clinical decision what is 'good enough'

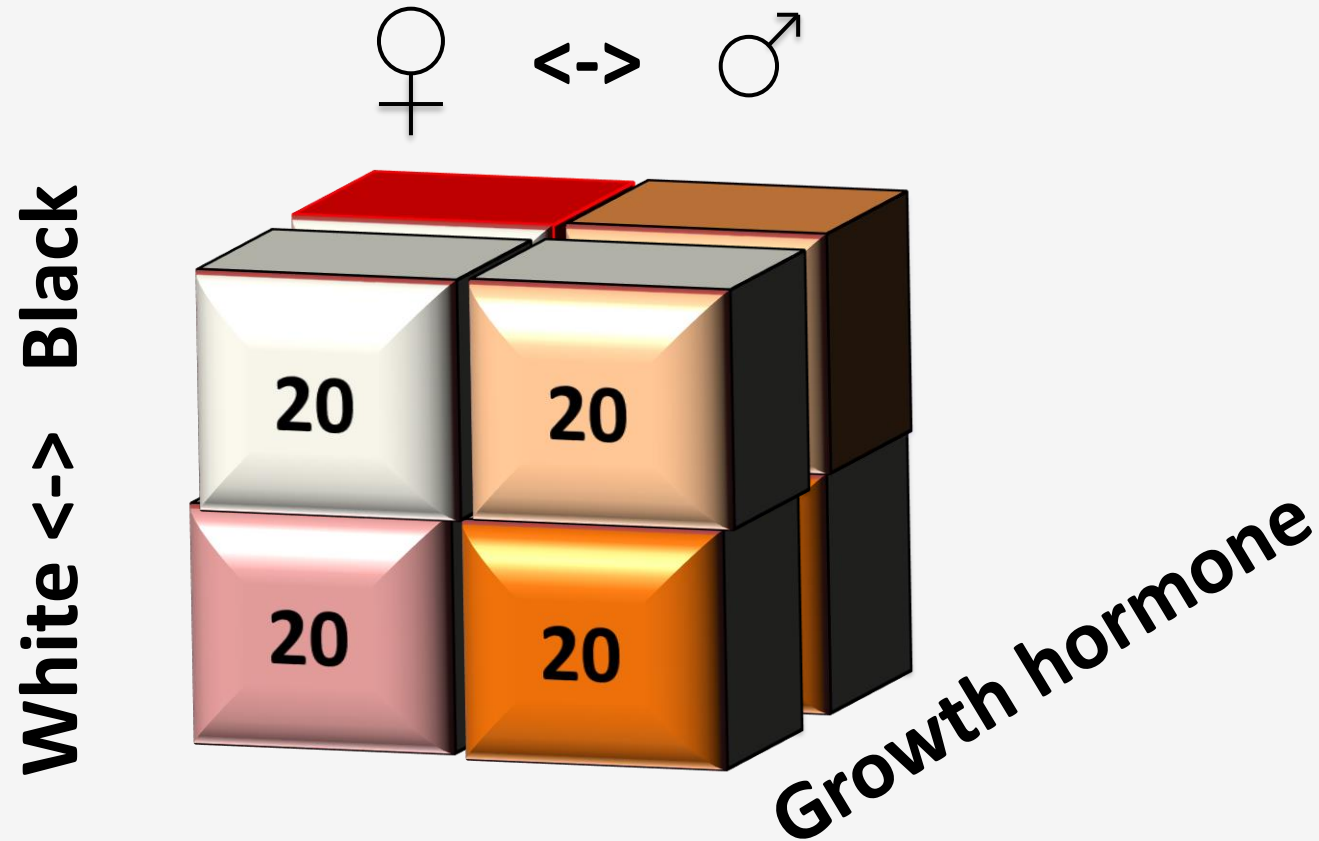


Experimental design

- Maximal output with a minimal effort
 - Numbers required & power estimation
 - Based on expected differences & SD
 - Multivariate analysis requires some 30 cases / variable
 - 4 variables = at least $4*30=120$
 - Latin square design :
 - same statistical power as separate experiments
 - With half the effort

Latin square – factorial design

	N		
	♀ - ♂	40	
♀	B-W	40	
♂	B-W	40	
B	♀ - ♂	40	
W	♀ - ♂	40	
		160	
		640	



Factorial design: 40 gives same info
same power

Provided not 1 error/missing value

Advice 3 strategy

Descriptive data

e.g. results of surgery

- easy

- try to have added information

1 center evaluates

surgeon + habit + technique

analysis

logistic regression or multivariate analysis

Advice 3 strategy

Before starting

Define statistical analysis

= estimation of numbers

= estimation of feasibility

= eliminate all non-used variables

Advice 3 strategy

Before starting

Define statistical analysis

Write the outline of the paper

½ line /paragraph

introduction

M&M

tables and figures as expected

= check that data permit analysis + answer

eliminate all data that are not used

Rule 2 : technique

1/3th = planning the message – the hypothesis
planning & strategy

1/3th = execution **experiments of data collection & analysis**

1/3th = writing follow the rules

- the introduction should introduce why the work was done
- materials and methods and results should be clear
- discussion discusses interpretation, strength and weaknesses
- understandable with rapid reading

The water of the river never raises above its source

- Quality of data collection

- Eg endometriosis endpoint definition laparoscopy

- Epidemiology & hospital discharge records

- Dioxin, pollution, age,

- Fat intake, heart problems

- Over time : cohort and case control

- Bowel resections for deep endometriosis : 1700 cases : we can do

Correlations - causes
Logistic regression

Data collection and analysis

- Which data
 - Numerical if possible – significant digits
 - Avoid predefined groups
 - Do not collect data which will not be used in analysis
- Avoid entry mistakes as much as possible
 - Saves time later
- Statistics require 1 flat table eg Exel
- Statistical analysis
 - Check entry mistakes
 - Analysis as predefined

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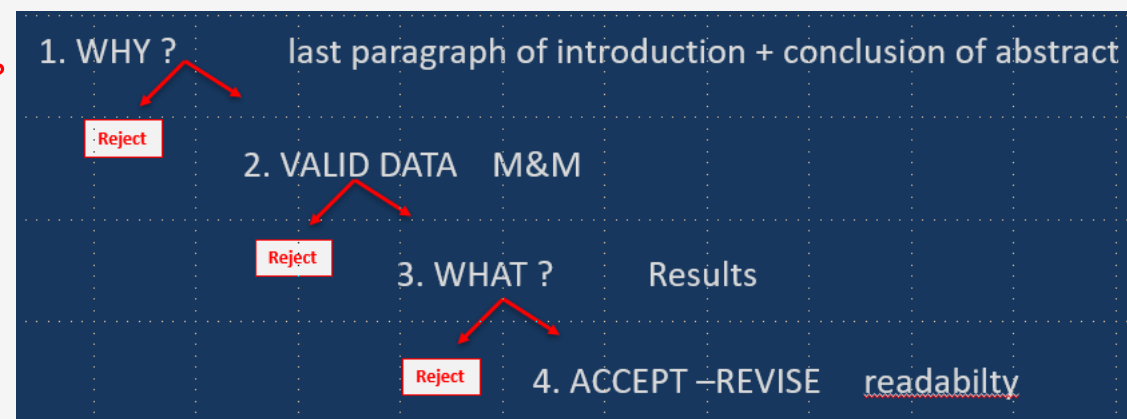
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Writing sequence

- First if not done yet write the whole paper : 1line/paragraph logic of thinking
- Then the Message : Conclusion of the abstract
- Then the Introduction
 - Introduces why the investigation was done
 - a mini *focused* review of what is known
 - Leads to the conclusions that it was logic to do the investigation.
- Then Materials and methods
 - Be specific + inclusion exclusion + randomisation
 - Statistics
- Then Results
- Then Discussion :
 - interpretation is freedom of the author
 - No speculation
- Writing : Understandable by fast reading

30% of rejections



With the eyes of the reviewer – intended audience

- Make a good first impression
 - Precision – accuracy !! typing errors, spell check
 - Avoid to demonstrate lack of understanding eg significant digits, ppv
 - Do not attract questions eg collection of data which are not used
 - Avoid extrapolated conclusions not supported by data eg bowel resections if deep endo > 30% of circumference
- Shorter is better
 - Max 1 fig or table / 4 pages
- Do not argue with a reviewer who generally try to help
 - **If not well understood after fast reading = not well written**
- Understand that acceptance =
 - Methodologically OK + interpretation OK
 - **AND** high priority for that journal

How to write a review

- Authority based : write the text , then the references

Deep endometriosis: definition, diagnosis, and treatment

Philippe R. Koninckx, Ph.D.,^{a,b,c,d} Anastasia Ussia, M.D.,^d Leila Adamyan, Ph.D.,^e Arnaud Wattiez, Ph.D.,^f and Jacques Donnez, Ph.D.^g

- Narrative review : risks to be incomplete
 - Too much work for the result
- Systematic review : all – inclusion exclusion

DOI: 10.1111/j.1471-0528.2010.02744.x
www.bjog.org

Systematic review

Bowel resection for deep endometriosis: a systematic review

C De Cicco,^{a,b} R Corona,^a R Schonman,^a K Mailova,^a A Ussia,^c PR Koninckx^{a,b}

Recognise opportunities

- Deep endometriosis :
 - 2 cases of bowel complications during pregnancy
= case report
- + a systematic review = + 6 cases
= milestone paper – limited work

Bowel complications of deep endometriosis during pregnancy or in vitro fertilization

António Setúbal, M.D.,^a Zacharoula Sidiropoulou, M.D., M.Sc.,^b Mariana Torgal, M.D.,^c Ester Casal, M.D.,^c Carlos Lourenço, M.D.,^b and Philippe Koninckx, M.D.^d

Conclusion

*Minimal effort and Maximal output
require design and planning*

*Simple -clear- accurate data
are rejected only if low priority*

Priority = the journal policy

*Knot tying : sufficient strenght
minimal mass to resorb
(tensile strength /time)*

what is the right sequence ?

which sequences risk to open ?

effect of swelling

is experience important

the thickness of the thread

type of thread

Aim : to demonstrate

- Right Knot sequences : r-r versus r-l
- Effect of swelling : after 24 Hours
- Effect of thickness of thread 0 -2.0
- Effect of type of tread vicryl-monocryl 2.0
- Experience of the surgeon Y/N
- Flat versus
- Better sequences



Endpoints : Open the stich and measure

- Breaking force
- Break thread or knot
- Force for Partial opening in mm
- Force for sliding
- % sliding
- % opening



Design

Design assumptions :

- Use a minimum of knot quality in order to put in evidence eventual weaknesses
- 6 variables : too much for 1 experiment

Experiment 1 : experienced , flat, vicryl

- Sequence
- Swelling
- Thickness

Experiment 2

- Sequence
- Type of tread
- Experience

Experiment 3 : using previous result

- 8 types of sequences : 10 by group



Analysis

Experiment 1 and 2

- : factorial design : 8 combinations / 5 to 10 knots by cell = power of 40 or 80
- 3 way analysis of variance ; proc logistics

Experiment 3

- Analysis of variance // t-test

Work load

- Factoreal : 5 à 10/cell
- Min 160 max 240 knots



Data collection : excel table

	Y/N	Y/N	Y/N	Break F	T/K	Open f	Sliding f	Op Y/N	Slid Y/N
1	Y	Y	Y						
2	Y	Y	N						
3	Y	N	Y						
4	Y	N	N						
5	N	Y	Y						
6	N	Y	N						
7	N	N	Y						
	N	N	N						

Good luck

- Ask advice if you feel uncertain
 - Is the idea ok : whay is the aim ?
 - Realist Faesable
 - Design and statistics
- 1 page = elevator pitch

