

Effective Medical Writing

Pointers to getting your article published

Ng K H, Peh W C G

Dealing with proofs

ABSTRACT

After submission and acceptance of a scientific paper by a journal, the final stages in the publishing process are copy-editing and proofreading. The primary purpose of this step is to ensure accurate and quality production of scientific papers. Authors are responsible for checking their proofs properly and in detail, ensuring that everything is correct as this is their last chance to make any changes before their work is set in print forever.

Keywords: copy-editing, galley proofs, medical writing, proofs, scientific paper

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INTRODUCTION

The main purpose of the editorial process is to ensure clear and accurate writing in published papers. Good style is important as it contributes to effective scientific communication. The editorial process continues even after a scientific paper has been submitted and accepted for publication. The final stages in the editorial process are copy-editing and proofreading. These two steps are very important as they provide the opportunity for the author to make final changes and to view the layout of the manuscript as it will appear in the printed form.

COPY-EDITING

The first step after a manuscript has been accepted for publication is the copy-editing procedure, where the manuscript will be sent to a copy editor, who is responsible for ensuring that the manuscript conforms to the journal's style and format. The copy editor is sometimes known as the technical editor.

Copy editors implement the journal's house style so as to achieve consistency in all published papers. This includes standardising all units of measurement as well as references in accordance with the journal's Instructions to Authors. Copy editors also meticulously

check the paper to ensure that all references cited in the text are listed in the reference section, and the figures and tables mentioned in the text are accompanied by the actual figures and tables; and the use of acronyms and abbreviations are standardised according to the journal's house style, which usually require that the terms are defined or spelt out in the first instance of usage.

Apart from house style matters, checking and correcting any spelling, punctuation, grammatical errors (such as subject-verb agreement, tenses, and unclear antecedents) and arithmetic in the tables and figures (such as numbers and percentages), are also carried out at this stage. Copy editors are usually required to review certain aspects of the content, viz. to scrutinise the manuscript for unclear or ambiguous text, as well as unnecessary repetition of words and phrases or use of jargon. Where necessary, the copy editor may direct questions to the author if any part of the text is unclear or if any additional information is needed. These questions will appear as "queries to author" on the margins of the proofs sent to the author. An example of a copy-edited text is shown in Appendix 1. Note that with some journals, the copy-edited manuscript is sent back to the author for approval before it is typeset. Other journals may skip the galley stage and send the "page proofs" to the author.

CHECKING THE PROOFS

After the copy-editing is completed, the manuscript is then typeset or electronically composed to produce the proof of the paper. The output of this process is the "galley proof" (sometimes called "galleys"), which are then sent to the author for action. The primary reason for sending the proof to authors is for them to check the accuracy of the manuscript before it goes to print, as errors and omissions can occur during the typesetting stage. Remember that no matter how perfect the manuscript might be, it is only the printed (or online) version in the journal that counts. If the printed article contains serious errors, it can totally destroy comprehension and even

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damage the author's reputation as a researcher. Minor errors, such as a misplaced decimal point, can cause doubt towards the scientific integrity of the paper.

It is the responsibility of the corresponding author to carefully read the copy-edited proof of the manuscript and fully answer all queries posted by the copy editor. Normally, the editorial office will give the author a stipulated time (usually no longer than a week) to respond to and confirm the queries. This time limit is necessary in order to avoid any delays in the publication of the paper. However, editors and copy editors do make mistakes at times, so if the author thinks that the changes distort the original meaning, it is appropriate to point these out at this juncture. Authors should be prepared that the returned manuscript may still require minor rewording, reorganising or rewriting of certain portions of the text, to ensure that the structure and flow of the paper is clear.

When checking the proof of their paper, authors are expected to look out for any typographical errors or errors of omission (sentences or paragraphs that may have been left out). Extreme care must be exercised to checking the data in the tables – authors should examine each number and decimal point carefully. Errors frequently occur in typesetting tabular materials. The authors are the only ones able to detect such errors as they are familiar with the data. The proofreader or copy editor would have no way of knowing whether a “12” should really be “1.2” or “0.12”, or whether it “ran” onto the wrong column.

It is also important for authors to examine carefully the illustrations or figures produced in the proof because this will show exactly how they will appear in print. Authors are expected to check that the illustrations are reproduced effectively, with proper orientation, adequate resizing, as well as adequate contrast and sharpness. Finally, authors should not forget to check their names and affiliations! This may be the most basic piece of information of the paper, but it is commonly taken for granted and overlooked by authors during proofreading.

MARKING THE CORRECTIONS

It is highly recommended to read proofs at least twice over. At the first reading, it is beneficial to get someone to read

from the edited manuscript while the author checks the proof. During the second reading, authors should make sure that the paper is accurate and that the flow of information is comprehensible.

When checking the proof, the author is required to mark corrections or respond to queries on the proof (Appendix 2). There are several ways of marking corrections. One good system is to mark them twice: once at the place in the text where the error occurs and once in the margin opposite where it occurs. Corrections should be made clearly and legibly, using ink of a different colour from the proof.

Margin or proofreaders' marks are used to identify errors (Appendix 1). These marks are used universally and are understood by all publishers. Corrections should be indicated neatly, clearly and intelligently so that appropriate corrections will be properly made. Note that the proofing stage is not the time for substantive or major revision, rewriting, rephrasing, addition of more recent materials like a new table, or any other significant changes from the final edited manuscript. Generally, the editorial office will not entertain any major changes in the text or illustrations during the proofing stage.

After making corrections on the proofs, authors have to send it back to the publisher. At this stage, the designer will input the corrections into the layout and produce “page proofs”, which are the near-final version, for editing and checking purposes. At this stage, most mistakes have already been corrected and the paper will have the appearance of a near-final layout. This final version is what will appear on the pages of the printed (or online) journal when it is published.

Box 1. Common errors include:

- Making further revision and rewriting at the galley proof stage.
- Adding new materials, such as tables and illustrations.
- Using ambiguous proofreading marks.
- Failing to respond to some of the queries made by the copy editors or the publishers.
- Failing to submit the corrected proof within the stipulated time.
- Neglecting to check the accuracy of data presented in the tables.

SUMMARY

Authors are responsible for checking the proof of their manuscript properly and in detail, ensuring that everything is accurate, as this is their last chance to make any changes before their work is set in print forever. It is recommended to read the proof at least twice over – once against the original edited manuscript and secondly, for accuracy, readability and comprehensibility. Authors should mark any corrections clearly in the text and in the margins, using ink of a different colour from the proof, as well as respond to the queries made by copy editors on the proof. Finally, effort should be made to return the proof to the publisher in good time to meet the journal’s

deadline (and order offprints or reprints at this point if required).

Box 2. Take home points:

1. The proofing stage is the last chance for authors to make any changes and correct any errors before publication.
2. Authors should read the proof carefully a few times over in order to detect typographical errors, as well as errors of omission.
3. Authors should make corrections clearly using the standard proofreaders’ marks.
4. Authors should check not only the text, but also the tables and illustrations.

Appendix I. Example of a corrected Word document proof using proofreaders’ marks.

<p><u>Method</u></p> <p>The methodology for the survey has been detailed previously in Lim⁽¹¹⁾ and will be only briefly described here. A telephone survey was conducted in August 2006 using a sample frame generated randomly from the 2005/2006 telephone directory.</p> <p>Inclusion criteria was restricted to respondents greater than 21 years of age who self-identified as knowledgeable about the household and who could speak English.</p> <p>Inclusion criteria was age above 21 years and English speaking.</p> <p><u>Questionnaire</u> Attributes of public perception for healthcare system were derived from pre-survey focus group discussions with patients and a survey carried out in 2003 by Lee et al on behalf of the Singapore government Feedback Unit.⁽¹²⁾ Items were based on healthcare quality, cost, access and the role of the individual vis a vis society. The initial item pool was further reduced to contain only items that were clear and not redundant.</p> <p>Emphasis was placed on using simple and unambiguous wording (items) and responses. The resulting questionnaire consisted of total 31 questions excluding demographics. Nine items asked about usage of healthcare, 22 items to find healthcare perceptions and eight questions to understand demographic characteristics. Responses to each perception items were measured on five-point Likert scale ranging from strongly agree to strongly disagree. Responses to each item on the questionnaire were analyzed so that a higher item score indicated a more favorable attitude. The last section captured demographic information on Age, gender, Race, Education, Income, Occupation and type of housing.</p> <p>Correlation was used to see which items were correlated. One item “Singapore has a Good Healthcare system” was not included in the factor analysis but was only used as a dependent variable in multinomial regression analysis. (Please refer to the flow chart in Appendix).</p> <p>Before the study began, 2 experts for face validity revised the Healthcare Questionnaire scale and was pilot tested among 8 respondents for relevance, clarity and reliability of</p>	<p>CAP S e</p> <p>tr. and Joshi's report e</p> <p>be s</p> <p>s tr. s</p> <p>e were e who were older s</p> <p>e professed to be e</p> <p>e</p> <p>¶ e The l.c. e of the</p> <p>⊖</p> <p>s ∩ The l.c.</p> <p>⊖ ∨ ⊖</p> <p>include e</p> <p>The l.c. e s</p> <p>e in total, the</p> <p>e were on the e on</p> <p>items on e al The l.c. e</p> <p>a s ∨ ∨ ∨ ∨</p> <p>√ The l.c. e s</p> <p>u the s, i.e.</p> <p>l.c. (x5)</p> <p>¶ determine s</p> <p>l.c. (x2) s s</p> <p>e e</p> <p>1 s</p> <p>⊕ e in</p> <p>s it ⊖ ⊕ s</p>
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Appendix 2. Example of a corrected pdf document proof.

Table III. Distribution of DMARDs segments and median retention periods in months.

DMARDs	Single			Combination			Single or combination		
	No. of segments	No. of individuals	Median (IQR) RR (months)	No. of segments	No. of individuals	Median (IQR) RR (months)	No. of segments	No. of individuals	Median (IQR) RR (months)
Methotrexate	102	37	43 (32–70)	170	45	19 (10–24)	272	66	28 (15–45)
Sulfasalazine	27	14	11 (5–15)	78	19	14 (3–24)	105	30	12 (3–20)
Hydroxychloroquine	10	5	9 (3–24)	56	27	18 (9–24)	66	32	18 (9–24)
Chloroquine	8	4 (.)	4 (.)	43	11	11 (4–23)	51	6	9 (9–23)
Leflunomide	11	Should read 1	Should read 23 (.)	52	Should read 1	Should read 23 (.)	63	23	15 (4–.)
Gold	6	1	3 (.)	33	4	4 (.)	39	4	22 (8–23)
D-penicillamine	7	1	3 (.)	13	2	9 (7–9)	20	3	9 (3–9)
azathioprine	2	2	23 (23–23)	12	0	.	14	2	23 (23–23)
Discontinued	173	63	24 (7–52)	202	55	19 (9–24)	375	94	22 (8–42)

Please append the attached sticky note to the bottom of the table. It explains why some values are missing.

The period (.) represents missing values due to very low number of patients in the individual category.

Missing value are due to very low number of patients in the individual category. – **AUTHOR TO INDICATE WHERE THE MISSING NOS ARE. AUTHOR TO ALSO INDICATE WHAT PERIOD (.) REPRESENTS**

disease according to the clinical judgment of the treating physician, hence leading to termination or de-escalation of the current DMARDs regimen. Miscellaneous causes included cost concerns, patient preference for complementary medicine therapy over the DMARDs therapy, lack of belief, pregnancy or surgical procedures. Statistical analysis was carried out using Stata version 10.0 (Statacorp, College Station, TX, USA). The RR for the various drug segments were estimated using the Kaplan-Meier survival analysis. The segments being continued at the time of collection of the data were treated as censored observations during the analysis. Drug discontinuation was used as an end point in the analysis. Differences between drug survival periods were analysed using the log-rank method and median survival (in months) was determined using the Kaplan Meier analysis. All continuous variables were summarised as mean with standard deviation or median with interquartile range (IQR) and categorical variables as proportions. Comparisons among groups for continuous variables were made using the t-test. Categorical variables were analysed using the non-parametric chi-square test. Statistical significance was assumed for values of $p < 0.05$.

RESULTS

A total of 102 patients with RA were included in the study. The baseline demographic and disease characteristics of these patients are shown in Tables I and II, respectively. A total of 375 DMARD segments were reported in these patients (average of 3.7 DMARD segments per patient). Of these, 99 DMARD segments were being continued at the time of data collection and hence were censored. The distribution of the therapeutic segments ($n = 375$) is shown

in Table III. Of these, 173 discontinued segments consisted of a single DMARDs agent and the rest 202 comprised DMARDs in combination. MTX was the most commonly employed DMARDs at the study site. 72.5% of the total segments utilised MTX either singly or in combination with other DMARDs. Sulfasalazine was the second most commonly utilised drug with 28% of the segments using sulfasalazine. This was followed by hydroxychloroquine (17.6%), leflunomide (16.8%), chloroquine (13.5%), intramuscular gold (10.4%), D-penicillamine (5.5%) and azathioprine (3.7%), respectively.

The median RRs for the various DMARDs are shown in Table III. The Kaplan-Meier survival curves for MTX singly and in combination with sulfasalazine, hydroxychloroquine and leflunomide are demonstrated in Fig. 1. Among the various DMARD segments, MTX-containing segments were seen to have the highest RR (median [IQR] retention period 28 [15–45] months). Among the single DMARD segments, MTX again had the highest median [IQR] retention period of 43 (32–70) months. In our study, segments containing leflunomide were found to have a relatively low retention period (median [IQR] 15 [4–.?? **AUTHOR MISSING VALUE**]) when compared with the other DMARDs. 74% of the leflunomide segments had been introduced as second-line DMARD segments after termination of earlier DMARDs, either because of lack of efficacy or adverse effects due to earlier regimens. On the whole, the segments with a single agent were retained for a median (IQR) period of 24 (7–52) months, which was higher than 19 (9–24) months for the combination DMARD segments. However, this result failed to reach statistical significance ($p = 0.466$).

Fig.1 compares the retention period of segments

15 [4-.]

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
Multiple Choice Questions (Code SMJ 200912A)

	True	False
Question 1. Things to do when you receive the proof:		
(a) Read the proof carefully a few times.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Make minor corrections as needed.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Observe the due date to return the corrected proof.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Add new figures.	<input type="checkbox"/>	<input type="checkbox"/>
Question 2. Copyediting ensures that:		
(a) The paper is free from grammatical errors.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Scientific facts are correct.	<input type="checkbox"/>	<input type="checkbox"/>
(c) References cited are in accordance with the journal's house style.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Unnecessary repetition of words is eliminated.	<input type="checkbox"/>	<input type="checkbox"/>
Question 3. Some common mistakes made by authors include:		
(a) Making illegible corrections on the proof.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Checking decimal points of numbers in tables.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Failing to check the correct spelling of their names.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Neglecting to pay attention to the queries raised.	<input type="checkbox"/>	<input type="checkbox"/>
Question 4. Authors (especially the corresponding author) are responsible for:		
(a) Checking the accuracy of the manuscript.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Answering all queries made by the copy editors.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Laying out the manuscript and producing the proof.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Responding in good time.	<input type="checkbox"/>	<input type="checkbox"/>
Question 5. The following are common terms to refer to the copy-editing and proofing stage:		
(a) Galley proof.	<input type="checkbox"/>	<input type="checkbox"/>
(b) Typesetting.	<input type="checkbox"/>	<input type="checkbox"/>
(c) Page proof.	<input type="checkbox"/>	<input type="checkbox"/>
(d) Photography.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full: _____

MCR number: _____ Specialty: _____

Email address: _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/cme/smj> and select the appropriate set of questions. (2) Select your answers and provide your name, email address and MCR number. Click on "Submit answers" to submit.

RESULTS:

(1) Answers will be published in the SMJ February 2010 issue. (2) The MCR numbers of successful candidates will be posted online at www.sma.org.sg/cme/smj by 1 March 2010. (3) All online submissions will receive an automatic email acknowledgment. (4) Passing mark is 60%. No mark will be deducted for incorrect answers. (5) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council.

Deadline for submission: (December 2009 SMJ 3B CME programme): 12 noon, 22 February 2010.