An Author's Guide to Scientific Publishing

Karger Publishers, Basel, Switzerland

www.karger.com

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KARGER

1. Introduction to Karger Publishers

Connecting the World of Biomedical Science

- Independent and family-run corporation since 1890
- Swiss-based, globally active (7 regional offices)
- Exclusively biomedical publisher, covering all disciplines of human medicine
- 250 employees at Karger Publishers

Samuel Karger, 1st Generation

Heinz Karger, 2nd Generation

Thomas Karger, 3rd Generation

Gabriella Karger, 4th Generation
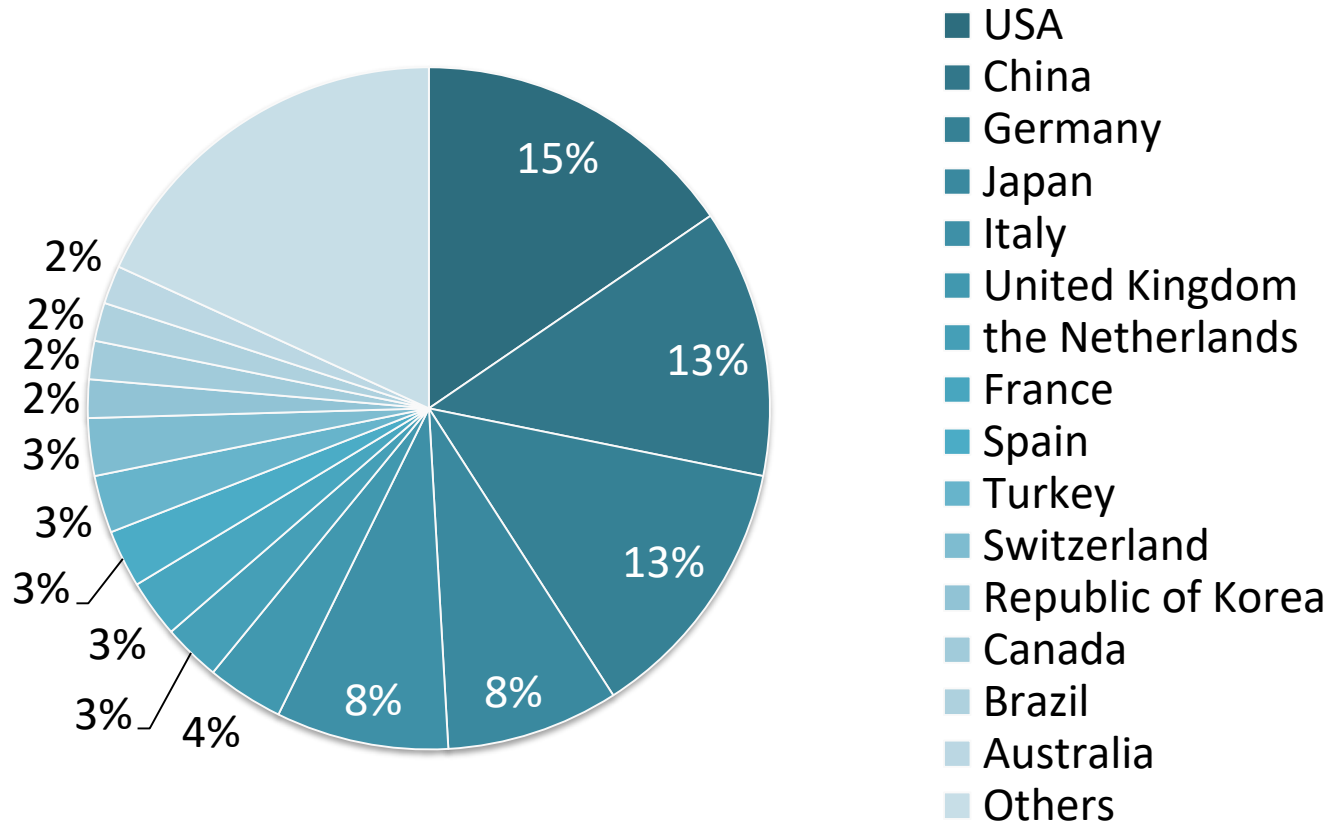
KARGER

1. Introduction to Karger Publishers

Facts and Figures 2018

- 110 journal titles (25 Open Access)
- 1 megajournal *Biomedicine Hub*
- 40 new book titles per year
- Publication language: English (97%)
- 16,500 submitted manuscripts per year
- 8,100 published articles
- 170 Editors-in-Chief worldwide
- 3,250 Editorial Board Members worldwide
- Approx. 12,800 Peer Reviewers worldwide

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Geographical Breakdown of Submissions

Legend:
- USA
- China
- Germany
- Japan
- Italy
- United Kingdom
- the Netherlands
- France
- Spain
- Turkey
- Switzerland
- Republic of Korea
- Canada
- Brazil
- Australia
- Others

Journals with Experts from Hungary Contributing

1996
Eszter Szekely,
Budapest

1969
Mihaly Boros,
Szeged
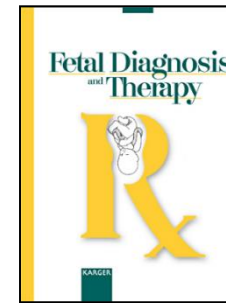
1986
Prof. Z. Papp,
Budapest

1978
Prof. G. Reusz,
Budapest
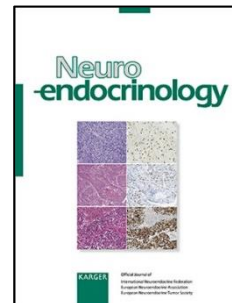
1965
Prof. M. Palkovits,
Budapest

1988
Prof. L. Kemeny,
Szeged

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2. Publishing in a Karger Journal

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Selecting a Journal

Web of Science (SCIE): 6,500 Medical Journals

DOAJ: 9,200 Medical Journals

Medline: 5,600 Medical Journals

Finding the Right Journal

Sharing research results with the world is **key to** the **progress** of your discipline **and career**.

But with so many publications, **how can you be sure you can trust** a particular journal?

Follow this check list to make sure you choose trusted journals for your research.

http://thinkchecksubmit.org

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Identifying a Predatory Journal

✓ CHECK

- Do you or your colleagues know the journal?

- Can you easily identify and contact the publisher?

- Is the journal clear about the type of peer review it uses?

- Are articles indexed in services that you use?

- Is it clear what fees will be charged?

- Do you recognise the editorial board?

- Is the publisher a member of a recognized industry initiative such as the Directory of Open Access Journals (DOAJ) or the Open Access Scholarly Publishers' Association (OASPA)?

Beall's List: https://beallslist.weebly.com

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Inside a Karger Journal:
Impact Factor and Ranking

- Founded: 1967
- Current Impact Factor: 1.811
- **Impact Factor Rank 33/90**
- Five-Year Impact Factor: 2.722

- *Clarivate*, who assigns the Impact Factor, divides all journals into subject groups. *Caries Research* is in the 'Dentistry, Oral Surgery & Medicine' group which comprises 90 journals.
- The factor itself does not always show the importance of the journal – the ranking is another very useful tool.

Journal of the European Organisation for Caries Research (ORCA)

Caries Research

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2. Publishing in a Karger Journal

Calculating the Impact Factor

$$IF_{Year} = \frac{\text{Total citations } Year \text{ for article from } Year\text{-}1 + \text{Total citations } Year \text{ for article from } Year\text{-}2}{\text{Total articles in } year\text{-}1 + \text{Total articles in } year\text{-}2}$$

Impact Factor 2016 for *Psychotherapy and Psychosomatics* (PPS):

In 2016 249 articles from 2015 were cited   In 2016 253 articles from 2014 were cited

An article from PPS got 8.964 cites on average

$$IF_{2016} = \frac{249 + 253}{29 + 27} = 8.964$$

2015 PPS published 29 scientific articles   2014 PPS published 27 scientific articles

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February 2018

1. Numbers and Facts

Inside a Karger Journal: Altmetrics

February 2018

Inside a Karger Article: Altmetrics

Aims and Scope of the Journal

Pay attention to the Aims and Scope of the journal you are considering

- Which fields of research does the journal cover?

- What article types does the journal publish?

- Is the paper you wish to publish likely to appeal to the readership of this journal?

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Journals   Books   Collections   Subject Guide

Journal Home   About This Journal   Guidelines   Journal Contact   Subscr

Lifestyle Genomics

Lifestyle Genomics

Lifestyle-gene interactions and their influence on health and disease

Aims and Scope

Lifestyle Genomics aims to provide a forum for highlighting new advances in the broad area of lifestyle-gene interactions and their influence on health and disease. The journal welcomes novel contributions that investigate how genetics may influence a person's response to lifestyle factors, such as diet and nutrition, natural health products, physical activity, and sleep, amongst others. Additionally, contributions examining how lifestyle factors influence the expression/abundance of genes, proteins and metabolites in cell and animal models as well as in humans are also of interest. The journal will publish high-quality original research papers, brief research communications, reviews outlining timely advances in the field, and brief research methods pertaining to lifestyle genomics. It will also include a unique section under the heading "Market Place" presenting articles of companies active in the area of lifestyle genomics. Research articles will undergo rigorous scientific as well as statistical/bioinformatic review to ensure excellence.

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Guidelines for Authors

Read the Guidelines for Authors carefully!

- Follow the advice provided in the Guidelines as closely as possible
- Spending time on preparing your paper properly before submission will improve the chances of it being accepted quickly

The Simplified Review Process

February 2018
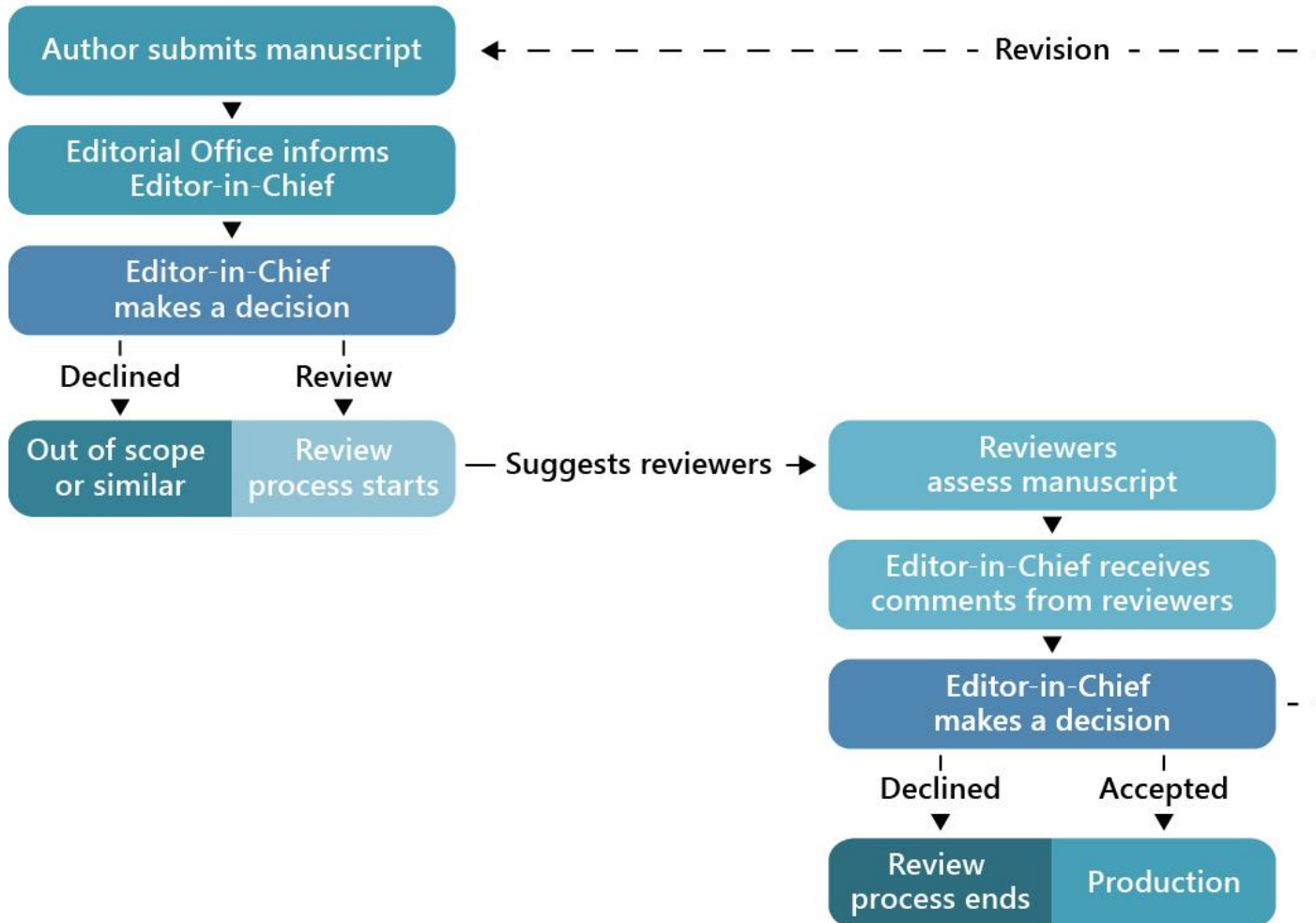
FAQ: The Review Process

Can I recommend a reviewer? Whom could I recommend?

- Only recommend a reviewer when asked to do so. Recommend someone who does research in a similar field, but <u>not a colleague of yours</u>. Recommend someone who has recently published in the same field.

In case of revision: Will the reviewer (after revision) be the same one that did the revision upon submission?

- Probably, if the revision proceeds quickly. If not, the new reviewers who look through your paper usually have the comments of the first reviewers.

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FAQ: The Review Process

A reviewer asks for more data and I don't agree it's necessary, what can I do?

- Arguing with a reviewer usually does not help, but you can try. Otherwise you have to retract your submission and just re-submit it to another journal.

Rejection

Reasons for a rejection

- **Out of scope**
- **It's nothing novel / it's more of the same**
- **Too little data on the experiment**
- **Not scientifically sound**
- **Formal reasons (not the right kind of article type)**
- **Incomplete – missing parts (figures, tables, references etc.)**
- **The conclusion is not supported by the study's outcome**
- **It's an excerpt of a different paper (mostly of the same author)**

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Between Acceptance and Publication
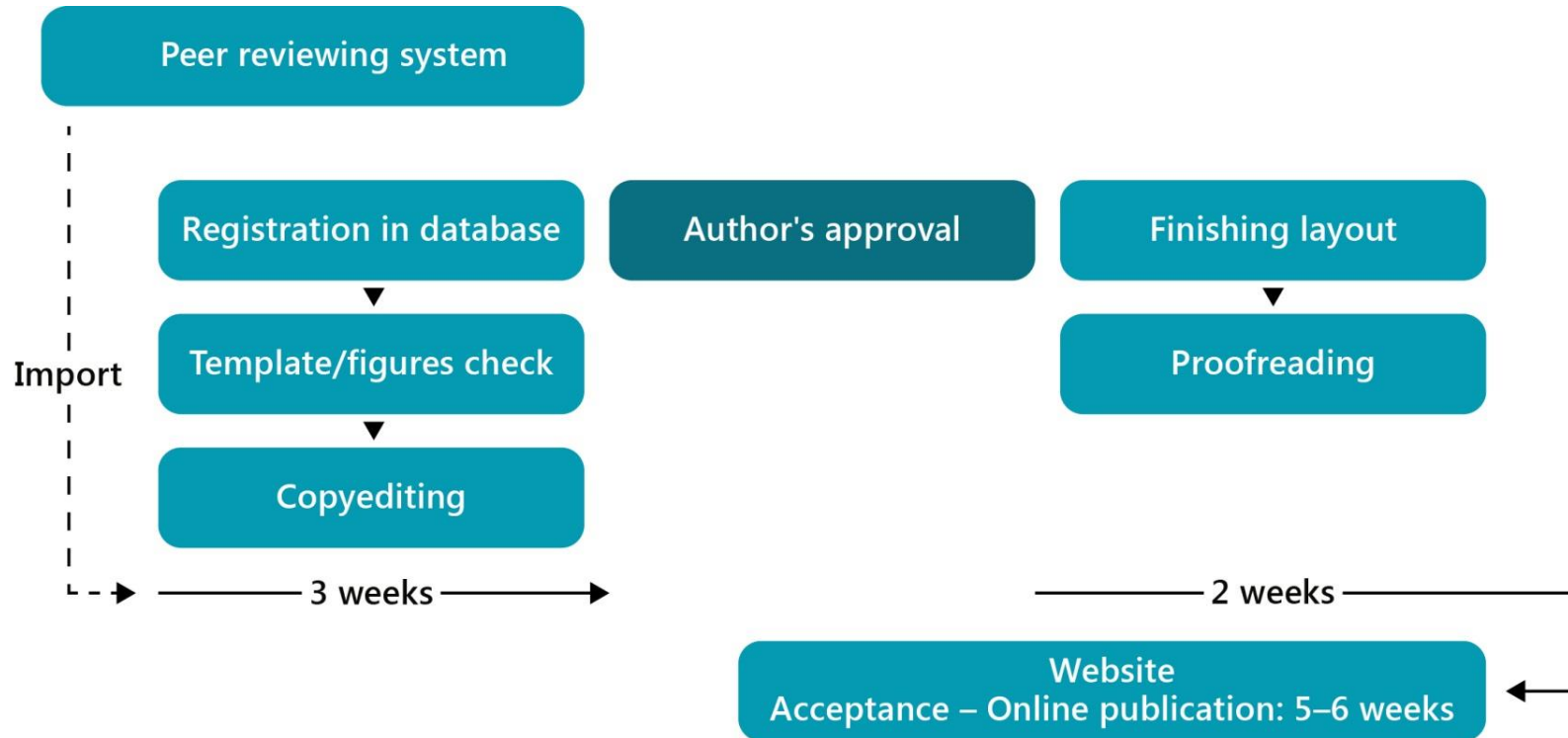
During the production process

The production process at Karger includes e.g.
- **Assigning digital article identifier – the doi number**
- **Copyediting + proofreading**
- **Layout and design**
- **Verifying references**
- **Graphic preparation**
- **Multimedia integration**
- **Links to supplementary material**
- **XML tagging & metadata of full text**
  - ➢ **Proofs sent to Corresponding Author for approval**
  - ➢ **After final authors' corrections online and print publication**

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3. Advice and Examples

Cover Letter

- **Relation to the scope of your target journal**
- **What question(s) is being answered by your research**
- **Major results, findings and most important conclusion**
- **A statement that your manuscript has not been published or is not under consideration for publication in another journal**
- **Proof of all authors' agreement to the submission of the manuscript**

And don't forget: Basic letter elements such as date, addresses, signature, attachments etc.

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General

- **Structure, structure, structure!**
- **Simplicity!**
- **Short but complete!**

Language

- **Simple standard English**
- **Simple sentences**
- **Express ideas clearly**
- **Subject-specific conventions (numbers, units, etc.)**
- **Ask English native speakers for help**
- **Use professional help:**
  - **E.g. American Journal Experts, www.aje.com**
  - **Further companies: www.karger.com/Resources/Authors**

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3. Advice and Examples

Language

- **Unnecessary repetitions** should be avoided; often words can be **replaced** with a synonym or can even be omitted.

✗   This modified surface increased cell attachment, and **<u>also</u>** their gene expression pattern was changed. Nano-diamond particles, as a strong scaffold, **<u>also</u>** delivered more bone formation by BMP-2 molecules [34]. Osteoblasts **<u>also</u>** evolve differently on a modified surface scaffold. They grow faster, differentiate more effectively, and **<u>also</u>** show improved adhesion and better mineralization [35].

✓   This modified surface increased cell attachment, and their gene expression pattern was **<u>also</u>** changed. Nano-diamond particles, as a strong scaffold, delivered more bone formation by BMP-2 molecules [34]. Osteoblasts **<u>also</u>** evolve differently on a modified surface scaffold. They grow faster, differentiate more effectively, and, **<u>moreover</u>**, show improved adhesion and better mineralization [35].

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Article Structure

Structure of a Research Article/Original Paper

• Title Page
  - Title
  - Authors and their affiliations
  - Abstract
  - Keywords
	• Main text
	  - Introduction
	  - Methods
	  - Results
	  - Figures and Tables
	  - Discussion/Conclusion
		• Attribution and Background
		  Information
		  - References
		  - Acknowledgments
		  - Statement of Ethics
		  - Disclosure Statement/Conflict
		    of Interest
		  - Funding Sources
		  - Author Contributions
		  - Supplementary Data

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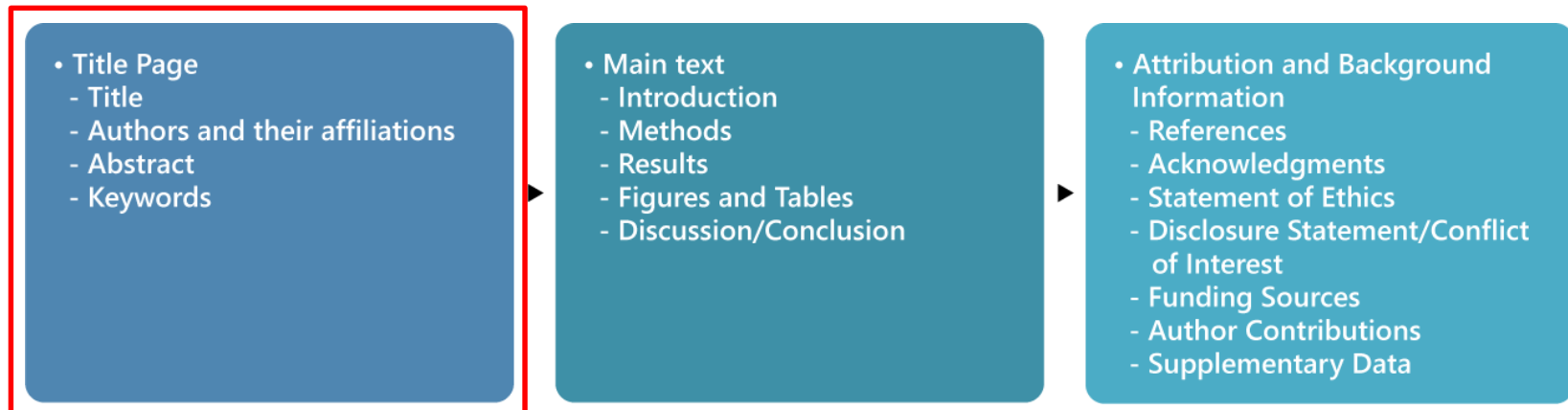
Title Page

Title
- **Appropriate, catchy, short**
- **Show the difference – What is new?**
- **Avoid abbreviations**

Authors
- **Make sure all authors who contributed are listed**

Keywords
- **Choose keywords you would yourself use, if you were looking for your article**

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Abstract

- **What problem did you focus on?**
- **How did you obtain your results?**
- **Which results did you obtain?**
- **What are the implications of your findings?**

☛ **Word limits!**

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Interventional Neurology

Abstract

Background: Small aneurysms located at the anterior communicating artery carry significant procedural challenges due to a complex anatomy. Recent advances in endovascular technologies have expanded the use of coil embolization for small aneurysm treatment. However, limited reports describe their safety and efficacy profiles in very small anterior communicating artery aneurysms. **Objective:** We sought to review and report the immediate and long-term clinical as well as radiographic outcomes of consecutive patients with ruptured very small anterior communicating artery aneurysms treated with current endovascular coil embolization techniques. **Methods:** A prospectively maintained single-institution neuroendovascular database was accessed to identify consecutive cases of very small (<3 mm) ruptured anterior communicating artery aneurysms treated endovascularly between 2006 and 2013. **Results:** A total of 20 patients with ruptured very small (<3 mm) anterior communicating artery aneurysms were consecutively treated with coil embolization. The average maximum diameter was 2.66 ± 0.41 mm. Complete aneurysm occlusion was achieved for 17 (85%) aneurysms and near-complete aneurysm occlusion for 3 (15%) aneurysms. Intraoperative perforation was seen in 2 (10%) patients without any clinical worsening or need for an external ventricular drain. A thromboembolic event occurred in 1 (5 %) patient without clinical worsening or radiologic infarct. Median clinical follow-up was 12 (±14.1) months and median imaging follow-up was 12 (±18.4) months. **Conclusion:** This report describes the largest series of consecutive endovascular treatments of ruptured very small anterior communicating artery aneurysms. These findings suggest that coil embolization of very small aneurysms in this location can be performed with acceptable rates of complications and recanalization.

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- Attribution and Background Information
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  - Acknowledgments
  - Statement of Ethics
  - Disclosure Statement/Conflict of Interest
  - Funding Sources
  - Author Contributions
  - Supplementary Data

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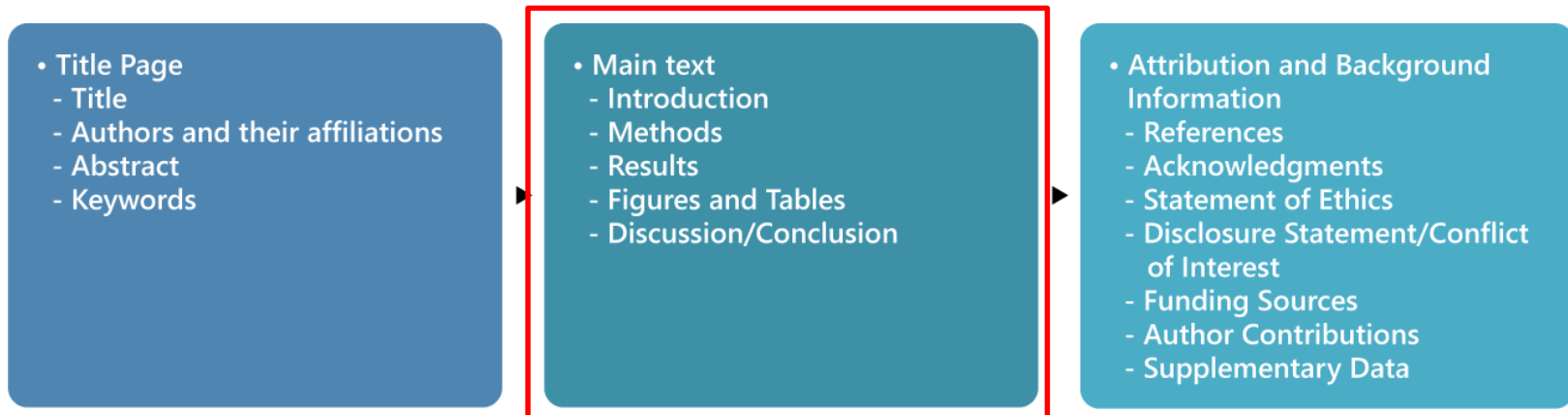
Introduction

- **General background**
- **Previous studies**
- **Problems addressed by your study**
- **The aim of your studies**
- **Your hypothesis**

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Cerebrovascular Diseases

Introduction

Carotid endarterectomy (CEA) reduces the risk of stroke for both symptomatic and subgroups of asymptomatic patients with high-grade carotid artery stenosis [1]. Nevertheless, this advantage may be attenuated by the development of restenosis. Restenosis is associated with a higher risk of recurrent symptoms, re-interventions and stroke and therefore hampers the benefit of CEA [2]. In addition, following CEA patients are prone to develop atherosclerosis at other sites. Development of contralateral stenosis is relatively common after CEA, exceeds the rate of ipsilateral restenosis, reduces the contralateral cerebrovascular reserve and may also affect clinical outcome [3–7]. It remains to be clarified if patients at risk for development of contralateral stenosis need follow-up and, if so, for what period of time. Risk factors that might contribute to the development of contralateral stenosis remain to be established [1, 8]. Identifying patients at risk for developing contralateral stenosis would allow selective individualized follow-up after CEA. Next to clinical and demographic factors, it could be useful to establish which plaque characteristics are predictive for contralateral stenosis development. Potentially, information derived from the removed carotid atherosclerotic plaque individualizes treatment decisions by using non-invasive plaque imaging [9].

Our objectives were to establish the incidence and risk factors – both clinically and based on plaque characteristics – for development of new contralateral stenosis or occlusion in mid-term follow-up after CEA.

Methods

- **Study design**
- **Participants & parameters tested**
- **Instruments, devices, procedures**
- **Ethic statements**
- **Statistical analysis**

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Materials and Methods

The study population included 200 women with a cytological diagnosis of ASC-US enrolled into the PDCCC from a public hospital network in Engativá, a public hospital affiliated with the health system of Bogotá. Participants consulted the program between March and October 2014 and agreed to voluntarily participate in this study by providing informed consent. Patients between 17 and 63 years of age were included in this study. Information on sociodemographic characteristics, medical history, and sexual and reproductive behavior was obtained at the time of the gynecological visit. Pregnant women or women diagnosed with other cervical diseases were excluded. The management protocol of the participants is shown in figure 1. This study was approved by the Ethics Committee of the Secretaría de Salud de Bogotá.

Collection of Cervical Samples and Personal Information

Prior to colposcopy, cervical samples were taken from each patient using a cytobrush and preserved in transport medium (COBAS® PCR Cell Collection Media; Roche Molecular Systems) following the manufacturer's instructions. The samples were stored at room temperature until processing at the Laboratory of Public Health, Bogotá.

HPV Detection and Typing

Type-specific identification of HPV genotypes was performed using the Linear Array technique (Roche Molecular Systems) according to the manufacturer's instructions. This technique allows the identification of 37 HPV genotypes, including 14 HR genotypes (i.e. 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) and 23 LR viral types (i.e. 6, 11, 26, 40, 42, 53, 54, 55, 61, 62, 64, 67, 69, 70, 71, 72, 73, 81, 82, 83, 84, IS39, and CP6108), which are widely used in epidemiological studies. The Linear Array HPV test (Roche Molecular Systems) has 96% sensitivity and 99% specificity to detect DNA from HR HPV types (Linear Array HPV Genotyping Test®; Roche). Extraction, amplification, and hybridization steps allow identification of both the target viral genetic material and a fragment of the human β-globin gene, used as the internal control in sample processing.

Statistical Analysis

The sample size was calculated considering the number of cytological samples analyzed during the year 2012 and the expected prevalence of 4% due to an ASC-US diagnosis. Accordingly, it included 160 samples (95% reliability and 3% error). However, since the number of samples collected during the sampling period was large, the sample size was increased to 200 specimens. The HPV frequency distribution was analyzed, with data collected in a database developed in Microsoft Excel®. A bar graph showing single and multiple infections was created using the same software. Confidence intervals (CI) for the overall HPV prevalence and type-specific viral prevalences were calculated using Epi Info 3.5.1 software.

3. Advice and Examples

Methods ✗

- Too little detail (study cannot be replicated)

✗ Images were obtained using an MR scanner.

↓

✓ Images were obtained using a 3-Tesla MR ~~scanner~~ system (Philips, Best, the Netherlands) with a standard 8-channel SENSE head coil.

3. Advice and Examples

Methods ✗

- Too little detail (when, what, where)

✗ *Study population*

Subjects with Crohn's disease were recruited in the outpatient clinic at the Hospital São Rafael, a tertiary referral center.

↓

✔ *Study Population*

Subjects with Crohn's disease were recruited between January 2014 and December 2015 in the gastroenterology outpatient clinic at the Hospital São Rafael, a tertiary referral center in Salvador, Bahia, Brazil.

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Results

- **Main findings**
- **Balanced and <u>honest</u> (negative results)**
- **Tables, graphs and figures for support**
- **Clear and concise**
- **Statistical analysis**

☝ **No implications of the results here!**

Dermatology

Results

Morphological Characteristics of Sweat Glands

Using hematoxylin-eosin-stained histological sections and ultrastructural examination of axillary sweat glands, we found there were no significant differences between the two groups in terms of morphological characteristics (fig. 2a–d). There is no significant difference between the P group (34.95 ± 8.36) and C group (32.43 ± 7.51; $p > 0.05$) in terms of the number of sweat coils in axillary sweat glands. However, the number of secretory granules in the P group was significantly higher than in the C group (fig. 2e, f).

Expression of AQP5 in Axillary Sweat Glands

The immunohistochemical results showed that AQP5 was expressed predominantly on the basolateral plasma membrane and luminal membrane of epithelial cells in

Results

- Generic names of drugs are not capitalized (e.g., diltiazem), whereas trade names are spelled with a capital letter (e.g., Cardizem).

✗ A *group* of 48 *patients* with essential mild to moderate hypertension were treated with 90–270 *mg*/day of the calcium-channel blocker **D**iltiazem (**C**ardizem).

✓ A *group* of 48 *patients* with essential mild to moderate hypertension were treated with 90–270 *mg*/day of the calcium-channel blocker **d**iltiazem (**C**ardizem).

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Results

- Repeating the subheading in the running text

Results

Correlation of Biomarkers with Age

In ~~terms of the correlation of biomarkers with age, in~~ the DS group, the concentration of Aβ1–42 correlated negatively with age (r_s= –0.69, p = 0.015), while T-tau had a positive correlation with age (r_s = 0.68, p = 0.025; fig. 2a).

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Figures and Tables

- **High resolution**
- **Simple and clear**
- **Well formatted**
- **Stand-alone legends / captions**

☛ **Don't forget scale markers (microscopic images)**
☛ **Not too colorful!**
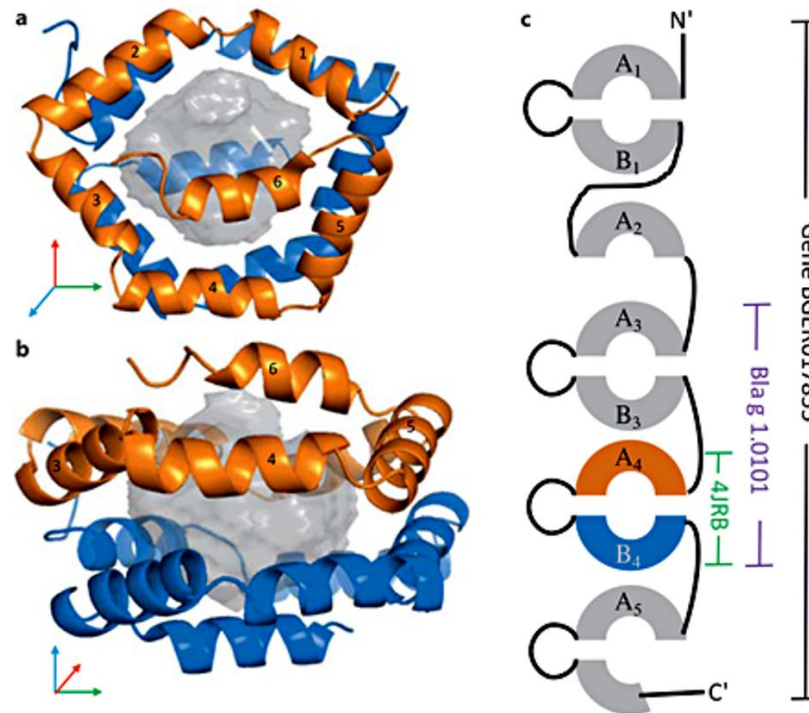
Fig. 1. Bla g 1. a, b Two 90° rotated views of the Bla g 1 structure (4JRB [11]) where helices from hemisphere A are colored orange and those from hemisphere B are colored blue. The interior cavity is shown as a grey semitransparent sphere. c A schematic of the gene from which the 4JRB structure and the named allergen Bla g 1.0101 was derived. Sequence similarity of the repeated units is noted by the A or B nomenclature.

Discussion / Conclusion

- **Main findings**
- **Do the data support your hypothesis or a different one?**
- **How do your findings compare with published findings?**
- **Limitations of your study**
- **Ideas for future research**
- **Conclusion: Short take-home message**

☝ **No repetition of the results!**

Brain, Behavior and Evolution

Conclusion

In conclusion, this study is the first to directly compare seasonal changes in SCS between two Parid species from the same environment that exhibit differences in song behavior. Our results confirm the lack of seasonal changes in HVC and Area X in the 'atypical' species which produces complex social vocalizations year-round in addition to its simple courtship song, and the existence of seasonal plasticity in the HVC of the more 'typical' species which has a much smaller, simpler repertoire of nonsong vocalizations but a more complex courtship song. We suggest that the willow tit HVC and Area X are stable in size throughout the year in the field because these nuclei are involved in the learning and production of social vocalizations as well as the courtship song. Area X may not change seasonally in great tits because they are potentially close-ended learners. Direct study of the role of HVC and Area X in the song and nonsong vocalizations in different Parid species will be required to test our hypotheses.

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▶

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▶

- Attribution and Background Information
  - References
  - Acknowledgments
  - Statement of Ethics
  - Disclosure Statement/Conflict of Interest
  - Funding Sources
  - Author Contributions
  - Supplementary Data

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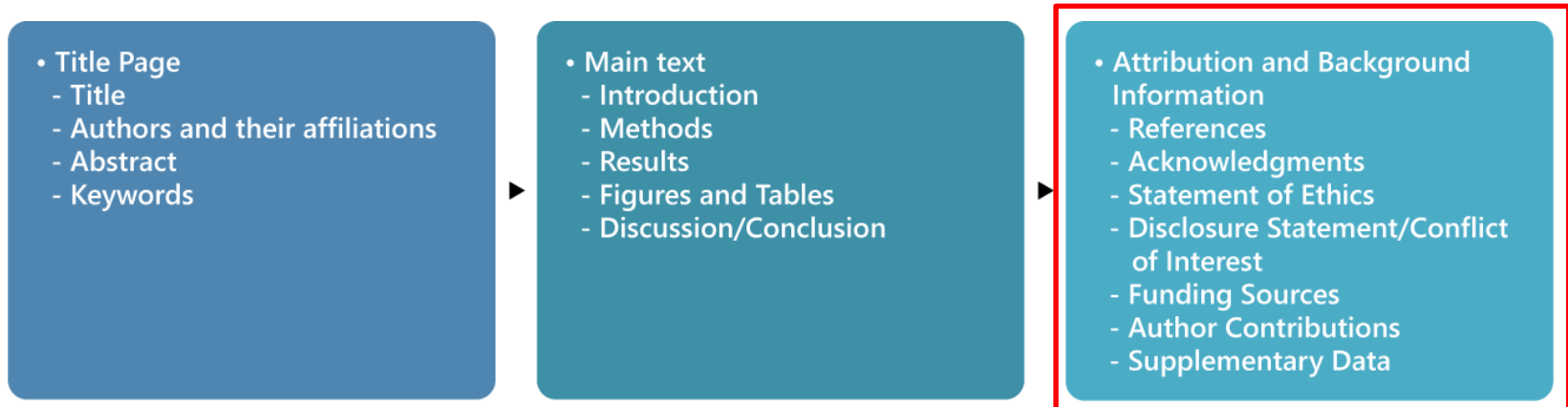
Required Statements

Acknowledgments

We thank K.S.F. Colman and C.M. Toxopeus for kindly providing their data from some of the included previous studies done at our center. This work was supported by a Junior Scientific Masterclass grant of the University of Groningen to A.H. and to A.R.E.P.

Statement of Ethics

This study was approved by the Ethics Committee of Fujian Medical University (No. 2011-006).

Disclosure Statement

This study was funded by GSK Consumer Healthcare. M.N., P.J., and S.M. are employees of GSK Consumer Healthcare. D.T.Z., A.T.H., and F.L. have received compensation from GSK Consumer Healthcare as independent consultants.

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Required Statements

- Statements should be put under the appropriate heading

✗ **Declarations**

D. Robinson, L. Gantner, and J. McNamee declare that they have no conflict of interest.
No external funding was received for the study.
Written informed consent was obtained from the patient.

✓ **Statement of Ethics**

✓ Written informed consent was obtained from the patient.

✓ **Disclosure Statement**

✓ D. Robinson, L. Gantner, and J. McNamee declare that they have no conflict of interest.

✓ **Funding Sources**

✓ No external funding was received for the study

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References

- **Make sure all references cited in the text are put in the reference list and vice versa**
- **Use a reference program**
- **Format the reference section for your target journal**

- **Cite while you write!**

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4. Further Information

After Publication

More things publishers do – also after release of the articles
- **Search Engine Eptimization (=SEO, e.g. Google algorithms)**
- **Submitting articles to abstracting, indexing and discovery services**
- **Submitting articles to bibliographic services like PubMed, Medline, Web of Science and others**
- **Deposit to digital archives**
- **Research promotion and author and reviewer recognition**
- **Article data delivery to e-Partner platforms to ensure the best discoverability worldwide**
- **Marketing activities to foster recognition of the publication**
- **Worldwide sales activities for the publication**

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Open Access

Terms relevant to publishing an article in an Open Access journal

- **Open Access:** Online access of articles for free worldwide
- **Directory of Open Access Journals (DOAJ):**
  An online directory that indexes and provides access to peer-reviewed journals
- **Green Open Access (Self-Archiving):** Accepted manuscript for archiving in noncommercial repository
- **Gold Open Access - Article Processing Charge (APC):** A one-time publishing fee paid by authors (or their funders or institutes) on acceptance of their paper
- **Hybrid Open Access - Author's Choice:** Karger's option to publish Open Access articles in subscription journals

www.karger.com/OpenAccess

Open Access

Creative Commons licenses: Public copyright licenses that enable authors to share their work

	Can someone use it commercially?	Can someone create new versions of it?
Attribution 👍 (i)	👍	👍
Share Alike (i)(↻)	👍	Yup, AND they must license the new work under a Share Alike license.
No Derivatives (i)(=)	👍	👎
Non-Commercial (i)($)	👎	Yup, AND the new work must be non-commercial, but it can be under any non-commercial license.
Non-Commercial Share Alike (i)($)(↻)	👎	Yup, AND they must license the new work under a Non-Commercial Share Alike license.
Non-Commercial No Derivatives (i)($)(=)	👎	👎

www.karger.com/OpenAccess

4. Further Information

Open Access

Benefits for Authors:

- Karger Open Access journals follow **high publishing standards** - from peer review to copyediting to layout to personalized service.

- Many of them have an **Impact Factor**.

- Every Karger journal has a dedicated Editor-in-Chief (or senior editors) and an international editorial board.

- The option to publish Open Access is available in **disciplines spanning the biomedical spectrum**.

- Karger Open Access articles ensure **immediate visibility** for research output to maximize dissemination and impact.

- Karger Open Access journals are **searchable in PubMed Central and the Directory of Open Access Journals** (DOAJ).

- Karger is a **Gold and Green Open Access publisher**.

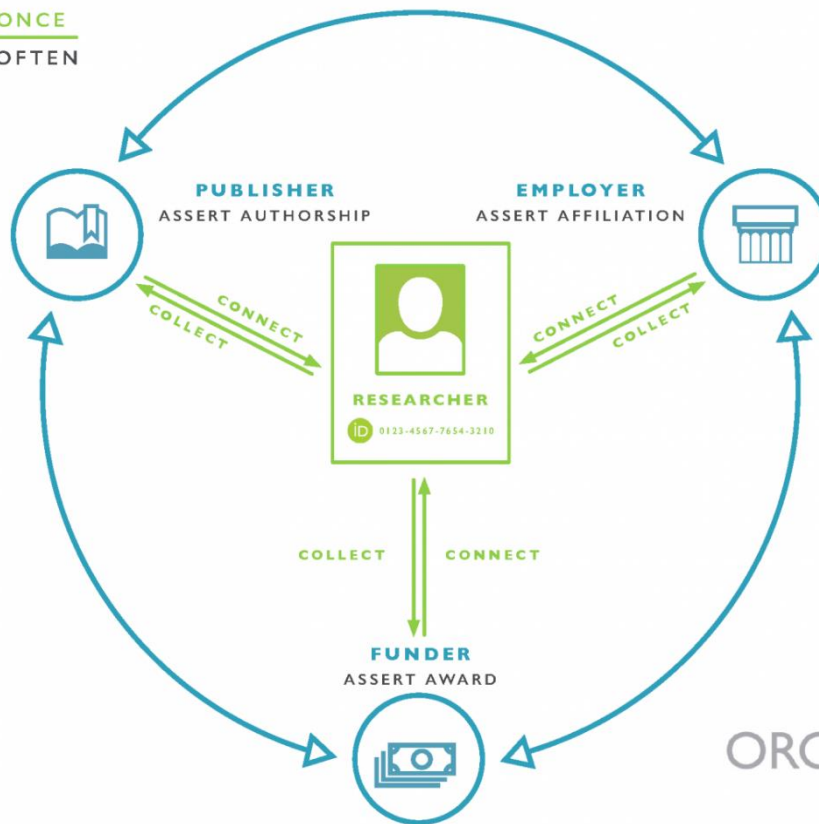www.karger.com/OpenAccess

PubMed/Medline

- If you are looking for the right journal for your paper or for an article on a specific topic
  - you can use the **PubMed/Medline** database for your search
  - you can create individual search routines using the [PubMed Advanced Search Builder](#) that can be saved by personalizing your PubMed account.
  - A video tutorial for using the PubMed Advanced Search Builder is available on YouTube
- Other useful databases are e.g. **Web of Science, The Cochrane Library**

ORCID

- A service which provides a registry of **unique researcher identifiers**

www.orcid.org

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February 2018

Selected Papers

5. Questions and Answers