

Lingua Franca and Beyond

How to make our life easier?

It was my pleasure to invite my colleagues from the European Association of Science Editors (EASE) to share their editorial experience with us medical writers. By doing this, we can improve our writing, which will facilitate more successful submissions. The first article to open this collaboration is by Sylwia Ufnalska, who

writes about *Help Scientists Save Time*, a campaign launched by her and successfully run by the EASE. During this campaign, the *EASE Quick-Check Table for Submissions* and the *EASE Guidelines for Authors and Translators of Scientific Articles*, were promoted, and I hope that you will find these interesting and helpful.

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What can we do to promote more efficient and ethical communication of research results?

As a long-term member of the European Association of Science Editors (EASE) and the EASE Council (2009–2021), I initiated and coordinated the publication of many resources for science editors, scientists, and science translators. In October 2020, I launched a campaign called *Help Scientists Save Time*,^{1,2} which promotes simplification of the editorial requirements for initial manuscript submission. Together with Alison Terry, we developed the *EASE Quick-Check Table for Submissions* (Table 1) for journals to include at the beginning of their instructions for authors,^{3,4} to facilitate searching for basic information needed for submission. A short guide to constructing such a table (updated version 3.1) has already been translated into 15 languages and is available as DOCX files from the EASE website.³

Communication of research results can also be improved by using the *EASE Guidelines for Authors and Translators of Scientific Articles*, which explain how to write complete, concise, and clear manuscripts.⁵ The main part of the guidelines is freely available in 30 languages. The Italian Chapter of EASE has decided to translate also its appendices (Abstracts, Ambiguity, Cohesion, Ethics, Plurals, Simplicity, Spelling, and Text-tables) and additional information, to aid further streamlining of the publishing process. Recently,

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*Golden Rules for Scholarly Journal Editors*⁶ and other helpful EASE publications for scientists, science translators, and editors have been briefly presented in bilingual slides at a webinar for the Ukrainian Chapter of EASE⁷ (and later translated into Japanese).⁸ Many other authors have also suggested interesting improvements in scientific communication. These include changing the IMRAD to BOMRAD⁹ (that is, replacing the Introduction by two sections: Background and Objectives), complete elimination of pre-submission formatting and cover letters,¹⁰ creation of centralised websites that serve many journals, to allow swift resubmission from one journal to the next,¹¹ and publishing full-text scientific articles in HTML (not just PDF) to facilitate machine translation.¹²

As medical writers or science translators, or both, we have a limited influence on the decisions of manuscript authors and journal editors affecting research waste and editorial procedures; however, we can still refer to international standards in our correspondence with them. Our role in raising awareness about ethical issues is also essential, as explained in the EMWA guidelines on the role of medical writers, e.g. “The writer should also ensure that conclusions are fully supported by the data and that publications do not contain unjustified claims. [...] Medical writers should also draw

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attention to any limitations of the study in the discussion section. [...] If a writer is aware of good quality evidence that contradicts a point being made in a review, or in the discussion section of a primary publication, the writer should attempt to ensure that this research is cited.”¹³

All this can contribute to improving the efficiency and quality of scientific communication worldwide and, consequently, to solving urgent problems. These include serious questions related to syringe disposal after vaccination, indoor air pollution during the COVID-19 pandemic,¹⁴ the widespread fever phobia, long-term stress and limited physical activity, as they lower our natural immunity and increase the risk of many serious diseases.^{15,16} Certainly, as medical writers and translators, we play a crucial role now and the results of our work affect the future of societies. Our attempts to prevent misinformation and make medical publications more reliable are very much appreciated. I strongly believe that collectively we can make a real change for the better.



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Table 1. Brief introduction to the EASE Quick-Check Table (version 3.1, <https://doi.org/10.20316/quick.3.1>)

It is intended to make life easier for both authors and editors. When preparing such a table, editors can delete or add some rows if they wish.

Example journal: Quick check for submissions

The following table is provided as an example of how the details in this form may be presented.

BASIC INFORMATION FOR AUTHORS

GENERAL GUIDELINES	Manuscripts should be COMPLETE, CONCISE and CLEAR (see <i>EASE Guidelines</i> , ¹ available in many languages). Follow the appropriate reporting guideline, ² if applicable
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WORD LIMITS, etc.

Body text	≤ X words (justified exceptions allowed)
Abstract	≤ X words; structured for original research (BACKGROUND, OBJECTIVES, METHODS, RESULTS, and CONCLUSIONS)
Keywords	≤ X terms, singular, separated with commas; lowercase except proper names; avoid abbreviations
Highlights (below the abstract)	X-Y bullet points (≤ X words each, describing the study in lay terms)
Tables/figures	≤ X tables/figures in total. Their description (captions, values, units, etc.) should be consistent and informative, with all abbreviations explained

TITLE PAGE INFORMATION

Title	≤ X characters, with a description of the study type, if relevant
Short running title	≤ X characters
Author names	Full name: given name(s) first, family name last
Affiliation info required	Department, institution, postal address, email
Corresponding author contact details	Indicate with an asterisk, supply phone number
Persistent identifiers of author(s), etc.	ORCID iD(s) , ³ identifiers of research project(s), if applicable

STRUCTURE OF BODY TEXT, END MATTER, REFERENCES

Typical headings	Introduction (background and objectives), Methods, Results, Discussion (with a concluding paragraph)
Subheadings	≤ X levels of subheadings, not numbered
Specific wording required for any section	Methods section must include usual ethical approval for human and animal studies (Helsinki/Institutional Review Board compliance, informed consent) and subsection “Statistical analysis”, identifying the variables and methods used
End matter (e.g. authorship contributions)	Identify authors by initials in the authorship contributions section (consider using CRediT) ⁴ and add information about funding, if received
References: maximum number	Not limited (with DOIs, URN, PURL, etc. if applicable)
Referencing style	X style required after acceptance (not for initial submission); for more details and examples, see <URL>. Endnote style can be downloaded here <URL>. Make sure that each citation is complete and accurate

FORMATTING

Spelling	UK or US, if consistent
General style	Numbers ≥ 2 as numerals (for exceptions, see <i>EASE Guidelines</i>) ¹ Statistics: $p \leq 0.001$, $n = ##$

SUBMISSION NOTES

Cover letter required? Specific content?	Not required but text field in the online submission system allows for comments to the editorial office. Inform if the study was presented elsewhere
Links to all required author forms: needed at submission or after acceptance? Signed by all authors or by submitting author?	<ul style="list-style-type: none"> • EASE Ethics Checklist⁵ signed by corresponding author, at submission • EASE Form⁶ and/or ICMJE COI forms⁷ signed by all authors, at submission
Proposed reviewers: optional/mandatory? How many? What details are required?	Optional: suggest/oppose up to 3 potential reviewers (full name, email, institution). Consider diverse peer reviewers in terms of sex/gender, ethnicity and geographical distribution
Tables: separate files?	Include at the end of the manuscript (separate pages)
Figures: separate files? Any formats preferred?	For initial submission, figures can be embedded in the manuscript. If it is accepted, high-resolution files (EPS/TIFF/RAW) will be required
Supplementary files?	Upload any supporting data or other required files for review
Fees for open access, colour, etc.?	Publication fee X. Colour free online but X per figure for print

JOURNAL POLICIES, ETC.

Publication model*	Open access, licence X; fee structure: <URL>
Preprint and prepublication	Articles already available on preprint servers or published in another language can be accepted but this must be declared at the time of submission
Data sharing	Recommended repositories: ... Clinical trials must include a data sharing statement; other studies may also do so
Peer review**	External, double-blind review usually by X reviewers. Editors make the final decision
Manuscript acceptance rate and average times	About X% submitted manuscripts are accepted. Average time from submission to first decision after peer review: X months

Abbreviations: EASE, European Association of Science Editors; ORCID iD, persistent digital identifier of researchers and contributors (to distinguish between those with the same names); CRediT, Contributor Roles Taxonomy; DOI, digital object identifier; URN, Uniform Resource Name; PURL, persistent uniform resource locator; ICMJE, International Committee of Medical Journal Editors; COI, conflict of interest.

* Publication models: subscription, hybrid (open access optional for a fee) or open access.

** Peer review systems: open, single-blind (authors do not know the identity of review not know the identity of authors), triple-bind (also editors do not know the identity of authors/institution).

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