

How to Write a Medical Manuscript That Gets Published: A Practical Guide from the Editors' Desk

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Abstract

Publishing in medical journals remains central to the advancement of clinical science, professional development, and the translation of evidence into practice. Success, however, depends on much more than having interesting data. Editors and peer reviewers routinely reject manuscripts because the research question is unclear, the reporting is incomplete, the methods are weakly described, the target journal is poorly chosen, or the paper is written without attention to structure, ethics, and relevance. Contemporary expectations also extend beyond classic scientific style to transparent authorship, protocol registration when applicable, disclosure of conflicts of interest, adherence to reporting guidelines, and data presentation that allows readers to judge validity and applicability.

This practical guide distills principles commonly emphasized by editors, journal instructions, and reporting frameworks into a working approach for clinicians, investigators, trainees, and professional writers who want to improve the odds of publica-

tion. The manuscript reviews how to select a publishable topic, define authorship early, choose the correct target journal, construct the manuscript using the IMRAD format, write a high-value abstract and title, prepare tables and figures, use references accurately in Vancouver style, respond to peer review, and avoid common ethical and stylistic errors. Particular emphasis is placed on writing for busy editors and reviewers, whose first questions are usually simple: Is the study important? Is the paper credible? Is it presented clearly enough to merit external review?

A manuscript that gets published is rarely the one with the most ornate prose. It is usually the one that answers an important question, follows the journal's instructions precisely, reports methods transparently, presents results honestly, and tells a coherent scientific story. By approaching manuscript preparation as both a scientific and editorial exercise, authors can improve readability, credibility, and ultimate acceptance.

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Introduction

A medical manuscript is not merely a record of completed work; it is the formal mechanism by which observations become part of the scientific literature. Publication affects clinical care, policy, grant competitiveness, promotion, and reputation. Yet even sound studies often fail in the submission process because the manuscript is assembled too late, targeted to the wrong journal, or written without regard for editorial expectations. (1–10)

Editors generally assess submissions in layers. The first layer is strategic fit: whether the topic belongs in the journal and is relevant to its readership. The second is scientific trustworthiness: whether the design, execution, analysis, and reporting support the

conclusions. The third is presentation: whether the title, abstract, structure, references, tables, and language allow rapid understanding. Failures in any one of these layers can lead to rejection before peer review. (3–7,11–14)

The core architecture of most scientific papers remains the IMRAD format (Introduction, Methods, Results, and Discussion), which persists because it mirrors the logic of the scientific method. The lecture material accompanying this guide correctly emphasizes that authors should begin by deciding what kind of paper they are writing, perform a disciplined literature search, identify a suitable journal early, and then draft the manuscript in the sequence most likely to promote clarity rather than anxiety. Those practical points remain highly relevant today, even as manuscript preparation has become more demanding because of reporting checklists, trial registration, conflict-of-interest policies, open science practices, and increased editorial scrutiny. (1–7,15–21)

This article offers a pragmatic, editor-facing framework for turning a clinical idea, dataset, review, or case-based observation into a publishable manuscript. Although the exact format varies by journal, the principles described here apply broadly to original investigations, narrative reviews, systematic reviews, case reports, quality-improvement papers, and clinically oriented educational articles.

Before Writing: Start With the Right Question

The path to publication begins well before the first sentence is drafted (**Figure 1**). The most publishable manuscripts arise from questions that are clinically meaningful, methodologically answerable, and relevant to a defined readership. Authors should be able to state the central question in one or two sentences and identify what gap in the literature the manuscript will fill. If the gap is trivial, duplicated, or poorly aligned with current discourse, even a technically competent paper may struggle to find a home. (12,16,17,22–24)

A useful early test is the “editor’s desk” question: why should this journal’s readers care now? Timeliness matters. A paper may be publishable because it introduces new data, clarifies conflicting evidence, challenges prevailing assumptions, describes a rare but educational phenomenon, validates a method, or translates existing evidence into a clinically usable synthesis. The lecture’s emphasis on deciding first whether the article is a case report, case series, clinical trial, review, historical paper, or

other format is crucial because the type of manuscript determines both the editorial audience and the reporting requirements. (16,18,19,25–28)

A disciplined literature search should precede manuscript drafting, not follow it. Searching PubMed/MEDLINE, specialty databases, citation trails, and relevant society statements allows authors to refine novelty, frame the introduction correctly, and avoid overstating originality. Search terms should incorporate both Medical Subject Headings and free-text keywords; filters may help, but over-filtering can miss foundational studies. The goal is not merely to collect references but to understand the existing conversation so the manuscript can enter it intelligently. (16,20,21,24,29–31)

Authorship, Ethics, and Planning

Many manuscripts become troubled before submission because authorship and accountability are addressed too late. The International Committee of Medical Journal Editors recommends four criteria for authorship: substantial contribution to the conception or design, or to the acquisition, analysis, or interpretation of data; drafting or critical revision; final approval of the version to be published; and accountability for all aspects of the work.^{1,2} Individuals who contribute but do not meet all criteria should be acknowledged, not listed as authors. Gift authorship, ghost authorship, and honorary authorship damage credibility and may trigger editorial action. (1,2,32–35)

Authorship order should be discussed early, ideally before full drafting begins. That conversation is easier when the team also defines who will serve as the corresponding author, who will manage references, who will verify data, and who will approve final tables and figures. A writing plan should include a realistic timeline, internal deadlines, and a document version system. The lecture’s recommendation to block dedicated writing time remains sound advice because fragmented writing produces fragmented manuscripts. (16,36,37)

Ethics must be explicit. Human studies require documentation of ethics approval or exemption and, when appropriate, informed consent. Clinical trials should be prospectively registered, and observational or quality-improvement reports should state the relevant oversight and regulatory context. Plagiarism, duplicate publication, salami slicing, image manipulation, and undisclosed conflicts of interest remain common reasons for editorial rejection or retraction. (3,4,32–35,38–41)

Reporting guidance should be chosen before drafting the full manuscript. The EQUATOR Network serves as the primary portal for reporting guidelines and helps authors match their manuscript type to the appropriate checklist. Common examples include CONSORT for randomized trials, STROBE for observational studies, PRISMA for systematic reviews, CARE for case reports, STARD for diagnostic accuracy studies, TRIPOD for prediction models, and SQUIRE for quality-improvement work. Using the appropriate checklist does not guarantee acceptance, but failure to use one often signals incomplete reporting. (6–8,25–28,42–46)

Choosing the Right Journal

Journal selection is one of the most consequential editorial decisions an author makes. A strong manuscript submitted to the wrong journal may be rejected quickly, while a modest manuscript sent to the right readership may receive thoughtful review and eventual acceptance. Authors should match the paper to the journal's scope, audience, article types, word limits, figure limits, turnaround expectations, acceptance rate when available, and style requirements. The lecture rightly emphasizes reviewing the journal's "Instructions for Authors" and reading several recent articles from the target journal before formatting the paper. (16)

Scope mismatch is among the most preventable causes of immediate rejection. Authors should ask: Is the topic routinely published by this journal? Is the study type accepted? Is the clinical or scientific depth appropriate for its audience? A technically sophisticated ICU paper, for example, may fail in a generalist journal if its operational relevance is not obvious, whereas a narrower specialty journal may value it immediately. (11–14,47–49)

Metrics such as impact factor, CiteScore, or Scimago rankings can inform strategy, but they should not dominate it. Journal prestige matters, yet successful publication depends more on fit, clarity, and methodological strength than on aspiration alone. Authors should also consider practical issues such as open-access options, publication fees, indexing, editorial transparency, and whether the journal is legitimate rather than predatory. (16,47,50–54)

A useful tactic is to build a journal ladder: first-choice, second-choice, and third-choice targets identified in advance. This approach shortens delays after rejection and encourages manuscript formatting that can be adapted efficiently without changing the science.

Building the Manuscript

Title Page and Title

The title is often the only part of the manuscript that many readers will see, and editors make early judgments based on it. An effective title is specific, concise, and informative. It should clearly identify the topic, and for many study types, it should also indicate the design, for example, randomized trial, cohort study, systematic review, narrative review, or case report. Overly clever titles may obscure content and reduce discoverability in databases. (16,55,56)

The title page usually includes the full title, author names and degrees, affiliations, corresponding author information, funding statements, disclosures, and sometimes a short running title, word count, or author contribution statement. Authors should reproduce the target journal's preferred arrangement exactly. Small formatting deviations rarely doom a paper, but they create an avoidable impression of inattention. (3,4,16)

Abstract and Keywords

The abstract is the manuscript's sales pitch, evidence summary, and indexing instrument all at once. In many cases, it is the only part read by editors during triage and by clinicians during literature scanning. A high-quality abstract states the question, methods, principal results, and conclusions with precision and without exaggeration. Structured abstracts are common for original research and should faithfully mirror the paper; references generally do not belong in the abstract. (3,4,16,57–59)

Keywords should be chosen strategically. Terms from Medical Subject Headings are preferred when suitable because they improve indexing and retrieval. Authors should think like both a search engine and a busy clinician: what words would a reader use to find this paper? (16,20,21)

Introduction

The introduction should move from context to gap to objective in a few focused paragraphs. It is not a historical review of everything ever published on the topic. Effective introductions explain what is known, what remains uncertain, why that uncertainty matters, and what the present study or review aims to do. The final paragraph should contain the specific objective or hypothesis. (3,4,57,60)

Common mistakes include citing too many background references without synthesis, overstating

novelty, and failing to define the clinical problem. Editors prefer introductions that are economical and purposeful. If the reader cannot tell what question is being answered by the end of the introduction, the manuscript has already lost momentum.

Methods

The methods section determines whether reviewers trust the results. It should permit replication and allow the reader to assess the risk of bias. Depending on the study type, this section should describe the setting, participants, eligibility criteria, interventions or exposures, outcomes, data sources, timing, sample size rationale, statistical methods, and ethics oversight. Reporting guidelines provide essential item-level detail for this section. (6–8,25–28,42–46,61–63)

Methods should be written with enough detail for comprehension but not padded with irrelevant procedural history. Statistical methods must align with the design and outcomes, and planned analyses should be distinguished from exploratory analyses. Ambiguous methods are a red flag; they suggest either weak planning or selective reporting. Authors should name validated instruments, prespecified endpoints, and software used, and they should state how missing data were handled. (61–66)

For reviews, methodology matters just as much. Narrative reviews should explain how literature was identified and selected, while systematic reviews and meta-analyses should provide a protocol-based search strategy, inclusion criteria, screening process, risk-of-bias assessment, and synthesis methods. (26,27,67,68)

Results

The results section should report findings, not interpret them. Authors should present the sample or dataset first, then primary outcomes, secondary outcomes, and prespecified subgroup or sensitivity analyses as appropriate. Tables and figures should carry much of the data burden, allowing the text to emphasize the most important numbers and trends without duplicating every value. (3,4,57,69)

Clarity is essential. Report absolute numbers together with percentages, use effect sizes and confidence intervals where appropriate, and distinguish clinical significance from statistical significance. Avoid selective emphasis on positive findings while minimizing negative or neutral results. Editors and reviewers notice imbalance quickly, and trust erodes when the narrative appears to chase signifi-

cance rather than truth. (61–66,70)

Discussion

The discussion is where many otherwise sound papers fail. The first paragraph should answer the research question directly and summarize the principal findings without simply repeating the results. The next sections should compare those findings with prior literature, explain plausible mechanisms or interpretations, discuss strengths and limitations honestly, and clarify clinical or scientific implications. (3,4,57,60)

A strong discussion is balanced. It neither oversells the manuscript nor apologizes for it. Limitations should be disclosed with enough specificity to show maturity, yet framed in a way that preserves the importance of the contribution. Authors should avoid claims that exceed the data, such as causal language in observational work or practice-changing rhetoric unsupported by study design. (4,25,42,43,60)

Conclusion

Many journals either prefer a brief conclusion or integrate the take-home message into the final discussion paragraph. In either case, the ending should be modest, clear, and aligned with the evidence. Readers should finish the paper knowing what the study adds and what should happen next, whether replication, implementation, further trials, or cautious interpretation.

Tables, Figures, and References

Editors value manuscripts that are visually and bibliographically disciplined. Tables should be self-explanatory, logically ordered, and limited to data that genuinely help the reader. Figures should clarify patterns, processes, timelines, or outcomes rather than serve as decoration. The target journal's technical instructions for resolution, file type, legends, abbreviations, and permissions should be followed exactly. (16,57,71,72)

References perform two roles: they support claims and signal scholarship. Vancouver-style numbered references in the order cited, using standardized journal abbreviations and bibliographic formatting. Accuracy matters. Reference errors are common and undermine confidence in the rest of the manuscript. Authors should verify every citation against the original source, ensure consistency between text and reference list, and avoid citing papers they have not actually read. (3,4,16,73–75)

The lecture's recommendation to collect complete bibliographic information early is especially useful. Reference management software reduces manual errors, but it does not replace the authors' responsibility. Before submission, authors should check numbering after revisions, confirm that seminal sources are included, and remove padding citations that add volume but not value.

Writing Style That Editors Prefer

Editors prefer prose that is clear, direct, and economical. Scientific writing is not the place for ornament, inflated vocabulary, or rhetorical mystery. Each paragraph should advance one main idea, each sentence should do visible work, and each section should answer the reader's next logical question. (16,36,37,57)

Three principles consistently improve medical manuscripts: brevity, clarity, and organization. Brevity means cutting repetition and throat-clearing introductions. Clarity means using precise terms, defining uncommon abbreviations, and keeping subject-verb relationships obvious. Organization means presenting information in the order that readers expect to see it. The lecture's advice, "do not write to impress, write to communicate," captures this perfectly. (16)

Useful stylistic habits include preferring active voice when it improves readability, using parallel structure in lists, keeping tables consistent with the text, and avoiding unsupported adjectives such as "remarkable," "novel," or "groundbreaking." Non-native English writers may benefit from professional editing, but substantive clarity matters more than elegant phrasing. Reviewers forgive simple language more readily than confused logic. (36,37,57,76–79)

Submission and Response to Peer Review

Submission is not the end of writing; it is the start of editorial negotiation. The cover letter should be brief and specific, explaining what the manuscript is about, why it matters to the journal's audience, and affirming that the work is original and not under consideration elsewhere. Boilerplate praise of the journal is less persuasive than a precise statement of fit. (3,4,57)

When reviewer comments arrive, authors should pause before responding. Defensive replies rarely help. A successful response letter is organized, respectful, and point-by-point. Every reviewer comment should be copied verbatim or summarized ac-

curately, followed by a clear response and the exact location of the revision in the manuscript. If the authors disagree with a suggestion, the rationale should be evidence-based and courteous. (57,80–82)

Most revised manuscripts improve substantially after thoughtful peer review. Even rejection can be productive if the comments expose weak framing, insufficient methodological detail, or audience mismatch. Authors should revise for substance before resubmitting elsewhere, rather than merely changing journal formatting.

Why Good Manuscripts Are Rejected

Understanding rejection patterns helps authors self-edit before submission. Common reasons include weak novelty, mismatch with journal scope, inadequate methods, incomplete reporting, overstated conclusions, poor English that obscures meaning, excessive length, careless formatting, inadequate ethical documentation, and failure to follow instructions for authors. (11–14,47,57,83–85)

Desk rejection often reflects editorial triage rather than poor science alone. Editors screen for fit, readability, and credibility because external review consumes scarce reviewer resources. A manuscript that immediately demonstrates importance, methodological transparency, and technical compliance is more likely to survive that first screen. (11–14)

Authors should therefore conduct a final pre-submission audit:

- Does the title accurately describe the paper?
- Does the abstract match the body exactly?
- Is the study question explicit?
- Does the methods section allow replication?
- Do the results align with the tables and figures?
- Does the discussion stay within the data?
- Are ethics, disclosures, and authorship transparent?
- Have all journal instructions been followed?

Final Practical Advice

Publication success is usually incremental rather than magical. Good manuscripts are planned early, drafted with the correct structure, revised repeatedly, and carefully aligned with a journal's needs. Authors should think like editors: make the paper easy to understand, easy to trust, and easy to send for review. (1–8,16,57)

The most reliable route to publication is not literary

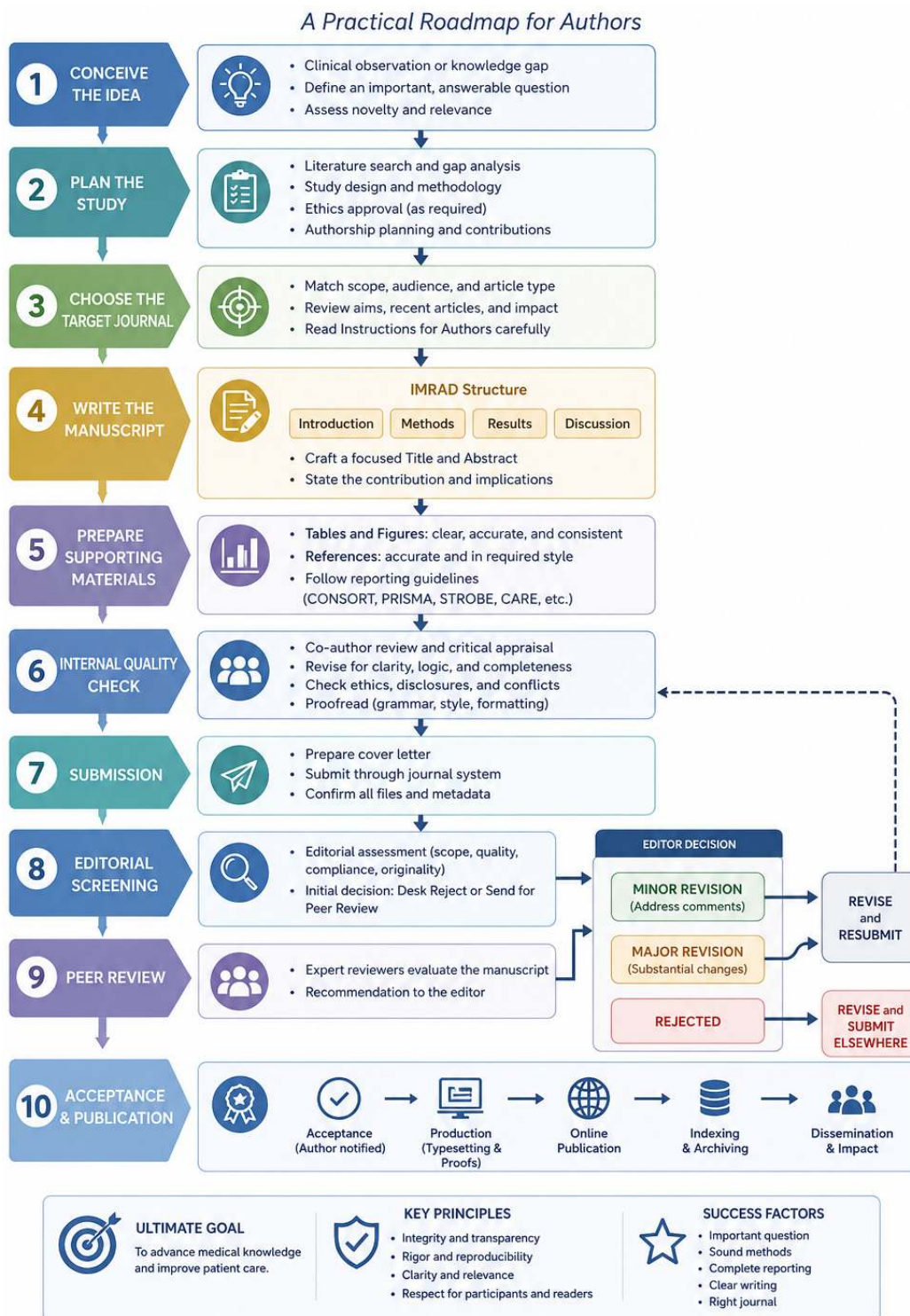
flair but disciplined execution. Choose an important question, use the appropriate reporting framework, write with economy, document methods transparently, present data honestly, and revise until every section serves the central message. When those elements come together, the manuscript does more

than get published; it becomes useful.

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Figure 1. The Manuscript Publication Pathway: From Idea to Publication



References

1. International Committee of Medical Journal Editors. Defining the role of authors and contributors [Internet]. Updated January 2026. Accessed July 7, 2026. Available from: <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>
2. International Committee of Medical Journal Editors. Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals [Internet]. Updated January 2026. Accessed July 7, 2026. Available from: <https://www.icmje.org/recommendations/>
3. Cals JWL, Kotz D. Effective writing and publishing scientific papers, part I: how to get started. *J Clin Epidemiol*. 2013;66(4):397.
4. Cals JWL, Kotz D. Effective writing and publishing scientific papers, part II: title and abstract. *J Clin Epidemiol*. 2013;66(6):585.
5. Simera I, Altman DG. Writing a research article that is “fit for purpose”: EQUATOR Network guidance. *Int J Clin Pract*. 2009;63(12):1762–1768.
6. EQUATOR Network. Writing research [Internet]. Updated May 4, 2026. Accessed July 7, 2026. Available from: <https://www.equator-network.org/toolkits/writing-research/>
7. EQUATOR Network. What is a reporting guideline? [Internet]. Updated May 4, 2026. Accessed July 7, 2026. Available from: <https://www.equator-network.org/about-us/what-is-a-reporting-guideline/>
8. BMJ. Reporting guidelines [Internet]. Updated May 28, 2025. Accessed July 7, 2026. Available from: <https://authors.bmj.com/before-you-submit/reporting-guidelines/>
9. Day RA, Gastel B. *How to Write and Publish a Scientific Paper*. 7th ed. Greenwood; 2011.
10. Silvia PJ. *How to Write a Lot: A Practical Guide to Productive Academic Writing*. American Psychological Association; 2007.
11. Byrne DW. Common reasons for rejecting manuscripts at medical journals: a survey of editors and peer reviewers. *Sci Editor*. 2000;23(2):39–44.
12. Pierson DJ. The top 10 reasons why manuscripts are not accepted for publication. *Respir Care*. 2004;49(10):1246–1252.
13. Miser WF. Common problems in the submission of scientific manuscripts. *Fam Med*. 1999;31(5):368–370.
14. Hames I. Peer Review and Manuscript Management in Scientific Journals. Blackwell; 2007.
15. Mulligan A, Hall L, Raphael E. Peer review in a changing world: an international study measuring the attitudes of researchers. *J Am Soc Inf Sci Technol*. 2013;64(1):132–161.
16. Varon J. How to prepare a manuscript and get it published [lecture slides]. 2021.
17. Glasziou P, Chalmers I, Rawlins M, McCulloch P. When are randomised trials unnecessary? Picking signal from noise. *BMJ*. 2007;334(7589):349–351.
18. Green BN, Johnson CD. How to write a case report for publication. *J Chiropr Med*. 2006;5(2):72–82.
19. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *J Clin Epidemiol*. 2014;67(1):46–51.
20. National Library of Medicine. PubMed User Guide [Internet]. Accessed July 7, 2026. Available from: <https://pubmed.ncbi.nlm.nih.gov/help/>
21. U.S. National Library of Medicine. Medical Subject Headings (MeSH) [Internet]. Accessed July 7, 2026. Available from: <https://www.ncbi.nlm.nih.gov/mesh>
22. Ioannidis JPA. Why most published research findings are false. *PLoS Med*. 2005;2(8):e124.
23. Hulley SB, Cummings SR, Browner WS, Grady DG, Newman TB. *Designing Clinical Research*. 4th ed. Lippincott Williams & Wilkins; 2013.
24. Booth A, Sutton A, Papaioannou D. *Systematic Approaches to a Successful Literature Review*. 2nd ed. Sage; 2016.
25. Schulz KF, Altman DG, Moher D; CONSORT Group. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *BMJ*. 2010;340:c332.
26. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71.
27. Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ*. 2009;339:b2535.
28. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Lancet*. 2007;370(9596):e1–e7.

- 1453–1457.
29. Greenhalgh T. How to Read a Paper: The Basics of Evidence-Based Medicine. 6th ed. Wiley-Blackwell; 2019.
30. Wilczynski NL, Haynes RB; Hedges Team. Developing optimal search strategies for detecting clinically sound causation studies in MEDLINE. *AMIA Annu Symp Proc*. 2003;719–723.
31. Sampson M, McGowan J. Errors in search strategies were identified by type and frequency. *J Clin Epidemiol*. 2006;59(10):1057–1063.
32. Wager E. Recognition, reward and responsibility: why the authorship of scientific papers matters. *Maturitas*. 2009;62(2):109–112.
33. Wislar JS, Flanagan A, Fontanarosa PB, DeAngelis CD. Honorary and ghost authorship in high impact biomedical journals: a cross sectional survey. *BMJ*. 2011;343:d6128.
34. Resnik DB, Master Z. Authorship policies of bioethics journals. *J Med Ethics*. 2011;37(7):424–432.
35. COPE Council. COPE guidelines: authorship and contributorship [Internet]. Accessed July 7, 2026. Available from: <https://publicationethics.org/>
36. Sword H. Stylish Academic Writing. Harvard University Press; 2012.
37. Greene AE. Writing Science in Plain English. University of Chicago Press; 2013.
38. World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*. 2013;310(20):2191–2194.
39. Zarin DA, Tse T, Williams RJ, Carr S. Trial reporting in *ClinicalTrials.gov* — the final rule. *N Engl J Med*. 2016;375(20):1998–2004.
40. Roig M. Avoiding plagiarism, self-plagiarism, and other questionable writing practices: a guide to ethical writing [Internet]. Accessed July 7, 2026. Available from: <https://ori.hhs.gov/>
41. COPE Council. Retraction guidelines [Internet]. Accessed July 7, 2026. Available from: <https://publicationethics.org/retraction-guidelines>
42. Bossuyt PM, Reitsma JB, Bruns DE, et al. STARD 2015: an updated list of essential items for reporting diagnostic accuracy studies. *BMJ*. 2015;351:h5527.
43. Collins GS, Reitsma JB, Altman DG, Moons KGM. Transparent reporting of a multivariable prediction model for individual prognosis or diagnosis (TRIPOD). *Ann Intern Med*. 2015;162(1):55–63.
44. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 standards for quality improvement reporting excellence. *BMJ Qual Saf*. 2016;25(12):986–992.
45. Chan AW, Tetzlaff JM, Altman DG, et al. SPIRIT 2013 statement: defining standard protocol items for clinical trials. *Ann Intern Med*. 2013;158(3):200–207.
46. Riley DS, Barber MS, Kienle GS, et al. CARE guidelines for case reports: explanation and elaboration document. *J Clin Epidemiol*. 2017;89:218–235.
47. Gasparyan AY, Ayvazyan L, Blackmore H, Kitas GD. Writing a narrative biomedical review: considerations for authors, peer reviewers, and editors. *Rheumatol Int*. 2011;31(11):1409–1417.
48. Loder E, Bero L, Djulbegovic B, Clark J. The new EQUATOR Network reporting guidelines and why they matter. *BMJ*. 2010;340:c869.
49. Johnson AP. How to select the right journal for your manuscript. *J Manipulative Physiol Ther*. 2006;29(1):1–2.
50. Seglen PO. Why the impact factor of journals should not be used for evaluating research. *BMJ*. 1997;314(7079):498–502.
51. Garfield E. The history and meaning of the journal impact factor. *JAMA*. 2006;295(1):90–93.
52. SCImago Journal & Country Rank [Internet]. Accessed July 7, 2026. Available from: <https://www.scimagojr.com/>
53. Think. Check. Submit. Choose the right journal for your research [Internet]. Accessed July 7, 2026. Available from: <https://thinkchecksubmit.org/>
54. Grudniewicz A, Moher D, Cobey KD, et al. Predatory journals: no definition, no defence. *Nature*. 2019;576(7786):210–212.
55. Jamali HR, Nikzad M. Article title type and its relation with the number of downloads and citations. *Scientometrics*. 2011;88:653–661.
56. Hartley J. Current findings from research on structured abstracts. *J Med Libr Assoc*. 2004;92(3):368–371.
57. Bordage G, Caelleigh AS. A guide for planning and writing a scientific manuscript. *Educ Res*. 2001;36(4):37–45.
58. Tullu MS. Writing the title and abstract for a research paper: being concise, precise, and meticulous is the key. *Saudi J Anaesth*. 2019;13(Suppl 1):S12–S17.
59. Andrade C. How to write a good abstract for a scientific paper or conference presentation. *Indian J Psychiatry*. 2011;53(2):172–175.
60. Hess DR. How to write an effective discussion.

- Respir Care. 2004;49(10):1238–1241.
61. Lang TA, Altman DG. Basic statistical reporting for articles published in biomedical journals: the SAMPL guidelines. *Int J Nurs Stud*. 2015;52(1):5–9.
 62. Altman DG, Bland JM. Absence of evidence is not evidence of absence. *BMJ*. 1995;311(7003):485.
 63. Sterne JAC, Davey Smith G. Sifting the evidence—what’s wrong with significance tests? *BMJ*. 2001;322(7280):226–231.
 64. Wasserstein RL, Lazar NA. The ASA statement on p-values: context, process, and purpose. *Am Stat*. 2016;70(2):129–133.
 65. Pocock SJ, Stone GW. The primary outcome fails — what next? *N Engl J Med*. 2016;375(9):861–870.
 66. Moher D, Hopewell S, Schulz KF, et al. CONSORT 2010 explanation and elaboration. *BMJ*. 2010;340:c869.
 67. Green BN, Johnson CD, Adams A. Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *J Chiropr Med*. 2006;5(3):101–117.
 68. Beller EM, Glasziou PP, Altman DG, et al; PRISMA for Abstracts Group. PRISMA for abstracts: reporting systematic reviews in journal and conference abstracts. *PLoS Med*. 2013;10(4):e1001419.
 69. Tufte ER. *The Visual Display of Quantitative Information*. 2nd ed. Graphics Press; 2001.
 70. Ioannidis JPA, Evans SJW, Gøtzsche PC, et al. Better reporting of harms in randomized trials: an extension of the CONSORT statement. *Ann Intern Med*. 2004;141(10):781–788.
 71. Rougier NP, Droettboom M, Bourne PE. Ten simple rules for better figures. *PLoS Comput Biol*. 2014;10(9):e1003833.
 72. Wong B. Points of view: color blindness. *Nat Methods*. 2011;8(6):441.
 73. Patrias K, Wendling D, eds. *Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers* [Internet]. 2nd ed. National Library of Medicine; 2007. Updated 2015. Accessed July 7, 2026. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK7256/>
 74. International Committee of Medical Journal Editors. Sample references [Internet]. Accessed July 7, 2026. Available from: https://www.nlm.nih.gov/bsd/uniform_requirements.html
 75. Puślecki M, Idzikowska E, Pieńkowska J, et al. The accuracy of references in biomedical articles: a bibliometric study. *Medicine (Baltimore)*. 2017;96(19):e6855.
 76. Gopen GD, Swan JA. The science of scientific writing. *Am Sci*. 1990;78(6):550–558.
 77. Lingard L. Joining a conversation: the problem/gap/hook heuristic. *Perspect Med Educ*. 2015;4(5):252–253.
 78. Lingard L. The rhetorical “problem” in scientific writing: creating a research space. *Perspect Med Educ*. 2015;4(5):255–258.
 79. Schimel J. *Writing Science: How to Write Papers That Get Cited and Proposals That Get Funded*. Oxford University Press; 2012.
 80. Provenziale JM. Revising a manuscript: ten principles to guide success for publication. *AJR Am J Roentgenol*. 2010;195(4):W292–W295.
 81. Matarese V. Author’s editing: responding to peer reviewers. *Eur Sci Editing*. 2008;34(2):35–37.
 82. Guyatt GH, Oxman AD, Kunz R, et al. GRADE guidelines: a new series of articles in the *Journal of Clinical Epidemiology*. *J Clin Epidemiol*. 2011;64(4):380–382.
 83. Ali J. Manuscript rejection: causes and remedies. *J Young Pharm*. 2010;2(1):3–6.
 84. Sullivan GM. What to do when your paper is rejected. *J Grad Med Educ*. 2015;7(1):1–3.
 85. Barroga E. Research writing and publishing: articles, journals, and manuscripts. *J Korean Med Sci*. 2022;37(42):e300.

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