



English Editing Samples

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Advanced Edit

~~For~~ ~~C~~ementless total hip arthroplasty (THA), ~~can be performed using a large variety of femoral components with a large variety of designs have been developed.~~ The Anatomic Fiber Metal plus stem (Zimmer) is ~~one of the an~~ anatomically designed femoral components ~~that to can~~ be ~~inserted implanted~~ without cement. ~~The concept of t~~This stem ~~was is designed~~ to achieve stable fixation ~~throughby~~ metaphyseal fit and fill. Its ~~has a~~ configuration ~~matchesing that of a the~~ medullary canal of a normal femur, and ~~circumferential the circumference of its fiber mesh coating on the~~ proximal one-third ~~is coated with fiber mesh.~~ The neck of the stem has an anteversion of ~~twelve 12~~ degrees. The ~~press fit and~~ outcomes of THA ~~performed using a press fit femoral this~~ stem ~~were have been~~ reported to be good for ~~the~~ primary osteoarthritis in selected Caucasian patients; ~~h~~However, ~~there were a few reports are available~~ on the outcomes of ~~THA using this stem this procedure~~ in Japanese patients. ~~Since The majority of the most Japanese patients with hips with hip~~ osteoarthritis ~~are have~~ dysplastic hips ~~in Japanese patients.~~ ~~Therefore,~~ the ~~outcomes results of this procedure in Japanese patients~~ might ~~be different differ~~ from those in Caucasian patients.

~~Therefore, W~~e studied ~~the~~ outcomes of cementless ~~total hip arthroplasty (THA)~~ ~~performed~~ using the Anatomic Fiber Metal plus stem in Japanese patients and ~~examined the~~ possible effects of metaphyseal fit on ~~the~~ outcomes.

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Comment [A1]: Please verify if these words should also be title cased.

Comment [A2]: Please include the location details of the manufacturer.

Comment [A3]: In scientific writing, the term "Caucasian" should preferably be restricted to people from the Caucasus region. Please check if you simply meant "white."

Premium Edit

For cementless total hip arthroplasty (THA), can be performed using femoral components with a large variety of femoral component designs have been developed, one such component being a press-fit femoral stem. The Anatomic Fiber Metal plus stem (Zimmer) is one of the anatomically designed femoral components to be inserted without cement. The concept of this stem was to achieve stable fixation by metaphyseal fit and fill. It has a configuration matching a medullar canal of a normal femur and circumferential fiber mesh coating on the proximal one-third. The neck of the stem has an anteversion of twelve degrees. The press-fit and outcomes of cementless THA performed using this type of stem were reported to be good for the primary osteoarthritis in selected Caucasian patients; however, there were a few reports are available on the outcomes of THA using this stem this procedure in Japanese patients. Since The majority of the most Japanese patients with hips with hip osteoarthritis are have dysplastic hips in Japanese patients. Therefore, the results-outcomes of this procedure in Japanese patients might be different differ from those-those in Caucasian patients.

Therefore, in this study, We evaluated studied the outcomes of cementless total hip arthroplasty (THA) performed using a press-fit femoral stem, the (the Anatomic Fiber Metal plus stem, (Zimmer) in Japanese patients and examined the possible effects of metaphyseal fit on the outcomes. This stem is designed such that stable fixation can be achieved by metaphyseal fit and fill. Its configuration matches that of the medullary canal of a normal femur; the circumference of its proximal one-third is coated with fiber mesh; and its neck has an anteversion of 12 degrees.

Source: [Fixation of an Anatomically Designed Cementless Stem in Total Hip Arthroplasty](#), by Shigeru Nakamura, Noriyuki Arai, Takateru Kobayashi, and Takashi Matsushita, used under [CC-BY](#)

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Comment [A4]: I introduced the press-fit femoral stem at this point itself so that the focus of this study is clear.

Comment [A5]: It is important to first set context for the study by providing background information regarding the research problem. Since this description is specific to the component used in your study, I have inserted it after the context for the study has been established, where it is more relevant.

Comment [A6]: In scientific writing, the term "Caucasian" should preferably be restricted to people from the Caucasus region. Please check if you simply meant "white."

Comment [A7]: Please verify if these words should also be title-cased.

Comment [A8]: Please include the location details of the manufacturer.

Customized cover letter

Klaus Höffken

Editor

Journal of Cancer Research and Clinical Oncology

Dear Editor:

I wish to submit an original article for publication in *Journal of Cancer Research and Clinical Oncology*, titled "Prognostic value of resection margin involvement after colectomy for colorectal adenocarcinoma: A Malaysian prospective, multicenter study."

The manuscript describes the results of the latest analysis of the data collected in a prospective, multicenter, observational study conducted in Malaysia that involved patients who underwent colectomy for colorectal adenocarcinoma. I found that the clearance of the distal resection margin is a predictor of survival in node-negative patients, suggesting that the benefit of complete microscopic resection may be limited to patients without early distant relapse. The findings also indicate that a different margin clearance cut-off may need to be set specifically for defining incomplete microscopic resection in node-negative patients. Finally, I confirm the prognostic value of resection margin involvement in node-positive patients.

I believe that this study makes a significant contribution to the literature because the results are based on a standardized, high-resolution pathology protocol that overcomes the shortcomings of previous reports, which typically applied one or two definitions (e.g., the 0-mm vs the 1-mm clearance cut-off to distinguish between complete and incomplete resection). I believe that this paper will be of interest to the readership of your journal because, while the value of standardized inking and pathology protocols is widely recognized, their application in clinical practice remains sub-optimal, leading to controversies regarding the definition and prognostic value of resection margin involvement.

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. All study participants provided informed consent, and the study design was approved by the appropriate ethics review board. The clinical trial was registered with the appropriate authorities. All authors have seen and approved the manuscript. I have read and understood your journal's policies, and I believe that neither the manuscript nor the study violates any of these. There are no conflicts of interest to declare.

Thank you for your consideration. I look forward to hearing from you.

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Sincerely,
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Feedback on original writing

Message from your editor, John

Dear Author,

It was a pleasure working on your document. Per your instructions, I followed American English style conventions. As you did not indicate your target journal, I retained the original formatting of your manuscript and ensured consistency in terms of style.

Do go through my changes and comments in the edited file, as well as the notes in this document. Please send me your feedback or any questions through your Editage Online account (<http://online.editage.co.kr/>).

Editor's report

On the basis of changes made for coherence, logic, and flow, I have provided feedback through specific comments along with ratings for each section. The key below the table explains my ratings. I hope you find my feedback useful.

Section	Rating
Title An effective title is concise while being representative.	★ ★ ★
Abstract Explain the aims of the research, how these were met, and the main findings.	★ ★ ★
Introduction Set the context for the study, clearly state the research objective, and establish the significance of the study.	★
Methods Describe all patients, techniques, and instruments involved. This includes ethical considerations.	★ ★ ★
Results Include a concise textual description of the data presented in tables and figures. Avoid excessive elaboration of data.	★ ★ ★
Discussion Interpret the findings concisely without repeating material already presented in the Results section. Mention the limitations of the study.	★ ★

-
- ★★★ This section required only a few revisions.
 - ★★ Most parts of this section required revision.
 - ★ The entire section required significant revision. Please go through my comments/changes carefully.

Comments

I found the study very interesting and the manuscript well organized. My edit mainly aimed to improve the clarity of the text and the flow of ideas and reduce redundancy. In most cases, I found the text straightforward; however, in some parts, the meaning of the original text was not completely clear, especially in the absence of the tables and references. I have indicated these instances through my comments; please go through these revisions carefully to verify that the edited text retains your intended meaning. I left additional comments in the text to flag issues that require further attention.

It is not immediately clear how the present manuscript adds to the findings that have already been reported for the study that was completed in 2012 (per the information available on ClinicalTrials.gov). It seems that the previous publication regarding this study also described 2-year overall and progression-free survival. There is a brief statement before the Statistical analysis sub-section, but I feel the manuscript's contribution is not sufficiently highlighted. I strongly recommend including a couple of sentences at the end of the Introduction, in the Discussion, and in the Cover Letter explaining what the present manuscript adds to the previous publication regarding this study and perhaps why this information was not available at the time of publishing the previous report. It is highly likely that this issue will come up during peer review.

While the results were easy to understand, the argument in the Introduction and Discussion sections was difficult to follow because the text was highly repetitive. This repetition made it difficult to follow the storyline and extract the main messages in each paragraph. To improve the flow of ideas, I had to remove a significant amount of text from these sections. I did my best to ensure that there was no loss of information. Nevertheless, please go through the entire manuscript carefully and verify that all the key messages have been retained.

Quick tip

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Guideline

Wordiness (the use of many words to convey an idea) should be avoided in academic writing.

Explanation

The use of too many words to convey one idea can muddle the message and divert the reader's attention. Therefore, in writing, especially academic writing, ideas need to be conveyed as concisely as possible. One way of doing this is to use concise alternatives to phrases.

Concise alternatives can also lend a more formal tone to the sentence. For example, "gradually" is considered a more formal alternative to "little by little" and is preferred in academic writing.

Original: "Advancements in research from all over the world..."

Revision: "Advancements in global research ..."

Editing certificate



Editing by Professional Editors
(ISO 9001:2008 certified)

Date:

CERTIFICATE OF ENGLISH EDITING

To whom it may concern

This is to certify that the paper with the provisional title TITLE of the paper, to be submitted by Name of the AUTHOR of Name of the ORGANISATION to the journal Name of the JOURNAL, has been edited for language by Editage, a division of Cactus Communications. Neither the research content nor the author's intentions were altered in any way during the editing process.

Editage guarantees the quality of English language in this paper, provided our editor's changes are accepted and further changes made to the paper are checked by our editor.



Nikesh Gosalia
Vice President, Author Services—Editage

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Journal response letter editing

Reviewer #1: Major comments:

1. I think the title should be more specific. I suggest using the MeSH term EUS-FNA (full form).

Response:

We agree with the reviewer's advice and have therefore revised the title for clarity and to use the recommended term (page 1, lines 3-4). ~~So, we changed it more clearly.~~

2. Did the authors attempt to preserve the spleen when performing pancreatectomy? Spleen-preserving pancreatectomy is appropriate in patients with solid papillary neoplasms of the pancreas. I believe that since the patient was young, this should have been attempted in spite of the complexity of the technique.

Response:

We thank the reviewer for bringing up this point. Of course, we indeed, we had planned the pancreatectomy with preservation of the spleen, though even though we thought that it was would be difficult to separate the splenic vein from the pancreas. However, we were because of bleeding from the splenic vein during the operation, so, we should have it was necessary to performed splenectomy for ~~to control bleeding control from splenic vein.~~

Comment [A1]: This text was added for politeness.

We have added some commentary on the need for splenectomy in these information in the 'Case presentation' section:

- The patient underwent laparoscopic pancreatectomy. Because of bleeding from the splenic vein during the operation, it was necessary to perform splenectomy to control bleeding (page 8, lines 3-5).

Comment [A2]: Please note that "we should have performed splenectomy" means "we should have performed splenectomy, but we did not perform splenectomy."

Minor comments:

1. The English in the manuscript needs thorough polishing.
2. There are many errors involving an e-mail address, spelling, an abbreviation, English medical expressions.

Response:

~~We were rechecked the revised manuscript by the native speakers once again, after we made the required changes. After revising our manuscript to address the reviewers'~~

comments, we have had it rechecked by a native speaker of English. As a consequence, many minor grammatical and stylistic edits have been made throughout the text. We hope that this revised manuscript meets your expectations.

Reviewer #2: This case report is very interesting and suitable for this journal. The discussion should be given as a separate section. Also, the authors' conclusion that EUS-FNA is useful in the definitive diagnosis for such neoplasms is apt. However, they should add information of literature on advantages and complications/risks of this procedure not in a table. The table is too detailed and confusing. Please add this to discussion text.

Response:

We thank the reviewer for their remarks on our case report.

With respect to the reviewer's request for a discussion section, please note that the journal's instructions state that discussion of the literature should be included in the 'Case presentation' section of the manuscript. We have therefore included our discussions of the relevant literature at that location (Page 9, Line 10 to Page 12, Line 6).

We have deleted the table and added the ~~text~~ literature in the text. We have added the following brief summary of literature on this subject in the ~~We added contents in the~~ 'Case presentation' section of the manuscript.

EUS-FNA has been reported to increase the diagnostic yield to 82.4%, which is a much higher value than that reported for CT or EUS [11]. Hemorrhage and duodenal perforation are the most common complications noted; however, they occur in less than 1% of cases [14]. The outcome observed in our case also supports the observations that EUS-FNA is a useful and safe method (page 12, lines 11-16).

Comment [A3]: Your initial response did not address the reviewer's suggestion of including the discussion as a separate section. I have therefore added this explanation since the target journal you have requested formatting for does not need a separate section.

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Minor comment:

Reviewer #3:

1) The literature review should have been more robust before writing the paper.

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