

World Congress of Epidemiology 2024

Meet the Editor

Kota KATANODA (Editor-in-Chief, Journal of Epidemiology)

Alistair WOODWARD (Co-Editor-in-Chief, International Journal of Epidemiology)

Hyeon Chang KIM (Editor-in-Chief, Epidemiology and Health)

Miquel PORTA (Deputy Editor, Journal of Epidemiology and Community Health)



Kota Katanoda

Journal of Epidemiology



Alistair Woodward

International Journal of Epidemiology



Hyeon Chang Kim

Epidemiology and Health



Miquel Porta

Journal of Epidemiology and
Community Health

Today's program

1. Introduction of each journal
2. FAQs from early-career researchers
 - Topic 1: Write and submit
 - Topic 2: Review and decision
 - Topic 3: Revise
 - Topic 4: Technical issues
3. Questions from audience

1. Introduction of each journal

- Journal of Epidemiology (Japan Epidemiological Association)
- International Journal of Epidemiology (International Epidemiological Association)
- Epidemiology and Health (Korean Society of Epidemiology)
- Journal of Epidemiology and Community Health (BMJ journals)

Journal of Epidemiology



[About](#) [Issues](#) [Other Contents](#) [Submit](#) [Email Alerts](#) [Contact Us](#) [Purchase](#)



Online ISSN : 1349-9092
Print ISSN : 0917-5040
ISSN-L : 0917-5040

Editor in Chief
Kota Katanoda

Current Issue

Vol.34 No.9
Published on Sep 05, 2024

Impact Factor and more

Impact Factor : 3.7 (2023)
Scopus CiteScore : 7.5 (2023)

Submit a Manuscript



- Official journal of the Japan Epidemiological Association, established in 1991
- Open-access, peer-reviewed international journal
- Broad range of topics in epidemiology pertaining to the health of populations worldwide
- About 60% of submissions coming from countries/regions outside Japan



Follow me!
@J_Epidemi



<https://jeaweb.jp/journal/index.html>

High impact

Impact factor: 3.7
Scopus CiteScore: 7.5
(2023)

* Five Year Impact Factor: 3.5 (2023)

Quick + Rigorous

To first editorial decision: 6 days
To acceptance: 140 days
Acceptance to early publication: 23 days

* All figures are median in 2023.

Affordable

70,000JPY/article (Member)
180,000JPY/article (Non-member)
≒ 1,300USD

* Up to 7 printed pages.
10,000JPY/page for 8+ printed pages.

Featured article: Paper of the Year 2023



How Long Would You Like to Live? A 25-year Prospective Observation of the Association Between Desired Longevity and Mortality

Yuta Yokokawa¹, Toshimasa Sone¹, Sanae Matsuyama¹, Yukai Lu¹, Yumi Sugawara¹, Akira Fukao², and Ichiro Tsuji¹

¹Division of Epidemiology, Department of Health Informatics and Public Health, Tohoku University School of Public Health, Graduate School of Medicine, Sendai, Japan

²Miyagi Cancer Society, Sendai, Japan

Received December 16, 2021; accepted April 4, 2022; released online May 7, 2022

Table 4. Base model hazard ratios and 95% confidence intervals for cause-specific mortality according to desired longevity (*n* = 39,902)

	Number of deaths	Desired longevity		
		Longer than	Average	Shorter than
Cardiovascular disease	1,505	1.00 (ref.)	0.98 (0.88–1.09)	1.11 (0.93–1.34)
Ischemic heart disease	516	1.00 (ref.)	0.99 (0.82–1.19)	1.13 (0.83–1.55)
Stroke	989	1.00 (ref.)	0.97 (0.85–1.11)	1.11 (0.88–1.39)
Cancer	3,281	1.00 (ref.)	1.01 (0.94–1.09)	1.14 (1.00–1.29)
Pneumonia	483	1.00 (ref.)	1.04 (0.86–1.26)	1.31 (0.94–1.82)
Accident	1,104	1.00 (ref.)	0.99 (0.87–1.13)	1.19 (0.98–1.46)
Suicide	178	1.00 (ref.)	1.23 (0.88–1.74)	2.15 (1.37–3.38)

Base model hazard ratio: adjusted for age (continuous variable), sex (men or women), marital status (married, divorced/widowed, or single), education (in school until age ≤15 years, age 16–18 years, or age ≥19 years).

- Shorter desired longevity was significantly associated with an increased risk of all-cause, cancer and suicide mortality.
- 30.4% of the association between longevity and all-cause mortality was mediated by smoking and other unhealthy lifestyles.

Table 5. Mediation effects of lifestyle behaviors on the association between desired longevity and mortality (*n* = 39,902)

	Desired longevity			Proportion of Mediating Effect
	Longer than	Average	Shorter than	Shorter than
	HR (95% CI)			(95% CI)
All-cause mortality				
Base model	1.00 (ref.)	1.00 (0.96–1.05)	1.12 (1.04–1.21)	
Base model + Body mass index ^a	1.00 (ref.)	1.01 (0.96–1.05)	1.12 (1.03–1.20)	4.4% (2.3–8.1%)*
Base model + Smoking status^b	1.00 (ref.)	1.00 (0.96–1.05)	1.10 (1.02–1.18)	17.4% (10.7–27.1%)*
Base model + Drinking status ^c	1.00 (ref.)	1.00 (0.96–1.05)	1.12 (1.03–1.20)	3.8% (2.0–6.8%)*
Base model + Sleep duration ^d	1.00 (ref.)	1.01 (0.96–1.05)	1.12 (1.04–1.21)	1.2% (0.2–7.1%)
Base model + Time spent walking ^e	1.00 (ref.)	1.00 (0.96–1.05)	1.12 (1.03–1.20)	4.1% (2.4–7.0%)*
Base model + Eating breakfast ^f	1.00 (ref.)	1.01 (0.96–1.05)	1.12 (1.03–1.20)	3.8% (2.2–6.5%)*
Base model + All of lifestyle behaviors ^g	1.00 (ref.)	1.01 (0.96–1.05)	1.08 (1.00–1.17)	30.4% (19.1–44.6%)*

Variety of countries/regions and topics

Italy and European countries: tobacco



Who Smokes in Europe? Data From 12 European Countries in the TackSHS Survey (2017–2018)

Silvano Gallus¹, Alessandra Lugo¹, Xiaoqiu Liu¹, Panagiotis Behrakis², Roberto Boffi³, Cristina Bosetti⁴, Giulia Carreras⁵, Liliane Chatenoud⁶, Luke Clancy⁷, Xavier Contente^{8,9,10}, Ruaraidh Dobson¹¹, Tobias Effertz¹², Filippos T. Filippidis¹³, Marcela Fu^{14,15,16,17}, Gergana Geshanova¹⁸, Giuseppe Gorini⁵, Sheila Keogan⁷, Hristo Ivanov¹⁸, María J. Lopez^{8,9,10}, Angel Lopez-Nicolas¹⁹, José Precioso²⁰, Krzysztof Przewozniak^{21,22,23}, Cornel Radu-Loghin²⁴, Ario Ruprecht⁵, Sean Semple¹¹, Joan B. Soriano^{17,25}, Polina Starchenko²⁴, Marta Trapero-Bertran²⁶, Olena Tigova^{14,15,17}, Anna S. Tzortzi², Constantine Vardavas², Vergina K. Yyzikidou², Paolo Colombo²⁷, Esteve Fernandez^{14,15,16,17}, and the TackSHS Project Investigators

Hawaii and California, US: rice and colorectal cancer



White Rice Consumption and Risk of Colorectal Cancer Among Japanese Americans: The Multiethnic Cohort Study

Yuito Okada^{1,2}, Song-Yi Park¹, Lynne R. Wilkens¹, Gertraud Maskarinec¹, Yurii B. Shvetsov¹, Christopher Haiman³, and Loïc Le Marchand¹

¹Population Sciences in the Pacific Program, University of Hawaii Cancer Center, Honolulu, Hawaii, USA

²Office of Public Health Studies, University of Hawaii, Honolulu, Hawaii, USA

³Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California, USA

Received January 5, 2021; accepted July 18, 2021; released online August 12, 2021

Thailand: cholangiocarcinoma



Cholangiocarcinoma Trends, Incidence, and Relative Survival in Khon Kaen, Thailand From 1989 Through 2013: A Population-Based Cancer Registry Study

Supot Kamsa-ard^{1,2}, Vor Luvira^{2,3}, Krittika Suwanrungruang^{2,4}, Siriporn Kamsa-ard^{1,2}, Varisara Luvira⁵, Chalongpon Santong⁴, Tharatip Srisuk³, Ake Pugkhem³, Vajarabhongsa Bhudhisawasdi³, and Chawalit Pairojkul⁶

¹Department of Epidemiology and Biostatistics, Faculty of Public Health, Khon Kaen University, Khon Kaen, Thailand

²ASEAN Cancer Epidemiology and Prevention Research Group, Khon Kaen University, Khon Kaen, Thailand

³Department of Surgery, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

⁴Cancer Unit, Srinagarind Hospital, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

⁵Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

⁶Department of Pathology, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

Received January 23, 2018; accepted April 21, 2018; released online August 4, 2018

Italy and European countries: tobacco



Electronic Cigarette Use in 12 European Countries: Results From the TackSHS Survey

Silvano Gallus¹, Alessandra Lugo¹, Chiara Stival¹, Sonia Cerrai², Luke Clancy³, Filippos T. Filippidis⁴, Giuseppe Gorini⁵, Maria José Lopez^{6,7,8,9}, Ángel López-Nicolás¹⁰, Sabrina Molinaro², Anna Odone^{11,12}, Joan B. Soriano^{13,14}, Olena Tigova^{14,15,16,17}, Piet A. van den Brandt^{18,19}, Constantine I. Vardavas^{20,21}, Esteve Fernandez^{14,15,16,17}, and the TackSHS Project Investigators

Shanghai, China: ginseng and mortality



Association of Ginseng Consumption With All-cause and Cause-specific Mortality: Shanghai Women's Health Study

Pranoti Pradhan¹, Wanqing Wen¹, Hui Cai¹, Yu-Tang Gao², Gong Yang¹, Xiao-ou Shu¹, and Wei Zheng¹

Taiwan: radiation and cancer



Study Protocol for Radiation Exposure and Cancer Risk Assessment: The Taiwan Nuclear Power Plants and Epidemiology Cohort Study (TNPECS)

Wei-Te Wu^{1,2}, Cheng-Ya Pan³, Szu-Li Chang^{4,5}, Yi-Hau Chen⁶, Chuan-Jong Tung^{3,7}, and Pinpin Lin^{1,2}

Egypt and Japan: work-family conflict (“ikigai”)



Work and Family Conflicts, Depression, and “Ikigai”: A Mediation Analysis in a Cross-cultural Study Between Japanese and Egyptian Civil Workers

Ehab S. Eshak^{1,2}, Sachiko Baba³, Hiroshi Yatsuya⁴, Hiroyasu Iso², Yoshihisa Hirakawa⁴, Eman M. Mahfouz¹, Chiang Chifa⁴, Ryoto Sakaniwa², and Ayman S. El-khateeb¹

Malaysia: physical activity and QOL



Physical Activity and Health-Related Quality of Life Among Low-Income Adults in Metropolitan Kuala Lumpur

Tin Tin Su¹, Meram Azzani⁵, Adeoye Philip Adewale¹, Nithiah Thangiah¹, Rosilawati Zainol^{3,4}, and Hazreen Majid^{1,2}

Republic of Korea and Japan: mobile phone and brain tumor



Impact of Radiofrequency Exposure From Mobile Phones on the Risk of Developing Brain Tumors in Korean and Japanese Adolescents: A MOBI-Kids Case-control Study

Noriko Kojimahara¹, Yong-Han Lee², Ae-Kyoung Lee³, Sanghyuk Bae⁴, Ho-Jang Kwon², Mina Ha², Yasuto Sato¹, Masao Taki^{5,6}, Joe Wiart⁷, C.E. Langer^{8,9,10}, and Elisabeth Cardis^{8,9,10}

- Official journal of the International Epidemiology Association
- First issue 1972
- Editors-in-Chief Stephen Leeder & Alistair Woodward
- Sydney-based editorial team: Katherine McLeod, Elsin Meyer, Tania Janusic, Marion Carey
- Published by Oxford University Press
- Editorial Board includes 54 leading epidemiologists from every IEA region
- Subscription included in IEA membership

ISSN 1464-3685 (ONLINE)

International Journal of Epidemiology

Official Journal of the International Epidemiological Association

<https://academic.oup.com/ije>

Information Pack

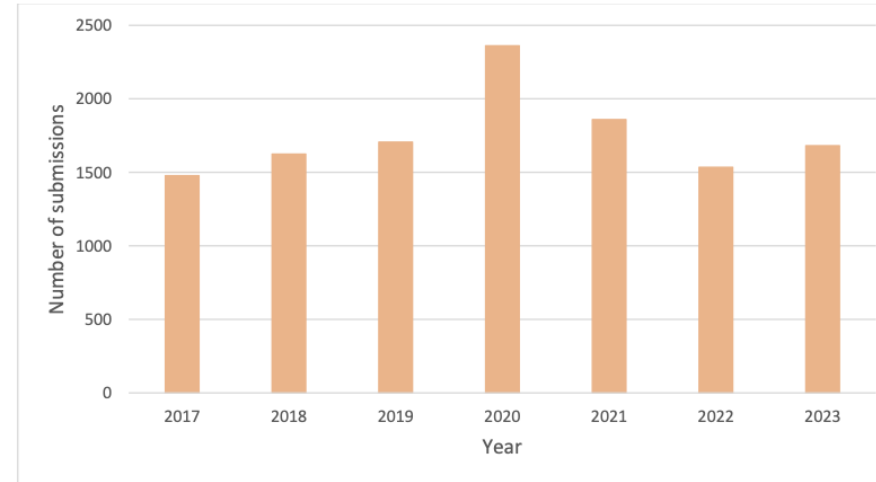
This information pack aims to:

- introduce the *International Journal of Epidemiology*, with a brief description of how the *IJE* works and what kinds of papers are published
- provide advice on how to approach the writing, submission and revision of scientific papers, with suggestions drawn particularly from experience with the *IJE*

Editor-in-Chief: Alistair Woodward
Assistant Editor: Katherine McLeod

Submissions

Number of submissions



Final decisions on submissions

Decision	2019	2020	2021	2022	2023
Accept	16%	11%	14%	14%	11%
Reject	13%	11%	11%	11%	10%
Reject up front	71%	78%	75%	75%	79%

The denominators for these figures include any papers that are still in process.

Submission processing times

Year	Days from submission to reject up front		Days from submission to first decision*	
	Average	Range	Average	Range
2016	20	1–59	74	1–223
2017	25	3–52	75	0–247
2018	21	3–50	75	0–234
2019	26	5–54	77	2–321
2020	17	0–64	68	1–321
2021	6	0–31	53	1–180
2022	4	0–30	51	0–176
2023	4	0–32	48	1–147

* For papers assigned to an editor.

Most popular and cited articles

Top 10 Articles by Full-Text Views in the Last 12 Months

Which articles had the most full-text views (HTML + PDF) during the last 12 months?

Title	First Listed Author	Article Details	Views
Association and pathways between shift work and cardiovascular disease: a prospective cohort study of 238 661 participants from UK Biobank	Frederick K Ho	Vol:51, Iss:2, Pub Date:2021-08-20	83,954
Sick individuals and sick populations	Geoffrey Rose	Vol:30, Iss:3, Pub Date:2001-06-01	20,870
Interrupted time series regression for the evaluation of public health interventions: a tutorial	James Lopez Bernal	Vol:46, Iss:1, Pub Date:2016-06-08	19,797
Regression to the mean: what it is and how to deal with it	Adrian G Barnett	Vol:34, Iss:1, Pub Date:2004-08-27	19,269
Use of directed acyclic graphs (DAGs) to identify confounders in applied health research: review and recommendations	Peter W G Tennant	Vol:50, Iss:2, Pub Date:2020-12-17	16,420
The epidemiology and prevention of suicide by hanging: a systematic review	David Gunnell	Vol:34, Iss:2, Pub Date:2005-01-19	15,311
Modelling recurrent events: a tutorial for analysis in epidemiology	Leila DAF Amorim	Vol:44, Iss:1, Pub Date:2014-12-09	14,864
Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality-a systematic review and dose-response meta-analysis of prospective studies	Dagfinn Aune	Vol:46, Iss:3, Pub Date:2017-02-22	12,028
Longevity of popes and artists between the 13th and the 19th century	Maria Patrizia Carrieri	Vol:34, Iss:6, Pub Date:2005-10-31	10,588
An introduction to multiplicity issues in clinical trials: the what, why, when and how	Guowei Li	Vol:46, Iss:2, Pub Date:2016-12-26	10,156

epiH

Epidemiology
and Health



한국역학회

KOREAN SOCIETY OF EPIDEMIOLOGY

Date	Event
November 1979	First issue of <i>Korean Journal of Epidemiology (KJE)</i> published in Korean
September 2009	Renamed to <i>Epidemiology and Health (epiH)</i> , published in English, Open-Access
October 2010	Indexed in PubMed Central (PMC)
January 2016	Indexed in MEDLINE
June 2017	Indexed in SCOPUS (via MEDLINE sourcing)
January 2018	Indexed in Directory of Open Access Journals (DOAJ)
February 2018	Indexed in Emerging Sources Citation Index (eSCI)
December 2018	Indexed in Korean Citation Index (KCI)
August 2020	Indexed in Science Citation Index Expanded (SCIE)
June 2021	Clarivate's JCR 2020; JIF = 3.282 (63.8 percentile)
June 2022	Clarivate's JCR 2021; JIF = 5.919 (79.3 percentile)
June 2023	Clarivate's JCR 2022; JIF = 3.8 (61.6 percentile)
June 2024	Clarivate's JCR, 2023; JIF = 2.2 (53.2 percentile)

Article acceptance rate in 2023

	2023	2024	Total
Article accepted	103	31	135
Article withdrawn	10	2	12
Article rejected	508	266	775
Acceptance rate	16.6%	10.4%	14.6%

Top 20 submitting countries	Top 20 publishing countries
Iran	Korea
Korea	Iran
India	China
China	United States
Ethiopia	India
Indonesia	Ethiopia
Türkiye	Taiwan
Brazil	Brazil
Saudi Arabia	Japan
United States	Malaysia
Pakistan	Indonesia
Malaysia	Canada
Thailand	Nigeria
Nigeria	Thailand
Morocco	Peru
Taiwan	Singapore
Japan	Spain
Spain	Jordan
Bangladesh	Sweden
Philippines	Algeria

Open access www.e-epih.org
SCIE Indexed 5-year JIF 3.2
Fast Reivew 21 days to first decision
Fast Publication 27 days after acceptance
APC Exemptions available for low/middle-income countries



epiH Epidemiology
and Health 

Official Journal of the Korean Society of Epidemiology



Journal of
**Epidemiology &
Community Health**

Journal of Epidemiology and Community Health is a global journal focusing on socioeconomic determinants of health and population-level interventions

Impact Factor: 4.9

Citescore:11.1

JECH is a Plan S compliant Transformative Journal.

JECH is a leading international journal devoted to publication of original research and reviews covering applied, methodological and theoretical issues with emphasis on studies using multidisciplinary or integrative approaches.



Journal of
**Epidemiology &
Community Health**

Journal of Epidemiology and Community Health is a global journal focusing on socioeconomic determinants of health and population-level interventions

Impact Factor: 4.9

Citescore:11.1



BMJ Author Hub



Open Access

In this section:

Open access options

BMJ fully open access journals

BMJ Transformative Journals

BMJ hybrid journals

Publication charges

Waivers and discounts

Other discounts

Retrospective open access

BMJ Open Access Agreements

Types of open access agreements

**Research, teaching & service with relevance
(social, sanitary, clinical or biological)**



Waiting for your submission!

2. FAQs from early-career researchers

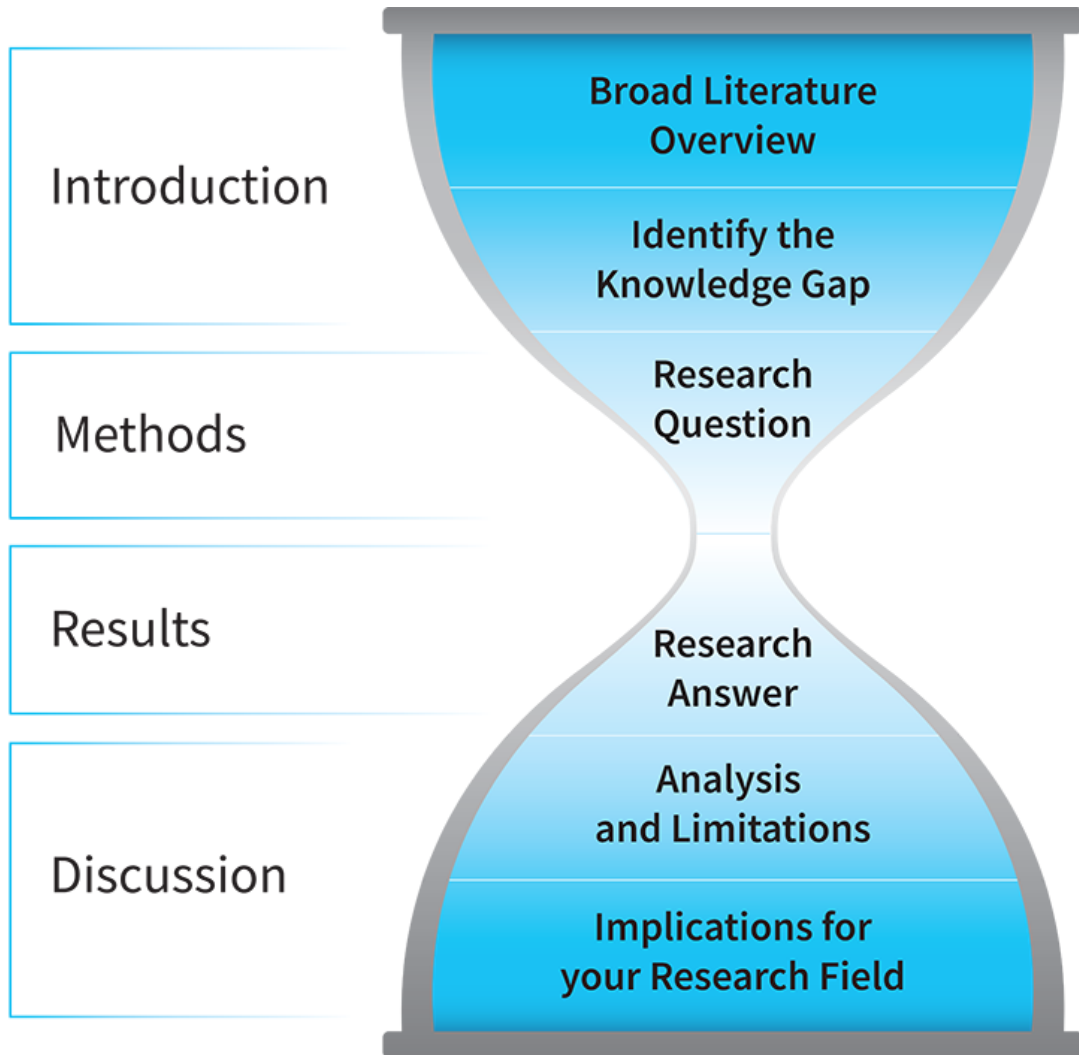
Topic 1: Write and submit

Topic 2: Review and decision

Topic 3: Revise

Topic 4: Technical issues

How to write a good paper? -structure



Hourglass

Start with broad literature
Narrow to specific focuses
End with broad perspectives

How to write a good paper? – overall

Clear and rigid

Clear backgrounds and goals

Rigid and reliable methods

Convincing (and visualized) results

Clear potential impacts

Consistency

**The 3 Cs to Improve
Your Writing**



Margo Sugarman
Business Communications
Consultant, Bizz Words



Clarity, Conciseness and Consistency

Writing starts with planning

<https://www.linkedin.com/pulse/3-cs-improve-your-writing-margo-sugarman/>

Why is my paper “desk rejected”?

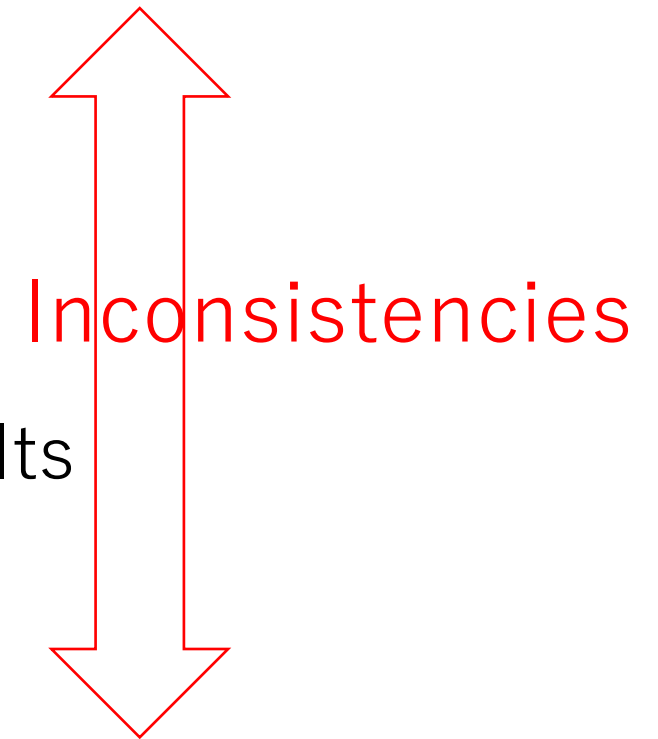
Not clear and Not rigid

Un-clear backgrounds and goals

Non-rigid and unreliable methods

Unconvincing (and ambiguous) results

Unclear potential impacts



Writing starts with planning

Some appearance issues

- Superficial cover letter (e.g. copy-and-paste of a template)
- Badly formatted manuscript (starting with figures)
- Too many figures/tables
- Mismatch between methods and results
- Mismatch between results and conclusion

Find a good reviewer/reader on your own

Is cover letter important?

What information should be included in cover letter?

- Editors read it
- Cover letter tells how experienced you are as a researcher
- Often, it is one of the core materials for editors' decision (as well as Abstract and figures/tables)
- Basic checkpoints
 1. Address the editor by their name if you know it
 2. Include your manuscript title and the name of the journal
 3. Briefly describe your research. Why is it important? (Do NOT exaggerate)
 4. State that your paper has not been published/under consideration by another journal
 5. Declare any COIs or confirm there are none
 6. Include contact information
 7. Signature, if possible

Can I ask the editor about the possibility of my manuscript before submission?

⇒ Yes, but many journals would just respond to it with a template

How is my manuscript processed after submission?

- Manuscripts are assessed by a 'triage' editor, who recommends desk reject, review or discussion at an editorial meeting
- A second triage editor will look at papers where the first editor recommended review or was undecided, to see if they can reach a consensus
- Papers that still remain undecided are discussed at an editorial meeting, and the Editors-in-Chief make a decision
- Papers with a review decision are assigned to an editor; they will either invite reviewers or recommend reject based on their own expert assessment
- Once sufficient reviews are received (which can take some time), the editor will make a recommendation, and an Editor-in-Chief will make a decision

What's the difference between “Major” and “Minor” revision?

- Major revision: allows more time to revise (4 months) and indicates the paper has ~50% chance of acceptance
- Minor revision: shorter period to revise (2 months) but more likely to be ultimately accepted
- Major revision often requires new analysis, sensitivity analysis etc, or fixing methodological problems
- Minor revision usually involves changes that should be relatively easy for the authors to make, including things like clarifying wording, fixing typos and minor errors

What is the decisive factor to judge as “Reject” after review?

- Often there's no single decisive factor but a combination of problems, e.g.
 - Major methodological flaws
 - Problems identified are too many or considered too difficult to overcome with revision
 - Reviewers find the paper to be of insufficient interest or novelty for the journal
- Rejection of a paper after it has been revised is usually due to inadequate author response to the reviewers' comments, and/or the editors and reviewers feeling the authors will be unable to improve the paper enough to make it acceptable

Can I make a rebuttal against the journal's decision?

- Yes, decisions can be appealed
- The editors will assess the merits of the appeal to see if there is a valid case for reconsidering the decision
- Appeals are rarely successful

Topic 3: **How To Revise**

Hyeon Chang Kim, MD, PhD

Department of Preventive Medicine, Yonsei University College of Medicine, Seoul, Korea

Editor-in-Chief, Epidemiology and Health (epiH), Korean Society of Epidemiology

Can I ask for an extension of the deadline?

Yes, you can request an extension.

If you provide a valid reason and specify the length of the extension, the editor will usually grant it. However, special issues or editorial board schedules may prevent approval of extension.

Still, it's best to submit your revision as soon as possible. A long delay may cause reviewers to forget their previous comments, or they might raise new issues. Additionally, similar papers may be published in the meantime, making your manuscript less novel or interesting.

Can I ask for an extension of the deadline?

Subject: Request for Extension of Revision Deadline

Dear [Editor's Name],

I hope you are well. I am writing to request a 4-week extension for submitting the revision of my manuscript titled “[Manuscript Title]” (Manuscript ID: [ID number]). Re-extracting the research dataset for additional analysis is required to address the review comments, and I need the additional time to ensure thorough and accurate results.

I appreciate your understanding and consideration of this request, and I will submit the revised manuscript within the extended time frame. Thank you for your time.

I look forward to your response.

Best Regards,

[Your Name]

What should be included in a point-to-point response letter? *epiH* Epidemiology and Health

A good point-to-point response letter should include the following:

- 1. Summary of the comment or question:** Briefly restate the reviewer's comment or question and express gratitude for their feedback.
- 2. Actions taken:** Explain the additional analyses performed, any revisions to the text, tables, or figures that were made in response to the comment.
- 3. Direct reference to changes:** Clearly indicate the specific changes made, including the exact location in the manuscript (e.g., page and line number) where the revisions have been implemented.
- 4. Include the revised text:** Directly quoting the updated sections in the response letter can help reviewers evaluate the changes more efficiently, making the review process smoother.

This structure ensures clarity and transparency in addressing each of the reviewer's points.

1. Large exclusion of people already on anti-hypertensive medications limits the generalizability. I would mention this as a limitation.

[Response]

We agree with the reviewer that the exclusion of participants on antihypertensive medication at baseline, despite relatively small proportion (1.2%), poses some limitation to generalizability. We have added this limitation to the revised manuscript:

Page 14 line 22:

“Third, we excluded participants taking antihypertensive medication at baseline, because the number was small (1.2% of participants before exclusion), and antihypertensive medication use could affect the strength of association between BP and health outcomes.^{32,39} Therefore, it remains uncertain whether our results are generalizable to persons taking antihypertensive medication.”

If you think the reviewer's comment is wrong:

You don't have to agree with the reviewer's opinion without question. Instead, clearly highlight the differences between the reviewer's view and yours (as the authors) and explain the reasoning behind your decision.

If you receive the same incorrect comment more than once:

It's likely an issue on the authors' part. This could mean that the paper is written in a way that leads to misunderstandings for readers. Otherwise, it may suggest that you made a mistake. Take an objective look at why this feedback was given. It might also help to seek advice from someone familiar with the field but not directly involved with your paper.

What should be included in a point-to-point response letter? *epiH* Epidemiology and Health

Reviewer 1. Comment 5. While the current analysis is satisfactory, many have moved to competing risk analysis for less biased results. Perhaps discuss this as a limitation of the study.

Reviewer 3. Comment 2. Did the authors account for the competing risk of death in the Cox models in the individual endpoint analyses?

[Response]

Given that our original analyses were death-censored, the HRs were equivalent to cause-specific HRs for the endpoints. As an alternative method for competing risk analysis, Fine-Gray model was used to calculate sub-distribution HRs for the endpoints. The Cox and Fine-Gray models yielded similar HRs for CVD events associated with BP groups. The following table and passages have been added to the revised manuscript:

What should be included in a point-to-point response letter?

Page 8 lines 8:

“Three sensitivity analyses were conducted. First, Fine-Gray models were fitted to calculate HRs for CVD events in the presence of a competing risk of death.”

Page 10 line 23:

“In competing risk analyses, the results from the original Cox model and the Fine-Gray model were similar in terms of point estimates of CVD risk for each BP group (Supplemental Table 2).”

Supplemental Table 2. CVD risks associated with blood pressure groups in the presence of a competing risk of death

BP group	Persons	Events	Rate*	Hazard ratio (95% CI)	
				Original model	Fine-Gray model
<i>Composite CVD events</i>					
Normal	2,665,310	9,530	28.6	1.00 (reference)	1.00 (reference)
Elevated BP	705,344	3,674	41.5	1.14 (1.09-1.18)	1.14 (1.09-1.18)
Stage 1 IDH	1,271,505	8,329	51.3	1.32 (1.28-1.36)	1.32 (1.28-1.36)
Stage 1 ISH	255,588	1,724	54.1	1.36 (1.29-1.43)	1.36 (1.29-1.43)
Stage 1 SDH	711,503	6,597	74.2	1.67 (1.61-1.72)	1.67 (1.61-1.72)
Stage 2 IDH	304,369	3,773	94.3	1.82 (1.75-1.89)	1.82 (1.75-1.89)
Stage 2 ISH	170,511	2,155	97.7	1.90 (1.81-1.99)	1.90 (1.81-1.99)
Stage 2 SDH	339,960	8,288	189.6	3.13 (3.03-3.23)	3.12 (3.02-3.22)

How should I handle contradicting review comments?

Analyze the Comments Carefully:

- Check if the comments are truly contradictory or can be addressed together.
- Decide which comment would most improve your paper if you must choose one.

Seek Guidance from the Editor:

- See if the editor has given any advice on the conflicting comments.
- You can contact the editor for advice on which comments to prioritize.

Address Each Comment Individually:

- Tackle each comment separately rather than trying to reconcile contradictory points.
- Provide a detailed response to all comments, even those you disagree with.

Focus on Improving the Paper:

- Use the contradictory comments to clarify and strengthen your manuscript.
- Make changes that genuinely improve the paper, not just to satisfy reviewers.

Explain Your Approach to the Editor:

- In your response letter, explain how you handled the conflicting comments.
- Mention major conflicts in a note to the editor, if needed.

Should I consider a sister journal if proposed?

- Pros**
- **Time-Saving:** direct transfer of manuscript and reviews.
 - **Streamlined Process:** avoid full resubmission.
 - **Better Fit:** may align more closely with your research.
 - **Open Access Option:** increased visibility and reach.
 - **Utilization of Reviews:** existing feedback can enhance your paper.
- Cons**
- **Reputation:** potentially lower impact factor or less recognition.
 - **Less established:** might be newer or less well-indexed.
 - **Fees:** possible article processing charges (APCs).
 - **Scope Misalignment:** may not fully suit your research.
 - **Pressure:** quick decision may be required.

Manuscript Rating Question(s):**Scale** **Rating**

Please rate on a scale of 1-3 whether the Highlights are a meaningful and accurate representation of the article. 1 = Meaningful; 2 = Not Meaningful; 3 [1-3] 1
= Not Provided. For more information, see www.elsevier.com/highlights.

Comments to Editor:

Please check the appropriate box or rank the answer on a scale of 1 to 3 where 1 is the highest rank and 3 is the lowest.

SCIENTIFIC QUESTIONS

- I. Is this a new and original contribution? Yes No
- II. Is the topic
- A. Suitable for the journal? Yes No
- B. Of broad international interest? Yes No
- C. Better suited for local journal/audience? Yes No
- III. Is the quality assurance/quality control documented? Yes No
- IV. Quantity of data presented
- Too much Adequate Too little
- V. Quality of interpretation and conclusions
- Good.
- VI. Support of interpretations/conclusions by data presented: Good.
- VII. Importance of this work: High.

TECHNICAL QUESTIONS

- VIII. Is the abstract informative? Yes No
- IX. Is the title adequate and are the keywords appropriate? Yes No
- X. Is this paper
- A. Properly organized? Yes No
- B. Difficult to read/understand? Yes No
- C. Written in good grammar and syntax? Yes but needs revision
- XI. Are the illustrations/tables
- A. Useful and necessary? Yes No
- B. Of good quality? Yes No
- XII. Are the references cited relevant and up to date? Yes No
- XIII. Is the length of the paper in keeping with its importance? Yes No
- XIV. Is a testable hypothesis presented? Yes No
- XV. Overall quality of the work 1 2 3

OTHER COMMENTS AND/OR ELABORATION OF YOUR REASONS FOR THE ANSWERS:

SCIENTIFIC QUESTIONS

- I. Is this a new and original contribution?
- II. Is the topic
 - A. Suitable for the journal?
 - B. Of broad international interest?
 - C. Better suited for local journal/audience?
- III. Is the quality assurance/quality control documented?
- IV. Quantity of data presented
 - Too much
 - Adequate
 - Too little
- V. Quality of interpretation and conclusions
- VI. Support of interpretations/conclusions by data presented.
- VII. Importance of this work.



CONSTRUCTIVE CONVERSATIONS ABOUT HEALTH

policy and values

Edited by Marshall Marinker

Chapter 13

Creativity

Miquel Porta

Contents

- Health policy and the constructive conversationalist
- The value of values
- Health and wellbeing
- Equity and justice
- Choice
- Democracy
- Stewardship
- Evidence
- Efficiency
- Synergy
- Sustainability
- Interdependence
- Creativity
- Ethical considerations in health systems
- Justice and the allocation of health care
- Health values and the politician
- The future

Contributors

- Marc Danzon
- Ilona Kickbusch
- Jennifer Prah Ruger
- Giovanni Moro
- Per Carlsson
- Peter Garpendy
- Constantino Sakellarides
- Derek Yach
- David Hunter
- Morton Warner
- Mihaly Kokeny
- Graham Lister
- Miquel Porta
- Julio Frenk
- Suzanne Rameix
- Isabelle Durand-Zaleski
- Hans Stein
- Josep Figueras



Radcliffe Publishing

The genome sequence is a jazz score

Miquel Porta

It is not possible to do the work of science without using a language that is filled with metaphors.

In: *The Triple Helix* (2000) Richard C Lewontin

The main purpose of this paper is to suggest a metaphor—among many possibly valid and evocative—for the role of genes in complex chronic diseases. It is based on the inherent role of host-environmental interactions on the expression of low-penetrant genes. The relationship between an individual's genetic makeup and its phenotypic expression can be likened to the relationship between a jazz score and the performed music.

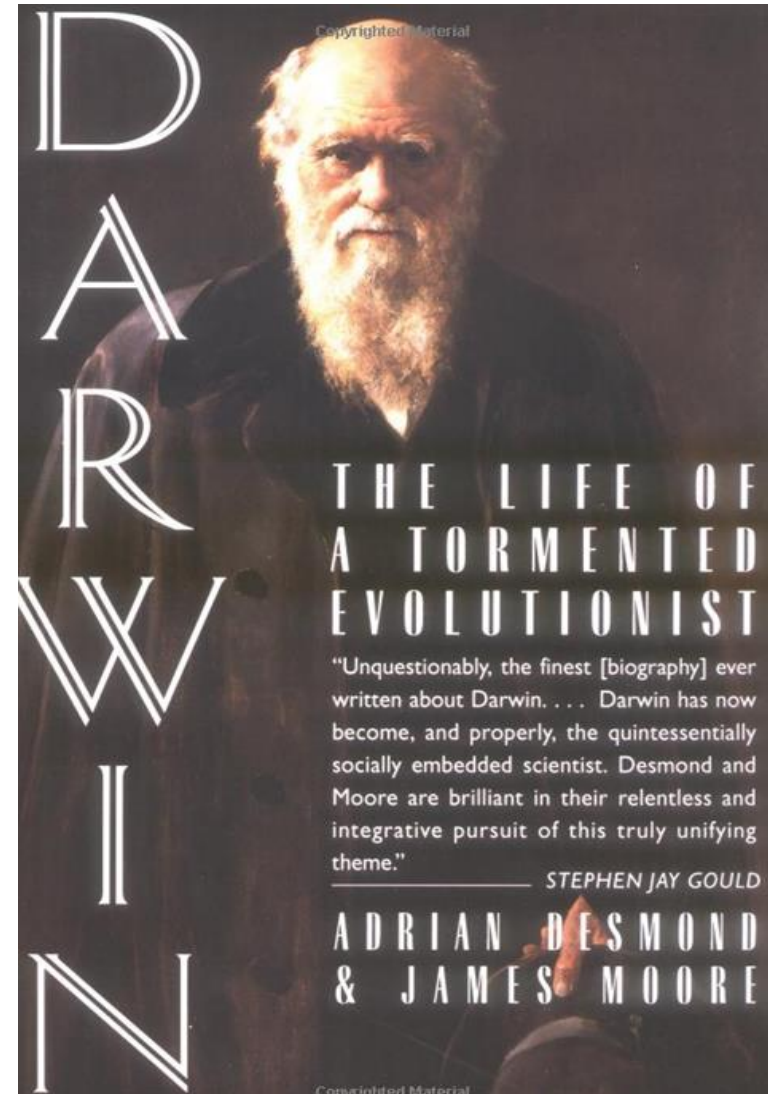
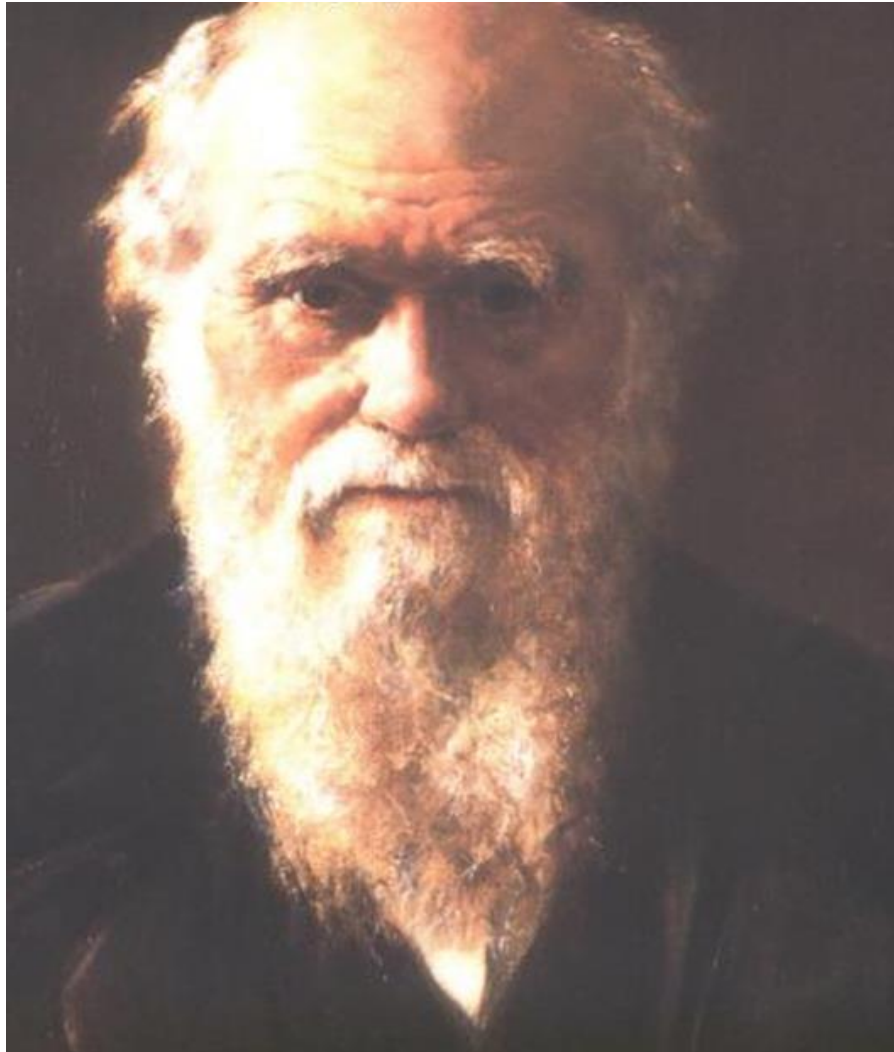


miquel porta

Bergen
30 05 17

the art of crafting metaphors
in science

my book is not
more *un*-orthodox than the subject makes inevitable



He struggled on through April, stripping off the references, smoothing the text, and removing the umpteen illustrations of every esoteric

‘Does he know at all the subject of the book’? Darwin asked. There was some worry; after all, Murray had rejected Martineau’s *Eastern Life* for its ‘infidel tendency.’ Darwin added a PS to Lyell. ‘Would you advise me to tell Murray that my book is not more **un-orthodox** than the subject makes inevitable’? – by which he meant that ‘I do not discuss the origin of man. That I do not bring in any discussion about Genesis, &c. &c.’ Murray was reassured by Lyell, and indeed broke his cardinal rule and agreed to publish the manuscript sight unseen, offering Darwin two-thirds of the net proceeds.

Being a practical man, Murray was more concerned with the title. Darwin was set to call it *An Abstract of an Essay on the Origin of Species and Varieties through Natural Selection*, and even with the Victorians’ propensity for top-heavy titles Murray saw the profits draining away. Sample chapters went off to him, including the ‘dry and dull’ one on distribution that Hooker’s children had enjoyed, accompanied by the squeal, ‘God help him if he tries to read it.’ Darwin thought it ‘will be popular to a certain extent . . . amongst scientific and semi-scientific men,’ but not with the literary set; and it was too ‘intolerably dry and perplexing’ to sweep *Vestiges*-like through the novel-grubbing middle class.¹⁵ Murray must have agreed because he anticipated printing only 500 copies.

WHATEVER THE FURORE over Darwin, liberal theologians were generating even fiercer passions in their own world. Seven – ‘seven against Christ’ – responded to the likes of Wilberforce by issuing a manifesto with the deceptively innocuous title *Essays and Reviews* only three months after the *Origin* appeared. They were a miscellaneous lot, Oxford professors, country clergymen, the headmaster of Rugby School, and even a layman. But Anglican divines declaring miracles irrational whipped up unprecedented anger in a country still hardly touched by German biblical criticism. *Essays* sold 22,000 copies in two years (as many as the *Origin* in two decades) and provoked a ferocious paper war. Four hundred books and pamphlets contested and defended the issues over five years, hardening attitudes on both sides.¹

Topic 4: Technical issues

- Can I upload my manuscript on a preprint server before submission?
- Is there a waiver of publication fee/article processing charge (for open access)?
- Does your journal take similarity check for each manuscript?

3. Questions from audience

Please feel free to ask any questions in
English/Japanese/Korean/your own language

Thank you for your participation!

