



醫學論文投稿準備及回覆技巧

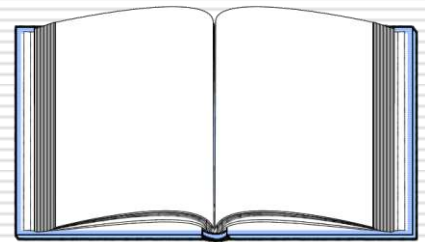
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Institute of Emergency and Critical Care Medicine
School of Medicine
National Yang-Ming University*

Submitting a Manuscript

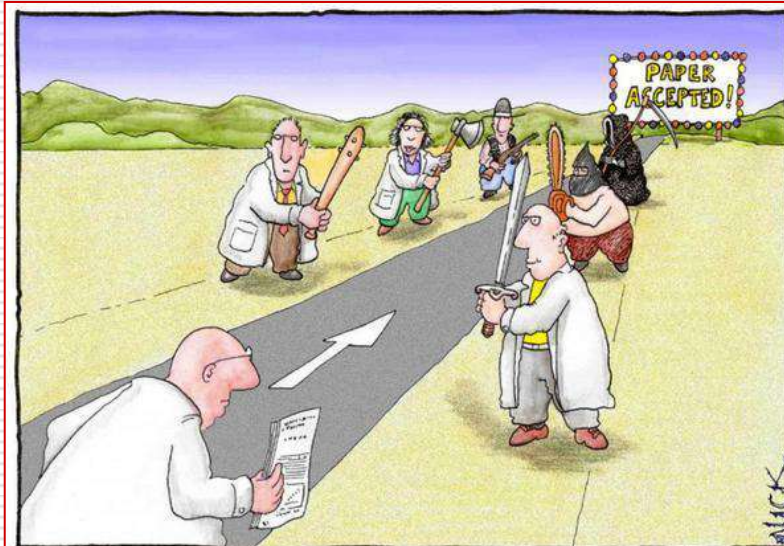
Three Topics:

- **How to submit?**
- **How to react to the decision letter?**
- **How to respond to reviewer and editor Comments ?**





Chapter 1: How to submit?



Most scientists regarded the new streamlined peer-review process as "quite an improvement."

1. Efforts Required before Submission

Reminders

- Let it cool down for a while and read it again
- Make sure you pick the right journal
- Ask co-authors or other persons to read it and give critical comments
- Get approval to submit from all co-authors
- Read the instruction to authors
- Prepare the manuscript with the right style and format

Online
Manuscript Submission

1. Efforts Required before Submission

Example



✓ Make sure your manuscript is a good fit for *PLOS ONE*

Read the [criteria for publication](#) and [journal scope](#) for information on what we publish.

PLOS ONE does not consider presubmission inquiries.

→ ✓ Identify potential editors

[See the list of Editorial Board members](#) to identify those who might be a good match for your research. You will enter this information in the submission form.

✓ Prepare funding and competing statements

Read our policies on [disclosure of funding sources](#) and [competing interests](#).

✓ Prepare your data

Remember to deposit your data in an appropriate data repository, or format and submit it as Supporting Information. Be ready to provide a Data Availability Statement. [Read our policy on data availability](#).

✓ Confirm the author list

Do you have the following information for all authors listed on the manuscript?

- Full names, including initials if used
- Affiliations
- Email address
- Any potential competing interests
- Funding information
- Author contributions
- Order of authors

Make sure the corresponding author has an ORCID ID and all authors are aware of the submission. [Read more about preparing the author list](#).

✓ Read our style and format guidelines

Read the submission guidelines for information about [manuscript style and format](#).

Additional guidance is available for the following:

- [Figures](#)
- [Tables](#)
- [LaTeX](#)
- [Supporting Information](#)

2. Submission

Arrange Your Computer Files

名稱	修改日期	類型
1. Manuscript_Original	2020/2/13 上午 1...	檔案資料夾
2. Table_Original	2020/2/13 上午 1...	檔案資料夾
3. Figures_Original	2020/2/13 上午 1...	檔案資料夾
4. Upload_Original	2020/2/13 上午 1...	檔案資料夾
5. Manuscript_R1	2020/2/13 上午 1...	檔案資料夾
6. Table_R1	2020/2/13 上午 1...	檔案資料夾
7. Figure_R1	2020/2/13 上午 1...	檔案資料夾
8. Upload_R1	2020/2/13 上午 1...	檔案資料夾
9. Comments and Responses	2020/2/13 下午 1...	檔案資料夾
10. Submission Information	2020/2/13 下午 1...	檔案資料夾
11. Supplemental Files	2020/2/13 下午 0...	檔案資料夾

2. Submission

Submission Information

名稱

- 
-  1. Instruction to authors.docx
 -  2. Cover letter.docx
 -  3. Author information.docx
 -  4. Suggested editors.docx
 -  5. Suggested reviewers.docx
 -  6. Opposed reviewers.docx
 -  7. Ethical statement.docx
 -  8. Finacial and disclosure statements.docx

2. Submission

Example of Cover Letter

開場

Dear Dr. AAA (Chief Editor),

背景

We have submitted a manuscript entitled "Title of the Manuscript" for the consideration of publication in Journal Name.

目的

Statement 1 (Background): ICU patients display different breathing pattern variabilities during spontaneous breathing trial.

Statement 2 (Objective): In this study, we investigated whether breathing pattern variability can serve as a weaning predictor for postoperative patients recovering from systemic inflammatory response syndrome (SIRS).

主要發現
及結論

Statement 3 (Major finding and conclusion): We found that small breathing pattern variability is associated with a high incidence of weaning failure in postoperative patients recovering from SIRS, and this variability may potentially serve as a weaning predictor.

研究重要性

Statement 4 (Significance): The observations and methods suggested in this study can be integrated into the ICU monitor system, which allows an intensivist routinely to check the patient's status for improving the weaning outcome.

必要聲明

Statements 5-8: All authors have approved the submission of this manuscript. The work of this manuscript is not under the review process by any other journal and has not been published. There are no conflicts of interest to declare. The manuscript has been professionally edited for language by BBB (<https://CCC/>) and the certificate of this English editing service has been provided.

建議

Option: We suggest Dr. DDD, EEE or FFF as the editor to handle this submission. We suggest GGG (email), HHH (email), and III (email) as potential reviewers for this work.

Thank you for your consideration.

Sincerely,

2. Submission

Reminders

- Check the type and size of files to upload: document (Word or PDF); figure (JPG or Tiff)
- Provide the supplemental documents in some journals
- Data availability and ethics Statement
- After uploading, check the converted PDF files
- Approved by the corresponding author



Chapter 2: How to react to the decision letter?



1. Upon Receiving the Decision Letter

Reminders

- Read the letter carefully and thoroughly
- Get the right message from the editor
- Carefully go through the comments from the editor and reviewers, and discuss with co-authors
- Summarize those that need additional experiments/analysis – do these ASAP
- Summarize those that are not possible to change
- Mark the due date
- Get mad and get over it



1. Upon Receiving the Decision Letter

要不要改的唯二準則

1. Can you do it?

2. Would it hurt your work?



Yes and No – 改

No and Yes - 不改

No and No - 不改

Yes and Yes - 不改 or 改?

2. Decision - Reject

當了

Dear Dr

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we have decided that your manuscript does not meet our criteria for publication and must therefore be rejected.

Specifically:

All three reviewers raised several concerns, especially regarding study design, data collection, and statistical analysis. It appears that these concerns cannot be addressed by revision.

I am sorry that we cannot be more positive on this occasion, but hope that you appreciate the reasons for this decision.

Yours sincerely,

Yu Ru Kou, PhD
Academic Editor
PLOS ONE

Comments to the Author

Reviewer #1:

Reviewer #2:

Reviewer #3:

改投其他期刊時
要不要改?

2. Decision - Reject

Major reasons for a reject

- **Scopes**
- **Impact**
- **Novelty**
- **Several additional experiments**
- **Inadequate design**
- **Too many errors**
- **Manufacture data**



3. Reject after Revision

當了

Dear Dr.

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we have decided that your manuscript does not meet our criteria for publication and must therefore be rejected.

Specifically:

While we greatly appreciate the efforts that have gone into revising the manuscript, the reviewer unfortunately still feel that the manuscript does not meet the requirements for the Journal. The reviewer particularly pointed out that his/her comments were not adequately addressed. I am sorry that we cannot be more positive on this occasion, but hope that you appreciate the reasons for this decision.

Yours sincerely,

Yu Ru Kou, PhD
Academic Editor
PLOS ONE

Comments to the Author

不爽

Reviewer #1:

Reviewer #2:

Reviewer #3:

Editor的意見

3. Reject after Revision

Major reasons for a reject after revision

- Did not agree with reviewers' comments.
- Comments were not sufficiently addressed.
- Comments and responses were mismatched.
- Responses were careless and sloppy.
- Give responses, but did not change.
- Give responses with tone of hostility.



3. Reject after Revision

觸犯reviewer的回應

1. I do not think the reviewers understand my point...
2. I think the reviewers misunderstood my explanations...
3. It would not necessary to change according to the reviewers' suggestion because...
4. We simply do not have such data...
5. The reviewers have suggested some irrelevant experiments...
6. It is unnecessary to change the presentation of these data...
7. Performing these additional experiments would not actually change our conclusion...
8. Our response to this comments is that $\neg(\neg \wedge \neg) \wedge (\neg \diamond \neg) \wedge \theta \dots$
9. Done. Corrected. Changed. Amended. Revised.

4. Decision – Major Revision

有邀請Revision

Editor的意見

Dear Dr ,

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

Both reviewers raised several concerns, especially regarding the design, statistical analysis, and data. One reviewer commented that this paper should include data that are still acquiring. If you decide to submit your revision, you need to effectively respond to these comments.

We would appreciate receiving your revised manuscript by Feb 07 2020 11:59PM. When you are ready to submit your revision, log on to <https://www.editorialmanager.com/pone/> and select the 'Submissions Needing Revision' folder to locate your manuscript file.

We look forward to receiving your revised manuscript.

Kind regards,

Yu Ru Kou, PhD
Academic Editor
PLOS ONE

Comments to the Author

Reviewer #1:

Reviewer #2:

Due date

4. Decision – Major Revision

Other messages in the letter

- While one reviewer gave some minor comments, the other reviewer was very critical.
- If you wish to submit your revision, the revised manuscript should be professionally edited to improve language problems. You also need to provide the certificate of this English editing service.
- Please note that this request of revision does not guarantee the publication of your submission.
- We only approve less than 5% of revised submissions for publication under this situation.



5. Decision – Minor Revision

Dear Dr.

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

Both reviewers raised some minor issues that require to be addressed. I hope that the authors can effectively respond to these comments in the revision.

We would appreciate receiving your revised manuscript by Nov 14 2019 11:59PM. When you are ready to submit your revision, log on to <https://www.editorialmanager.com/pone/> and select the 'Submissions Needing Revision' folder to locate your manuscript file.

We look forward to receiving your revised manuscript.

Kind regards,

Yu Ru Kou, PhD
Academic Editor
PLOS ONE

Comments to the Author

一定都要改

Reviewer #1:

Reviewer #2:

有邀請Revision

Editor的意見

Due date



Chapter 3: How to respond to reviewer and editor comments ? – 14 Rules

Do You
REACT



or

Do You
Respond?



1. Rule 1 - Formatting Your Responses

The diagram illustrates an email from PLOS ONE regarding a manuscript revision. It is divided into two main sections: the email header/body on the left and the 'Journal Requirements' on the right. Red arrows point from green callout boxes to specific parts of the email text.

Email Header:

Date: [Redacted]
To: [Redacted]
cc: yrkou@ym.edu.tw
From: "PLOS ONE" plosone@plos.org
Subject: PLOS ONE Decision: Revision required

Journal Requirements (Green box with arrow pointing to the right side of the email body)

Editor Comments (Green box with arrow pointing to the 'Thank you' paragraph)

留意修訂稿的形式 (Green box with arrow pointing to the list of items to include in the revision)

Reviewer Comments (Green box with arrow pointing to the 'Comments to the Author' section)

Journal Requirements (Right Side):

We look forward to receiving your revised manuscript.

Kind regards,

Yu Ru Kou, PhD
Academic Editor
PLOS ONE

Journal Requirements:

When submitting your revision, we need you to address these additional requirements.

1. Please ensure that your manuscript meets PLOS ONE's style requirements, including those for file naming. The PLOS ONE style templates can be found at http://www.journals.plos.org/plosone/s/file?id=wjVg/PLOSOne_formatting_sample_main_body.pdf and http://www.journals.plos.org/plosone/s/file?id=ba62/PLOSOne_formatting_sample_title_authors_affiliations.pdf
2. During our internal evaluation of the manuscript, we found significant text overlap between your submission and the following previously published work:
<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2044.2008.05795.x/abstract>

The re-use of text from a previous publication may have implications for the copyright or license that applies to the published article. To avoid any concerns in this respect, we would recommend that you revise the manuscript to either remove any text overlap where possible/appropriate, or to clearly indicate that the text reproduces information already reported in detail elsewhere (e.g. "As described in detail previously [ref], ...") citing the relevant sources.

[Note: HTML markup is below. Please do not edit.]

Reviewers' comments:

Reviewer's Responses to Questions

Comments to the Author

Email Body (Left Side):

PONE-D- [Redacted]

PLOS ONE

Dear Dr. [Redacted],

Thank you for submitting your manuscript to PLOS ONE. After careful consideration, we feel that it has merit but does not fully meet PLOS ONE's publication criteria as it currently stands. Therefore, we invite you to submit a revised version of the manuscript that addresses the points raised during the review process.

Both reviewers identify serious concerns regarding your manuscript. If you choose to revise your work and resubmit it, you must effectively respond to these criticisms. It would be helpful to enclose with your re-submission an account of how the work has been altered in response to the points raised in the present review.

We would appreciate receiving your revised manuscript by Feb 12 2017 11:59PM. When you are ready to submit your revision, log on to <http://pone.edmgr.com/> and select the 'Submissions Needing Revision' folder to locate your manuscript file.

If you would like to make changes to your financial disclosure, please include your updated statement in your cover letter.

Please include the following items when submitting your revised manuscript:

- A rebuttal letter that responds to each point raised by the academic editor and reviewer(s). This letter should be uploaded as separate file and labeled 'Response to Reviewers'.
- A marked-up copy of your manuscript that highlights changes made to the original version. This file should be uploaded as separate file and labeled 'Revised Manuscript with Track Changes'.

1. Rule 1 - Formatting Your Responses

以Word檔整理

Editor's Comments

Comment 1: If you decide to resubmit your manuscript, we do need you to shorten the length of it by reducing the number of bar graphs. We think that by shortening the manuscript, it will be more concise while still proving its findings. The current length of your manuscript exceeds the guidelines that have been set.

Response: XXX

Comment 2: Furthermore, if you decide to resubmit your manuscript, we ask that you have a statistician review the revised manuscript. The statistician must write a letter outlining their comments on your manuscript.

Response:XXX

Journal Requirements

Comment 1: Please ensure that your manuscript meets PLOS ONE's style requirements, including those for file naming.

Response: XXX

Comment 2: We note that you received funding from a commercial source: AstraZeneca. Please provide an amended Competing Interests Statement that explicitly states this commercial funder, along with any other relevant declarations relating to employment, consultancy, patents, products in development, marketed products, etc.

Response: XXX

Comment 3: Please include your tables as part of your main manuscript and remove the individual files. Please note that supplementary tables (should remain/ be uploaded) as separate "supporting information" files.

Response: XXX

Comments from Reviewer 1

Comment 1:XXX

Response: XXX

Comment 2:XXX

Response: XXX

Comments from Reviewer 2

Comment 1:XXX

Response: XXX

Comment 2:XXX

Response: XXX

1. Rule 1 - Formatting Your Responses

Word 檔加上開頭的段落

開場

Responses to Comments from the Editor and Reviewers (CCMED-D-10-01041.R1)

We would like to thank the editor and reviewers for their extensive assessment of our manuscript, and for important and helpful comments and suggestions. We have taken all the remarks into account, in a manner that is described in detail below together with our answers to certain comments. Particularly, we have made the following major changes.

Summary of Major Portions of Revision

- (1) In response to the editor's comment, we have removed one bar figure (the Fig. 3 in the original submission) to reduce the length of the manuscript and the data are now presented in Table 4 in the revised manuscript.
- (2) In response to the editor's comment, we have removed Table 2 in the original submission to reduce the length of the manuscript and the data are now shown in Electronic Supplementary Materials.
- (3) In response to the comment from the reviewer 1, we have additionally analyzed the breathing pattern variability (BPV) of the peak inspiratory flow. These data have been added to Figs. 2 and 3, and Tables 3 and 4.
- (4) In response to the comment from the reviewer 1, we have constructed a table to describe the criteria for weaning from the ventilator/extubation, interrupting the trial and re-connecting to the ventilator. This becomes Table 1 in the in the revised manuscript. The numbers of other tables have been changed accordingly.
- (5) In response to the comment from the reviewer 2, both the introduction and discussion have been shortened.
- (6) In response to the comment from the reviewer 2, we have pointed out the limitation of this study regarding the patient inclusion.

修改最後再寫

收尾

We think that, following the reviewers' suggestions, our manuscript has gained in clarity and hope that the changes made will be considered satisfactory.

Sincerely,

Yu Ru Kou, PhD

Professor

1. Rule 1 - Formatting Your Responses

Cover letter for Revision

開場

Dear Professor Editor Last Name,

Thank you for your decision for allowing us to submit this revised manuscript Submission Number, entitled "Title of the Manuscript". We appreciate you and 2 reviewers for providing invaluable comments and suggestions. In response to your invitation, we are pleased to resubmit a revised manuscript.

修改最後再寫

We have made the following major revisions (Major revision 才要):

- (1) We have modified the, as requested by reviewer 1.
- (2) We have added ...|, as requested by reviewer 1.
- (3) We have performed additional experiments to investigate....., as requested by reviewer 2.
- (4) We have performed additional statistical analysis to investigate..., as requested by reviewer 2.

Overall, we have responded to all the reviewers' comments in a point-by-point fashion and have revised the manuscript accordingly. The revised portions are indicated by red font (or track changes). We have also provided a version with text unmarked (or a clear version).

追蹤修訂

無追修

收尾

Hopefully we have addressed all issues raised by the reviewers. If you have any further concerns, please feel free to contact us.

Once again, thank you for your kind consideration of our manuscript for publication.

Sincerely,

Your Name

2. Rule 2 - Help the Reviewer Navigate Your Responses

粗體

Comment 18: Overall....
Response: In response....

底線

Comment 18: Overall
Response: In response....

斜體

Comment 18: Overall....
Response: In response....

Example

間隔

2. Rule 2 - Help the Reviewer Navigate Your Responses

沒有運用提要的格式

Example

Comment 6: The "stability" as described in ref#19 should be re-explained as it is also not so clear in RPN2005. Additionally Wysocki and al (CCM 2006) reported a qualitative method on measuring the quasi-stationary of the time series.

Response: In response to the reviewer's suggestion, we have added sentences to describe the method to check the breathing pattern stability. Since the editor asked us to reduce the length of the manuscript, we reported the information in the Electronic Supplementary Materials.

Comment 7: Fig 1: on the figure: "TP-trial and success" "TP-trial failure"

Response: In response to the reviewer's suggestion, we have changed the labeling in Fig. 1 (page 28).

Comment 8: Results should be shortened

Response: In response to the reviewer's suggestion, we have shortened the result section. The word count of this section in original submission was 927 and is 859 in the revised manuscript.

Comment 9: I don't understand what is a "T-piece with all-purpose nebulizer"

Response: To avoid confusion, we have changed the term into "T-piece with a large-volume jet nebulizer" (page 6, para. 2, line 6).

2. Rule 2 - Help the Reviewer Navigate Your Responses

不要縮排

Example

1. The "stability" as described in ref#19 should be re-explained as it is also not so clear in RPN2005. Additionally, Wysocki and al (CCM 2006) reported a qualitative method on measuring the quasi-stationary of the time series.

Response: In response to the reviewer's suggestion, we have added sentences to describe the method to check the breathing pattern stability. Since the editor asked us to reduce the length of the manuscript, we reported the information in the Electronic Supplementary Materials.

2. Fig 1: on the figure: "TP-trial and success" "TP-trial failure"

Response: In response to the reviewer's suggestion, we have changed the labeling in Fig. 1 (page 28).

3. Results should be shortened

Response: In response to the reviewer's suggestion, we have shortened the result section. The word count of this section in original submission was 927 and is 859 in the revised manuscript.

4. I don't understand what is a "T-piece with all-purpose nebulizer"

Response: To avoid confusion, we have changed the term into "T-piece with a large-volume jet nebulizer" (page 6, para. 2, line 6).

留意Copy and Paste 到網站時的格式

2. Rule 2 - Help the Reviewer Navigate Your Responses

不要用粗點

Example

- The "stability" as described in ref#19 should be re-explained as it is also not so clear in RPN2005. Additionally, Wysocki and al (CCM 2006) reported a qualitative method of measuring the quasi-stationary of the time series.
Response: In response to the reviewer's suggestion, we have added sentences to describe the method to check the breathing pattern stability. Since the editor asked us to reduce the length of the manuscript, we reported the information in the Electronic Supplementary Materials.
- Fig 1: on the figure: "TP-trial and success" "TP-trial failure"
Response: In response to the reviewer's suggestion, we have changed the labeling in Fig. 1 (page 28).
- Results should be shortened
Response: In response to the reviewer's suggestion, we have shortened the result section. The word count of this section in original submission was 927 and is 859 in the revised manuscript.
- I don't understand what is a "T-piece with all-purpose nebulizer"
Response: To avoid confusion, we have changed the term into "T-piece with a large-volume jet nebulizer" (page 6, para. 2, line 6).

留意Copy and Paste 到網站時的格式

2. Rule 2 - Help the Reviewer Navigate Your Responses

不要用大寫

Example

COMMENT: THE ABSTRACT SHOULD BE RE-WRITTEN IN A STRUCTURE OF OBJECTIVE, METHODS, RESULTS, AND CONCLUSION. ALSO, DEFINE ANY ABBREVIATION USED.

RESPONSE: Thank you, this has now been corrected; page 4, lines 44-65.

COMMENT: IN THE ABSTRACT, THE CONCLUSION SHOULD INCLUDE THE FINDING REGARDING VENTILATOR RESPONSE.

Thank you, we have adjusted the conclusion to include reference to the ventilation; page 4, lines 62-65.

COMMENT: IN THE INTRODUCTION, SEVERAL STATEMENTS SHOULD BE CITED BY REFERENCES. THE AUTHORS SHOULD CHECK THIS SUGGESTION THROUGHOUT THE TEXT. FOR EXAMPLE:

Thank you, we have now included references for these statements.

2. Rule 2 - Help the Reviewer Navigate Your Responses

不要用表格

Comments	Responses
The "stability" as described in ref#19 should be re-explained as it is also not so clear in RPN2005. Additionally, Wysocki and al (CCM 2006) reported a qualitative method on measuring the quasi-stationary of the time series.	In response to the reviewer's suggestion, we have added sentences to describe the method to check the breathing pattern stability. Since the editor asked us to reduce the length of the manuscript, we reported the information in the Electronic Supplementary Materials.
Fig 1: on the figure: "TP trial and success" "TP-trial failure"	In response to the reviewer's suggestion, we have changed the labeling in Fig. 1 (page 28).
Results should be shortened	In response to the reviewer's suggestion, we have shortened the result section. The word count of this section in original submission was 927 and is 859 in the revised manuscript.
I don't understand what is a "T-piece with all-purpose nebulizer"	To avoid confusion, we have changed the term into "T-piece with a large-volume jet nebulizer" (page 6, para. 2, line 6).

Example

留意Copy and Paste 到網站時的格式

3. Rule 3 – Begin Your Response with a Direct Answer

Example

先Response

Comment 28: The authors are looking for an explanation for the dissociation they found between TLR expression and the lack of cytokine response to LPS. Impaired TLR signaling could well play a role indeed. However, in our experience, preterm infants are very well capable of mounting a cytokine response to a sepsis episode. This controversy should be commented on.⁴

Response: We fully agree with the viewpoint offered by the reviewer. In response to the comments from the reviewer, we have addressed this issue in the discussion section. For this purpose, we have added 4 new references (references 34-37) to support our statements. The sequence of citation has been renumbered accordingly. These statements read as: “It is also worth noting that premature newborns with early-onset sepsis display high plasma levels of certain cytokines such as IL-6 and IL-8, which possess diagnostic values (34, 35). This observation seems to be in contradiction to our finding regarding reduced cytokine responses of monocytes to LPS in vitro. The discrepancy can be explained by the fact that the plasma cytokines in these newborns also encompass contributions from other blood cells (36, 37) and other tissues (35).” (Page 17, last 6 lines and Page 18, first line).⁴

Comment 28: The authors are looking for an explanation for the dissociation they found between TLR expression and the lack of cytokine response to LPS. Impaired TLR signaling could well play a role indeed. However, in our experience, preterm infants are very well capable of mounting a cytokine response to a sepsis episode. This controversy should be commented on.⁴

Response: We fully agree with the viewpoint offered by the reviewer. Our data indicated that the neonate monocytes have sufficient expression of TLR2 and TLR4 to respond to the bacteria insult during this early postnatal period, but they remain immature with respect to LPS-induced cytokine production functionality. The exact mechanism by which this dissociation between the postnatal development of TLR expression and cytokine production functionality occurs remains unclear. A similar situation is found when monocytes are collected from full term neonates at birth; these display a normal level of the TLR4 expression, but they also show reduced cytokine responses to LPS, as compared to those of adults (5, 17, 30-32). In response to the comments from the reviewer, we have addressed this issue in the discussion section. (Page 17, last 6 lines and Page 18, first line).⁴

後Response

4. Rule 4 - Be Polite and Respectful of All Reviewers

直接回應的用語

- We have corrected these errors...
- We have addressed this issue...
- We have further provided additional data regarding...
- Our explanations are ...
- This consideration has been included in our discussion.....
- We have addressed this issue as our limitation....
- 千萬不要直接到只用 Done, Corrected, Changed, Amended, Revised.

4. Rule 4 - Be Polite and Respectful of All Reviewers

PMPMP回應的用語

- We fully agree with the reviewer's viewpoint and have...
- We thank the reviewer for reminding us this important issue and have ...
- We thank the reviewer for allowing us to explain more regarding...
- In response to the reviewer's suggestion, we have ...
- The reviewer is correct regarding... We have ...
- We thank the reviewer for this excellent suggestion. We have ...
- This suggestion is excellent and has been well taken. We have ...

4. Rule 4 - Be Polite and Respectful of All Reviewers

好的意見

Comment 1: The research question is valid and relevant, as small changes in the respiratory load may influence drastically the pattern of variability. The study appears to be well conducted and the results add something new on this field and deserve to be published.

Response: We thank the reviewer for the positive feedback. We also appreciate the reviewer's time and effort in enhancing the quality of our work.

以We及第三人稱回應

要改及加

Comment 2: A major comment I have regarding the study is on the main outcome i.e. weaning.... I suggest a table where you will have.....

Response: We fully agree with the reviewer's viewpoints. We have taken all the suggestions made by the reviewer and have made the following changes.

(1) We have changed “weaning outcome” into “weaning from the ventilator and the endotracheal tube” throughout the text.

(2) We have added Table 1 to describe “Criteria for weaning from the ventilator/extubation” (pages 23-24). For this purpose, the text in the method section has been revised accordingly (page 5, para. 4, line 4; page 7, lines 1-2 and 6-7).

Example

4. Rule 4 - Be Polite and Respectful of All Reviewers

Example

要改

Comment 3: I suggest making some reference to the publications from L Mangin and coworkers and reporting the effect of mechanical ventilation (PSV) on the variability of breathing.

Response: In response to the reviewer's suggestion, we added new references (references 34 and 35) in the introduction (page 5, line 1) and discussion sections (page 13, lines 1-4).

有個人看法

Comment 4: The RSBI were < 110 before the test and the study report 23/68 weaning failures. Comments should be done on the poor predictability of the RSBI.

Response: The reviewer is correct regarding the weaning failure rate. In response to the reviewer's suggestion, we have added sentences in the discussion section to address this issue (page 12, lines 1-7). The threshold of RSBI for weaning prediction can be affected by many factors including age and etiology of diseases. We thought that

4. Rule 4 - Be Polite and Respectful of All Reviewers

Example

提問題

Comment 5: Altogether and if my calculations are correct, the study duration was 110 - 120 minutes. Is there any time effect on the results?

Response: We thank the reviewer for allowing us to explain more regarding this issue. In our protocol, our patients were breathing spontaneously in random order under the 3 spontaneous breathing trials, a design that could minimize the time effect on the results, if any.

表達質疑

Comment 6: An important issue here is applicability, is this analysis capable of being used quickly at the bedside by a clinician?

Response: We thank the reviewer for reminding us this important issue. In response to the reviewer's suggestion, we have addressed this issue in the discussion section (page 13, para. 2, lines 4-6). The answer for this question is quite positive. Certain ventilator (Hamilton G5 ventilator).....

4. Rule 4 - Be Polite and Respectful of All Reviewers

說沒創意

Comment 7: I think this manuscript shows what others have shown with heart rate variability - that lack of variation and imposition of the machines will on to the patient may have negative consequences.

Response: We thank the reviewer for providing the information regarding the heart rate variability. The heart rate variability is regulated by In contrast, the breathing pattern variability is regulated by Thus, the clinical information obtained from the measurement and application of breathing pattern variability is vastly different from those of heart rate variability. We sincerely hope that the reviewer can approve our explanation.

多加分析

Comment 8: The "stability" as described in ref#19 should be re-explained as it is also not so clear in RPN2005. Additionally, Wysocki et al. (CCM 2006) reported a qualitative method on measuring the quasi-stationary of the time series.

Response: This suggestion is excellent and has been well taken. We have added sentences to describe the method to check the breathing pattern stability. Since the editor asked us to reduce the length of the manuscript, we reported the information in the Electronic Supplementary Materials.

Example

4. Rule 4 - Be Polite and Respectful of All Reviewers

Example

錯的意見

Comment 9: A problem is that one of the inclusion criteria for the study was a RSBI < 110. This criterion introduced test-referral bias to the study and accounted for the poor performance of the mean values of RSBI in predicting weaning outcome.

Response: The reviewer is correct that one of the inclusion criteria for the study was a RSBI < 110, which indeed would exclude a certain subgroup of patients with RSBI > 110 from this patient population. Due to the ethical reason, the Institutional Review Board of our hospital would not allow us to perform study in patients with a RSBI > 110. We sincerely hope that the reviewer could understand this obstacle. In response to the reviewer's suggestion, we have acknowledged this limitation in the discussion section (page 12, lines 1-4).

錯的意見

Comment 10: A supposed advantage of ATC is that the variability remains - but your data does not support that claim.

Response: We thank the reviewer for allowing us to explain more regarding this issue. We thought that our data do support the notion that the breathing pattern variability remains during ATC. As shown in Table 3,..... We sincerely hope that the reviewer could approve our explanation.

5. Rule 5 - Respond to Every Point Raised by the Reviewer

In a point-by-point fashion

Comment 11: Please clarify what is your rationale to ventilate patients with PSV able to maintain a $V_{te} = 10 \text{ ml/kg}$?

Comment 12: You state that patients presented acceptable ABG data; Has ABG been performed under MV?

Comment 13: Your criteria for extubation of $RR \leq 38 \text{ a/m}$ is very high! please Justify !

Responses to Comments 11-13: We have explained or justified.

Comment 14: More details on reinstitution of MV in particular differences between non-invasive and invasive are necessary.

Response: Please refer to our response to the comment 6 from reviewer 1

6. Rule 6 - Accept the Blame

Example

真的錯了

Comment 15: The authors should be more careful. The total patient group has a sample size of 167, not 164.

Response: We thank the reviewer for his/her careful check of our data. We have corrected the sample size and apologize for the error we made.

沒常識

Comment 16: I don't understand what is a "T-piece with all-purpose nebulizer".

Response: We apologize for the confusion we made. In response to this comment, we have changed it to "T-piece with a large-volume nebulizer". The large-volume function reflects the fact that the nebulizer is all purpose.

漏看了

Comment 17: The authors did not describe how they obtained the data of blood gases.

Response: We apologize for the confusion we made. The method for measurement of blood gases is now presented in the third paragraph of the method section (lines 45-52).|

6. Rule 6 - Accept the Blame

Example

說你英文不好

Comment 18: The manuscript has language problems. A key point is that the authors should consult native English speaking proof read to get this paper in acceptable shape.

委屈淚吞了

Response (Yes): We thank the reviewer for the suggestion. Our revised manuscript has been professionally edited to improve the language problems (WeEditPapaer, http://dorama.info/drama/A_BBB.CCC). The certificate of this English editing service has been uploaded along with our revision.

跟他對幹

Response (No): I have published more than 179 papers in international journals (See <https://www.ncbi.nlm.nih.gov/pubmed/?term=Kou+YR>). So far, no previous reviewers commented that my English writing is bad. I request that the reviewer points out where and why my English writing is bad.

7. Rule 7 – Make It Self-contained

文章太長

Comment 18: Overall the manuscript is too long. Please consider reducing the introduction and being more concise in your discussion.

Response: In response to the reviewer's suggestion, both the introduction and discussion sections have been shortened. We have reduced the length of the introduction from 568 to 443 in the revised manuscript. Additionally, the original word count for the discussion was 1085. We have additionally added statements with a total word count of 92 in this section as requested by the reviewers. We have reduced the length of this section to a word count of 1005 in the revised manuscript.

加做實驗

Comment 19: I suggest the authors add a Disease + sham group to their study.

Response: We thank the reviewer for this excellent suggestion. We have performed additional experiments in a new group, the Disease + sham group. The **Method** has been revised for adding this new group (page 10, lines 30-45). The data are shown in figure 4 and have been reported in the Result (page 12, lines 3-12). These data have been discussed in the Discussion (page 17, lines 24-25. Page 18, lines 1-6) with two new references (# 13 and 14). The citation of references in the text has been renumbered. The legend of the figure 4 has also been revised accordingly (page 20, lines 6-15). Briefly, we found that data from the Disease + sham group were similar to those of the Disease group and significantly differed from those of the Disease + stimulation group.

Example

8. Rule 8 – Make the Response Clear of What Changed

不佳

Comment 20: How were electrode locations verified? Please add a paragraph to the text explaining how verification was carried out.

Response: Done.

不佳

Comment 20: How were electrode locations verified? Please add a paragraph to the text explaining how verification was carried out.

Response: We thank the reviewer for reminding these important issues. We have added a paragraph to described the method for verifying the electrode locations (page 7, lines 18-20).

佳

Comment 20: How were electrode locations verified? Please add a paragraph to the text explaining how verification was carried out.

Response: We thank the reviewer for reminding these important issues. In response to the reviewer's suggestion, we have now clearly indicated the method to verify the electrode locations (page 7, lines 18-20). These sentences read as: "To verify the position of the electrode tip, coronal brain sections covering the electrode track were Nissl stained and examined under a microscope with a digital camera (Sanyo, Osaka, Japan). The images were taken and were mapped with a software (Image B, Tokyo, Japan). Only rats with verified electrode placement were included in the analyses."

Example

說清楚

8. Rule 8 – Make the Response Clear of What Changed

文章太長

Comment 18: Overall the manuscript is too long. Please consider reducing the introduction and being more concise in your discussion.

Response: In response to the reviewer's suggestion, both the introduction and discussion sections have been shortened. We have reduced the length of the introduction from 568 to 443 in the revised manuscript. Additionally, the original word count for the discussion was 1085. We have additionally added statements with a total word count of 92 in this section as requested by the reviewers. We have reduced the length of this section to a word count of 1005 in the revised manuscript.

加做實驗

Comment 19: I suggest the authors add a Disease + sham group to their study.

Response: We thank the reviewer for this excellent suggestion. We have performed additional experiments in a new group, the Disease + sham group. The **Method** has been revised for adding this new group (page 10, lines 30-45). The data are shown in figure 4 and have been reported in the Result (page 12, lines 3-12). These data have been discussed in the Discussion (page 17, lines 24-25. Page 18, lines 1-6) with two new references (# 13 and 14). The citation of references in the text has been renumbered. The legend of the figure 4 has also been revised accordingly (page 20, lines 6-15). Briefly, we found that data from the Disease + sham group were similar to those of the Disease group and significantly differed from those of the Disease + stimulation group.

Example

說清楚

8. Rule 8 – Make the Response Clear of What Changed

看法不同

Comment 25: I do not totally agree with the author's explanation regarding the blocking effect of the antagonist on the sensory response to pain stimulation. The drug can non-specifically affect the baseline pain threshold.↵

Response: We fully agree with the reviewer's viewpoint and have incorporated this possibility into our explanation. In our original submission, we stated that "our findings reflect the fact that the antagonist acted on the target receptors to suppress the sensory response to pain stimulation". In the revised manuscript, this sentence has been revised to "the effect of the antagonist on the sensory response to pain stimulation may be due to its action on the target receptors and/or due to its nonspecific influence on the baseline pain threshold" (page 12, lines 30-33).↵

自我推銷

Comment 26: It would be more rational to have AKI and non-AKI groups, instead of PMV group and non-PMV group. See the reference: Impact of renal dysfunction on weaning from prolonged mechanical ventilation. Chao DC, Schreinhorn DJ, Steam-Hassenpflug M. Crit Care.↵

Response: We thank the reviewer for this excellent suggestion. We read the elegant work conducted by Chao et al. with great interest. We then additionally analyzed our data based upon the categories of "AKI" and "non-AKI". We indeed found....We have presented these data in table 4, described these data in the result section (page 11, paragraph 1, lines 1-9) and discussed these data in the discussion section (page 12, paragraph 2, lines 4-7). The work has been cited as a new reference in the revised manuscript (Ref. 34) and the sequence of the citation has been renumbered.↵

Example

說清楚

9. Rule 9 - When Possible, Do What the Reviewer Asks

刪除Data

Example

抗拒不刪

Comment 20: I think the data in table 4 are superfluous and should be deleted.

Response: We believed that data in table 4 are relevant to the collinearity among risk factors in our regression analysis and are essential for understanding the models we analyzed. We therefore decided to leave the table as it.

刪但轉移

Comment 20: I think the data in table 4 are superfluous and should be deleted.

Response: We believed that data in table 4 are relevant to the collinearity among risk factors in our regression analysis and are essential for understanding the models we analyzed. In response to the reviewer's suggestion, we have moved the table to the supplemental document.

刪, Show
some blood

Comment 20: I think the data in table 4 are superfluous and should be deleted.

Response: In response to the reviewer's suggestion, we have removed the table.

9. Rule 9 - When Possible, Do What the Reviewer Asks

胡亂建議

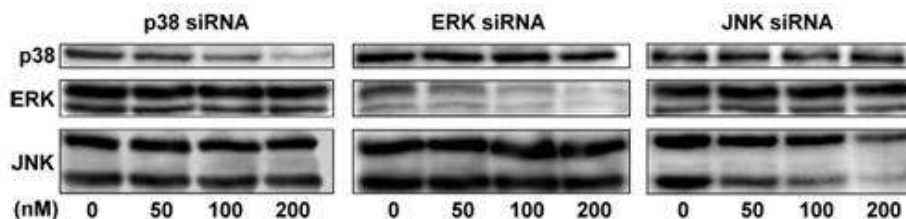
真沒常識

Comment 21: The authors used the rat L2 cells, which are a transformed cell line. Some of the main findings should be repeated in primary untransformed rat AEII cells which are similarly commercially available.

Response: We fully agree with the reviewer's viewpoint and have performed additional experiments. We have employed primary untransformed rat AEII cells to demonstrate that our major findings obtained from L2 cells are similar to those obtained from primary AEII cells. We found that exposure of rat primary AEII cells....

Comment 22: The specificity of the MAPK siRNA constructs should be confirmed by showing whether the use of ERK siRNA knocks down ERK as well as JNK and p38 or whether JNK siRNA knocks down ERK or p38, etc....

Response: We fully agree with the reviewer's viewpoint and have performed additional experiments. In these experiments Since this result is to confirm the specificity of the MAPKs siRNA obtained from a commercial company, we decided not to add this result into our manuscript, but provided this result here as the supporting data. We hope the reviewer would approve our decision.



Example

加做實驗

做且加

做但不加

9. Rule 9 - When Possible, Do What the Reviewer Asks

Example

要修改或添加

不是內行

Comment 23: A problem is that one of the inclusion criteria for the study was a RSBI < 110. This criterion introduced test-referral bias to the study. It should be acknowledged as a limitation and discussed in the Discussion section of the paper.↵

Response: In response to the reviewer's suggestion, we have acknowledged this limitation in the discussion section (page 12, lines 1-4). The reviewer is correct that one of the inclusion criteria for the study was a RSBI < 110. However, according to the conventional weaning protocol, a RSBI < 110 is one of the important criteria to judge whether patients are ready to wean. Due to the ethical reason, the IRB of our hospital would not allow us to perform study in patients with a RSBI > 110. We sincerely hope that the reviewer could understand this obstacle.↵

加

胡亂建議

Comment 24: I think “synergistic effect” is an over-stretched term and should be revised.↵

Response: We fully agree with the reviewer's viewpoint and have changed it to “additive effect”. This change applies to the title, abstract, text, and legends in our revised manuscript. We hope the reviewer would approve our decision.↵

改

10. Rule 10 - When Not Possible, Do Not Just Say “No”

回應的用語

要你加實驗，但真的不能加

- We will take your suggestion in our follow-up study.
- We will take your suggestion as a new direction of our future study.
- We will seriously considered your suggestion as our future direction.
- The suggested experiments would be outside of the scope this time.
- Since these data were not collected initially, we are unable to perform the requested analysis.
- We have no access to these data and therefore are able to perform the requested analysis.

10. Rule 10 - When Not Possible, Do Not Just Say “No”

要你加實驗，但真的不能加

Example

Comment 25: Your results are interesting, but I’d like to know what would happen if you had studied the effect on adolescents, in addition to adults.

Response 1: Thank you for the suggestion. We agree that the effect on adolescents is an important line of study. We have now acknowledged this and suggested it as a topic for further research in the Discussion section (page 12, lines 24-29).

Response 2: Thank you for the suggestion. We agree that the effect on adolescents would be interesting to know. Our study was designed to focus specifically on adults this time and we’d like to keep the focus intact. We have included your suggestion as a consideration for future study (page 12, lines 24-29).

10. Rule 10 - When Not Possible, Do Not Just Say “No”

Reviewer 搞錯了

回應的用語

- To avoid the confusion, we have clarified the explanations in XXX....
- To avoid the potential misunderstanding, we have reworded our statements in XXX....
- To avoid the ambiguity, we have rephrased our statements in XXX....
- To avoid the misleading, we have revised our statements in XXX....

10. Rule 10 - When Not Possible, Do Not Just Say “No”

Reviewer 搞錯了

Example

Comment 30: I do not agree with the viewpoint that your findings can be generalized to the adult population.

Response: We apologize for the confusion we made. To avoid the confusion, we have clarified the explanations in the Discussion section to state that our findings can only be applied to the elderly population (page 12, lines 24-29).

Comment 31: Clearly state that your findings can be generalized to the adult population.

Response: We apologize for the confusion we made. Our data do not support the statement that our findings can be generalized to the adult population. To avoid potential misunderstanding, we have reworded our statements to focus on the elderly population only (page 12, lines 24-29).

10. Rule 10 - When Not Possible, Do Not Just Say “No”

Reviewer 的建議會使研究失焦

回應的用語

- We agree.....but.....
- We prefer to focus on....
- This would move the main point away from...
- The reviewer raised an interesting point, but our study mainly focused....

10. Rule 10 - When Not Possible, Do Not Just Say “No”

Reviewer 的建議會使研究失焦

Example

Comment 32: I think you should study the lung function in your patients.

Response 1: We agree that studying the lung function is an interesting topic, but in this work, we prefer to focus on the genetic aspect. We hope that the reviewer could approve our decision.

Response 2: While we agree that studying the lung function is an interesting topic, the focus of this study is on the genetic aspect. We decided to leave the aspect of the lung function to the follow-up research and hope that the reviewer could approve this decision.

Response 3: We have added a brief explanation about the niche of studying the lung function, while keeping our focus on the genetic aspects.

10. Rule 10 - When Not Possible, Do Not Just Say “No”

已有說，但Reviewer看漏了

回應的用語

- **This information has now mentioned explicitly in**
- **This information was mentioned in ..., but has now also been added to ...**
- **The statement in ... has now included this information.**

10. Rule 10 - When Not Possible, Do Not Just Say “No”

已有說，但Reviewer看漏了

Example

Comment 33: What was total number of samples tested in this work?

Response: Thank you for pointing out this important issue. This information has now mentioned explicitly in the Method section (page 7, line 5).

Comment 34: The authors should give descriptions for the method of measuring serum cytokine profiles.

Response: Thank you for reminding us this important issue. The statements in the Method section have now described the detail of measurement (page 7, lines 12-15).

11. Rule 11 - Be succinct

看不下去

Example

Comment 27: It would be more rational to have AKI and non-AKI groups, instead of PMV group and non-PMV group. See the reference: Impact of renal dysfunction on weaning from prolonged mechanical ventilation. Chao DC, Scheinhorn DJ, Stein-Hassenpflug M. Crit Care.

Response: We thank the reviewer for allowing us to explain more regarding this issue. In the elegant study conducted by Chao et al, they ~~not~~ included a group of patients with established PMV with the major aim to study whether renal dysfunction at admission as a targeted risk factor for poor prognosis in these patients. In their study, 63 patients met screening criteria and 40 patients were on RRT at the time of transfer. Eighteen patients had begun chronic RRT at least 2 months prior to admission to the transferring hospital for their current illness. Twenty-two patients had RRT initiated at the transferring hospital. Ten patients had RRT initiated at the RWC; eight patients had improvement or resolution of azotemia at our facility. RRT was withheld at patient/family request in five patients with progressive renal failure. None of the 50 patients who received RRT recovered renal function during treatment at our RWC. Intermittent hemodialysis was the standard RRT at the RWC. Duration of mechanical ventilation prior to transfer to the RWC was 49.7 +/- 33.5 days (mean +/- SD). Outcome of weaning attempts in the 63 patients was as follows: 13% weaned, 3% failed to wean and 84% died. These outcomes were significantly worse ($P < 0.001$) than those in the 1014 patients whose admission serum creatinine was ≤ 1.5 mg/dl (58% weaned, 15% failed to wean, 27% died). The five patients in whom RRT was withheld were predominantly in progressive multisystem organ failure, and were unlikely to have survived regardless of RRT. From the study cohort, only one of the 10 patients discharged alive returned home, in contrast to 42% of the control group. No patient with severe renal dysfunction survived to 1 year post-discharge, compared to a 1-year survival of 38% in the control group ($P = 0.029$). Only four of the 10 patients survived more than 1 month, with the longest survival being 122 days. They concluded that patients who require PMV and RRT have a very poor prognosis. The small number of patients with renal insufficiency not requiring RRT had a more favorable hospital outcome and mortality, but long-term survival remained poor.

Contrastingly, we first included a group of patients who required mechanical ventilation (not established PMV) and attempted to identify possible factors that may be associated with the development of PMV. Thereafter, among various factors analyzed, the AKI on MV initiation day was later identified as a risk factor for the development of PMV. Thus, we were more interesting in comparing the differences of these possible risk factors between PMV vs. non-PMV groups. In our study, of 154 patients enrolled, 41 patients (26.6%) had PMV. Patients with PMV showed higher Acute Physiology and Chronic Health Evaluation II scores, lower serum albumin levels, and more AKI on mechanical ventilation (MV) initiation day compared with the non-PMV patients. Patients with PMV were significantly associated with longer MV duration before the day of readiness for weaning (DRW) and a higher rapid shallow breathing index on DRW. In a multivariate regression analysis, the independent risk factors for PMV were AKI on MV initiation day (odds ratio [OR], 5.630; 95% confidence interval [CI], 1.378-22.994; $P = .016$), longer MV duration before DRW (OR, 1.289; 95% CI, 1.158-1.435; $P < .001$), and higher rapid shallow breathing index on DRW (OR, 1.012; 95% CI, 1.003-1.021; $P = .010$). We concluded that acute kidney injury on MV initiation day is an independent risk factor for PMV of more than 21 days, which may be helpful for clinicians to refine their management of these ICU patients early. Acute kidney injury on MV initiation day is an independent risk factor for PMV of more than 21 days, which may be helpful for clinicians to refine their management of these ICU patients early. We then additionally analyzed our data based upon the categories of "AKI" and "non-AKI". We indeed found that patients in AKI group had significantly higher rate of PMV (52% vs. 22%) and longer MV days (22 days vs. 12 days). We have presented these data in table 4, described these data in the result section (page 11, paragraph 1, lines 1-9) and discussed these data in the discussion section (page 12, paragraph 2, lines 4-7). The work has been cited as a key reference in the revised manuscript (Ref. 34) and the sequence of the citation has been renumbered.

12. Rule 12 – Revision on Demand

Example

不要自作聰明

Additional Revision:

(1) During the process of revision, we felt that our study can be extended to another stage. We then additionally analyzed our data based upon the categories of “AKI” and “non-AKI”. We found that patients in AKI group had significantly higher rate of PMV (52% vs. 22%) and longer MV days (22 days vs. 12 days). We have presented these data in table 4, described these data in the result section (page 11, paragraph 1, lines 1-9) and discussed these data in the discussion section (page 12, paragraph 2, lines 4-7). Three previous works have been cited as new references in the revised manuscript (Ref. 34-36) and the sequence of the citation has been renumbered.

(2) During the process of revision, we felt that the second paragraph of the discussion did not have a good flow. We then re-organized this paragraph.

(3) During the process of revision, we felt that the language of our paper still has some problems. We then asked help from an English editor. The revised manuscript is a version after extensive revision to improve the language.

13. Rule 13 – Simultaneously Respond and Revise

Example

Response

Manuscript

Comment 28: The authors are looking for an explanation for the dissociation they found between TLR expression and the lack of cytokine response to LPS. Impaired TLR signaling could well play a role indeed. However, in our experience, preterm infants are very well capable of mounting a cytokine response to a sepsis episode. This controversy should be commented on.

Response: We fully agree with the viewpoint offered by the reviewer. In response to the comments from the reviewer, we have addressed this issue in the discussion section. For this purpose, we have added 4 new references (references 34-37) to support our statements. The sequence of citation has been renumbered accordingly. These statements read as: "It is also worth noting that premature newborns with early-onset sepsis display high plasma levels of certain cytokines such as IL-6 and IL-8, which possess diagnostic values (34, 35). This observation seems to be in contradiction to our finding regarding reduced cytokine responses of monocytes to LPS in vitro. The discrepancy can be explained by the fact that the plasma cytokines in these newborns also encompass contributions from other blood cells (36, 37) and other tissues (35)." (Page 17, last 6 lines and Page 18, first line).

注意!最後要Double Check!

However, this possibility is unlikely to be true in our study because the monocytes remained hyporesponsive with respect to LPS-induced TNF- α and IL-8 production after 3 or even 5 days of culture (Fig. 4). The other possibility is that the hyporesponsiveness of monocytes to LPS is due to impaired TLR signaling, which may result from a reduced expression of various regulatory proteins including CD14 and the myeloid differentiation antigen 88 (MyD88) (5, 6, 30, 31). In support of this, it has been found that monocytes collected at birth from preterm newborns indeed do display reduced expression of MyD88 and deficiency in TLR-mediated signaling (5). Whether these regulatory proteins and TLR signaling remain undeveloped over the first few months after birth in preterm newborns will be the subject of future studies. It is also worth noting that premature newborns with early-onset sepsis display high plasma levels of certain cytokines such as IL-6 and IL-8, which possess diagnostic values (34, 35). This observation seems to be in contradiction to our finding regarding reduced cytokine responses of monocytes to LPS in vitro. The discrepancy can be explained by the fact that the plasma cytokines in these newborns also encompass contributions from other blood cells (36, 37) and other tissues (35).

Also adding Figure, Table, Reference

13. Rule 13 – Simultaneously Respond and Revise

Example

Comment 19: I suggest the authors add a Disease + sham group to their study.^e

Response: We thank the reviewer for this excellent suggestion. We have performed additional experiments in a new group, the Disease + sham group. The Method has been revised for adding this new group (page 10, lines 30-45). The data are shown in figure 4 and have been reported in the Result (page 12, lines 3-12). These data have been discussed in the Discussion (page 17, lines 24-25. Page 18, lines 1-6) with two new references (# 13 and 14). The citation of references in the text has been renumbered. The legend of the figure 4 has also been revised accordingly (page 20, lines 6-15). Briefly, we found that data from the Disease + sham group were similar to those of the Disease group and significantly differed from those of the Disease + stimulation group.^e

1. 加圖

5. 改Discussion

7. 重排文獻

2. 改Legend

3. 改Methods

4. 改Result

6. 加References

14. Rule 14 – Let It Cool Down and Carefully Read it Again

- Check the language
- Check the tone of your responses
- Check the clarity
- Check the data, tables, and figures
- Check the citations and references
- Check (page X, lines X-X)
- Let your co-authors comment your responses

15. Conclusions

信念

- 兵來將擋，水來土淹

標竿

- 一切照期刊規矩
- 心中要有步驟
- Reviewer是老大

作法

- 謙卑再謙卑
- 盡洪荒之力
- 回應及修改力求完整
- 保證無誤
- 快刀斬亂麻
- 管他的





**Thank You for Your
Attention!**

