LÉKAŘSKÁ FAKULTA
MASARYKOVY UNIVERZITY
A FAKULTNÍ NEMOCNICE BRNO

KLINIKA DĚTSKÉ
ANESTEZIOLOGIE
A RESUSCITACE

Publikační standardy "Dobrý sluha, zlý pán."

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Před tím než začnu psát…

1. Co tím chci sdělit?
2. Proč to stojí za sdělení?
3. Už jsem o tom někdy já /někdo jiný/ psal?
4. Jaká forma je nejvhodnější?
5. Pro koho je publikace určena?
6. Kde chci, aby byl článek publikován?

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Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

- Search for reporting guidelines
- Not sure which reporting guideline to use?
- Reporting guidelines under development
- Visit the library for more resources

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions
Observational studies	STROBE	Extensions
Systematic reviews	PRISMA	Extensions
Study protocols	SPIRIT	PRISMA-P
Diagnostic/prognostic studies	STARD	TRIPOD
Case reports	CARE	Extensions
Clinical practice guidelines	AGREE	RIGHT
Qualitative research	SRQR	COREQ
Animal pre-clinical studies	ARRIVE	
Quality improvement studies	SQUIRE	
Economic evaluations	CHEERS	

PUBLIKAČNÍ DOPORUČENÉ POSTUPY

• Kazuistiky	• **CARE**
• RCT	• **CONSORT**
• Observační / Epidemiologie	• **STROBE**
• Systematické review / metaanalýzy	• PRISMA
• Metaanalýzy observačních studií	• MOOSE

RCT - CONSORT statement

- **CON**solidated **S**tandards **O**f **R**eporting **T**rials

- www.consort-statement.org/
- Často vyžadovaný v Instrukcích pro autory
- Obsahuje:
  - 25 položek (2 stránkový pdf/ online)
  - Study flow diagram

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	

		assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	
	13b	For each group, losses and exclusions after randomisation, together with reasons	
Recruitment	14a	Dates defining the periods of recruitment and follow-up	
	14b	Why the trial ended or was stopped	
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Other information			
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

Observační studie v epidemiologii - STROBE guidelines

- **S**trengthening **T**he **R**eporting of **OB**servational studies in **E**pidemiology

- www.strobe-statement.org
- Často vyžadovaný v instrukcích pro autory
- Dostupný checklist pro:
  - cohort studies
  - case-control studies
  - cross-sectional studies
  - conference abstracts
- Checklist obsahuje 22 položek

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time
		Case-control study—Report numbers in each exposure category, or summary measures of exposure
		Cross-sectional study—Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

Continued on next page

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Kazuistika – CARE guidelines

- **CA**se **Re**port

- http://www.care-statement.org/
- 13 položek v checklistu:

- *Název*
- *Klíčová slova*
- *Abstrakt*
- *Úvod*
- *Informace o pacientovi*
- *Klinické vyšetření*
- *Časový průběh*
- *Diagnostická vyšetření*
- *Terapeutické intervence*
- *Pokračující péče a outcome*
- *Diskuze*
- *Perspektiva pacienta*
- *Informovaný souhlas*

CARE case report guidelines

CARE Checklist (2013) of information to include when writing a case report

Topic	Item	Checklist item description	Reported on Line
Title	1	The words "case report" should be in the title along with the area of focus	
Key Words	2	2 to 5 key words that identify areas covered in this case report	
Abstract	3a	Introduction—What is unique about this case? What does it add to the medical literature?	
	3b	The main symptoms of the patient and the important clinical findings	
	3c	The main diagnoses, therapeutics interventions, and outcomes	
	3d	Conclusion—What are the main "take-away" lessons from this case?	
Introduction	4	One or two paragraphs summarizing why this case is unique with references	
Patient Information	5a	De-identified patient specific information	
	5b	Main concerns and symptoms of the patient	
	5c	Medical, family, and psychosocial history including relevant genetic information (also see timeline)	
	5d	Relevant past interventions and their outcomes	
Clinical Findings	6	Describe the relevant physical examination (PE) and other significant clinical findings	
Timeline	7	Important information from the patient's history organized as a timeline	
Diagnostic Assessment	8a	Diagnostic methods (such as PE, laboratory testing, imaging, surveys)	
	8b	Diagnostic challenges (such as access, financial, or cultural)	
	8c	Diagnostic reasoning including other diagnoses considered	
	8d	Prognostic characteristics (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of intervention (such as dosage, strength, duration)	
	9c	Changes in intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (when appropriate)	
	10b	Important follow-up diagnostic and other test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	Discussion of the strengths and limitations in your approach to this case	
	11b	Discussion of the relevant medical literature	
	11c	The rationale for conclusions (including assessment of possible causes)	
	11d	The primary "take-away" lessons of this case report	
Patient Perspective	12	When appropriate the patient should share their perspective on the treatments they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes ☐ No ☐

- **Aktualizace v roce 2019**

Stále nemáte jasno?

- Povinné či nepovinné předměty v rámci doktorského studia
- Kurzy Akademie věd ČR - Kurz základů vědecké práce
- Kurzy pořádané odbornými společnostmi
  - ESA - Masterclass in Scientific Writing – 1 x ročně, listopad, 4denní kurz
- http://www.equator-network.org

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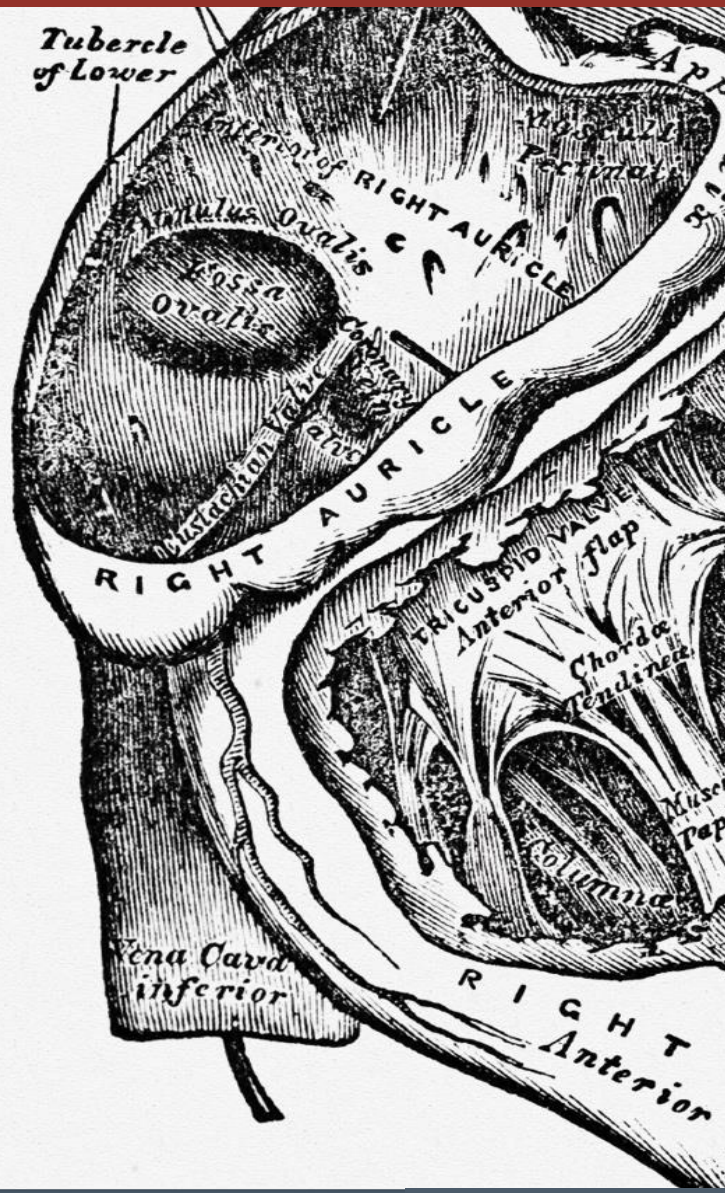

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