認識　Preprint

台中榮總圖書館　蘇玉慧

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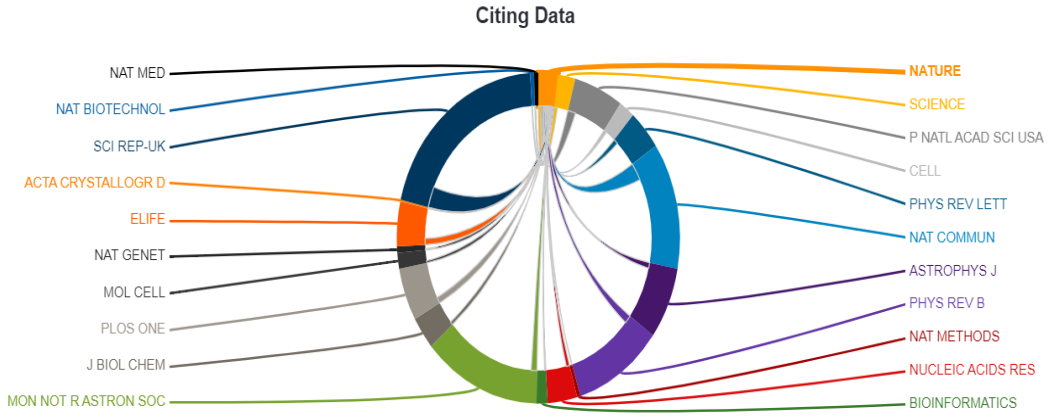

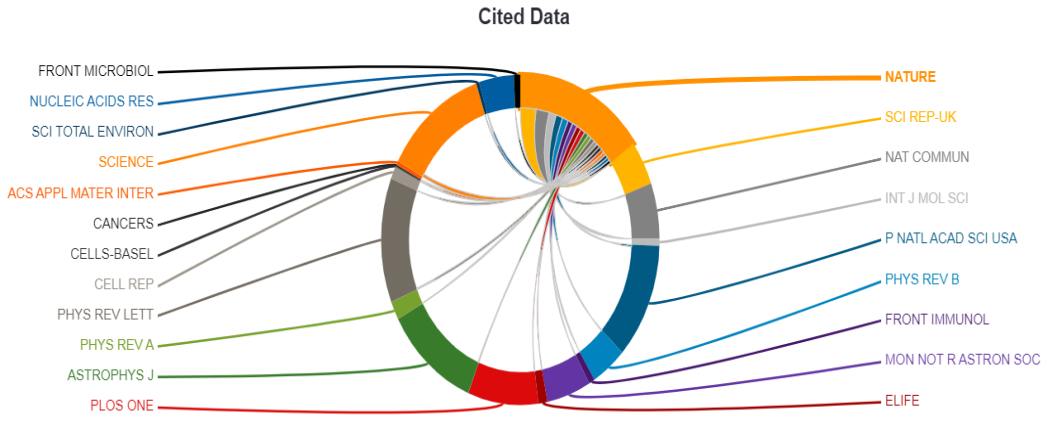

- 文章完成至出版有哪些階段
- 什麼是 Preprints?
- Preprints 要去哪裡查? Pubmed查得到嗎?
- 用 preprints 的文章會有風險嗎?
- 投稿時被問到是否要先刊登Preprint，我要同意嗎？

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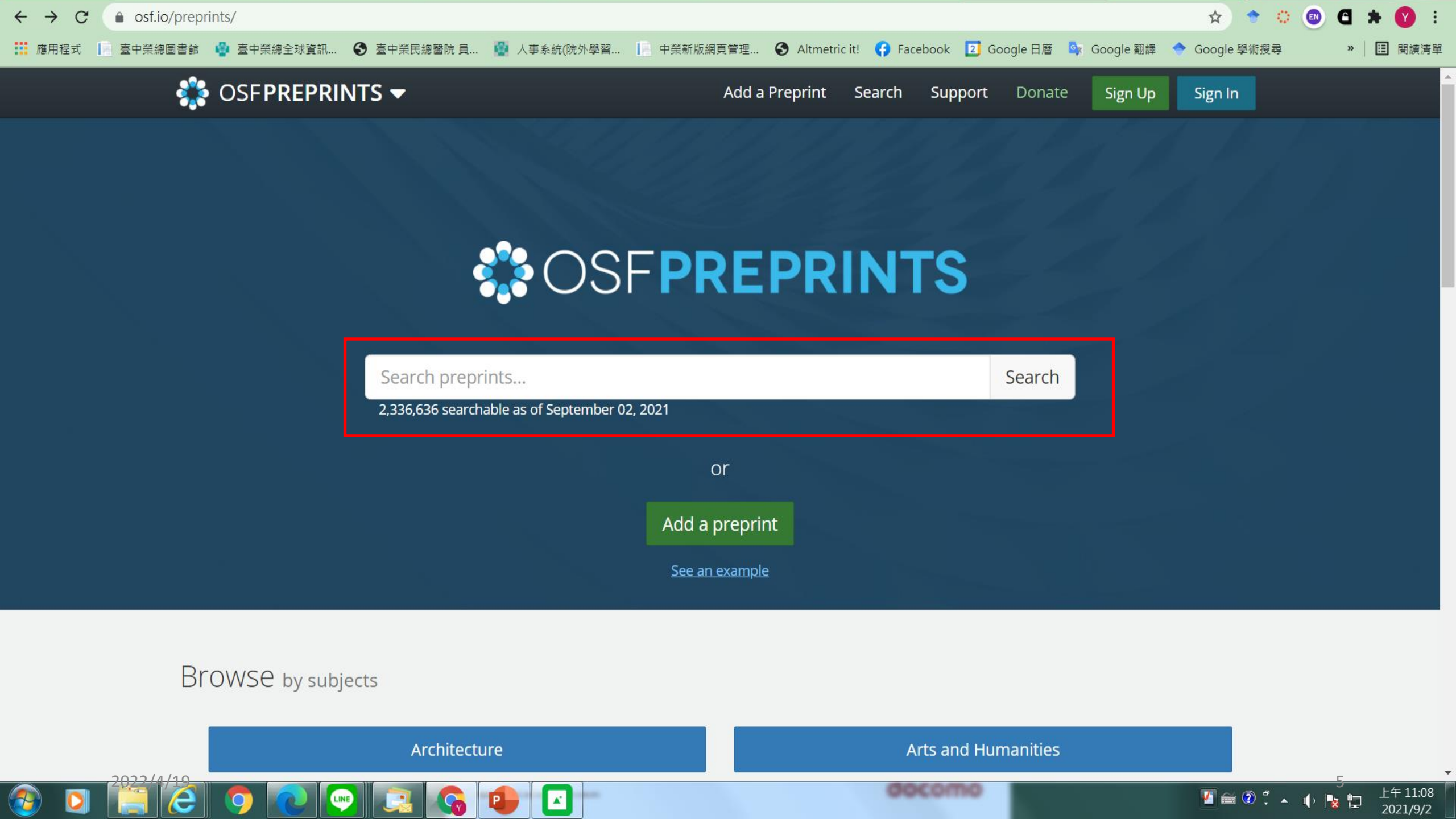
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NIH Preprint Pilot

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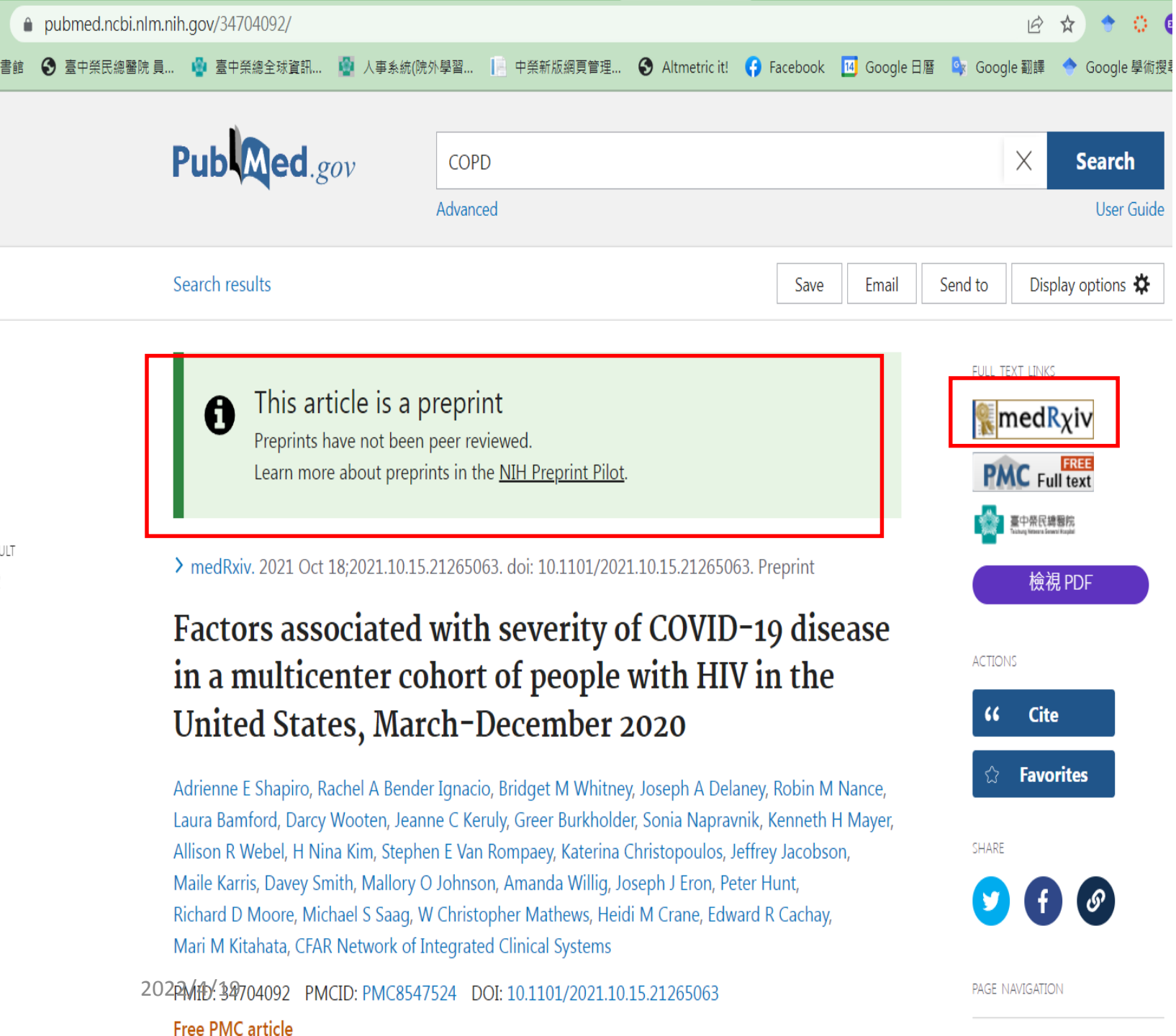
The NIH Preprint Pilot is a project of the National Library of Medicine (NLM). During the pilot, NLM will make preprints resulting from research funded by the National Institutes of Health (NIH) available via PubMed Central (PMC) and, by extension, PubMed. The pilot aims to explore approaches to increasing the discoverability of early NIH research results posted to eligible preprint servers.



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Factors associated with severity of COVID-19 disease in a multicenter cohort of people with HIV in the United States, March-December 2020

Adrienne E. Shapiro, Rachel A. Bender Ignacio, Bridget M. Whitney, Joseph A. Delaney, Robin M. Nance, Laura Bamford, Darcy Wooten, Jeanne C. Keruly, Greer Burkholder, Sonia Napravnik, Kenneth H. Mayer, Allison R. Webel, H. Nina Kim, Stephen E. Van Rompaey, Katerina Christopoulos, Jeffrey Jacobson, Maile Karris, Davey Smith, Mallory O. Johnson, Amanda Willig, Joseph J. Eron, Peter Hunt, Richard D. Moore, Michael S. Saag, W. Christopher Mathews, Heidi M. Crane, Edward R. Cachay, Mari M. Kitahata, for the CFAR Network of Integrated Clinical Systems

doi: https://doi.org/10.1101/2021.10.15.21265063

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Abstract

The comparison of vaccine hesitancy of COVID-19 vaccination in China and the United States

Taoran Liu, Zonglin He, Jian Huang, Ni Yan, Qian Chen, Fengqiu Huang, Yuejia Zhang, Omolola M Akinwunmi, Babatunde Akinwunmi, Casper J.P Zhang, Yibo Wu, Wai-Kit Ming

doi: https://doi.org/10.1101/2021.04.29.21256317

Now published in *Vaccines* doi: 10.3390/vaccines9060649

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History May 2, 2021.

COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv

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Subject Areas 10


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Modeling an
Readmission: Visual Analytical Approach
Bhavnani S.K., Zhang W., Visweswaran S., Raji M., Kuo Y.-F.
View author addresses
Abstract
Background A primary goal of precision medicine is to identify patient subgroups and infer their underlying disease processes, with the aim of designing targeted interventions. However, few methods automatically identify both patient subgroups and their co-occurring characteristics simultaneously, measure their significance, and visualize the results. Such methods could enhance the interpretability of patient subgroups, and inform the design of classification and predictive models. Objectives To analyze patient subgroups in hospital readmitted patients using a three-step modeling approach. (1) Visual analytical modeling to automatically identify patient subgroups and their co-occurring comorbidities, and determine their statistical significance and clinical interpretability. (2) Classification modeling to classify patients into subgroups and measure its accuracy. (3) Prediction modeling to
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From the Departments of Dermatology (W.D., D.T., A.G., B.K.), Immunobiology (W.D.), and Pathology (A.G.) and the Department of Internal Medicine, Section of Pulmonary, Critical Care, and Sleep Medicine (N.E.), Yale School of Medicine, New Haven, CT. Address reprint requests to Dr. King at the Department of Dermatology, Yale School of Medicine, 333 Cedar St., LCI 501, P.O. Box 208059, New Haven, CT 06520, or at brett.king@yale.edu.

Summary

There is evidence that Janus kinase (JAK)–signal transducer and activator of transcription (STAT) signaling plays a role in the pathogenesis of sarcoidosis. We treated a patient with cutaneous sarcoidosis with the JAK inhibitor tofacitinib; the patient had not previously had a response to medications and had not received systemic glucocorticoids. This treatment resulted in clinical and histologic remission of her skin disease. Sequencing of RNA and immunohistochemical examination of skin-lesion samples obtained from the patient before and during therapy and immunohistochemical testing of lesion samples obtained from other patients with cutaneous sarcoidosis support a role for JAK-STAT signaling in cutaneous sarcoidosis. (Funded by the Ranjini and Ajay Poddar Resource Fund for Dermatologic Diseases Research and others.)

Sarcoidosis is an inflammatory disease that is associated with the formation of noncaseating granulomas in one or multiple organ systems. Skin involvement is seen in approximately 25% of patients with sarcoidosis.[1] Systemic glucocorticoids are the initial treatment for sarcoidosis with systemic involvement and may be used for the treatment of cutaneous sarcoidosis.[2,3] Granulomas in patients with sarcoidosis are composed primarily of macrophages and T cells.[4] The activation of macrophages in granulomas is considered to be dependent on helper T cells and mediated in part by interferon-γ.[5,6] Interferon-γ activates the Janus kinase (JAK)–signal transducer and activator of transcription (STAT) signaling pathway, resulting in the up-regulation of STAT1 transcriptional targets. Several studies have shown that JAK-STAT pathway activation signatures, especially STAT1-dependent transcripts, are characteristic of the transcriptome in both peripheral-blood mononuclear cells and other tissues in patients with sarcoidosis.[7–10]

We treated a patient who had refractory cutaneous sarcoidosis with the oral JAK inhibitor tofacitinib, which resulted in clinical and histologic remission of skin lesions. We also performed molecular characterization of the response using global gene-expression profiling

The NEW ENGLAND JOURNAL of MEDICINE

BRIEF REPORT

Tofacitinib Treatment and Molecular Analysis of Cutaneous Sarcoidosis

William Damsky, M.D., Ph.D., Durga Thakral, M.Phil., M.S., Nkiruka Emeagwali, M.D., Ph.D., Anjela Galan, M.D., and Brett King, M.D., Ph.D.

SUMMARY

There is evidence that Janus kinase (JAK)–signal transducer and activator of transcription (STAT) signaling plays a role in the pathogenesis of sarcoidosis. We treated a patient with cutaneous sarcoidosis with the JAK inhibitor tofacitinib; the patient had not previously had a response to medications and had not received systemic glucocorticoids. This treatment resulted in clinical and histologic remission of her skin disease. Sequencing of RNA and immunohistochemical examination of skin-lesion samples obtained from the patient before and during therapy and immunohistochemical testing of lesion samples obtained from other patients with cutaneous sarcoidosis support a role for JAK-STAT signaling in cutaneous sarcoidosis. (Funded by the Ranjini and Ajay Poddar Resource Fund for Dermatologic Diseases Research and others.)

From the Departments of Dermatology (W.D., D.T., A.G., B.K.), Immunobiology (W.D.), and Pathology (A.G.) and the Department of Internal Medicine, Section of Pulmonary, Critical Care, and Sleep Medicine (N.E.), Yale School of Medicine, New Haven, CT. Address reprint requests to Dr. King at the Department of Dermatology, Yale School of Medicine, 333 Cedar St., LCI 501, P.O. Box 208059, New Haven, CT 06520, or at brett.king@yale.edu.

N Engl J Med 2018;379:2540-6.
DOI: 10.1056/NEJMoa1805958

SARCOIDOSIS IS AN INFLAMMATORY DISEASE THAT IS ASSOCIATED WITH the formation of noncaseating granulomas in one or multiple organ systems. Skin involvement is seen in approximately 25% of patients with sarcoidosis.[1] Systemic glucocorticoids are the initial treatment for sarcoidosis with systemic involvement and may be used for the treatment of cutaneous sarcoidosis.[2,3] Granulomas in patients with sarcoidosis are composed primarily of macrophages and T cells.[4] The activation of macrophages in granulomas is considered to be dependent on helper T cells and mediated in part by interferon-γ.[5,6] Interferon-γ activates the Janus kinase (JAK)–signal transducer and activator of transcription (STAT) signaling pathway, resulting in the up-regulation of STAT1 transcriptional targets. Several studies have shown that JAK-STAT pathway activation signatures, especially STAT1-dependent transcripts, are characteristic of the transcriptome in both peripheral-blood mononuclear cells and other tissues in patients with sarcoidosis.[7–10]

We treated a patient who had refractory cutaneous sarcoidosis with the oral JAK inhibitor tofacitinib, which resulted in clinical and histologic remission of skin lesions. We also performed molecular characterization of the response using global gene-expression profiling of skin-lesion samples obtained from this patient, and we analyzed a series of biopsy samples obtained from other patients with cutaneous sarcoidosis.

METHODS

CLINICAL DATA AND SPECIMEN COLLECTION

The patient provided written informed consent that indicated that she understood that the skin biopsies were being performed for research purposes. Comparative

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N Engl J Med. 2021 Apr 21. doi: 10.1056/NEJMoa2105000. Online ahead of print.

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N Engl J Med. 2021 Apr 21. doi: 10.1056/NEJMoa2105000. Online ahead of print.

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Paul D

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PMID: 33882219 DOI: 10.1056/NEJMoa2105000

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Abstract

Emerging variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are of clinical concern. In a cohort of 417 persons who had received the second dose of BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna) vaccine at least 2 weeks previously, we identified 2 women with vaccine breakthrough infection. Despite evidence of vaccine efficacy in both women, symptoms of coronavirus disease 2019 developed, and they tested positive for SARS-CoV-2 by polymerase-chain-

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Title & authors

Abstract


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doi: 10.1007/s11605-020-04545-2. Epub 2020 Mar 5.
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Randomized Controlled Trial
J Gastrointest Surg. 2021 Apr;25(4):1045-1052.
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Will research preprints improve healthcare for patients?

支持	反對
Peer review時間太久， 會減緩科學傳播	Peer review 確保科學研究可信度
增加學術研究透明度(減少出版偏誤)	醫學專業期刊替科學研究增加價值

BMJ 2018;362:k3628 doi: 10.1136/bmj.k3628 (Published 24 September 2018

- Peer review過程耗時，有些人甚至質疑reviewer的專業，常有意見紛歧的狀況
- 小型研究或不顯著的outcome難以獲得出版，但本身仍具有其價值
- 同儕評審雖然有其缺點, 但目前仍是確保文章品質的有效方法
- 醫學期刊提供專業的信賴度, 而 preprint 較難以辨識其可信度, 恐怕變成健康保護的問題

- 我要在投稿前就先刊登Preprint嗎？

優點：可以讓研究先行曝光，有機會獲得修改建議，且研究成果在獲期刊刊登前就可以開始被人閱讀甚至引用，加速知識傳播。

缺點：雖然OA期刊大多朝向鼓勵作者先刊登Preprint，但作者仍需確定想投的目標期刊接受先刊登在Preprint Server上嗎？(傳統期刊限制更多，請留意)

- Preprint 是否應成為從事醫學研究或臨床工作的資訊來源?

Preprint因其快速傳播新研究的優勢，在Covid疫情發生後，有大量的Preprint刊登。但在這個優點之下，Preprint未經Peer Review的狀況也讓人憂心。因此，若要在研究中引用甚至在臨床工作中使用相關研究結果，務必在判讀上要更加小心，以避免造成傷害。