Abstract Writing for Medical Research Papers

医学论著英语摘要写作

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译者序

本书是由福建医科大学文理艺术学院的齐晖、陈菲娜、郭海燕老师为主编，陈晶为学术秘书，交由复旦大学出版社出版，专供福医大学生使用的英语摘要写作教科书。我本人也是三位老师的学生，纵然课堂生动有趣、干货满满，但苦于同校前辈制作的扫描件观感不佳，笔记整理不便，译者决心要进行文字重排处理。其中自觉原书排版不善之处，皆进行重新编排，以符合译者审美。

原书通本以英文编写，编者似乎意图借此提升我等英语阅读水平，奈何文本中穿插语言学专有名词，初学时疲于翻译、苦不堪言。此外，期末复习期间，全英文本并不利于提升复习效率，故译者对主要文本进行翻译，对照复习。本套重置本将基于该译本进行整理，包含三种排版样式——原文重排版、双语对照版、译文版。以上三个版本请学弟学妹们按需取用，20届学长祝各位期末考试顺利。

本书为个人翻译作品，若发现纰漏，请在GitHub上提交`issue`。在此声明，此书仅供学习交流使用，请勿用于商业用途或其他领域。

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编译环境

- **操作系统：** Windows
- **语言：** LaTeX
- **编译环境：** XeLaTeX
- **TeX Live版本：** TeX Live 2022

目录

第一章　Overview of Abstracts

1.1　Definition of an Abstract

The American Psychological Association (APA) Style (2010) states that an abstract is a brief, comprehensive summary of the content of an article. According to the American National Standards Institute (1979), an abstract is an abbreviated accurate representation of the content of a document, preferably prepared by its author(s) for publication with it. In general, an abstract is a concise, accurate and comprehensive statement of the content of an article. It is original rather than excerpted.

1.2　Importance and Functions of an Abstract

An abstract is a distinct genre, and to some extent plays a pivotal role in academic readingand writing. In the era of information explosion, an enormous number of new publications are produced in the academic community each day. There is no practical way for every reader to get access to every new article, or to read every new publication even if it is accessible. Theabstracts published online, which are concise and comprehensive, can be obtained easily andquickly. Abstract reading, then, may be a useful starting point of any academic reading and writing. In this sense, an abstract is the most read part of an article.[1]

An abstract has at least three functions (Huckin, 2001). First, it serves as a stand-alone mini text, giving readers a quick summary of a study's objectives, methodology, findings and conclusions, which are the major components of abstracts. Second, it serves as a screening device, and gives readers an adequate view on whether the full-length article is of great value to their needs and worth further reading. A good abstract, to some extent, increases the chance of being cited or referenced. Third, for those readers who do opt to read the article as a whole, the abetract serves as a preview, creating an interpretive frame that can guide reading.

[1] 劳仑衣普桑，认至将指点效则机，最你更枝。想极整月正进好志次回总般，段然取向使张规军证回，世市总李率英茄持伴。

1.3 Types of Abstracts

Generally, abstracts fall into two categories, indicative and informative, depending on the type of information they convey. A typical distinction between them is that the indicative abstract, viewed as the outline of the paper, is usually shorter and simpler, while the informative abstract, viewed as the summary of the paper is usually longer and more thoroagh.

These two types of abstracts also differ in the components they contain. Indicative abstracts often include the purpose, scope, and methods of the report or study, but seldom include theresults or conclusions. Reading indicative abstracts could not substitute reading the paper, because not all the crucial components are covered. It is more widely used in social science papers. On the other hand, informative abstracts usually include all the crucial components of the study, such as the background, purpose, methods, results, and conclusions. It is the type of abstracts widely used in medical field. In this book, we focus on the writing of informative abstracts. The abstracts referred to in the following chapters are informative abstracts.

1.4 Types of Informative Abstracts

There are two types of informative abstracts, structured abstracts and unstructured abstracts.

Where a heading or label is used at the beginning of the text in each section, it is a structured abstract. Each section is usually written in a separate paragraph, but sometimes sections are written in a sole or continuous paragraph. Headings might be background, objectives, methods, results, conclusions, and so on. They vary according to the criteria set by different journals. Structured abstracts appear to be favored by medically-relevant publications.

Where no heading or label is used to indicate different parts of an abstract, it is an unstructured abstract. It is always a sole paragraph. The major difference between the two types of abstracts lies in whether there are headings or not. In an unstructured abstract the content and sequence of the items are written as it is in the structured one.

Journals mandate which style should be used, so check the author guidelines if you' re not sure. If it is not mentioned, keep an eye out for the type of abstracts preferable in the journals where you are willing to have your paper submitted and published. Write your abstracts in the style which dominates.

Sample 1.4.1:

BACKGROUND

In patients with acute heart failure, early intervention with an intravenous vasodilator has been proposed as a therapeutic goal to reduce cardiac-wall stress and, potentially, myocardialinjury, thereby favorably affecting patients' long-term prognosis.

METHODS

In this double-blind trial, we randomly assigned 2, 157 patients with acute heart failure to receive a continuous intravenous infusion of either ularitide at a dose of 15 ng per kilogram of body weight per minute or matching placebo for 48 hours, in addition to accepted therapy. Treatment was initiated a median of 6 hours after the initial clinical evaluation. The coprimaryd outcomes were death from cardiovascular causes during a median follow-up of 15 months and a hierarchical composite end point that evaluated the initial 48-hour clinical course.

RESULTS

Death from cardiovascular causes occurred in 236 patients in the ularitide group and 225 patients in the placebo group (21.7% vs. 21.0%; hazard ratio, 1.03;96% confidence interval, 0.85 to 1.25; P=0.75). In the intention-to-treat analysis, there was no significant between-group difference with respect to the hierarchical composite outcome. The ularitide group had greater reductions in systolic blood pressure and in levels of N-terminal pro-brain natriuretic peptide than the placebo group. However, changes in cardiac troponin T levels during the infusion did not differ between the two groups in the 55% of patients with paired data.

CONCLUSIONS

In patients with acute heart failure, ularitide exerted favorable physiological effects (without affecting cardiac troponin levels), but short-term treatment did not affect a clinical composite end point or reduce long-term cardiovascular mortality.

—Effect of Ularitide on Cardiovascular Mortality in Acute Heart Failure.
New England Journal of Medicine (2017)

Sample 1.4.2:

OBJECTIVE

To evaluate the association between the parameters of 24-hour multichannel intraluminal impedance (MII)-pH monitoring and the symptoms or quality of life (QoL) in laryngopharyngeal reflux (LPR) patients.

DESIGN

Prospective cohort study without controls.

SETTING

University teaching hospital.

METHODS

Forty-five LPR patients were selected from subjects who underwent 24-hour MII-pH monitoring and were diagnosed with LPR from September 2014 to May 2015. Reflux Symptom Index (RSI), Health-related Quality of Life (HRQoL), Short Form 12 (SF-12) Survey questionnaires were surveyed. Spearman's correlation was used to analyse the association between the symptoms or QoL and 24-hour MII-pH monitoring.

RESULTS

Most parameters in 24-hour MII-pH monitoring showed weak or no correlation with RSI, HRQoL and SF-12. Only number of non-acid reflux events that reached the larynx and pharynx (LPR-non-acid) and number of total reflux events that reached the larynx and pharynx (LPR-total) parameters showed strong correlation with heartburn in RSI (R=0.520, $P < 0.001$, R=0.478, $P = 0.001$, respectively). Multiple regression analysis showed that there was only one significant regression coefficient between LPR-non-acid and voice/hoarseness portion of HRQoL (b=1.719, $P = 0.022$).

CONCLUSION

Most parameters of 24-hour MII-pH monitoring did not reflect subjective symptoms or QoL in patients with LPR.

—Association between 24-hour combined multichannel intraluminal impedance-pH monitoring and symptoms or quality of life in patients with laryngopharyngeal reflux.

Clinical Otolaryngology (2017)

Sample 1.4.3:

Due to the high incidence of recurrent squamous cell carcinoma of the head and neck andd the toxicity profile of current salvage regimens, there is a need for tolerable and effective treatment options. We performed a retrospective matched case series to report our experience with recurrent high-risk patients who received capecitabine (CAP) therapy in the adjuvant setting after salvage therapy. The 5-year recurrence-free survival rates for the CAP and control cohorts were 54% (95% CI, 0.27%–0.75%) and 27% (95% CI, 0.09%–0.50%), respectively.Multivariable Cox modeling showed a significant improvement in recurrence-free survival in thed CAP cohort (hazard ratio, 0.19; 95% CI, 0.04–0.92; $P = .0392$). While this was a respective analysis that could not control for all variables, these exploratory findings offer insights that may inform a prospective study to determine CAP efficacy.

—Capecitabine after Surgical Salvage in Recurrent Squamous Cell Carcinoma of Head and Neck.
Otolaryngology—Head & Neck Surgery (2017)

Note 1.4.1: Corpus used for this book

The data used and analyzed in this book are from a custom-built corpus with 1.15 million tokens of medical research article (RA) abstracts. The discipline of medicine is divided into 18 sub-disciplines, and RA abstracts from 2 to 3 leading journals are randomly retrieved in each sub-discipline with relatively similar number of texts for each sub-discipline (Table 1.1). The journals selected are all with relatively high impact factors.

表 1.1: Sub-disciplines and journals in each sub-discipline

Sub-discipline	*Journal*
Anesthesiology	*British Journal of Anaesthesia* *Anesthesiology* *Anesthesia and Analgesia*
Dermatology	*Journal of American Academy of Dermatology* *Giornale Italiano di Dermatologia e Venereologia*

Continued on next page

表 1.1: Sub-disciplines and journals in each sub-discipline (Continued)

Sub-discipline	*Journal*
Emergency Medicine	*Annals of Emergency Medicine* *Internal and Emergency Medicine* *Academic Emergency Medicine*
Geriatrics	*Neurobiology of Aging* *Aging Cell* *Age and Ageing*
Internal Medicine	*The New England Journal of Medicine* *The Lancet* *JAMA-Journal of the American Medical Association*
Medical Imaging	*The Journal of Nuclear Medicine* *Investigative Radiology* *Radiology*
Medical Laboratory	*Clinical Chemistry and Laboratory Medicine* *Clinical Biochemistry*
Neurology	*The Lancet Neurology* *Annals of Neurology*
Obstetrics and Gynecology	*Obstetrics & Gynecology* *American Journal of Obstetrics & Gynecology* *An International Journal of Obstetrics & Gynecology*
Oncology	*Journal of Clinical Oncology* *The lancet Oncology*
Ophthalmology	*Ophthalmology* *American Journal of Ophthalmology* *Archives of Ophthalmology*
Otolaryngology (ENT)	*Head & Neck* *Clinical Otolaryngology* *Otolaryngology—Head & Neck Surgery*
Pain Medicine	*The Clinical Journal of Pain* *Pain Medicine* *Regional Anesthesia and Pain Medicine*
Pediatrics	*Journal of the American academy of child & Adolescent psychiatry* *Pediatrics* *JAMA pediatrics*

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表 1.1: Sub-disciplines and journals in each sub-discipline (Continued)

Sub-discipline	*Journal*
Physical medicine and rehabilitation	*Neurorehabilitation and neural repair* *Journal of fluency disorders*
Psychiatry	*Molecular psychiatry* *The American journal of psychiatry* *JAMA psychiatry*
Sports medicine	*Medicine and Science in Sports and Exercise* *Sports Medicine* *The American Journal of Sports Medicine*
Surgery	*Annals of Surgery* *American Journal of Transplantation* *Journal of Neurology, Neurosurgery & Psychiatry*

第二章

第三章

第四章

第五章

第六章