JANUARY

2026 V 1.0

COMPUTER SCIENCE (CS)

EDITING SAMPLE

Prepared by:

RESEARCHEDIT4U SOLUTIONS PVT. LTD.
WHERE RESEARCH FIND WINGS

Computer Science Research Paper - Technical Copyediting Sample (Client Anonymised)

*Service: Subject-aware copyediting (Computer Science) | **Style:** American English | **Mode:** Track Changes + Comments*

Prepared by: RE4U Solutions

Confidential —for demonstration only

Field	Details
Subject	**Scoping review of Bangladesh public-health research using Big Data Analytics (BDA), Artificial Intelligence (AI), Machine Learning (ML), and Deep Learning (DL)**—mapping the research landscape, use cases, and barriers/regulatory challenges.
Type of article	**Computer Science / Health Informatics / Data Science** review manuscript (PRISMA-ScR–aligned scoping review; multi-database evidence mapping across 2000–2023).
Sections shown in sample	**Abstract, Introduction excerpt, Methods (search strategy + eligibility criteria).**
Primary goal of editing	Improve **technical clarity and academic readability** in a methods-heavy review (acronym control, database/search reporting, eligibility phrasing, and clean presentation of counts/percentages) while preserving meaning; American English with reviewer-friendly markup.
Editing level demonstrated	**Subject-aware technical copyediting (Computer Science / Digital Health)** with Track Changes-style edits (clarity/consistency without altering the review's scope or results).
Deliverables	**Track-changes edited file** (with reviewer-facing clarity edits and consistency fixes).

C) "Overall issues found" + "Solution provided" (Cover page summary — Computer Science / Digital Health)

Major issues (high impact)

1. **Acronym clarity (CS + public health):** Core terms (BDA, AI, ML, DL, PRISMA-ScR) appear early and often, but needed consistent first-use expansion and clean reuse so non-CS reviewers can follow without re-reading.

2. **Methods transparency (scoping-review reporting):** The search strategy details (databases such as Medline/PubMed, IEEE Xplore, Scopus, Embase; date window; eligibility language) were compressed/unevenly phrased, so the workflow didn't feel fully "PRISMA-ready" at first scan.

3. **PRISMA-style numbers readability:** Results sentences were number-dense (e.g., "1,653 studies…" plus multiple n/% breakdowns) and needed clearer segmentation so the selection story and study distribution land quickly.

4. **Academic tone + sentence structure:** Several lines read fragmented or "stitched" (extra spacing, abrupt transitions, ellipses/line breaks), which weakens credibility in a methods-heavy CS review.

5. **Scope signalling (Bangladesh focus):** Inclusion/exclusion statements needed tighter wording so it's instantly clear what qualifies as "Bangladesh-focused" evidence versus related work by Bangladeshi researchers.

Minor issues (low–medium impact)

- Grammar/usage polishing (articles, prepositions, tense smoothing) and removal of extra spaces/double spacing.

- Consistency in naming (PubMed vs Pubmed; IEEE Xplore/Explorer; capitalization of key terms) and clean formatting of dates, numerals, and percentages.

- Punctuation and parallelism in eligibility criteria and objective statements for a smoother, more professional read.

Solution provided (what RE4U copyeditors did)

- Delivered **meaning-preserving, subject-aware technical copyediting** to improve clarity without changing the review's scope or claims.

- Standardised acronyms/terminology and tightened methods phrasing to better match **PRISMA-ScR expectations** (search strategy + eligibility language).

- Restructured number-heavy result statements into cleaner, scan-friendly sentences with clearer signposting.

- Cleaned mechanics (spacing, capitalization, punctuation) and provided edits in **Track Changes + Comments** so authors can see what changed and why at a glance.

Current verdict: *The manuscript tackles a timely computer-science–driven public health question—how big data analytics, AI/ML, and deep learning are being used in Bangladesh's public-health research—and the scoping-review intent is clear. At present, however, the methods narrative can feel compressed: acronyms and database names appear quickly, PRISMA-ScR elements (search strategy, eligibility criteria, and selection flow) would benefit from clearer signposting, and number-heavy results sentences need cleaner segmentation to be scan-friendly. The draft will read more "review-ready" with tighter academic tone, consistent terminology, and smoother transitions across Abstract–Introduction–Methods. The edits are meaning-preserving and technically aware, improving clarity while keeping the scope intact.*

ABSTRACT

Background: The rapid advancement of digital technologies, particularly ~~in~~ Big Data Analytics (BDA), Artificial Intelligence (AI), Machine Learning (ML), and Deep Learning (DL), is reshaping global public health, including <u>that of</u> Bangladesh. The increased adoption of these technologies in healthcare delivery ~~within~~<u>in</u> Bangladesh has sparked their integration into public health research, resulting in a noticeable surge in related studies. However, a critical gap exists, as there is a lack of comprehensive evidence regarding the research landscape, regulatory challenges, use~~-~~ cases, and the application and adoption of BDA, AI, ML, and DL in the Bangladeshi public health sector. This gap impedes the ~~attainment~~<u>achievement</u> of optimal results. As a leading implementer of digital technologies, bridging this gap is urgent for the effective utilization of ~~these~~ advancing technologies in Bangladesh.

Objective: The authors conducted ~~this~~<u>This</u> scoping review ~~with the intention of~~<u>aims to</u> collating (a) the existing research in Bangladesh's public health sector using the <u>aforementioned</u> technologies ~~above~~ and ~~synthesizing~~<u>synthesize</u> their findings; (~~b~~<u>to</u>) the limitations faced by researchers in integrating ~~the mentioned~~<u>these</u> technologies into public health research.

Methods: Medline (through Pubmed), IEEE Explorer, Scopus, and Embase databases were searched to identify published research articles in between 1st January, 2000 to 10th September, 2023 meeting the following inclusion criteria: (a) any study using any of the BDA, AI, ML, and DL technologies and using public health datasets for predicting health issues and forecasting any kind of outbreak; (b) studies primarily focusing on Bangladesh public health issues; (c) original research articles published in peer-reviewed journals and conference proceedings written in English.

Results: ~~With the~~The initial search~~, we~~ identified 1,653 studies. Following the inclusion and exclusion criteria and ~~a~~ full-text review, 77 articles were ~~finally~~ included in this review. There has been a significant increase in the number of studies ~~over~~in the last five years (2017–2023). Among the 77 studies, the majority utilized ML models (n = 65, 84.4%). A smaller proportion of studies incorporated AI (n = 4, 5.2%), DL (n = 7, 9.1%), and BDA (n = 1, 1.3%) ~~technologies~~technology. Among the reviewed articles, 52% (n = 40) relied on primary data, while the remaining 48% (n = 37) ~~utilized~~used secondary data. The primary research areas of focus were infectious diseases (n = 15, 19.5%), non-communicable diseases (n = 23, 29.9%), child health (n = 11, 14.3%), and mental health (n = 9, 11.7~~%).~~%).

INTRODUCTION EXCERPT

In Bangladesh, a densely populated South Asian nation with over 160 million inhabitants, the

The integration of modern technologies with public health holds immense potential. Bangladesh grapples with various health-related challenges, ~~spanning from~~including infectious diseases, non-communicable diseases, ~~and~~ maternal and child health issues ~~to,~~ and environmental health concerns [12]. To ~~tackle~~comprehensively address these multifaceted challenges ~~comprehensively~~, the Government of Bangladesh (GoB) has actively adopted advanced technologies to ~~elevate~~improve the quality of healthcare services. Initiatives ~~like~~such as the District Health Information System 2 (DHIS2), Open Medical Record System (OpenMRS), and ~~the~~ open-source Smart Register Platform have revolutionized ~~the~~ health data collection and service delivery [13]. These automated applications are instrumental in generating specific health-related ~~evidences~~evidence across different tiers of healthcare services and facilitating need-based resource ~~allocations~~allocation. Although there are potential challenges regarding proper data governance and legal ~~framework~~frameworks, the immense potential to utilize these data has ~~been capturing~~captured the attention of interdisciplinary researchers and practitioners eager to explore the potential of BDA, AI, ML, and DL technologies to utilize this wealth of datasets [13].

In Bangladesh, instances of employing BDA, AI, ML, and DL technologies in public health research

are sporadic. However, the dearth of clear evidence has led to an inadequate understanding of the proper application of these technologies and their potential contributions to public health ~~research~~ [14]. This scoping review is motivated by the need to address this gap~~,~~ by systematically examining existing research that explores the utilization of BDA, AI, ML, and DL technologies for the analysis of public health data in Bangladesh. The primary objective ~~is~~was to compile and synthesize the available research findings in the ~~country's~~ public health sector. This includes identifying trends, patterns, and methodologies employed in the application of BDA, AI, ML, and DL ~~technologies.~~. The secondary objective ~~is~~was to assess the limitations faced by researchers in integrating these technologies into public health research, aiming to provide insights into the challenges that may hinder their widespread adoption. Overall, the insights derived from this review aim to furnish evidence-based strategies for policymakers, healthcare professionals, and researchers, ultimately contributing to the enhancement of public health outcomes and the overall well-being of the ~~Bangladeshi~~ population~~.~~ of Bangladesh. This exploratory journey ~~is guided by the goal of uncovering~~aims to uncover valuable insights that can significantly shape the future of public health, not only ~~within~~in Bangladesh but also ~~on a global scale~~globally.

METHODS

The review authors ~~have~~ followed the standard ~~guideline of~~guidelines for scoping reviews. This scoping review employed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) ~~guideline~~guidelines in line with the best practices for research article selection and reporting [15~~]~~], and its protocol ~~has been~~was registered with the Open Science Framework [16~~]. We have provided the~~]. The PRISMA-ScR checklist is provided in *Appendix~~:~~ 1*.

Inclusion and exclusion criteria

We included all studies that ~~are~~ primarily focused on public health issues in Bangladesh and used any of the cross-cutting technologies, BDA, AI, ML, and DL, in analyzing datasets. The

studies used publicly available global or online public health datasets in their research, but validating their

The findings in the context of Bangladesh ~~were~~are also included in this review. All journal articles and conference papers published between ~~1st~~ January 1, 2000 ~~to 10th~~, and September 10, 2023, written in English and publicly accessible, were included regardless of research design and sample ~~sizes~~size.

Studies conducted by Bangladeshi researchers but not focusing on the context of Bangladesh, review articles, book chapters, commentaries, gray literature, and articles published in ~~other~~ languages other (than English) were excluded from the study.

WHAT WE CHANGED / WHY / RELEVANCE TO COMPUTER SCIENCE (Digital Health / Data Science)

Change type	What our copyeditors did	Why it was needed	Why it matters in Computer Science research
Acronym clarity (CS + public health)	Standardised first-use expansion and consistent reuse of core acronyms/terms (e.g., BDA, AI, ML, DL, PRISMA-ScR, plus programme acronyms like DHIS2/OpenMRS/Go B).	Acronyms appear early and frequently; uneven first-use/recurrence makes readers backtrack.	Digital-health papers are often read by mixed audiences; clean acronym control improves scanability and prevents reviewer confusion.
Methods transparency (PRISMA-ScR reporting)	Tightened and clarified search strategy language (databases, date window, eligibility criteria) and aligned phrasing to PRISMA-ScR expectations.	The methods description was compressed/unevenly phrased, which can make a scoping review feel less reproducible.	In CS review papers, "review rigor" is judged quickly from the Methods; clear reporting supports credibility and repeatability.
Objective statement clarity	Rewrote awkward/overlapped phrasing in the Objective so it reads as clean, parallel aims (primary + secondary) without changing meaning.	The objective sentence contained grammatical collisions ("conducted… aims to collating…") that obscured intent.	Clear objectives help reviewers evaluate scope boundaries and whether the Methods/Results actually answer the stated questions.
PRISMA-style numbers readability	Reshaped number-dense Results statements (n/% breakdowns and study flow counts) into cleaner, scan-friendly sentences.	Several lines packed many counts/percentages into one stretch, reducing readability.	For scoping reviews, editors expect the selection story and distribution to be instantly legible—this is a common

			accept/revise trigger.
Sentence repair (fragmented/"stitched" text)	Fixed broken starts, abrupt line breaks, and stitched sentences (e.g., fragment openings and mid-sentence splits).	Fragmented lines weaken professional presentation and interrupt flow.	In methods-heavy CS manuscripts, surface-level text issues can unfairly signal "low rigor," even when the content is strong.
Scope signalling (Bangladesh focus)	Clarified inclusion/exclusion language so it's unambiguous what counts as "Bangladesh-focused" vs work by Bangladeshi authors not centered on Bangladesh.	Scope boundaries were present but needed sharper wording to prevent misinterpretation.	Scope clarity is essential for evidence mapping—reviewers look for tight boundaries to judge completeness and bias risk.
Consistency (naming + style)	Standardised naming and capitalization (e.g., PubMed, IEEE Xplore), dates, numerals, and list parallelism; maintained American English house style.	Small inconsistencies accumulate and make the manuscript feel less controlled.	Consistency improves "journal-ready" impression and reduces editorial back-and-forth at peer review/production.
Transparency (Track Changes + Comments)	Delivered edits in Track Changes-style markup so the author can see what changed and why.	This is a client-facing sample and needs visible editorial rationale.	Builds trust and speeds revisions—especially where wording affects methodological interpretation.

re4u | Research Edit4u Solutions

WHERE RESEARCH FIND WINGS

THANK YOU

NEED AN EDITOR'S EYES ON YOUR DRAFT?

Send your manuscript and we'll reply with timeline + quote within 12–24 hours.

Get your CS manuscript edited—fast, clear, journal-ready.

✅ Track Changes + editor comments
✅ Clarity + flow + academic tone
✅ Consistency + readability

🌐 www.researchedit4u.in

@ info@researchedit4u.in