Principles of ethics in research and publication

Post graduated students

2022

Questions

- Is it possible to make some corrections after publication of a scientific paper?
- Which role do get the highest score in conducting a research work?
- When is article withdrawal done?
- Can we submit a paper that has been already presented in a Conference?
- Can results already presented at meetings as abstracts or posters, be reproduced as original data in a published article?
- What is Salami publication?

- What is the acceptable similarity percentage for scientific writing?
- How can we use our words in our previous published papers?
- How can we use a picture or something else from a published paper or even our published paper?

معرفی کتاب

ویرایش دوم این کتاب به صورت آنلاین در دسترس قرار دارد.

https://ethics.research.ac.ir/Content.php?id=504

Every publisher has its own ethical principles

https://www.elsevier.com/__data/assets/pdf_file/0008/653885/Ethics-in-research-and-publication-brochure.pdf

Hindawi

Journals | Publish with us | Publishing partnerships | About us | Blog

Hindawi / Publish Research / Authors / **Publication ethics**

On this page

- Article assessment
- Plagiarism
- Duplicate submission and redundant publication
- Citation manipulation
- Fabrication and falsification
- Authorship and acknowledgements
- Conflicts of interest
- Sanctions
- Investigations
- Corrections and retractions

Publication ethics

Ethical standards for publication exist to ensure high-quality scientific publications, public trust in scientific findings, and that people receive credit for their work and ideas.

Hindawi is a member of the Committee on Publication Ethics (COPE) and aims to adhere to its guidelines and core practices.

Article assessment

All manuscripts are subject to peer review and are expected to meet standards of academic excellence. If approved by the editor, submissions will be considered by peer reviewers, whose identities will remain anonymous to the authors.

Our Research Integrity team will occasionally seek advice outside standard peer review, for example, on submissions with serious ethical, security, biosecurity, or societal implications. We may consult experts and the academic editor before deciding on appropriate actions, including but not limited to recruiting reviewers with specific expertise, assessment by additional editors, and declining to further consider a submission.

Plagiarism

به جای آزمایش روی حیوان

پژوهش های پزشکی در سده بیست و یکم

ژان سوئینگل گریک DVM

س. ری گریک MD

مترجمین :

دکتر شهاب الدین صافی

دکترارامک روشنایی مقدم

دکترسیدمحمداسماعیل محبوبی ربانی

دکترکمال الدین حاج محمدابراهیم طهرانی

دکترحامدصوفی

فریناز طاهری

مهشیدبلورچیان

زیر نظر :

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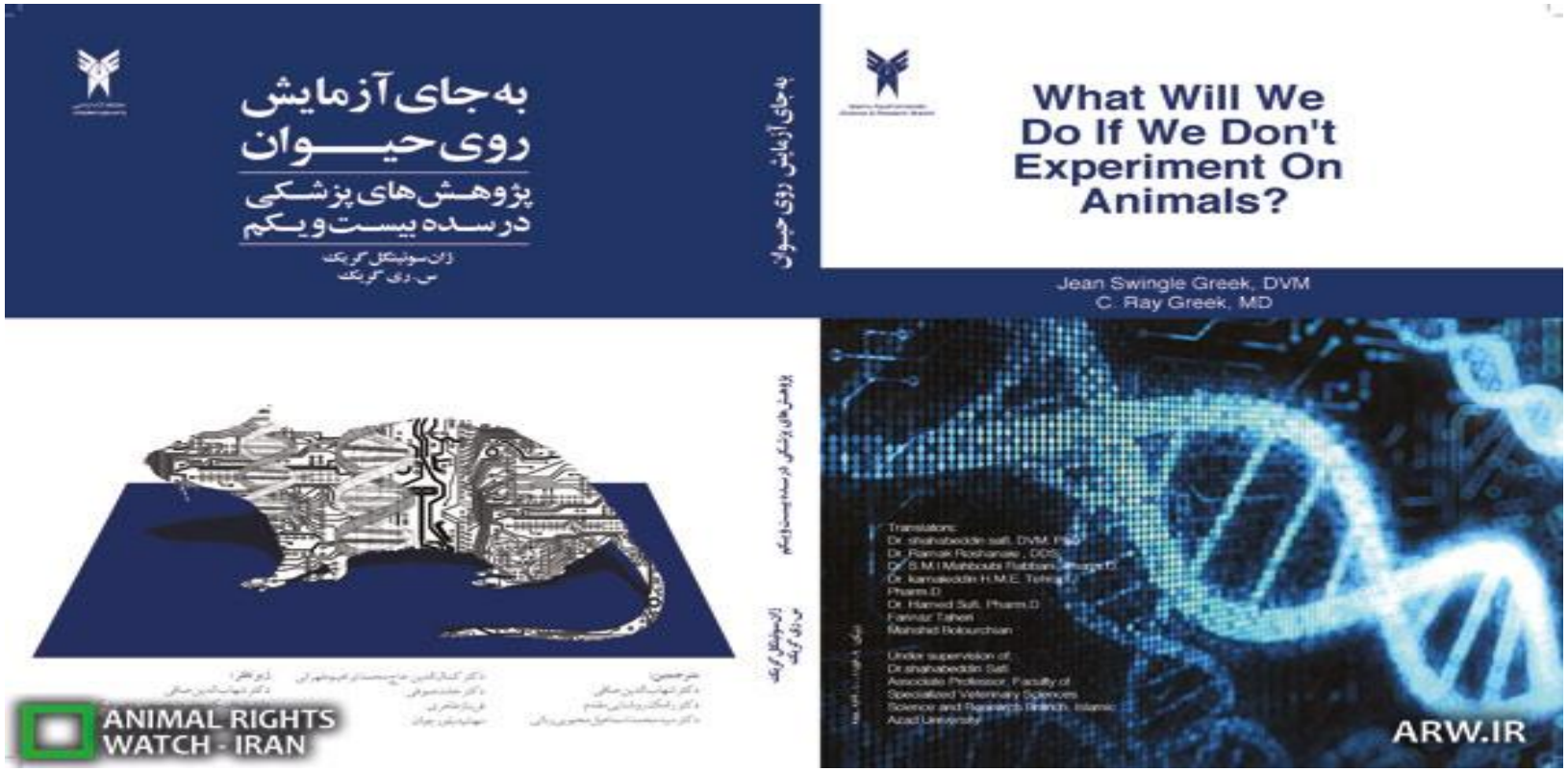

به‌جای آزمایش
روی حیوان
پژوهش‌های پزشکی
در سده بیست و یکم
ژان سوئینگل گریک
سی. ری گریک
به‌جای آزمایش روی حیوان
What Will We
Do If We Don't
Experiment On
Animals?
Jean Swingle Greek, DVM
C. Ray Greek, MD
ANIMAL RIGHTS
WATCH - IRAN
ARW.IR

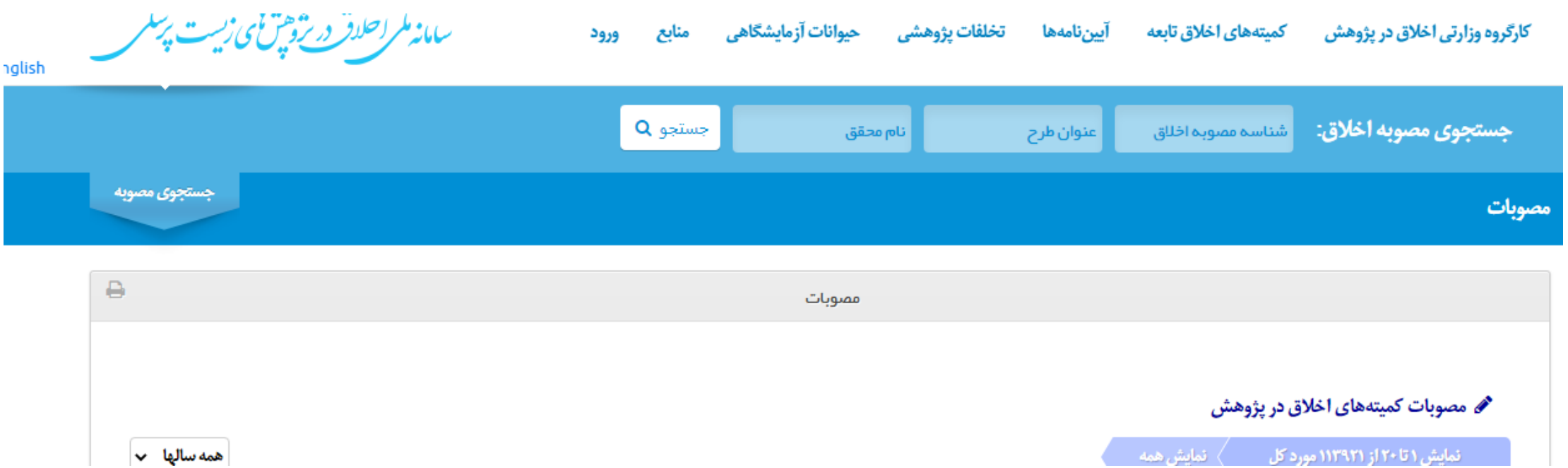
آشنایی با سامانه اخلاق در پژوهش های زیست پزشکی

https://ethics.research.ac.ir/

- سامانه اخلاق در پژوهش های زیست پزشکی

کمیته های اخلاق و لیست طرح های مصوب دارای کد اخلاق

جست و جو بر اساس نام پژوهشگر، عنوان و یا شناسه مصوبات



مصوبات کمیته‌های اخلاق در پژوهش

نمایش ۱ تا ۲۰ از ۱۱۲۰۲۲ مورد کل | نمایش همه

همه سالها

ردیف	کد مصوبه اخلاق / کمیته	عنوان فارسی	عنوان انگلیسی	مجری	تاریخ تصویب / نوع	گواهی فارسی	گواهی انگلیسی	جزئیات
۱	IR.TUMS.IKHC.REC.1399.477 مجتمع بیمارستانی امام خمینی ره- دانشگاه علوم پزشکی تهران	گزارش یافته های تصویربرداری و آمبولیزاسیون آنژیوگرافیک شریان رحمی در بیماران با مالفورماسیون شریانی-وریدی رحمی مراجعه کننده به مرکز تصویربرداری بیمارستان امام خمینی (ره) طی سال های ۱۳۹۹-۱۳۹۶	Imaging and Angiography findings of uterine artery embolization in patients with arteriovenous malformation referred to Imam Khomeini Hospital Imaging Center during 2017-2020	حسین قناعتی	۱۳۹۹/۱۲/۳ پایان‌نامه	آنلاین PDF	آنلاین PDF	
۲	IR.TUMS.DDRI.REC.1399.053 پژوهشکده بیماری‌های گوارش و کبد-	بررسی پاسخ ایمنی هومورال به قسمت خارج سلولی آنتی‌ژن	Evaluation of humoral immune response to extra cellualr domain	محمود نادری	۱۳۹۹/۱۲/۳	آنلاین PDF	آنلاین PDF	

آیین نامه ها


کارگروه وزارتی اخلاق در پژوهش
کمیته‌های اخلاق تابعه
آیین‌نامه‌ها
تخلفات پژوهشی
حیوانات آزمایشگاهی
منابع
ورود
سامانه ملی اخلاق در پژوهش‌های زیست پزشکی
English
جستجوی مصوبه
دستورالعمل نحوه تشکیل، روش کار و شرح وظایف کارگروه/ کمیته های اخلاق در پژوهش
دستورالعمل ملی انتقال فرامرزی نمونه‌های زیستی
بخشنامه‌ها
راهنماهای اخلاقی عمومی و اختصاصی
سایر راهنماها و دستورالعمل‌های کشوری
فرم‌ها
کمیته‌های اخلاق در پژوهش
نوع:
همه
کارگروه وزارتی اخلاق در پژوهش
نمایش ۱۳۷ کمیته
انستیتو تحقیقات تغذیه ای و صنایع غذایی کشور
بیمارستان آموزشی و درمانی امام (ره) ساری- دانشگاه علوم پزشکی مازندران
بیمارستان چشم پزشکی فارابی - دانشگاه علوم پزشکی تهران
بیمارستان سینا
اعضا: ۱۱ مصوبات: ۱۲۲ زیرمجموعه ای از: ۱


ورود
منابع
حیوانات آزمایشگاهی
تخلفات پژوهشی
آیین‌نامه‌ها
لاق تابعه
آیین‌نامه‌ها » فرم‌ها:
عنوان
تعهدنامه رازداری اعضای کمیته اخلاق
اظهارنامه تعارض منافع اعضای کمیته اخلاق
چارچوب مصوبه کمیته اخلاق در پژوهش-فارسی
چارچوب مصوبه کمیته اخلاق در پژوهش -انگلیسی
چک لیست نظارت بر کارآزمایی‌های بالینی
چک لیست نظارت بر مطالعات حیوانی
شاخص‌های ارزشیابی عملکرد کمیته‌های اخلاق در پژوهش
فرم توافق‌نامه‌ی ارسال نمونه‌های بیولوژیک به خارج از کشور (MTA)
تفاهم نامه طرحهای مشترک
نمونه فرم رضایت آگاهانه

تفاهم نامه طرح های مشترک

- **مصوبه‌ی کمیته‌ی کشوری اخلاق در خصوص لزوم امضای تفاهم‌نامه در همکاری‌های پژوهشی:**
- بر اساس مصوبه‌ی کمیته‌ی کشوری اخلاق، به منظور پیشگیری از بروز اختلافات پس از اتمام فعالیت‌های پژوهشی در همکاری‌های پژوهشی بین مراکز تحقیقاتی، مقرر گردید که از این پس تمام فعالیت‌هایی که بین مراکز مختلف انجام می شود، براساس امضای تفاهمنامه باشد. لازم به ذکر است، بدون وجود چنین تفاهمنامه‌هایی طرح‌های پیشنهادی توسط کمیته‌ی اخلاق مورد بررسی قرار نخواهند گرفت.

فرم تفاهم نامه طرح مشترک

تاریخ:.....

شماره:.....

تفاهم نامه‌ی اجرای طرح تحقیقاتی بین ..... و .....

پیرو توافق نامه‌ی شماره‌ی ..... مورخ .../.../... منعقده بین ..... و ..... در خصوص اجرای طرح تحقیقاتی مشترک راجع به ..... به منظور انجام اقدامات اجرایی طرح تحقیقاتی مذکور و قراردادی به شرح اصول و مفاد آتی بین طرفین منعقد گردیدو متعهد و ملتزم به اجرای کامل مفاد آن می‌باشند.

ماده ۱) موضوع قرارداد:

عبارت است از اجرای طرح پژوهشی تحت عنوان:

"....."

موضوع توافق‌نامه شماره..... مورخ .../.../... بین پژوهشکده (مرکز.....) و مشخصات کامل طرح در فرم تصویب شده طرح پیشنهادی درج گردیده، تمامی صفحات آن به وسیله‌ی نمایندگان دو مرکز امضاء شده، جزء لاینفک این قرارداد است و رعایت کلیه‌ی نکات مندرج در آن که جزء لاینفک این قرارداد است، الزامی است.

ماده ۲) مدت اجرای قرارداد:

مدت اجرای کامل طرح .....ماه است که از تاریخ .../.../... آغاز و تا .../.../... ادامه دارد. مراحل اجرا به شرح فرم تصویب شده طرح پیشنهادی و با جدول زمان‌بندی ضمیمه قرارداد که به امضاء طرفین رسیده، می‌باشد.

ماده ۳):

طرفین این قرارداد با هماهنگی و توافق با یکدیگر شخص یا اشخاص حقیقی مورد نیاز به‌عنوان مجری طرح تحقیقاتی را تعیین کرده و با تنظیم قرارداد- با صدور ابلاغ انتسابی- وظایف آن‌ها را در خصوص اقدامات اجرایی طرح تحقیقاتی تعیین می‌نمایند. در این ابلاغ‌ها مسئول گزارش‌های دوره‌ای و نیز گزارش نهایی مشخص می‌شود.

ماده ٤) گزارش پیشرفت کار:

بر حسب میزان مداخله و اقداماتی که در اجرای طرح تحقیقاتی به‌عهده‌ی طرفین گذاشته می‌شود، گزارش پیشرفت کار طبق برنامه‌ی زمان بندی تنظیم و حداکثر ماهانه از تاریخ شروع به کار تحقیقاتی در اختیار مدیریت مرکز پژوهشی قرار می‌گیرد تا با هماهنگی بین آن‌ها گزارش نهایی قابل تنظیم باشد.

ماده ٥) تجهیزات و لوازم- اسناد- نتایج حاصله از اجرای طرح:

الف) کلیه‌ی تجهیزات و لوازم مورد نیاز غیر مصرفی طرح که از محل اعتبار طرح پژوهشی با رعایت مقررات تهیه می‌گردد به نسبت مشارکت و سرمایه‌گذاری هر مرکز متعلق به آن است. طرفین در حفظ و نگهداری و استفاده صحیح از این تجهیزات و لوازم اهتمام نموده و پس از پایان اجرای طرح متناسب با سرمایه‌گذاری و

تاریخ:.....

شماره:.....

موافقت نامه اجرای طرح‌های مشترک

به‌منظور اجرای طرح‌های تحقیقاتی به‌صورت مشترک بین مراکز مشروحه ذیل:

الف- مرکز .....وابسته به ..... آدرس.....

ب- ....آدرس ..... که در این توافق‌نامه طرف دوم نامیده می‌شود اصول و ضوابط زیر مورد توافق وتعهد قرار گرفت و طرفین متعهد به اجرای مفاد آن شدند:

۱- موضوع:

موضوع طرح مشترک عبارت است از اجرای طرح پژوهشی تحت عنوان:

"....."

۲- به منظور اجرای طرح مذکور پرویزال حاوی جزئیات اجرای طرح با همکاری طرفین تنظیم و پس از تصویب در مراجع ذیصلاح هر یک از دو مرکز تحقیقاتی قابلیت اجرا خواهد داشت.

۳- در پرویزال تنظیمی حدود همکاری و مشارکت هر یک از دو مرکز از حیث انجام خدمات و وظایف مربوط به همکاری تحقیقاتی و نیروی مورد نیاز اعم از محقق و سایر نیروهای ذیربط که هر یک از دوطرف باید فراهم نماید و هزینه مربوط با ذکر جزئیات مشخص خواهد شد.

٤- در پرویزال، در حدود امکانات باید برنامه‌ی زمان بندی از حیث اجرای کار و تخصیص اعتبار تنظیم گردد.

٥- سمت اشخاص حقیقی که به‌عنوان مجری طرح از حیث پیشبرد امر تحقیق ضرورت دارند در پرویزال معین خواهد شد.

٦- ضروری است شخص یا اشخاص حقیقی مجری طرح مشترک معین شود و در صورتی که مسئولیت مذکور به بیش از یک شخص واگذار می‌شود حدود، ضوابط و نحوه‌ی همکاری آن‌ها در پرویزال مشخص گردد.

۷- محل هزینه و محل تامین منابع مالی- و سهم هر یک از دو مرکز در پرویزال باید مشخص گردد.

۸- هر نوع بهره‌برداری معنوی از نتایج طرح شامل ارائه‌ی مقالات و نتایج تحقیقات در کنگره‌ها- و مجلات علمی و پژوهشی داخلی و خارجی – با اطلاع و رضایت طرفین انجام خواهد شد.

۹- نتایج مادی حاصله از طرح مشترک به نسبت سهم تخصیص یافته و پرداخت شده هزینه‌ی اجرای طرح- متعلق به طرفین می‌باشد.

۱۰-پس از تهیه و تصویب پرویزال- و تامین منابع مالی- قرارداد اجرای طرح تحقیقاتی با مجریان طرح به‌صورت مشترک تنظیم و امضاء می‌شود.

امضاء:

نام و نام خانوادگی: .....

عنوان: .....

امضاء:

نام و نام خانوادگی: .....

عنوان: .....

رسیدگی به تخلفات پژوهشی طبق یک کاربست از پیشن تعیین شده قابل دریافت روی سایت سامانه ملی اخلاق در پژوهش های زیست پزشکی انجام می شود.

کاربرگ‌های رسیدگی به تخلفات پژوهشی
(ویژه کارگروه‌های اخلاق در پژوهش)

کاربرگ‌های زیر در راستای اجرای «دستورالعمل رسیدگی به تخلفات پژوهشی» و به منظور ایجاد وحدت رویه در انجام امور بررسی پرونده‌های تخلفات پژوهشی، تدوین گردیده است. شاین ذکر است که تخلفات پژوهشی فقط در «کارگروه وزارتی اخلاق در پژوهش» و «کارگروه اخلاق در پژوهش موسسه» قابل بررسی است. این کاربرگ ها باید در سربرگ رسمی (با شماره و تاریخ) ارسال شوند.

کاربرگ شماره ۱- دریافت گزارش تخلف پژوهشی
الف- مشخصات گزارش‌دهنده / مدعی (شاکی):
تاریخ دریافت شکایت:
نحوه دریافت گزارش به دبیرخانه کارگروه:
نام و نام خانوادگی گزارش دهنده:
واحد محل خدمت:
شماره تماس و ایمیل گزارش دهنده:
ب- مشخصات مدعی علیه (شخص مورد شکایت):

۲	**مصادیق تخلفات حین انجام پژوهش**		
۲-۱	عدم اخذ رضایت آگاهانه و مبتنی بر ارائه صحیح اطلاعات پژوهش و یا عدم اطمینان از درک صحیح اهداف و روش اجرای پژوهش توسط شرکت‌کنندگان در پژوهش		
۲-۲	هرگونه پنهان‌کاری مانند عدم گزارش عوارض جانبی، مخاطرات و آسیب به شرکت‌کنندگان در حین اجرای پژوهش		
۲-۳	هرگونه نقض محرمانگی اطلاعات و افشای اطلاعات مربوط به شرکت‌کنندگان در پژوهش		
۲-۴	عدم پایبندی به مندرجات طرح‌نامه و عدم کسب موافقت مجدد از کارگروه/کمیته اخلاق در صورت انجام هر گونه تغییر در طرح‌نامه، مانند تغییر مجری اصلی یا همکاران، اهداف پژوهش، روش‌شناسی پژوهش، روش اجرا، میزان حمایت‌های مالی، حامیان مالی و بروز مصادیقی از تعارض یا اشتراک منافع		
۲-۵	انجام کارآزمایی بالینی (مداخله بر روی بیماران) بدون هماهنگی با پزشک معالج		
۲-۶	تحمیل هزینه‌های مالی به شرکت‌کنندگان در پژوهش و شرکت‌های بیمه		
۲-۷	نقض یا تخلف از مفاد راهنماهای عمومی و اختصاصی اخلاق در پژوهش (مصوبِ وزارت)		
۲-۸	دریافت خدمات غیرمتعارف از شرکت‌ها و موسسات، به نحوی که برون‌سپاری فعالیت‌های مذکور به شخص ثالثِ خارج از گروه پژوهش در ازای پرداخت حق‌الزحمه و مانند آن؛ بر اساس عرف علمی متخصصان آن رشته علمی، غیرموجه باشد.		

۱	**مصادیق تخلفات پیش از شروع مراحل انجام پژوهش**		
۱-۱	عدم ثبت طرح‌نامه پژوهش (با هر عنوان از جمله طرح، طرح تحقیقاتی، پژوهش، مطالعه، پایان‌نامه و مانند آن‌ها) در موسسه مربوطه		
۱-۲	عدم اخذ تائیدیه کارگروه/ کمیته اخلاق و شناسه اخلاق در پژوهش		
۱-۳	عدم ثبت کارآزمایی بالینی در سامانه «مرکز ثبت کارآزمایی بالینی ایران»		
۱-۴	عدم اخذ مجوزهای سازمان غذا و دارو برای طرح‌هایی که طبق مقررات نیازمند اخذ مجوز از این سازمان هستند (مانند مطالعات بالینی مرتبط با داروها و ارزیابی بالینی وسایل پزشکی)		
۱-۵	استفاده از ایده‌های پژوهشی سایرین بدون رعایت حقوق مالکیت فکری		
۱-۶	عدم رعایت مقررات، ضوابط اداری و راهنماهای اخلاقی در انتخاب حامی مالی یا انعقاد قراردادهای مربوطه		
۱-۷	عدم رعایت موازین اخلاق نشر در تهیه طرح‌نامه پژوهش		
۱-۸	عدم آشکارسازی اسامی حمایت‌کنندگان پژوهش		
۱-۹	عدم شفاف سازی یا عدم بیان وجود هرگونه تعارض منافع توسط ذی‌نفعان ازجمله پژوهشگر اصلی، همکاران پژوهش و اعضای کارگروه/کمیته اخلاق		
۱-۱۰	عدم پاسخ‌گویی به درخواست‌های کارگروه/کمیته اخلاق در پژوهش (درخواست‌های پیش از شروع پژوهش)		
۱-۱۱	سایر (توضیح دهید):		
۲	**مصادیق تخلفات حین انجام پژوهش**		
	عدم اخذ رضایت آگاهانه و مبتنی بر ارائه صحیح اطلاعات پژوهش و یا عدم اطمینان از درک		

در صورت مطابق نبودن مورد شکایت با بند های کاربرگ می توان از گزینه سایر استفاده کرد و توضیحات مربوطه را ارائه نمود.

	مربوطه، نتایج پژوهش می‌تواند در تعداد مقالات کمتری منتشر شود.		
۳-۹	دریافت خدمات غیرمتعارف از شرکت‌ها و موسسات، به نحوی که برون‌سپاری فعالیت‌های مذکور به شخص ثالثِ خارج از گروه پژوهش در ازای پرداخت حق‌الزحمه و مانند آن، بر اساس عرف علمی متخصصان آن رشته علمی، غیرموجه باشد.		
۳-۱۰	عدم پاسخگویی به درخواست‌های کارگروه/کمیته‌های اخلاق در پژوهش (درخواست‌های پس از پایان پژوهش)		
۳-۱۱	سایر (توضیح دهید):		
شرح مستندات ارائه شده:			
۱-			
۲-			
دستور دبیر کارگروه اخلاق:			

نام و نام خانوادگی و امضاء دبیر: تاریخ:

۳	مصادیق تخلفات پس از پایان پژوهش		
۳-۱	جعل داده‌ها شامل ساخت، ثبت و انتشار داده ها یا نتایج یک پژوهش به صورتی که تمام یا بخشی از داده‌ها یا نتایج مذکور اصلا وجود نداشته است.		
۳-۲	تحریف داده‌ها و دست‌کاری داده‌ها شامل تغییر یا حذف بخشی از داده‌ها، تصاویر، نمودارها، جداول، روش پژوهش، روش اجرا، تجهیزات و مواد مورد استفاده در پژوهش و یافته‌های پژوهش است؛ به صورتی که با مندرجات طرح‌نامه، واقعیات اجرا و یافته های واقعی پژوهش منطبق نباشد.		
۳-۳	سرقت ادبی شامل کپی کردن کامل یا بخشی از دست‌نوشته، مقاله و یا طرح‌نامه فردی دیگر، بدون استناد و ارجاع مناسب به صاحب یا مالک معنوی آن است.		
۳-۴	جعل و دست‌کاری اسامی نویسنده که شامل حذف نام فرد یا افراد حائز شرایط «حق نویسندگی» از فهرست اسامی نویسندگان، اضافه کردن نام فرد یا افراد فاقد شرایط حق نویسندگی به عنوان نویسنده و انتشار نتایج پژوهش بدون ذکر مشخصات مشارکت‌کنندگان در نوشته علمی یا مقاله است.		
۳-۵	دست‌کاری در ارجاعات اثر پژوهشی که شامل ارجاع به آثار پژوهشی خود و دیگران، بدون توجیه علمی است که معمولا با انگیزهٔ افزایش ارجاعات و شاخص‌های مربوطه انجام می‌شود. اجبار نویسندگان مقالات توسط سردبیران یا داورانِ مجلات علمی به دست‌کاری در ارجاعات، شامل این بند است.		
۳-۶	دست‌کاری در مراحل داوری اثر پژوهشی از جمله معرفی داوران جعلی		
۳-۷	انتشار هم‌پوشان نتایج پژوهش به نحوی که بخشی یا تمامی یک اثر پژوهشی، بدون رعایت استانداردهای مربوطه، در اثر پژوهشی دیگری منتشر شده باشد.		
۳-۸	انتشار برشیِ نتایج پژوهش در چند مقالهٔ مجزا در شرایطی که به لحاظ عرفِ رشته علمی مربوطه، نتایج پژوهش می‌تواند در تعداد مقالات کمتری منتشر شود.		

سامانه ملی اخلاق در پژوهش های زیست پزشکی

چک لیست ۲۰ موردی توصیف کننده حدلقل اطلاعات مورد نیاز در گزارش نتایج کار با حیوانات

دستورالعمل ARRIVE برای گزارش پژوهش های انجام شده بر حیوان

Animals in Research: Reporting In Vivo Experiments

- ✓دستورالعمل ARRIVE قابل اعمال به هر حیطه های از پژوهش های علوم زیستی است که از حیوانات ازمایشگاهی استفاده میکند.
- ✓بهبود گزارشدهی خروجی پژوهش چاپ شده را به حداکثر می رساند.
- ✓دستورالعمل ARRIVEشامل چِکلیستی از ۲۰ مورد است که توصیف کنندهی حداقل اطالعاتی است که لازم است در همه ی مقالات علمی که پژوهشهای انجام شده بر روی حیوانات را گزارش میکنند، ارائه گردد.
- ✓این اطالعات عبارتند از: تعداد و ویژگی های خاص حیوانات استفاده شده: شامل گونه، سویه، جنس و زمینه ی ژنتیکی، جزئیات مربوط به پرورش و نگهداری حیوانات، روش های آزمایش، آزمونهای آماری و روشهای تحلیل شامل جزئیات روشهای به کار رفته برای کاهش تورش مانند تصادفی سازی و کورسازی

((چک لیست ارزیابی کار با حیوانات آزمایشگاهی اخلاق در پژوهش های زیست پزشکی))

چک لیست کار با حیوانات آزمایشگاهی

''براساس کدهای راهنمای کار باحیوانات ابلاغی وزارت بهداشت''

مقدمه: حیوانات نقش بسیار مهمی در ارتقاء علومپزشکی داشته و مبانی اخلاقی و تعالیم ادیان الهی حکم میکنند که به حقوق حیوانات پایبندباشیم، اگرچه ممکن است در زمینههای مختلف علمی پژوهشی حقوق انسانها نیز رعایت نشده و گهگاه اعمال ضد اخلاقی دیده شود ولی بهرحال هرچه به سمت توسعه بالنده و پایدار قدم برمیداریم ضرورتهای همراه آن را باید پذیرفته و رعایت حقوق حیوانات در زمینه پژوهشی هم از جمله آنها میباشد بر این اساس محققین می بایست در پژوهشهایی که بروی حیوانات صورت می گیرد ،اصول اخلاقی پژوهش حیوانات را رعایت کنند. در این خصوص چک لیست کار با حیوانات آزمایشگاهی برای هر یک از طرحهای مرتبط می بایست تکمیل و همراه پروپوزال طرح ارایه گردد

عنوان پژوهش:

نام و نام خانوادگی مجری طرح :

چک لیست کار با حیوانات آزمایشگاهی
"براساس کد های راهنمای کار با حیوانات ابلاغی وزارت بهداشت"

عنوان پژوهش:

نام و نام خانوادگی:

مقدمه: حیوانات نقش بسیار مهمی در ارتقاء علوم پزشکی داشته و مبانی اخلاقی و تعلیم ادیان الهی حکم می کند که به حقوق حیوانات پایبند باشیم ، اگرچه ممکن است در زمینه های مختلف علمی پژوهشی حقوق انسانها نیز رعایت نشده و گهگاه اعمال ضد اخلاقی دیده شود ولی بهر حال هرچه به سمت توسعه بالنده و پایدار قدم بر می داریم ضرورتهای همراه آن را باید پذیرفته و رعایت حقوق حیوانات در زمینه پژوهشی از جمله آنها می باشد براین اساس محققین می بایست در پژوهشهایی که بروی حیوانات صورت می گیرد، اصول اخلاقی پژوهش حیوانات را رعایت کنند. در این خصوص چک لیست کار با حیوانات آزمایشگاهی برای هر یک از طرح های مرتبط می بایست تکمیل و همراه پروپوزال طرح ارایه گردد.

شرایط حمل و نقل و نگهداری حیوانات آزمایشگاهی

-قفس ها امکان استراحت حیوان را دارند؟	بلی☐	خیر☐
-حیوانات در مجاورت حیوانات شکارچی خود قرار نگرفته اند؟	بلی☐	خیر☐
-قفس مناسب برای مشاهده توسط فرد مراقب می باشد؟	بلی☐	خیر☐
-امکان فرار از قفس وجود ندارد؟	بلی☐	خیر☐
-امکان آسیب و جراحت حیوان در اثر جابجایی وجود ندارد؟	بلی☐	خیر☐
-تغذیه مناسب حیوان صورت می گیرد؟	بلی☐	خیر☐

What is Research Ethics?

Research ethics provides guidelines for the responsible conduct of research. In addition, it educates and monitors scientists conducting research to ensure a high ethical standard. The following is a general summary of some ethical principles:

Page address:
https://libguides.library.cityu.edu.hk/researchmethods/ethics

The history of research ethics

The history of research ethics

Throughout the ages – and especially after the scientific revolution in the 17th century – the behavior of researchers has been subject to some form of regulations that have reflected the normative system prevailing within the research community. In addition, researchers have also sought to show respect for general ethical rules and social norms. These are integral to research ethics.

تاریخچه برخی مسایل اخلاق در پژوهش در قرن اخیر و علت های توجه ویژه به اخلاق در پژوهش

- آزمایش های هراس انگیز برخی پزشک های نازی بر روی انسان ها در جنگ جهانی دوم در مدت ۱۹۴۵-۱۹۴۳ و تجربه واکسن تیفوس و مرگ چند هزار نفر

تاریخچه برخی مسایل اخلاق در پژوهش در قرن اخیر و علت های توجه ویژه به اخلاق در پژوهش

- تزریق خون آلوده در موسسه رابرت کخ به ۴۰ نفر برای بررسی اثرات آن
- انتقال پشه های آنوفل از مرداب ها به اردوگاه ها برای آزمایش بیماری مالاریا برای درک نحوه انتقال آن
- تلاش برای کشف واکسن شیگلا و استفاده از آن در افراد عقب مانده ذهنی در آمریکا
- وارد کردن سنگ و شیشه به زخم ها برای بررسی اثر سولفونامیدها در رفع عفونت
- مرگ ۷۰۰ نفر از ژاپنی ها در تلاش پژوهشگران ژاپنی در شناخت بیماری طاعون

تاریخچه برخی مسایل اخلاق در پژوهش در قرن اخیر و علت های توجه ویژه به اخلاق در پژوهش

- تجویز داروی خواب آور آزمایشی تالیدومایید (Thalidomide) به زنان باردار بدون اطلاع آنها در سال ۱۹۶۲
- آلوده کردن کودکان عقب مانده ذهنی به ویروس هپاتیت در بیمارستان ایالتی Willowbrook در مدت ۱۹۶۶-۱۹۶۳
- تزریق سلول های سرطانی به بیماران بدون اطلاع خودشان در بیمارستان بیماری های مزمن یهودیان (Jewish Chronic Diseases Hospital) در سال ۱۹۶۳
- چاپ مقاله مهم بیچر (Henry K Beecher) در سال ۱۹۶۶ در مجله New England Journal of Medicine که در آن به ۲۲ مورد مهم اخلاقی اشاره کرد.

What are research misconducts?

Example of Differences "misconduct in research"

- United States government defines "misconduct in research" as plagiarism and fabrication or falsification of data.
- Finland government defines "misconduct in research" as "gross negligence and irresponsibility," e.g., understatement of another's contributions, negligence in referring to earlier findings, publication of same results several times.

What are research misconducts?

(a) Fabrication - making up data or results and recording or reporting them.

(b) Falsification - manipulating research materials, or changing or omitting data or results such that the research is not accurately represented in the research record.

(c) Plagiarism - the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.

✓Research misconduct does not include honest error or differences of opinion.

Plagiarism

Plagiarism means using someone else’s words or ideas without properly crediting the original author. Sometimes plagiarism involves deliberately stealing someone’s work, but often it happens accidentally, through carelessness or forgetfulness.

How to avoid plagiarism

When you write an academic paper, you build upon the work of others and use various sources for information and evidence.

To avoid plagiarism, you need to correctly incorporate these sources into your text.

Follow these four steps to ensure your paper is free from plagiarism:

- Keep track of the sources you consult in your research.
- Paraphrase or quote from your sources (and add your own ideas).
- Credit the original author in an in-text citation and reference list.
- Use a plagiarism checker before you submit.

Step 1: Keep track of your sources

- While you're doing research and taking notes for your paper, make sure to record the source of each piece of information.
- One way that students commit plagiarism is by simply forgetting where an idea came from and unintentionally presenting it as their own.
- You can easily avoid this pitfall by keeping your notes organized and compiling a list of citations as you go. Keep track of every source you consult—that includes not only books and journal articles, but also things like websites, magazine articles, and videos.
- Then you can easily go back and check where you found a phrase, fact, or idea that you want to use in your paper.

An example of incorrect citation in my article

Dear Prof.

let me introduce myself. My name is and I'm co-author together with Prof. Elisa Vincenzi of the paper: "Ghezzi S, Pagani I, Poli G, Perboni S, Vicenzi E (2020) Rapid inactiva- tion of severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) by tungsten trioxide-based (WO3) photocatalysis. bioRxiv" which for your information I'm attaching to this mail.

Our paper has been citated by your review published in Environmental Science and Pollution Research entitled. "Are photocatalytic processes effective for removal of airborne viruses from indoor air? A narrative review".

Reading carefully the paper I've noticed that in the Table 1 for our technology the photocatalytic activity has been written to be triggered by a UV-LAMP source which is absolutely not the case. Our filter is working under VISIBLE LIGHT.

Since this, compared to all the other photocatalytic methods, is an innovative approach, I'm officially asking you to submit to the editor an ERRATA CORRIGE document in which is underlined the different technology used.

Thank you so much for your collaboration

Best regards

Step 2: Direct quotation, paraphrasing & referencing

- **Quoting** means copying a piece of text word-for-word. The copied text must be introduced in your own words, enclosed in quotation marks, and correctly attributed to the original author:
- For example:

✓According to Cronon, the concept of wilderness is a cultural invention: **“Far from being the one place on earth that stands apart from humanity, it is quite profoundly a human creation—indeed, the creation of very particular human cultures at very particular moments in human history”** (1995, p. 69).

Direct and Indirect Quotation

- As we know there are two ways of incorporating other people's ideas. The first is direct quotation (as we had an example in the previous slide).
- **Indirect quotation or paraphrasing** is the second way to incorporate what another author has said into your own text. This is known as indirect quotation or paraphrasing.

Paraphrasing

- **For example:**
- We are going to paraphrase the following result:
- The original sentence in conclusion of published paper:
- “Even at an exposure concentration lower than 3.25 mg/m3, benzene exposure has genotoxicity.”
- **Paraphrased from:** In a similar study, it was found that exposure to benzene even at low concentration (>3.25 mg/m3) has genotoxicity effects.

Can you paraphrase the highlighted sentence?

- **Conclusion**

Coronavirus can sustain for a long time on various surfaces which is a major reason for its transmission. This virus can contaminate on different metal surfaces and stay on them from hours to days, with a maximum span on plastic and stainless and least on the copper surface. The alcohol-based disinfectants can significantly reduce the survival and decay time of the virus. ***The two important coronaviruses (SARS-CoV-2 and SARS-CoV-1) have significant sustaining time on different metal surfaces, and their behaviours is almost similar on various metal surfaces and in aerosols.***

- The two important coronaviruses (SARS-CoV-2 and SARS-CoV-1) have significant sustaining time on different metal surfaces, and their behaviours is almost similar on various metal surfaces and in aerosols.
- ***Paraphrased from***
- SARS-CoV-1 and SARS-CoV-2 as two major types of coronaviruses have a high sustaining time on various metal surfaces and in aerosols.

Paraphrasing vs. quoting

- In general, paraphrasing is better than quoting, especially for longer passages. It shows that you have fully understood the meaning of the original text, and ensures that your own voice is dominant in your paper.

Quotes are appropriate when:

- ✓You are using an exact definition introduced by the original author
- ✓It is impossible for you to rephrase the original text without losing its meaning
- ✓You want to maintain the authority and style of the author’s words

Step 3: Cite the original source

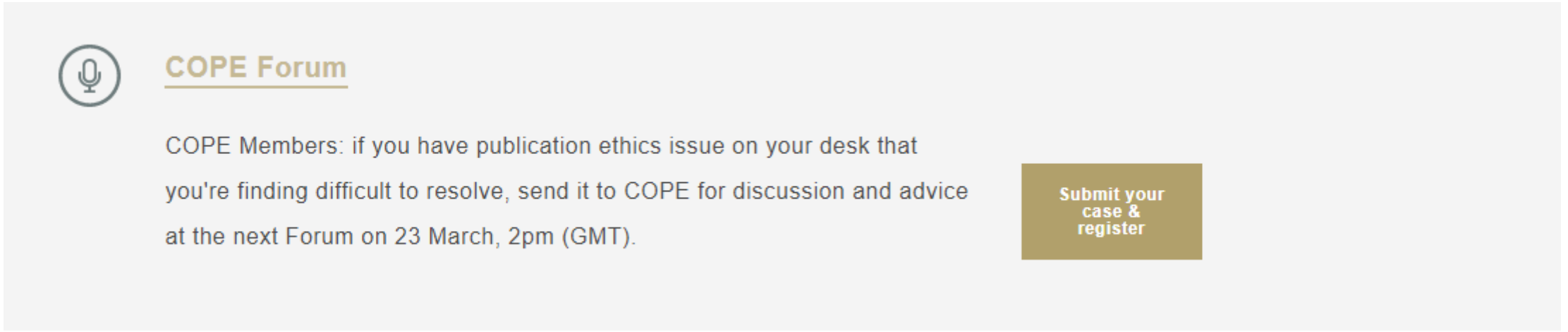
- Every time you quote or paraphrase, you must include an in-text citation (or footnote citation) that identifies the original author. It often also includes the publication year and a page number.

Step 4: Use a plagiarism checker

- Most universities use plagiarism checkers to detect plagiarism in student papers. This technology scans your document, compares it to a huge database of publications and websites, and highlights passages that are overly similar to other texts.

Committee on Publication Ethics

- COPE (Committee on Publication Ethics) is committed to educating and supporting editors, publishers and those involved in publication ethics



Case

On-going

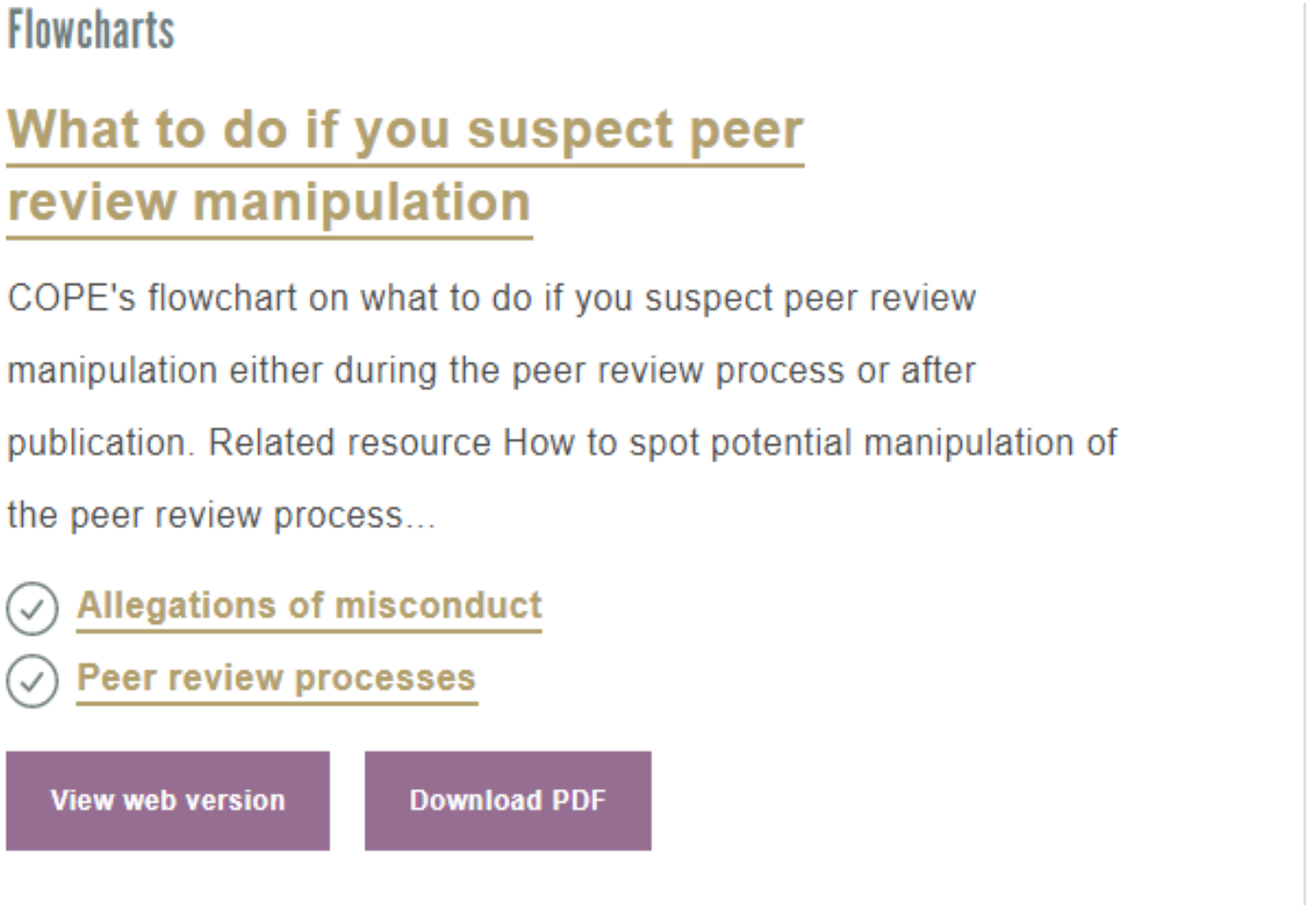
Request to remove an author post-publication

2021

A paper was submitted to a journal by authors A and B. The paper was accepted and then published in the journal. Several months after final publication, author A contacted the journal asking for their name and their biography to be removed from the article. Author A stated that they wished to distance themselves from the research. Author B also contacted the journal separately to...

- Allegations of misconduct
- Authorship and contributorship

Guidance in COPE



What are the consequences of scientific misconduct?

Article withdrawal

- Only used for Articles in Press which represent early versions of articles.
- Articles in Press (articles that have been accepted for publication but which have not been formally published and will not yet have the complete volume/issue/page information)
- Occasionally, but less frequently, the articles may represent infringements of professional ethical codes, such **as multiple submission**, **bogus claims** of **authorship**, **plagiarism**, **fraudulent use of data** or the like.
- Withdrawn means that the article content **(HTML and PDF) is removed and replaced with a HTML page and PDF simply stating that the article has been withdrawn according to the** Elsevier Policy on Article in Press Withdrawal with a link to the current policy document.

Article retraction

- Infringements of professional ethical codes, such as **multiple submission, bogus claims of authorship, plagiarism, fraudulent use of data o**r the like.
- Occasionally a retraction will be used to correct errors in submission or publication.
- A retraction note titled “Retraction: [article title]” signed by the authors and/or the editor is published in the paginated part of a subsequent issue of the journal and listed in the contents list.
- In the electronic version, a link is made to the original article.
- The online article is preceded by a screen containing the retraction note. It is to this screen that the link resolves; the reader can then proceed to the article itself.
- The original article is retained unchanged save for a watermark on the .pdf indicating on each page that it is “retracted.”
- The HTML version of the document is removed.

This article has been retracted.

A correction has been published 1

ORIGINAL ARTICLE

Primary Prevention of Cardiovascular Disease with a Mediterranean Diet

Ramón Estruch, M.D., Ph.D., Emilio Ros, M.D., Ph.D., Jordi Salas-Salvadó, M.D., Ph.D., Maria-Isabel Covas, D.Pharm., Ph.D., Dolores Corella, D.Pharm., Ph.D., Fernando Arós, M.D., Ph.D., Enrique Gómez-Gracia, M.D., Ph.D., Valentina Ruiz-Gutiérrez, Ph.D., Miquel Fiol, M.D., Ph.D., José Lapetra, M.D., Ph.D., Rosa Maria Lamuela-Raventos, D.Pharm., Ph.D., Lluís Serra-Majem, M.D., Ph.D., et al., for the PREDIMED Study Investigators*

April 4, 2013
N Engl J Med 2013; 368:1279-1290
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Chinese Translation 中文翻译

Abstract

BACKGROUND

Observational cohort studies and a secondary prevention trial have shown an inverse association between adherence to the Mediterranean diet and cardiovascular risk. We conducted a randomized trial of this diet pattern for the primary prevention of cardiovascular

Related Articles

EDITORIAL APR 4, 2013

Did the PREDIMED Trial Test a Mediterranean Diet?

L.J. Appel and L. Van Horn

Spontaneous Human Adult Stem Cell Transformation

Daniel Rubio,[1] Javier García-Castro,[1,2] María C. Martín,[1] Ricardo de la Fuente,[1] Juan C. Cigudosa,[3] Alison C. Lloyd,[4] and Antonio Bernad[1]

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Abstract

Human adult stem cells are being evaluated widely for various therapeutic approaches. Several recent clinical trials have reported their safety, showing them to be highly resistant to transformation. The clear similarities between stem cell and cancer stem cell genetic programs are nonetheless the basis of a recent proposal that some cancer stem cells could derive from human adult stem cells. Here we show that although they can be managed safely during the standard *ex vivo* expansion period (6–8 weeks), human mesenchymal stem cells can undergo spontaneous transformation following long-term *in vitro* culture (4–5 months). This is the first report of spontaneous transformation of human adult stem cells, supporting the hypothesis of cancer stem cell origin. Our findings indicate the importance of biosafety studies of mesenchymal stem cell biology to efficiently exploit their full clinical therapeutic potential. (Cancer Res 2005; 65(8): 3035-9)

Introduction

Stem cells are characterized by their self-renewal ability and differentiation potential (1) and can be divided into embryonic and adult stem cells. Embryonic stem cells derive from the inner mass of the blastocyst; they have the potential to give rise to an entire organism and to differentiate to all cell lineages (2). Most adult stem cells are minor populations found in adult tissues; they cannot give rise to an organism and only differentiate to specific cell lineages; mesenchymal stem cells (MSC) belong to this group. MSC are multipotent cells with many potential clinical applications due to their capacity to be expanded *ex vivo* and to differentiate into several lineages, including osteocytes, chondrocytes, myocytes, and adipocytes. MSC have been isolated from bone marrow, cartilage, and adipose tissue and all show similar morphologic and phenotypic characteristics (3). Stem cells and cancer stem cells share certain features such as self-renewal and differentiation potential. Cancer stem cells have been identified and characterized in several tumor types, including acute myeloid leukemia, breast cancer, and glioblastoma (1).

Human cells have two control tools that regulate their life span *in vitro*, the senescence and crisis (4). Senescence is associated with moderate telomere shortening and is characterized by cell cycle arrest and positive β-galactosidase staining at pH 6 (4). If cells bypass this stage, they continue to grow until telomeres become critically short and cell counter crisis phase, characterized by generalized chromosomal instability that provokes mass apoptosis (5). Human cells immortalize at low frequency and seem resistant to spontaneous transformation. Here we report that MSC in long-term cultures immortalize at high frequency and undergo spontaneous transformation.

Materials and Methods

Isolation of adipose tissue–derived mesenchymal stem cell. Samples of discarded adipose tissue from eight pediatric and two adult non-oncogenic surgical interventions were maintained in HBSS medium (4°C) and processed within 6 hours. After extensive washing with PBS, samples were minced and digested with 1 mg collagenase P (Roche, Indianapolis, IN)/5 mL sample/vial. DMEM (37°C, 1 hour). Enzyme activity was inhibited by using DMEM plus 10% heat-inactivated FCS. Samples were clarified by centrifugation (600 × *g*, 5 minutes, room temperature), the resulting cell pellet was filtered through a 40 mm² nylon filter (Becton Dickinson, San Jose, CA), plated onto tissue culture plastic (10^5 cells/cm²), allowed to adhere (24 hours), and washed twice with PBS (10 mL). Adipose tissue–derived MSC from C57BL/6 and CD1 mice were isolated using the same method.

Cell culture. Human and murine MSC were cultured (37°C, 5% CO_2) in MSC medium (DMEM plus 10% FCS), 2 mmol/L glutamine, 50 μg/mL gentamicin and passaged when they reached 85% confluence. Cells were treated with 0.5% trypsin plus 0.2% EDTA (5 minutes), washed with culture medium, sedimented (600 × *g*, 10 minutes, room temperature), and plated (5×10^3 cells/cm²) in MSC medium.

Cell differentiation. Cells plated as above were allowed to adhere (24 hours); culture medium was then replaced with specific differentiation-inductive medium. For adipogenic differentiation, cells were cultured in MEM plus 10% FCS, 0.5 mmol/L 3-isobutyl-1-methylxanthine, 0.5 mmol/L hydrocortisone, 1 mmol/L dexamethasone, 200 mmol/L indomethacin, and 50 μg/mL gentamicin for 2 weeks. Differentiated cell cultures were stained with Oil Red O (Amresco, Salon, OH). For osteogenic differentiation, cells were cultured in MEM plus 10% FCS, 0.1 mmol/L dexamethasone, 50 mmol/L ascorbate-2-phosphate, 10 mmol/L β-glycerophosphate, and 50 μg/mL gentamicin for 2 weeks. Differentiated cell cultures were stained with Alizarin Red S (Sigma, St. Louis, MO).

Fluorescence-activated cell sorting analysis. Cells were analyzed in an EPICS XL-MCL cytometer (Coulter Electronics, Hialeah, FL). 10^6 cells were routinely analyzed. Antibodies were precalibrated to determine optimal concentration. Cell cycle stage was determined with the DNA-Prep Reagent Kit (Coulter Electronics).

Retroviral transduction. Murine and human MSC were transduced with retroviral supernatants (4 hours; Genetix, Madrid, Spain) in 8 μg/mL polybrene. After incubation, cells were washed twice with PBS and incubated in fresh MSC medium. Enhanced green fluorescent protein expression was analyzed by fluorescence-activated cell sorting 48 hours after transduction.

Karyotype analysis. Metaphases were prepared from methanol/acetic acid (3:1)–fixed cells. Slides were hybridized by spectral karyotyping (Applied Spectral Imaging, Carlsbad, CA). Images were acquired with an SD300

Note: Supplementary data for this article are available at Cancer Research Online (http://cancerres.aacrjournals.org/).

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Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to lymphoid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (one). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and low serum IgA in five children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41
See Commentary page

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Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for 1 week, accompanied by their parents.

Clinical investigations

We took history including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental history included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

Child	Age (years)	Sex	Abnormal laboratory tests	Endoscopic findings	Histological findings
1	4	M	Hb 10·8, PCV 0·36, WBC 16·6 (neutrophilia), lymphocytes 1·8, ALP 166	Ileum not intubated; aphthoid ulcer in rectum	Acute caecal cryptitis and chronic non-specific colitis
2	9·5	M	Hb 10·7	LNH of T ileum and colon; patchy loss of vascular pattern; caecal aphthoid ulcer	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
3	7	M	MCV 74, platelets 474, eosinophils 2·68, IgE 114, IgG, 8·4	LNH of T ileum	Acute and chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
4	10	M	IgE 69, IgG, 8·25, IgG, 1·006, ALP 474, AST 50	LNH of T ileum; loss of vascular pattern in rectum	Chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
5	8	M		LNH of T ileum; proctitis with loss of vascular pattern	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
6	5	M	Platelets 480, ALP 207	LNH of T ileum; loss of colonic vascular pattern	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
7	3	M	Hb 9·4, WBC 17·2 (neutrophilia), ESR 16, IgA 0·7	LNH of T ileum	Normal
8	3·5	F	IgA 0·5, IgG 7	Prominent ileal lymph nodes	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
9	6	M		LNH of T ileum; patchy erythema at hepatic flexure	Chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
10	4	M	IgG, 9·0	LNH of T ileum and colon	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
11	6	M	Hb 11·2, IgA 0·26, IgM 3·4	LNH of T ileum	Chronic non-specific colitis
12	7	M	IgA 0·7	LNH on barium follow-through; colonoscopy normal; ileum not intubated	Chronic non-specific colitis; reactive colonic lymphoid hyperplasia

LNH=lymphoid nodular hyperplasia; T ileum=terminal ileum. Normal ranges and units: Hb=haemoglobin 11·5-14·5 g/dL; PCV=packed cell volume 0·32-0·45; MCV=mean cell volume 76-100 pg/dL; platelets 140-400 10⁹/L; WBC=white cell count 5·0-15·5 10⁹/L; lymphocytes 2·2-8·6 10⁹/L; eosinophils 0·04-1 10⁹/L; ESR=erythrocyte sedimentation rate 0-15 mm/h; IgG 8-18 g/L; IgG, 3·53-7·25 g/L; IgG, 0·1-0·99 g/L; IgA 0·9-4·5 g/L; IgM 0·6-2·8 g/L; IgE 0-62 g/L; ALP=alkaline phosphatase 35-130 U/L; AST=aspartate transaminase 5-40 U/L.

Table 1: **Clinical details and laboratory, endoscopic, and histological findings**

before. Stool samples were cultured for *Campylobacter* spp, *Salmonella* spp, and *Shigella* spp and assessed by microscopy for ova and parasites. Sera were screened for antibodies to *Yersinia enterocolitica*.

Histology

Formalin-fixed biopsy samples of ileum and colon were assessed and reported by a pathologist (SED). Five ileocolonic biopsy series from age-matched and site-matched controls with reports showed histologically normal mucosa were obtained for comparison. All tissues were assessed by three other clinical and experimental pathologists (APD, AA, AJW).

Ethical approval and consent

Investigations were approved by the Ethical Practices Committee of the Royal Free Hospital NHS Trust, and parents gave informed consent.

Results

Clinical details of the children are shown in tables 1 and 2. None had neurological abnormalities on clinical examination; MRI scans, EEGs, and cerebrospinal-fluid profiles were normal; and fragile X was negative. Prospective developmental records showed satisfactory achievement of early milestones in all children. The only girl (child number eight) was noted to be a slow developer compared with her older sister. She was subsequently found to have coarctation of the aorta. After surgical repair of the aorta at the age of 14 months, she progressed rapidly, and learnt to talk. Speech was lost later. Child four was kept under review for the first year of life because of wide bridging of the nose. He was discharged from follow-up as developmentally normal at age 1 year.

In eight children, the onset of behavioural problems had been linked, either by the parents or by the child's physician, with measles, mumps, and rubella vaccination. Five had had an early adverse reaction to immunisation (rash, fever, delirium; and, in three cases, convulsions). In these eight children the average interval from exposure to first behavioural symptoms was 6·3 days (range 1–14). Parents were less clear about the timing of onset of abdominal symptoms because children were not toilet trained at the time because behavioural features made children unable to communicate symptoms.

One child (child number four) had received monovalent measles vaccine at 14 months, after which his development slowed (confirmed by professional assessors). No association was made with the vaccine at the time. He received a dose of measles, mumps, and rubella vaccine at age 4·5 years, the day after which his mother noticed a striking deterioration in his behaviour and she did link with the immunisation. Child nine received measles, mumps, and rubella vaccine at 16 months. At 18 months he developed recurrent antibiotic-resistant otitis media and the first behavioural symptoms, including disinterest in his sibling and lack of play.

Table 2 summarises the neuropsychiatric diagnoses; the apparent precipitating events; onset of behavioural features; and age of onset of both behaviour and bowel symptoms.

Laboratory tests

All children were antiendomyseal-antibody negative and common enteric pathogens were not identified by culture, microscopy, or serology. Urinary methylmalonic-acid excretion was significantly raised in all eight children who

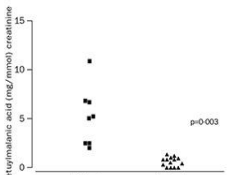

Figure 1: **Urinary methylmalonic-acid excretion in patients and controls**
p=Significance of mean excretion in patients compared with controls.

Retracted paper in PubMed

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> EMBO J. 1998 Nov 16;17(22):6739-46. doi: 10.1093/emboj/17.22.6739.

Viral pathogenicity determinants are suppressors of transgene silencing in Nicotiana benthamiana

G Brigneti [1], O Voinnet, W X Li, L H Ji, S W Ding, D C Baulcombe

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PMID: 9822616 PMCID: PMC1171019 DOI: 10.1093/emboj/17.22.6739
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Retraction: 'Viral pathogenicity determinants are suppressors of transgene silencing in Nicotiana benthamiana'.
Brigneti G, Voinnet O, Li WX, Ji LH, Ding SW, Baulcombe DC.
EMBO J. 2015 Oct 14;34(20):2595. doi: 10.15252/embj.201570030. Epub 2015 Aug 18.
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1. Primary Prevention of Cardiovascular Disease with a Mediterranean Diet. N ENGL J MED; APR 2013. *Estruch R, Ros E, Salas-Salvado J, Covas MI, Corella, D, Aros F, Gomez-Gracia E, Ruiz-Gutiérrez V, Fiol M, Lapetra J, Lamuela-Raventos RM, Serra-Majem L, Pinto X, Basora J, Munoz MA, Sorli JV, Martinez JA, Martinez-Gonzalez MA, et al., for the PREDIMED Study Investigators*	2018	1910	627	2537

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Chem./Phys./Eng., etc. (*n*=42)	<10
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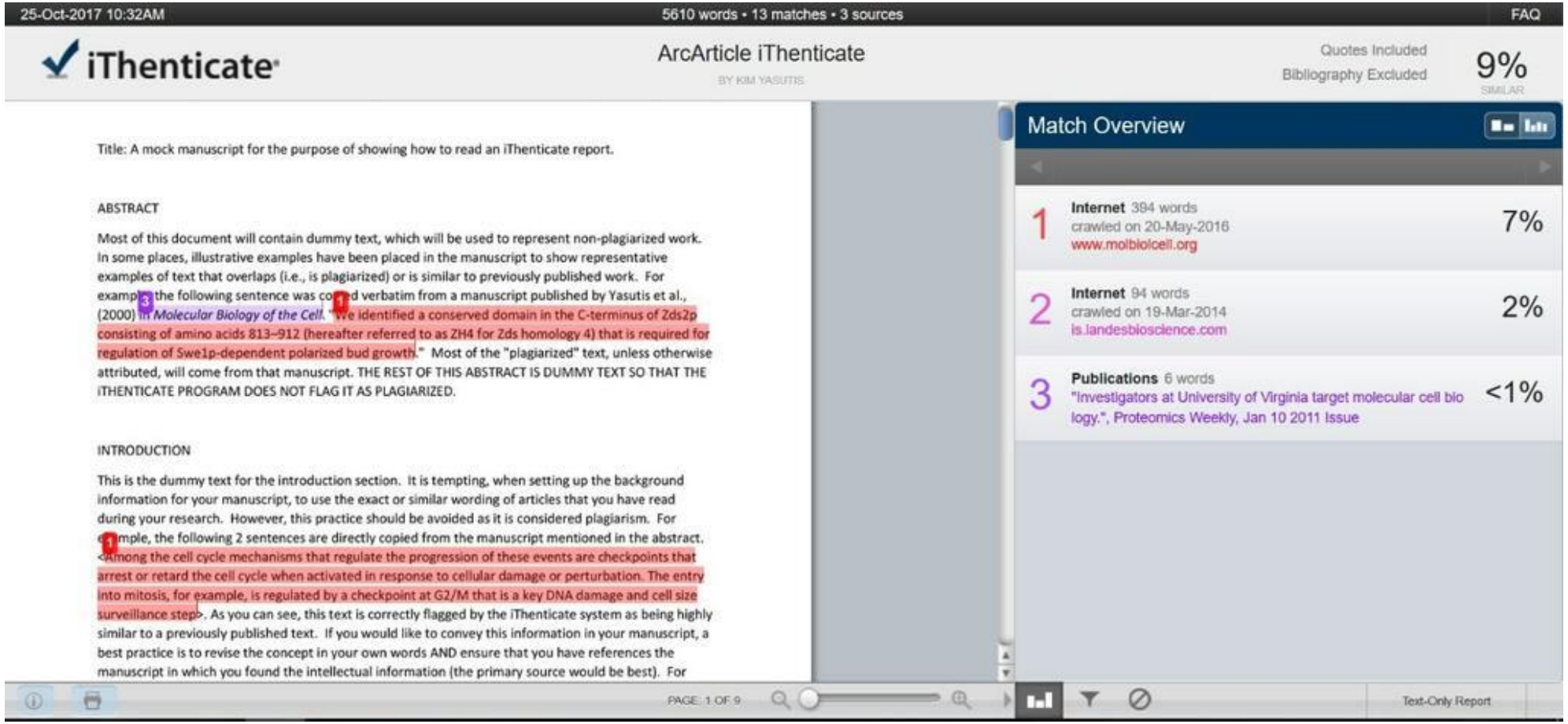

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behaviors in mice. After oral administration of 4MI (100,200,300 mg/kg) were assessed locomotor activity, anxiety, extinction memory, and spontaneous alternation in mice, In the following, brain tissue were stained using haematoxylin-eosin method. Our findings showed that 4MI (100,200,300 mg/kg) increased the total distance movement and decreased the time spent in the OF test while, 4MI (200 and 300 mg/kg) increased the time spent in the open arms in the EPM test. Also, 4MI led to different in size and density of dentate gyrus cell which was related with disruption obtained in passive avoidance test. The results obtained indicated 4MI can lead to neurobehavioral disorders.

Similarity detection examples

Locomotor activity test

The open-field (OF) test was conducted for assess the locomotors activity of animals to investigate novel environment. The OF test was done in cages - to form (40×40×40cm) as

open arms (n=2), enclosed arms (n=2), and also a central platform. The arrangement of the four arms in maze was in a manner that the arms placed opposite to each other. - At this the test, the animal was placed in the center of the maze -and the movement of animals was recorded for 5 min. The possible anxiety of mice treated with 4MI was assessed. Anxious mice abstain from open arms and desire to remain more duration in closed arms, and then the duration of the time spent in the open and closed arms by mice was estimated using The EthoVision (Version 8, Netherlands).

influenza virus through degradation of viral proteins, which this inactivation effect depended on the UV irradiation time and its intensity (31). Therefore, it can be concluded that TiO_2 thin film can be successfully used for disinfection of the influenza virus in the air, which can be also used for other airborne viruses and hinder viral transition through air. Moreover, doping TiO_2 with other metals like Pt, Ag, Pd, and Au has been recently

exposed to VUV irradiation, the inactivation rate of MS2 at 25 ° C was higher than 4 ° C. However, the normal deactivation rate after 12 hours were reported to be 53% and 55% at 4° C and 25 ° C, respectively (1). This study has been conducted on water borne viruses and may not be generalizable to air. In a recent study, it was also found that by increasing the temperature of the photocatalytic materials, the photocatalytic activity enhanced, indicating the role of reactor temperature in photocatalytic process (59). Another study reported an increase in the efficiency of photocatalytic oxidation of benzene with increasing reactor temperature up to 45 °C (60). Due to the greater complexity of the effect of temperature on the virus as an organism, this cannot be generalized to

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Author contributions

Ali Poormohammadi: Conceptualization, Supervision, writing-review & editing. Fereshteh Mehri: Writing - review & editing. Ghasem Azarian: Conceptualization, Writing-review. Ali Reza Rahmani: Conceptualization, Writing - original draft. Saed Bashirian: Conceptualization, Supervision.

Declaration of competing interest

The authors declared no conflict of interest regarding this paper.

References

Similarity detection examples

HESHMATI, A., MEHRI, F. & KHANEGHAH, A. M. 2020c. Simultaneous multi-determination of pesticide residues in black tea leaves and infusion: a risk assessment study. *Environmental Science and Pollution Research*, 1-11.

IDRIS, Y. M., MARIOD, A. A., ELNOUR, I. A. & MOHAMED, A. A. 2010. Determination of aflatoxin levels in Sudanese edible oils. *Food and Chemical Toxicology*, 48, 2539-2541.

IVOIA 2010

Assessment of quantitative and qualitative pattern of various edible oil and fat. . *Iranian Vegetable Oil Industry Association.*, http://www.yjc.ir/fa/news/4168648.

JUAN, C., ZINEDINE, A., MOLTO, J., IDRISSI, L. & MANES, J. 2008. Aflatoxins levels in dried fruits and nuts from Rabat-Salé area, Morocco. *Food Control*, 19, 849-853.

KARUNARATHNA, N. B., FERNANDO, C. J., MUNASINGHE, D. & FERNANDO, R. 2019. Occurrence of aflatoxins in edible vegetable oils in Sri Lanka. *Food Control*, 101, 97-103.

KAVALLARI, A., CONFORTI, P. & VAN DER MENSBRUGGHE, D. 2016. The Global Agriculture Perspectives System (GAPS) version 1.0.

KOJIMA, Y., PARCELL, J. & CAIN, J. 2016. A global demand analysis of vegetable oils for food and industrial use: a cross-country panel data analysis with spatial econometrics.

LANYASUNYA, T., WAMAE, L., MUSA, H., OLOWOFESO, O. & LOKWALEPUT, I. 2005. The risk of mycotoxins contamination of dairy feed and milk on smallholder dairy farms in Kenya. *Pakistan Journal of Nutrition*, 4, 162-169.

LEONTOPOULOS, D., SIAFAKA, A. & MARKAKI, P. 2003. Black olives as substrate for Aspergillus parasiticus growth and aflatoxin B1 production. *Food Microbiology*, 20, 119-126.

LI, R., WANG, X., ZHOU, T., YANG, D., WANG, Q. & ZHOU, Y. 2014. Occurrence of four mycotoxins in cereal and oil products in Yangtze Delta region of China and their food safety risks. *Food Control*, 35, 117-122.

MARIOD, A. A. & IDRIS, Y. M. A. 2015. Aflatoxin B1 levels in groundnut and sunflower oils

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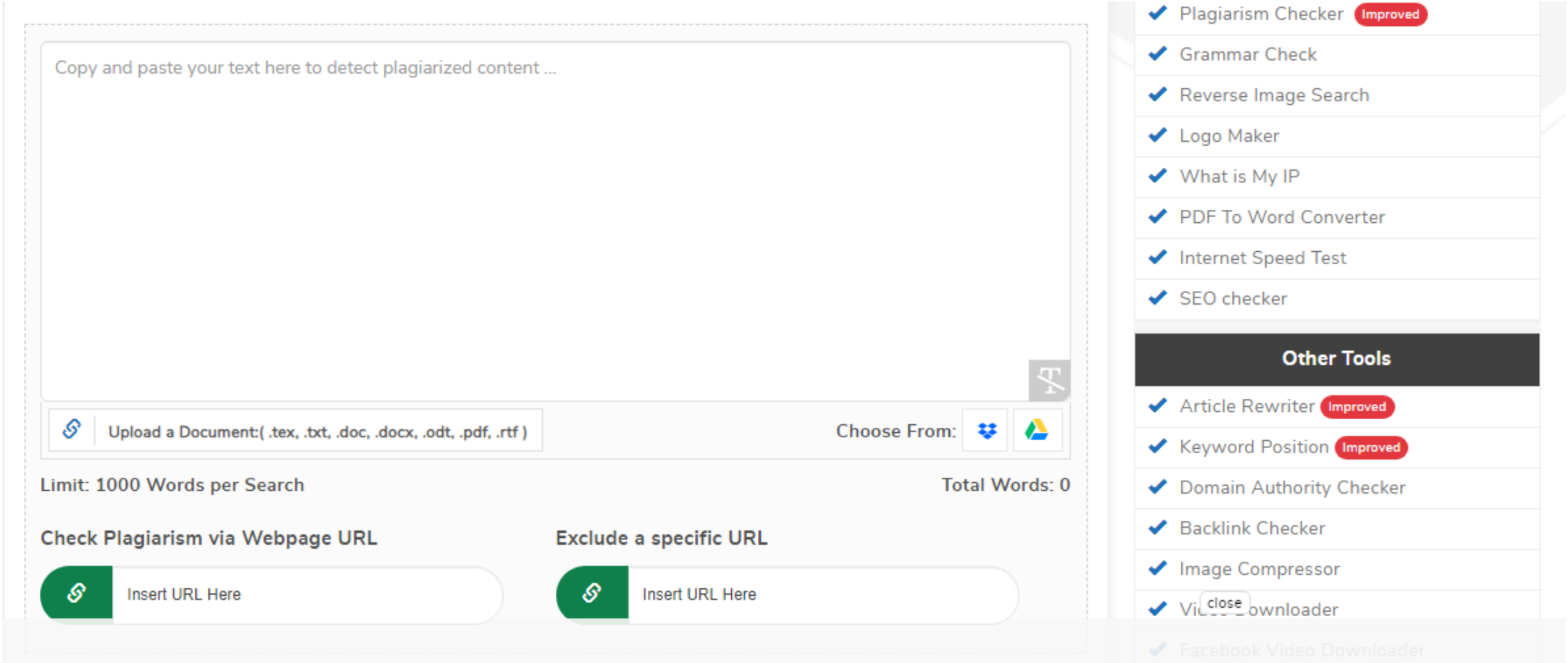

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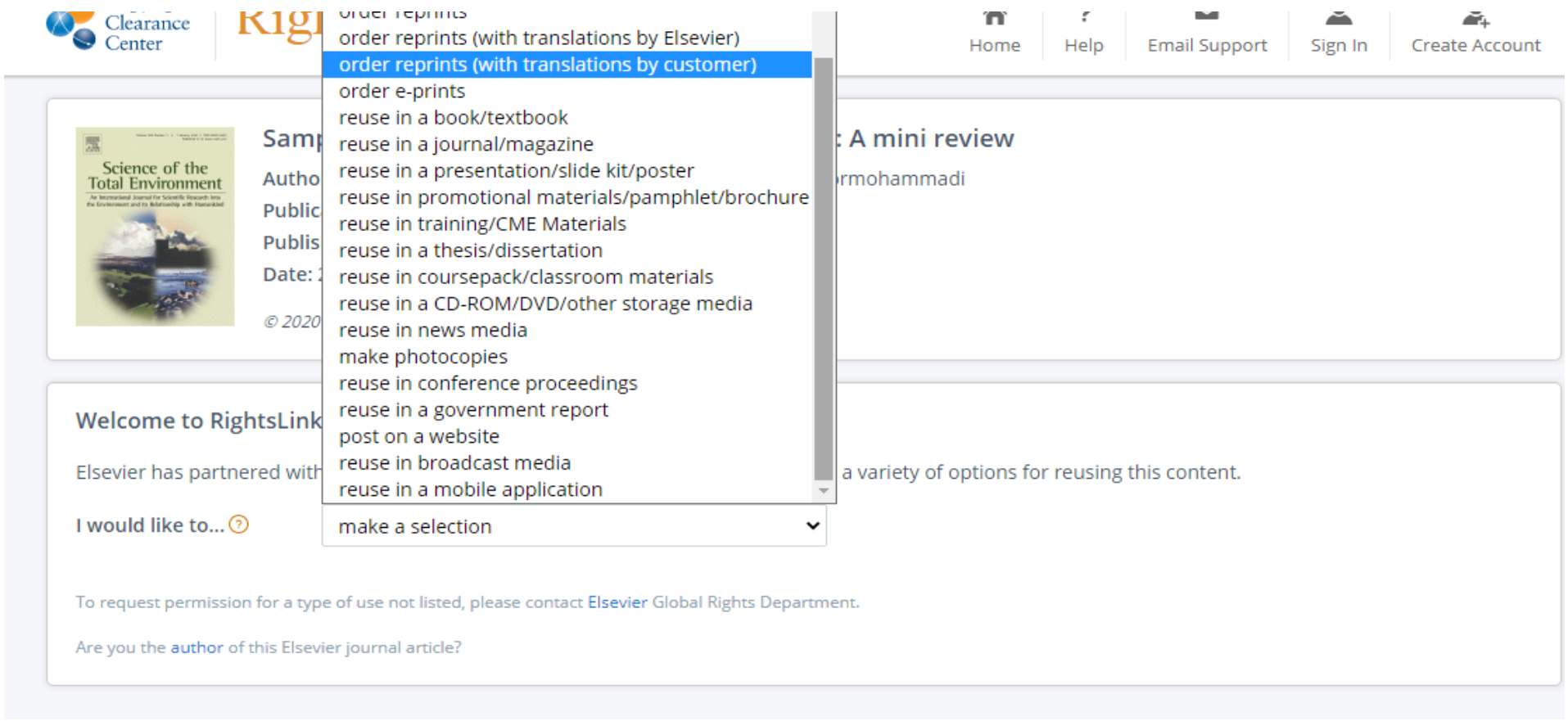

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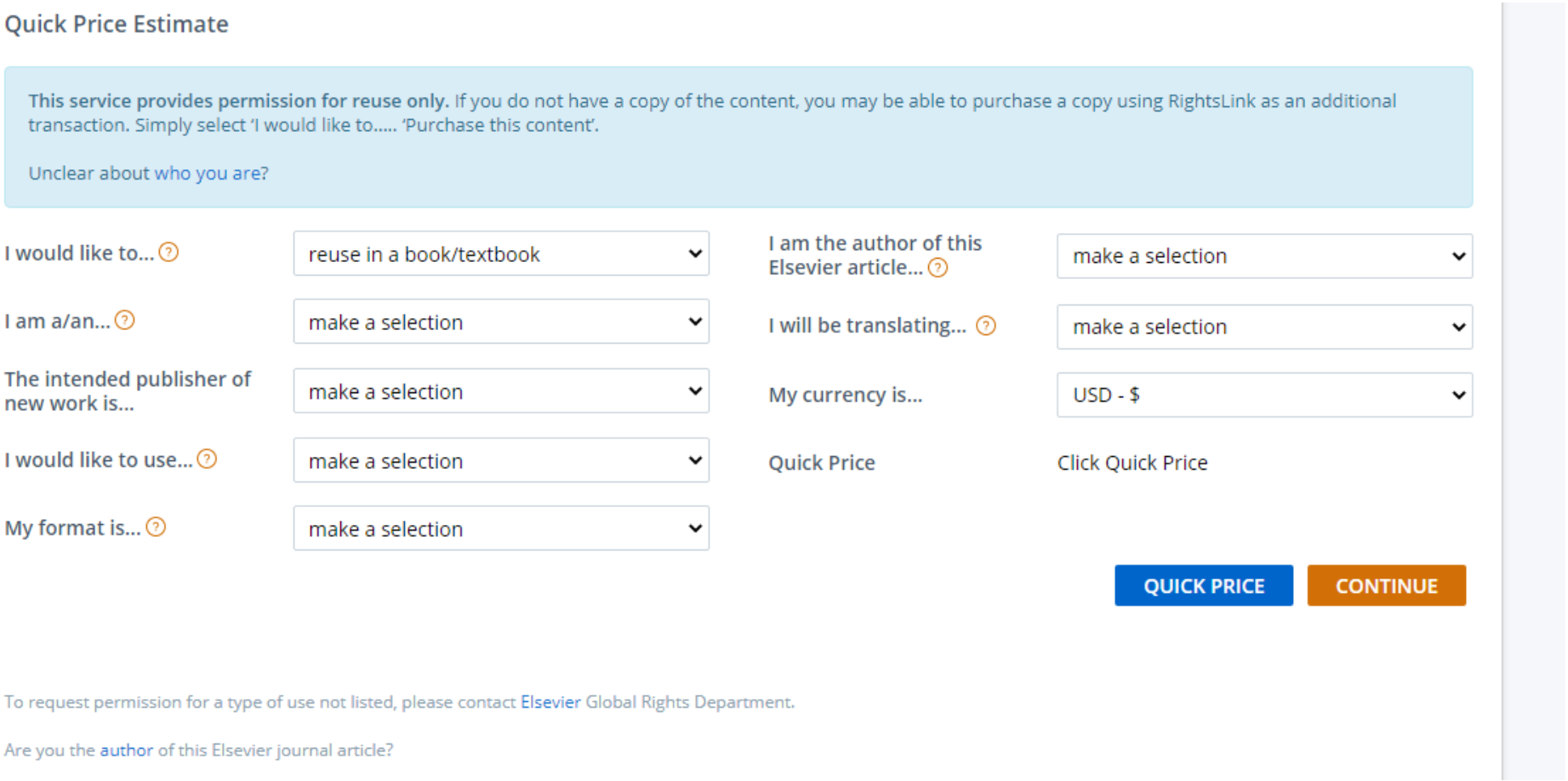

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Sengupta, S., & Honavar, S. G. (2017). Publication ethics. Indian journal of ophthalmology, 65(6), 429–432. https://doi.org/10.4103/ijo.IJO_483_17

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Spontaneous Human Adult Stem Cell Transformation

Daniel Rubio,[1] Javier García-Castro,[1,2] María C. Martín,[1] Ricardo de la Fuente,[1] Juan C. Cigudosa,[3] Alison C. Lloyd,[4] and Antonio Bernad[1]

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Abstract

Human adult stem cells are being evaluated widely for various therapeutic approaches. Several recent clinical trials have reported their safety, showing them to be highly resistant to transformation. The clear similarities between stem cell and cancer stem cell genetic programs are nonetheless the basis of a recent proposal that some cancer stem cells could derive from human adult stem cells. Here we show that although they can be managed safely during the standard *ex vivo* expansion period (6–8 weeks), human mesenchymal stem cells can undergo spontaneous transformation following long-term *in vitro* culture (4–5 months). This is the first report of spontaneous transformation of human adult stem cells, supporting the hypothesis of cancer stem cell origin. Our findings indicate the importance of biosafety studies of mesenchymal stem cell biology to efficiently exploit their full clinical therapeutic potential. (Cancer Res 2005; 65(8): 3035-9)

Introduction

Stem cells are characterized by their self-renewal ability and differentiation potential (1) and can be divided into embryonic and adult stem cells. Embryonic stem cells derive from the inner mass of the blastocyst; they have the potential to give rise to an entire organism and to differentiate to all cell lineages (2). Most adult stem cells are minor populations found in adult tissues; they cannot give rise to an organism and only differentiate to specific cell lineages; mesenchymal stem cells (MSC) belong to this group. MSC are multipotent cells with many potential clinical applications due to their capacity to be expanded *ex vivo* and to differentiate into several lineages, including osteocytes, chondrocytes, myocytes, and adipocytes. MSC have been isolated from bone marrow, cartilage, and adipose tissue and all show similar morphologic and phenotypic characteristics (3). Stem cells and cancer stem cells share certain features such as self-renewal and differentiation potential. Cancer stem cells have been identified and characterized in several tumor types, including acute myeloid leukemia, breast cancer, and glioblastoma (1).

Human cells have two control clocks that regulate their life span *in vitro*, the senescence and crisis clocks. Senescence is associated with moderate telomere shortening and is characterized by cell cycle arrest and positive β-galactosidase staining at pH 6 (4). If cells bypass this stage, they continue to grow until telomeres become critically short and cell monitor crisis phase, characterized by generalized chromosome instability that provokes mass apoptosis (5). Human cells immortalize at low frequency and seem resistant to spontaneous transformation. Here we report that MSC in long-term cultures immortalize at high frequency and undergo spontaneous transformation.

Materials and Methods

Isolation of adipose tissue–derived mesenchymal stem cell. Samples of discarded adipose tissue from eight pediatric and two adult non-oncogenic surgical interventions were maintained in HBSS medium (4°C) and processed within 6 hours. After extensive washing with PBS, samples were minced and digested with 1 mg collagenase P (Roche, Indianapolis, IN)/5 mL sample/vol. DMEM (37°C, 1 hour). Enzyme activity was inhibited by adding DMEM plus 10% heat-inactivated FCS. Samples were clarified by centrifugation (600 × *g*, 5 minutes, room temperature), the resulting cell pellet was filtered through a 40 mm² nylon filter (Becton Dickinson, San Jose, CA), plated onto tissue culture plastic (10^5 cells/cm²), allowed to adhere (24 hours), and washed twice with PBS (10 mL). Adipose tissue–derived MSC from C57BL/6 and CD1 mice were isolated using the same method.

Cell culture. Human and murine MSC were cultured (37°C, 5% CO_2) in MSC medium (DMEM plus 10% FCS), 2 mmol/L glutamine, 50 μg/mL gentamicin and passaged when they reached 85% confluence. Cells were treated with 0.5% trypsin plus 0.2% EDTA (5 minutes), washed with culture medium, sedimented (600 × *g*, 10 minutes, room temperature), and plated (5×10^3 cells/cm²) in MSC medium.

Cell differentiation. Cells plated as above were allowed to adhere (24 hours); culture medium was then replaced with specific differentiation-inductive medium. For adipogenic differentiation, cells were cultured in MEM plus 10% FCS, 0.5 mmol/L 3-isobutyl-1-methylxanthine, 0.5 mmol/L hydrocortisone, 1 mmol/L dexamethasone, 200 mmol/L indomethacin, and 50 μg/mL gentamicin for 2 weeks. Differentiated cell cultures were stained with Oil Red O (Amresco, Salon, OH). For osteogenic differentiation, cells were cultured in MEM plus 10% FCS, 0.1 mmol/L dexamethasone, 50 mmol/L ascorbate-2-phosphate, 10 mmol/L β-glycerophosphate, and 50 μg/mL gentamicin for 2 weeks. Differentiated cell cultures were stained with Alizarin Red S (Sigma, St. Louis, MO).

Fluorescence-activated cell sorting analysis. Cells were analyzed in an EPICS XL-MCL cytometer (Coulter Electronics, Hialeah, FL). 10^6 cells were routinely analyzed. Antibodies were precalibrated to determine optimal concentration. Cell cycle stage was determined with the DNA-Prep Reagent Kit (Coulter Electronics).

Retroviral transduction. Murine and human MSC were transduced with retroviral supernatants (4 hours; Genetrix, Madrid, Spain) in 8 μg/mL polybrene. After incubation, cells were washed twice with PBS and incubated in fresh MSC medium. Enhanced green fluorescent protein expression was analyzed by fluorescence-activated cell sorting 48 hours after transduction.

Karyotype analysis. Metaphases were prepared from methanol/acetic acid (3:1)–fixed cells. Slides were hybridized by spectral karyotyping (Applied Spectral Imaging, Carlsbad, CA). Images were acquired with an SD300

Note: Supplementary data for this article are available at Cancer Research Online (http://cancerres.aacrjournals.org/).

Requests for reprints: Javier García-Castro, Department of Immunology, Centro Nacional de Biotecnología/Consejo Superior de Investigaciones Científicas, UAM Campus de Cantoblanco, Darwin, 3 E-28049 Madrid, Spain. Phone: 34-915850636; Fax: 34-912720493. E-mail: jgarcia.lungs@salud.madrid.org.

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated, by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to lymphoid ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (one). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351:** 637–41
See Commentary page

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Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.[1] Developmental history included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.[2] Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antiendomyseal antibodies and boys were screened for fragile-X if this had not been done

Child	Age (years)	Sex	Abnormal laboratory tests	Endoscopic findings	Histological findings
1	4	M	Hb 10·8, PCV 0·36, WBC 16·6 (neutrophilia), lymphocytes 1·8, ALP 166	Ileum not intubated; aphthoid ulcer in rectum	Acute caecal cryptitis and chronic non-specific colitis
2	9·5	M	Hb 10·7	LNH of T ileum and colon; patchy loss of vascular pattern; caecal aphthoid ulcer	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
3	7	M	MCV 74, platelets 474, eosinophils 2·68, IgE 114, IgG, 8·4	LNH of T ileum	Acute and chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
4	10	M	IgE 69, IgG, 8·25, IgG, 1·006, ALP 474, AST 50	LNH of T ileum; loss of vascular pattern in rectum	Chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
5	8	M		LNH of T ileum; proctitis with loss of vascular pattern	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
6	5	M	Platelets 480, ALP 207	LNH of T ileum; loss of colonic vascular pattern	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
7	3	M	Hb 9·4, WBC 17·2 (neutrophilia), ESR 16, IgA 0·7	LNH of T ileum	Normal
8	3·5	F	IgA 0·5, IgG 7	Prominent ileal lymph nodes	Acute and chronic non-specific colitis; reactive ileal lymphoid hyperplasia
9	6	M		LNH of T ileum; patchy erythema at hepatic flexure	Chronic non-specific colitis; reactive ileal and colonic lymphoid hyperplasia
10	4	M	IgG, 9·0	LNH of T ileum and colon	Chronic non-specific colitis; reactive ileal lymphoid hyperplasia
11	6	M	Hb 11·2, IgA 0·26, IgM 3·4	LNH of T ileum	Chronic non-specific colitis
12	7	M	IgA 0·7	LNH on barium follow-through; colonoscopy normal; ileum not intubated	Chronic non-specific colitis; reactive colonic lymphoid hyperplasia

LNH=lymphoid nodular hyperplasia; T ileum=terminal ileum. Normal ranges and units: Hb=haemoglobin 11·5-14·5 g/dL; PCV=packed cell volume 0·32-0·45; MCV=mean cell volume 76-100 pg/dL; platelets 140-400 10⁹/L; WBC=white cell count 5·0-15·5 10⁹/L; lymphocytes 2·2-8·6 10⁹/L; eosinophils 0·04-1 10⁹/L; ESR=erythrocyte sedimentation rate 0-15 mm/h; IgG 8-18 g/L; IgG, 3·53-7·25 g/L; IgG, 0·1-0·99 g/L; IgA 0·9-4·5 g/L; IgM 0·6-2·8 g/L; IgE 0-62 g/L; ALP=alkaline phosphatase 35-130 U/L; AST=aspartate transaminase 5-40 U/L.

Table 1: **Clinical details and laboratory, endoscopic, and histological findings**

before. Stool samples were cultured for *Campylobacter* spp, *Salmonella* spp, and *Shigella* spp and assessed by microscopy for ova and parasites. Sera were screened for antibodies to *Yersinia enterocolitica*.

Histology

Formalin-fixed biopsy samples of ileum and colon were assessed and reported by a pathologist (SED). Five ileocolonic biopsy series from age-matched and site-matched controls with reports showed histologically normal mucosa were obtained for comparison. All tissues were assessed by three other clinical and experimental pathologists (APD, AA, AJW).

Ethical approval and consent

Investigations were approved by the Ethical Practices Committee of the Royal Free Hospital NHS Trust, and parents gave informed consent.

Results

Clinical details of the children are shown in tables 1 and 2. None had neurological abnormalities on clinical examination; MRI scans, EEGs, and cerebrospinal-fluid profiles were normal; and fragile X was negative. Prospective developmental records showed satisfactory achievement of early milestones in all children. The only girl (child number eight) was noted to be a slow developer compared with her older sister. She was subsequently found to have coarctation of the aorta. After surgical repair at the age of 14 months, she progressed rapidly, and learnt to talk. Speech was lost later. Child four was kept under review for the first year of life because of wide bridging of the nose. He was discharged from follow-up as developmentally normal at age 1 year.

In eight children, the onset of behavioural problems had been linked, either by the parents or by the child's physician, with measles, mumps, and rubella vaccination. Five had had an early adverse reaction to immunisation (rash, fever, delirium; and, in three cases, convulsions). In these eight children the average interval from exposure to first behavioural symptoms was 6·3 days (range 1–14). Parents were less clear about the timing of onset of abdominal symptoms because children were not toilet trained at the time because behavioural features made children unable to communicate symptoms.

One child (child number four) had received monovalent measles vaccine at 14 months, after which his development slowed (confirmed by professional assessors). No association was made with the vaccine at the time. He received a dose of measles, mumps, and rubella vaccine at age 4·5 years, the day after which his mother noticed a striking deterioration in his behaviour that she did link with the immunisation. Child nine received measles, mumps, and rubella vaccine at 16 months. At 18 months he developed recurrent antibiotic-resistant otitis media and the first behavioural symptoms, including disinterest in his sibling and lack of play.

Table 2 summarises the neuropsychiatric diagnoses; the apparent precipitating events; onset of behavioural features; and age of onset of both behaviour and bowel symptoms.

Laboratory tests

All children were antiendomyseal-antibody negative and common enteric pathogens were not identified by culture, microscopy, or serology. Urinary methylmalonic-acid excretion was significantly raised in all eight children who

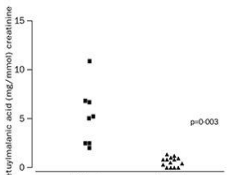

Figure 1: **Urinary methylmalonic-acid excretion in patients and controls**
p=Significance of mean excretion in patients compared with controls.

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Published online: 09 October 2017

Erratum: Sample-based approach can outperform the classical dynamical analysis - experimental confirmation of the basin stability method

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The original version of this Article contained a typographical error in the spelling of the author T. Kapitaniak, which was incorrectly given as T. Kapitaniakenglish. This has now been corrected in the PDF and HTML versions of the Article.

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Corrigendum

Corrigendum to A Theory and Typology of Possession in Ob-Yenissei Languages

Procedia – Social and Behavioral Sciences – Volume 206, pp. 79–82.

Olga Potanina, Andrey Filchenko (National Research Tomsk Polytechnic University, 30 Lenin Avenue, Tomsk, 634050, Russia).

3. The range of formal means of coding possession in Ob-Yenissei languages

It can be observed that Ob-Yenissei languages have very diverse inventory of constructions to code possessive relations both across genetic affiliations of the languages, and within individual language systems. Of these, the most frequently used types are the adnominal possession constructions and the existential (locative/possessive) constructions, with the possessor coded by a locational NP (Filchenko, 2014; Wagner-Nagy, 2014; Siegl, 2015). At the lexical-morphological level, a variety of proprietive/possessive affixes are used to code salient possession (of a feature), while at the syntactic-pragmatic level, typical possessive markers are used to maintain information flow and discourse coherence, coding more topical, identifiable referents of the proposition rather than possession function per se (Filchenko, 2014; Siegl, 2015).

Within the adnominal possession strategy Ob-Yenissei languages widely use either the GEN case marking on the modifier (Samoyedic languages), or often the simple juxtaposition of the case-unmarked modifier (possessor) to the possessee head (Ob-Ugric). In Eastern Khanty the most frequent adnominal constructions are the ones with the overtly marked syntactic relation between the possessor and the possessee which compose a single NP: adnominal possessive constructions are head-marked (Potanina, 2014). Within the project we will do the comparative analysis of morphologically marked and unmarked (juxtaposed) adnominal possessive constructions in Vasyugan Khanty. Selected examples below illustrate the formal range of coding possession relations in the Ob-Ugric language of the area, Eastern Khanty. Example (1) shows juxtaposition (*that woman clothes*).

Kh. (1)	*jəŋk-juŋk-ni-nə*	*ʧu*	*ni*	*lopɨʃəj*	*ən-tə*
	water-spirit-woman-LOC	DET	woman	clothes	put.on-PST0.3SG/SG

doi: 10.1016/j.sbspro.2015.12.001

Physics Letters B 756 (2016) 413–414

Contents lists available at ScienceDirect

Physics Letters B

www.elsevier.com/locate/physletb

Corrigendum

Corrigendum to "On magnetic guidance of charged particles" [Phys. Lett. B 755 (2016) 409–413]

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ARTICLE INFO

Article history:
Available online 24 March 2016

By mistake, Eqns. (7)–(10) of Ref. [1] have been taken from an outdated manuscript version of Ref. [2] and not from the cited original publication. These four equations must be replaced by

$$R(\alpha) \approx R_n \left| \cos[(\alpha - \alpha'_n)/2] \right| \quad (7)$$

with

$$R_n = \mathrm{Max}[R(\alpha), 2\pi n \le \alpha \le 2\pi(n+1)], \quad (8)$$

and

las. Numerical integration with an estimated accuracy in the order of 10^{-6} gave for the first three orbits deviations of +17.7% (with the above approximation, +12.6% without it), −2.07%, −0.32%, −0.10%, −0.04% from the associated solid angles 0.2042, 0.2653, 0.1326, 0.0796, 0.0531. For outer orbits the approximation of Dubbers is extremely good.

According to Dubbers [4], the approximations (7) and (9) can still be improved by adapting the width of the cosine functions appropriately, separately for the rising and falling branches, such that their zeros lie exactly at $n_0, n_f + 1, n_f + 2, \ldots$, where they belong to. In this way, the above mentioned kink disappears com-

- *Addendum*: an addition to the article by its Authors to explain inconsistencies, to expand the existing work, or otherwise explain or update the information in the main work.
- *Retraction*: see previous section. Retractions are normally reserved for publications that are so seriously flawed (for whatever reason) that their findings or conclusions cannot be relied upon. Note that partial retractions are not helpful because they make it difficult for readers to determine the status of the article and which parts may be reliable.

12. LIE-KIAN-JOE, NJO-INJO TJOEI ENG, POHAN, A., AND VAN DER MEULEN, H. (with mycologic report by C. W. Emmons): *Basidiobolus ranarum* as a cause of subcutaneous mycosis in Indonesia. A. M. A. Arch. Dermat., **74:** 378–383, 1956.
13. LIE-KIAN-JOE, AND NJO-INJO TJOEI ENG: A case of mycosis of the stomach caused by a Phycomycete. Docum. med. Geog. et trop., **8:** 249–252, 1956.
14. MARTIN, F. P., LUKEMAN, J. M., RANSON, R. F., AND GEPPERT, L. J.: Mucormycosis of the central nervous system with associated thrombosis of the internal carotid artery. J. Pediat., **44:** 437–442, 1954.
15. PALTAUF, A.: Mycosis mucorina: ein Beitrag zur Kenntniss der menschlichen Fadenpilzerkrankungen. Arch. path. Anat., **102:** 543–564, 1885.
16. STRATEMEIER, W. P.: Mucormycosis of the central nervous system: report of a case. A. M. A. Arch. Neurol. & Psychiat., **63:** 179–180, 1950.
17. WOLF, A., AND COWEN, D.: Mucormycosis of the central nervous system. J. Neuropath. & Exper. Neurol., **8:** 107, 1949.

ADDENDUM TO PREVIOUSLY PUBLISHED ARTICLE

With regard to the paper entitled "The Relation of Serum Stability to the Development of Arteriosclerosis," by Ressler, Boyle, and Kosai (AM. J. CLIN. PATH., **24:** 194–200, 1954), Dr. Newton Ressler writes as follows:

"It has recently been brought to my attention that certain information was inadvertently omitted . . . " from the above paper. In order to have reproducible determinations of the serum colloid stability, ". . . each blood sample should be drawn, centrifuged, and stored under mineral oil until the test is conducted. Serum samples should be tested the same day the blood is drawn. In this manner, changes owing to carbon dioxide escape can be minimized."

Authorship

Who should be the first author?

- The first author is usually the person who has made the most significant intellectual contribution to the work, in terms designing the study, acquiring and analyzing data from experiments, and writing the manuscript.
- The importance of the first author is reflected in the common practice of referring to a paper by the first author's name e.g. 'Jones et al. report that…' Publishing a paper as the first author is very crucial for the scientific career of a Ph.D. student.
- Most Ph.D. programs worldwide require a Ph.D. student to have at least one first-authored paper in order to qualify for a degree.
- So an authorship dispute would be inevitable if two Ph.D. students were to work on the same project for their degree. For post-doctoral researchers and senior professors, publishing first-authored papers is important for receiving funding and getting promoted or re-hired
- Thus, the first name in an author list is the most sought-after position in a scientific publication.

- After the first author, the subsequent authors are usually listed as per their contribution to the research, starting with the one who contributed the most to the least.
- Sometimes multiple authors may have contributed equally, in which case the order of author names does not matter, and you can inform the journal editor of this.
- In order to avoid any authorship dispute, it is a good practice to discuss authorship and the order of authors at the beginning of the project itself, and keep a record of each of the contributors involved throughout the project.

What is the role of a corresponding author?

- At the time of submission of a manuscript, journals require you to choose one of the authors as the corresponding author.
- The corresponding author is the one who receives all notifications from the journal including manuscript status, reviewers' comments, and the final decision.
- Although journals usually perceive the role of a corresponding author as purely administrative, this role is associated with seniority in some cultures.
- The corresponding author is often the group leader or a senior researcher whose contact address is **not likely to change in the near future**.
- In cases where the main contributor of the study is also the group leader, he or she can be both the first and corresponding author for the study.

Many journals currently adhere to the guidelines of the International Committee of Medical Journal Editors (ICMJE), which has established four criteria that each author of a paper should meet:

- Significant involvement in study conception/design, data collection, or data analysis/interpretation;
- Involvement in drafting or revising manuscript;
- Approval of final version of manuscript for publication; and
- Responsibility for accuracy and integrity of all aspects of research.

AUTHOR CONTRIBUTIONS FORM

Individuals claiming authorship should meet all 3 of the following conditions in accordance with the

“Consensus Statement on Surgery Journals Authorship—2005”:

1) Authors make substantial contributions to conception and design, and/or acquisition of data, and/or

analysis and interpretation of data;

2) Authors participate in drafting the article or revising it critically for important intellectual content; and

3) Authors give final approval of the version to be submitted and any revised version.

- In a study conducted by Nazish Masud et al.,: develop and validate an objective and comprehensive authorship scoring system for determining the order of authorship in a scientific publication:

- This 13-item scoring system provides a validated and practical guide for determining the order of authorship for scientific publications as show in the next slide:

Masud, N., et al, (2020). Development and Validation of Authorship Order Score (AOS) for Scientific Publication. Health Professions Education.

Authorship Order Score

Table 5
Summary of the agreement and weightage of the final 13 items (N = 132).

Items	Mean score	Agreement		Weightage[a]
		Frequency	Percentage	
Manuscript writing	4.4	129	92%	9
Study concept/Research question	4.4	127	90%	9
Proposal writing	4.2	124	89%	9
Study design	4.3	121	86%	9
Identifying aims and objectives	4.2	121	86%	8
Interpretation and finalization of results	4.3	119	86%	8
Literature review	4.1	114	81%	8
Editing and critical revision of manuscript	4.0	100	71%	7
Performing statistical analysis	3.8	100	71%	7
Data collection	3.8	99	71%	7
Data management	3.8	97	70%	7
Instrument selection or construction	3.7	98	70%	7
Correspondence with journal	3.5	73	53%	5
Total weightage				100

[a] Items are arranged in descending order based on their weightage.

Gift authorship

- It Occurs when someone who has not made an intellectual contribution to a paper accepts an authorship.
- Both the authors and the “gift” author benefit from the relationship.
- Senior “gift” author may gain prestige.
- The authors may gain approval for their work.
- However, this practice can lead to scandal when the results of a journal article cannot be substantiated.

Ghost author

- A ghost author is someone who is omitted from an authorship list despite qualifying for authorship.
- This is not necessarily the same as a ghost writer, since omitted authors often perform other roles, in particular data analysis. (Gotzsche et al. have shown that statisticians involved with study design are frequently omitted from papers reporting industry-funded trials.
- Using the ICMJE criteria for research papers, medical writers usually do not qualify as authors, but their involvement and funding source should be acknowledged.

https://www.elsevier.com/__data/assets/pdf_file/0015/65040/Authorship-problems_0.pdf

Conflict of Interest

- All authors have participated in (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for important intellectual content; and (c) approval of the final version.
-
- This manuscript has not been submitted to, nor is under review at, another journal or other publishing venue.
-
- The authors have no affiliation with any organization with a direct or indirect financial interest in the subject matter discussed in the manuscript
-
- The following authors have affiliations with organizations with direct or indirect financial interest in the subject matter discussed in the manuscript:

Declaration of competing interest

Ali Reza Rahmani: Conceptualization, Methodology, Investigation. Davood Nematollahi: Visualization, Software, Validation. Ali Poormohammadi: Writing- Reviewing and Editing. Ghasem Azarian: Writing - original draft, Writing- Reviewing and Editing, Supervision. Fahime Zamani: Data curation, Investigation.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chemosphere.2020.127761.

References

Conflict of interest statement

Conflicts of Interest Statement

Manuscript title: _____

_____

_____

The authors whose names are listed immediately below certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

Author names:

The authors whose names are listed immediately below report the following details of affiliation or involvement in an organization or entity with a financial or non-financial interest in the subject matter or materials discussed in this manuscript. Please specify the nature of the conflict on a separate sheet of paper if the space below is inadequate.

Author names:

Author Contribution Statement

- The TRR requires that all authors take public responsibility for the content of the work submitted for review. The contributions of all authors must be described in the following manner:

✓ The authors confirm contribution to the paper as follows: study conception and design: X. Author, Y. Author; data collection: Y. Author; analysis and interpretation of results: X. Author, Y. Author. Z. Author; draft manuscript preparation: Y. Author. Z. Author. All authors reviewed the results and approved the final version of the manuscript.

- An author name can appear multiple times, and each author name must appear at least once. For single authors, use the following wording:
- The author confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

An example of author contributions

CRediT authorship contribution statement

Ali Reza Rahmani: Conceptualization, Supervision. **Mostafa Leili:** Writing – review & editing. **Ghasem Azarian:** Conceptualization, Investigation. **Ali Poormohammadi:** Conceptualization, Writing – original draft.

Declaration of competing interest

The authors declared no conflict of interest regarding this paper.

در صورت وجود چنین مواردی باید طبق فلوچارت اخلاق در نشر مصوب COPEبه ترتیب زیر اقدام نمود :

۱) نویسنده روح باید مستندات قابل دفاع و محکمه پسند خود را به سردبیر ارائه کند. این مستندات باید مورد تایید مراکز آموزشی عالی و مستند و یا جمهور باشد.

۲) سردبیر از نویسنده مسئول توضیح مکتوب خواسته و آنرا به نویسنده روح ارائه نماید.

۳) در صورت اثبات Ghost Authorمقاله می بایست Withdrawیا Retract (بنا به نوع مقاله و وضعیت) گردد.

۴) در صورت عدم پیگیری، نویسنده روح می تواند در مراجع قضایی و حقوقی پیگیری نماید تا حکم قضایی مجله را مجاب به اجرا نماید.

سردبیران خط اول اجرای عدالت و حکم اخلاق در نشر در مجلات می باشند. سپس کمیته های اخلاق در نشر ناشر و دانشگاه و یا کشور مراجع پاسخگو هستند.

Opinion: Boycotting Elsevier Is Not Enough

در طول دهه گذشته دانشمندان بسیاری در سرتاسر دنیا شروع به تحریم برخی از ناشران بزرگ علمی دنیا کرده‌اند. نوک پیکان حملات پژوهشگران و دانشمندان متوجه انتشارات الزویر بود و کمپنی با عنوان «بایکوت الزویر» نیز به راه افتاد. اما ناشران دیگری مانند اشپرینگر و وایلی نیز از این حملات در امان نماندند.

- نتیجه این انحصار این است که بسیاری از پژوهشگران و دانشمندان دنیا از دسترسی به جدیدترین یافته‌های علمی محروم مانده‌اند چرا که هزینه دسترسی به این مجلات برای آن‌ها قابل پرداخت نیست. بسیاری از پژوهشگران در کشورهای در حال توسعه توانایی خرید مقالات این ناشران را ندارند. بنابراین این ناشران توانسته‌اند تولیدات علمی که به آن‌ها متعلق نیست را به صورت انحصاری و با هزینه بالا به دیگران بفروشند.

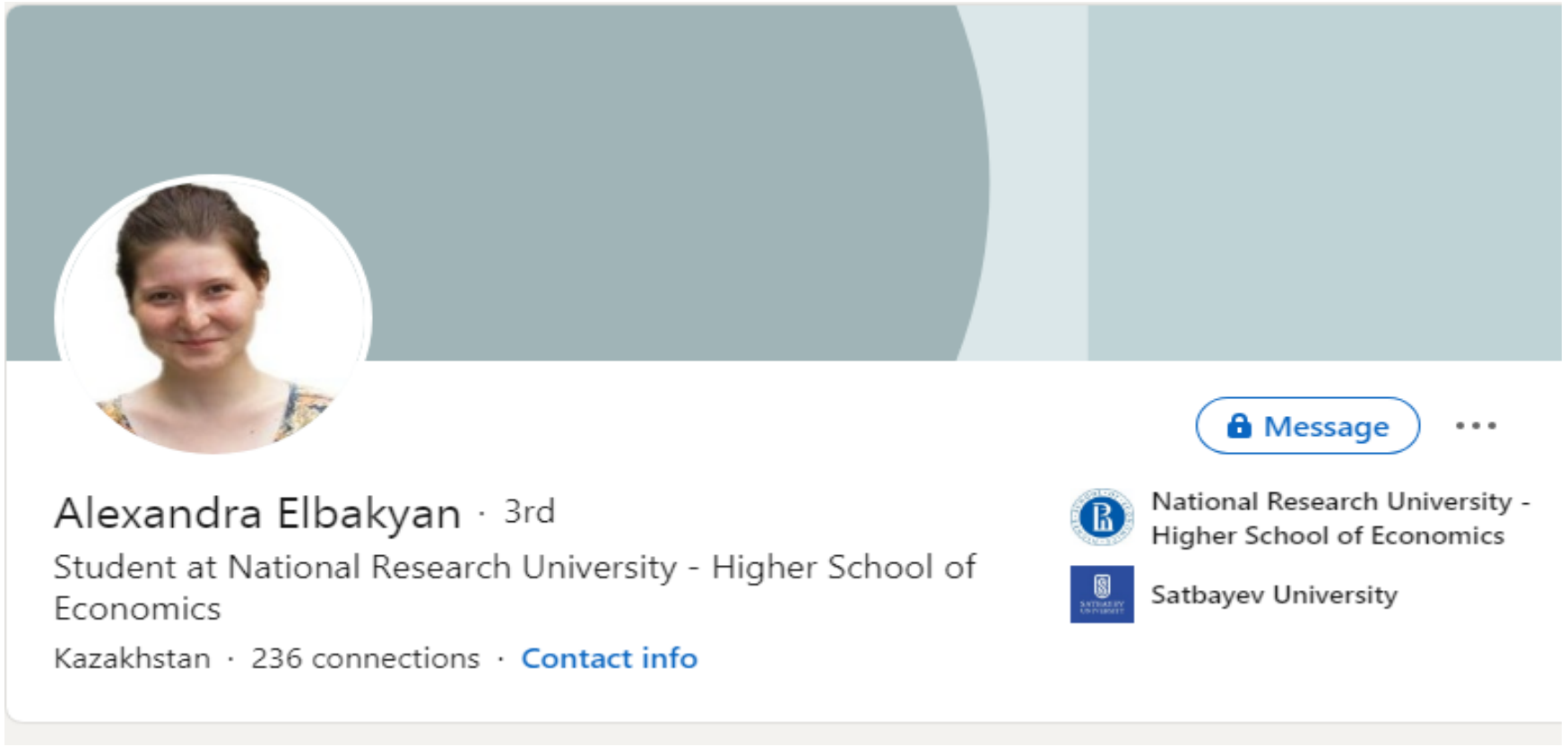
- نکته جالب اینجاست که این ناشران هیچ هزینه‌ای بابت تولید این آثار علمی پرداخت نمی‌کنند. برخی پژوهش‌ها چندین میلیون دلار هزینه دارند و سایر پژوهش‌ها نیز ممکن است ده‌ها دلار هزینه داشته باشند که عموماً توسط دولت‌ها و موسسات دانشگاهی پرداخت می‌شوند. نتایج این پژوهش‌ها در نهایت توسط این ناشران و بدون پرداخت هیچ‌گونه دستمزدی چاپ می‌شود و سپس همین پژوهشگران برای دسترسی به مقالات تولیدی همکاران خود باید هزینه پرداخت نمایند!

How is Sci-Hub Affecting Academic Publishing?

- In 2011, Alexandra Elbakyan, a graduate student in Kazakhstan, started a website known as Sci-Hub.
- In fact, from September 2015 to February 2016 over 28 million scientific papers were downloaded from Sci-Hub by many researchers worldwide.
- The downloaded articles were from major renowned journals like Nature and Science and also from smaller journals in specialized fields of science.
- Sci-Hub basically provides free access to over 50 million articles, and researchers can simply search by using the title of a paper or the DOI to gain immediate, free access thus making it an easy to use search engine for finding academic papers.

https://www.enago.com/academy/how-is-sci-hub-affecting-academic-publishing/

Alexandra Elbakyan



https://www.linkedin.com/in/elbakyan/

Is it ethical to use Sci-hub?

Sci-Hub, a challenge for academic and research libraries

Llarina González-Solar; Viviana Fernández-Marcial

How to cite this article:

González-Solar, Llarina; **Fernández-Marcial, Viviana** (2019). "*Sci-Hub*, a challenge for academic and research libraries". *El profesional de la información*, v. 28, n. 1, e280112.

https://doi.org/10.3145/epi.2019.ene.12

Elbakyan has justified the creation and maintenance of *Sci-Hub as illegal but ethical*

Predatory Publishing: List of potential predatory Journals/Publishers

- For a list of identified predatory publishers/journals, refer to:

https://libguides.ntu.edu.sg/c.php?g=917580&p=6619860

Jeffrey Beall

- Jeffrey Beall, a former librarian, collated a list of potential and possible predatory scholarly open access journals.
- This list was last updated in 2017. Researchers could refer this archived list to find out if the journal/publisher is blacklisted.

- The list of possible predatory publishers was based on Beall's opinion and it has been continued to be widely used.

✓Potential predatory scholarly open-access journals

✓Potential predatory scholarly open-access publishers

Original list

GO TO UPDATE

This is an archived version of the Beall's list – a list of potential predatory publishers created by a librarian Jeffrey Beall. We will only update links and add notes to this list.

- 1088 Email Press
- 2425 Publishers
- The 5th Publisher
- ABC Journals
- A M Publishers
- Abhinav
- Academe Research Journals
- Academia Publishing
- Academia Research
- Academia Scholarly Journals (ASJ)
- Academic and Business Research Institute
- Academic and Scientific Publishing
- Academic Direct Publishing House

BEALL'S LIST

OF POTENTIAL PREDATORY JOURNALS AND PUBLISHERS

PUBLISHERS · STANDALONE JOURNALS · VANITY PRESS · CONTACT · OTHER

Search for publishers (name or URL)

Potential predatory scholarly open-access publishers

Instructions: first, find the journal's publisher – it is usually written at the bottom of the journal's webpage or in the "About" section. Then simply enter the publisher's name or its URL in the search box above. If the journal does not have a publisher use the Standalone Journals list.

All journals published by a predatory publisher are potentially predatory unless stated otherwise

Useful pages

List of journals falsely claiming to be indexed by DOAJ

DOAJ: Journals added and

Retraction Watch

Retraction Watch is a good resource with updated news related to predatory publishing. It tracks latest news and incidents of predatory publishing, plagiarism, falsified data and peer-review scandals.

Retraction watch

> *The Editor in Chief has retracted this article because concerns have been raised regarding two figures presented here. Specifically:*
>
> *— In Fig. 2 it appears that 'Control Positive' and 'Leaf' show the same image and that 'Bark' and 'Root' show the same image*
>
> *— In Fig. 5 it appears that 'CH Leaves' and 'CH Bark' show the same image, albeit rotated*
>
> *— In Fig. 5 it appears that 'CH Flowers' and 'EA Bark' show the same image, albeit rotated*
>
> *— In Fig. 5 it appears that 'HE Bark' and 'EA Roots' show the same image, albeit rotated*

Cabell's blacklist

- Cabell's blacklist
- It was not possible to open the site without an institutional registration.

DOAJ blacklist

- List of journals who claim to be in DOAJ

فهرست مجلات جعلی وزارت بهداشت

- http://blacklist.research.ac.ir/

What is peer review?

Reviewers play a pivotal role in scholarly publishing.

The peer review system exists to validate academic work, helps to improve the quality of published research, and increases networking possibilities within research communities.

Despite criticisms, peer review is still the only widely accepted method for research validation and has continued successfully with relatively minor changes for some 350 years.

Types of peer review

- Peer review comes in different flavours:
- Single blind review
- Double-blind review
- Triple-blind review

Single blind review

In this type of review, the names of the reviewers are hidden from the author. This is the traditional method of reviewing and is the most common type by far. Points to consider regarding single blind review include:

-

Double-blind review

- Both the reviewer and the author are anonymous in this model.
- Some advantages of this model are listed below:

✓ Author anonymity limits reviewer bias, for example based on an author's gender, country of origin, academic status or previous publication history.

✓ Articles written by prestigious or renowned authors are considered on the basis of the content of their papers, rather than their reputation.

Triple-blind review

- With triple-blind review, reviewers are anonymous and the author's identity is unknown to both the reviewers and the editor. Articles are anonymized at the submission stage and are handled in such a way to minimize any potential bias towards the author(s). However, it should be noted that:

✓ the complexities involved with anonymizing articles/authors to this level are considerable

✓ as with double-blind review; there is still a possibility for the editor and/or reviewers to correctly divine the author’s identity from their style, subject matter, citation patterns or a number of other methodologies

Open review

- Open peer review is an umbrella term for many different models aiming at greater transparency during and after the peer review process. The most common definition of open review is when both the reviewer and author are known to each other during the peer review process. Other types of open peer review consist of:

✓ publication of reviewers' names on the article page.
✓ publication of peer review reports alongside the article, whether signed or anonymous.
✓ publication of peer review reports (signed or anonymous) together with authors' and editors' responses alongside the article.
✓ publication of the paper after a quick check and opening a discussion forum to the community who can comment (named or anonymous).

Advantages and disadvantage of open review

- Many believe this is the best way to prevent malicious comments, stop plagiarism, prevent reviewers from following their own agenda, and encourage open, honest reviewing. Others see open review as a less honest process, in which politeness or fear of retribution may cause a reviewer to withhold or tone down criticism.

Article transfer service: peer review cascade

- Elsevier authors can transfer their article submission from one journal to another for free if they are rejected, without the need to reformat, and often without needing further peer review.
- We therefore ask referees during the review process for their consent to transfer their full review report (including all comments to the author and editor) along with the manuscript to the receiver journal. The benefits of full manuscript review cascades are twofold:
- Reviewers are not asked to review the same manuscript several times for different journals.
- Authors do not need to spend additional time reformatting their manuscript.

There are a number of ethical principles that should be taken into account when performing undergraduate and master's level dissertation research. At the core, these ethical principles stress the need to:

- do good (known as beneficence)
- do no harm (known as non-malfeasance).

➢ **In practice, these ethical principles mean that as a researcher, you need to:**

a. obtain informed consent from potential research participants
b. minimize the risk of harm to participants
c. protect their anonymity and confidentiality
d. avoid using deceptive practices;
e. give participants the right to withdraw from your research


با تشکر از توجه شما