



Free Help for Scientists and Translators

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The recently updated *EASE Guidelines for Authors and Translators of Scientific Articles*¹ are reproduced in this issue² by permission of the European Association of Science Editors (EASE). Their major objective is to help scientists from all over the world to communicate the results of their research effectively.³ This increases the probability that the manuscripts will be published in high-quality journals and cited frequently. Attention is paid also to ethical issues, such as authorship, acceptable secondary publication, and avoidance of plagiarism.⁴

The guidelines have already been translated by volunteers into 17 languages, e.g. Arabic, French, Persian, and Spanish. All the language versions can be downloaded for free as PDFs from the EASE website (www.ease.org.uk). Individual sections of the document, including 8 appendices on selected issues (in English only), can be also read directly on the website, with hyperlinks to on-line references.

Most of the guidelines are formatted as bullet points, with key phrases printed in bold. The section COMPLETE explains what kinds of information need to be included in individual parts of the manuscript (reminding about those that are often overlooked, e.g. gender of patients). The manuscript ought to be logically organized, linking the research question(s) to the answer(s).⁵ Special attention must be paid to making the abstract highly informative because many people will read only the abstract. The next section of the guidelines – CONCISE – stresses the importance of limiting the number of references⁶ and deleting unnecessary repetitions, obvious statements, and other redundant fragments. The section CLEAR emphasizes that authors and translators should do their best to make the text understandable. For example, they need to explain less known scientific terms and abbreviations, but also avoid very complicated sentences.

Non-commercial printing of the PDFs is allowed, so the whole document or individual appendices can be used as handouts for postgraduate students. Courses in scientific writing and ethics can be developed also on the basis of the list of references and further reading. We hope that popularization of the guidelines will help to increase the efficiency of scientific communication worldwide.⁷

References

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Tranexamic Acid – a Recipe for Saving Lives in Traumatic Bleeding

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Using kitchen scales, carefully weight out 4 kilograms of rice and pour it into a deep saucepan. Now put your hands into the rice and let the grains run between your fingers. Contemplate carefully each grain. The number of grains (about 140,000) is approximately the number of lives that could be saved each year world-wide if all hospitalized trauma patients with significant bleeding were treated with tranexamic acid (TXA) within 3 hours of injury. TXA is cheap and widely available. All that is needed to reap these human benefits is that doctors use it.

That TXA is a potent inhibitor of fibrinolysis was first reported by Shosuke and Utako Okamoto in *The Keio Journal of Medicine* in September 1962.¹ Since then TXA has been widely used to treat heavy menstrual bleeding and to reduce blood loss in elective surgery where it reduces blood transfusion by about one third.² The CRASH-2 collaborators hypothesized that TXA might also reduce bleeding in trauma patients. The CRASH-2 trial was a UK government funded randomized trial of the effects of the early administration of TXA on death, vascular occlusive events and blood transfusion in bleeding trauma patients. A total of 20,211 adults with significant traumatic bleeding were randomized to receive TXA or matching placebo, with 99.6% follow-up. The risk of death due to bleeding was significantly reduced with TXA. If TXA is given within three hours of injury, it reduces the risk of bleeding to death by nearly one third (relative risk = 0.72 [95%CI 0.63-0.83], $p < 0.001$). All cause mortality was also significantly reduced.^{3, 4} The large numbers of patients studied in a wide range of different health care settings help these results to be generalized widely. On the basis of the results of the CRASH-2 trial, TXA has been included in the WHO list of essential medicines.⁵ Giving TXA to bleeding trauma patients within three hours of the injury could save over 100,000 lives per year world-wide. Giving TXA to bleeding trauma patients is highly cost effective in high, middle and low income countries.⁶ It is essential that all doctors who treat trauma patients are aware of the results of the CRASH-2 trial. TXA should be given to all adults with significant hemorrhage (systolic blood pressure < 90 mmHg, heart rate > 110 beat/min) or those considered by the

clinician to be at risk for significant hemorrhage. Because the effect of tranexamic acid on death due to bleeding depends importantly on the time interval between the injury and the onset of treatment it should be given as early as possible and within 3 or 4 hours of the injury as it is unlikely to be effective if given later than this.

References

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