



Hindsgavl 2009

AOGS

**ACTA Obstetricia et Gynecologica
Scandinavica**

Dit internationale Nordiske tidskrift

www.informaworld.com/aogs



***Informativ,
varierende,
levende, åben for
god videnskab og
klinik.....***

Hvorfor have Acta ?

Der er behov for mere end det der skrives på dansk

- **Materiale fra verden rundt: fra Kuopio til Nuuk, Nordkap til Sønderborg, Umeå til Auckland, Oulu til Osaka, Luleå til Lilongwe og overalt ind imellem.....!**
- **For at opdateres om obstetrik, gynækologi og reproduktionshelse.....**
- **Klinisk orienteret tidsskrift.....**
- **Videnskabelig stringens, men mangefoldig og med vigt på det som er relateret til praktiken.....**
- **Nødvendig som resurs og publikations-forum for videnskab i Norden et vindue derfra + indenfor vores medisinkulturelle område**
- **og det gode i Nordisk videnskab og for artikler der ikke kommer ind i nogle få første grads tidsskrifter.....**



ACTA Obstetrica et Gynecologica



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healthcare

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Åbnes derhjemme, i toget, i hospitalet eller kliniken....., enten på webben eller i den trykte version.....

Læs igennem (Editors message), stop hvor man ser noget muligtvis interessant, artikler der kan nævnes på morgenmødet, en del av udbildningen.....

Vi vil gerne få en del av Jeres bedste/bedre arbejder i AOGS og er åbne for de næstbedste.

Vi forsøger at være hurtigt ° på Epub og i tryk, men det beror på det som I sender til os.



Med gode artikler, på godt videnskabeligt engelsk, med højere krav til emner og kvalitet og med mere arbejde fra Editorial Board (13 i alt + CE) og fra vores reviewers kan vi höje impakt faktoren (5-års IF er nu 1,7) og vi skal nå op over 2,0

Men for det behöver vi Jeres støtte og Jeres videnskabelige publikationer, inklusive guidelines.

AOGS - ACTA

Fra Hindsgavl guidelines til videnskabelig publikation - er der en vej?

- Vi har Editors Messages, Editorials og Guest Editorials, Acta Commentaries, Acta Reviews, Main Research articles, Short Reports (inkl. 10-12 case reports pr. år), Letters/replies, book reviews, annoncer.
- Hvad passer for guidelines?
- **Acta Reviews og Acta Commentaries**

Guidelines - vejledninger

- Praktiske og for daglig klinisk brug, men evidens-baserede
- En noget summarisk gennemgang av den relevante evidens

- ***Hvilken sorts reviews vil vi have?***

Narrative? (my personal view supported by my selected references that fit to my views)

Evidens-baserede?

Systematiske?og detaljerede?

Acta Commentary

Commentaries are discussion essays or short non-systematic reviews on subjects of current interest or controversy. They should not exceed 2,000 words, be concise and factual and not use more than 24 references.

A type of “mini-review” where the author(s) have a free hand to express their views, narrative, with varied structure (not strict subject headlines), suitable for shorter guidelines or an overview of a topic of controversy.....

Acta Review

- **These can be review articles of clinical topics or experimental research**, between 2000 and 4000 words in general.
- **Experimental research review articles** should follow the general guidelines on using original evidence, weighted for methodological quality. For other formats or longer reviews please consult the Chief Editor.

Clinical Reviews

Clinical review articles should be evidence-based updates of the medical literature, encompassing a broad discussion of the topic under consideration. In general the PRISMA standards (<http://www.prisma-statement.org/index.htm>) should be followed as narrative reviews will not be accepted. Clinical reviews can draw on evidence-based and major original articles as well as high quality recommendations and guidelines from common databases such as <http://www.clinicalevidence.com>, <http://www.cochrane.org/>, <http://www.evidence-basedmedicine.com>, <http://www.infopoems.com>.

The text should be restricted to a maximum of 4,000 words (not including abstract, tables, figures, and references). The number of references should be reasonable and for articles with over 40, the authors will be asked to make a selection of those to appear in print with others available on-line.

Clinical reviews should include 1) the clinical question or issue and its importance; 2) description of how the relevant evidence was identified, assessed for quality, and selected for inclusion; 3) synthesis of the available evidence such that the best-quality evidence should receive the greatest emphasis (such as well-conducted clinical trials, meta-analyses, and prospective cohort studies). Levels of strength of evidence to support main clinical recommendations need to be used and stated (such as ABC-rating systems or similar); 4) discussion of controversial aspects and unresolved issues.

Authors interested in submitting a Clinical Review manuscript should contact the Editorial Office prior to manuscript preparation and submission by sending an e-mail to the office or the Chief Editor and to Niels Uldbjerg at uldbjerg@ki.au.dk (editor for review articles).

For reference on how to construct a clinical review a useful source is
<http://resources.bmj.com/bmj/authors/types-of-article/clinical-review> or
www.aafp.org/afp/20020115/251.html

Systematic reviews

These manuscripts are systematic, comprehensive and critical assessments of publications/literature and data sources pertaining to clinical topics, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. All articles or data sources should be searched for and selected systematically for inclusion and critically evaluated, and the search and selection process should be described in the manuscript. Select key references unto the number of 40, which will be published in print. Additional references will be available on-line with a link at the end of the reference list. The specific type of study or analysis, population, intervention, exposure, and tests or outcomes should be described for each article or data source. The data sources should be as current as possible, ideally with the search having been conducted within a few months of manuscript submission. The manuscript should follow the format outlined below as possible

Systematic reviews must be 1) in accordance with the PRISMA guidelines (<http://www.prisma-statement.org/statement.htm>). For further advice on writing systematic reviews authors may consult The Cochrane Reviewers' Handbook: <http://www.cochrane.org/resources/handbook> . 2) The text should in general be restricted to a maximum of 4,000 words (not including abstract, tables, figures, and references). The number of references is not restricted by a maximum number but should be reasonable. 3) A PRISMA 2009 Checklist is required (<http://www.prisma-statement.org/2.1.2%20-%20PRISMA%202009%20Checklist.pdf>) 4) A Full disclosure of interest is required.

Nærmere.....

- **1) Abstract:** Systematic review articles should have a structured abstract of no more than 250 words, using the following headings:
 - • *Objective:* Statement of purpose of the review
 - • *Data Sources:* Sources searched, including dates, terms, and constraints
 - • *Methods of Study Selection:* Number of studies reviewed and selection criteria, including guidelines for extracting data,.
 - • *Results:*, Main results of the review, including the methods of correlating and integrating findings
 - • *Conclusion:* Primary conclusions and their clinical applications
- **2) Main text:** Review articles should be organized in a manner similar to their structured abstract.
 - • *Introduction:* Indicates why the topic is important and states the specific objective(s) of the review.
 - *Sources:* Identifies what was searched and how; if a computerized system was used, specify the period searched, the language(s) covered, and the search terms.
 - • *Study Selection:* Identifies the number and nature of reports reviewed, the basis of any selection (exclusion and inclusion criteria) and the reports in the final tabulation.
 - • *Results:* Describes how observations across studies were tabulated and integrated into a cohesive whole. Tabulate material if possible, including major summary points.
- **3) Discussion:** Consider the findings, along with clinical implications and need for additional research. The strength and validity of the literature that supports the discussion should be evaluated with reference to meta-analyses of randomised clinical trials with important outcomes, well designed non-randomised clinical trials, clinical cohort and case-control studies, and if relevant, historical, observational and epidemiological studies.

Lad os gå til **Equator.network.org**

- The EQUATOR Network is an international initiative that seeks to enhance reliability of medical research literature by promoting transparent and accurate reporting of research studies.
- This goal will be achieved through:
 - raising awareness of the crucial importance of good reporting of research
 - becoming the recognised global centre providing resources, education and training relating to the reporting of health research and use of reporting guidelines
 - assisting in the development, dissemination and implementation of reporting guidelines
 - monitoring the status of the quality of reporting across health research literature
 - conducting research relating to the quality of reporting

og så til dsog.dk

Behandling af Endometriomer

- hos kvinder MED aktuelt graviditetsønske

(2009)

The management of ovarian endometrioma in women who want to conceive

Hvordan skulle man evt. lægge op til et review fra denne guideline?



Takk fyrir