



O ANTES E O DEPOIS DE UM ARTIGO CIENTÍFICO TRABALHADO PELA PUBLICASE

Como já dissemos, realizamos não apenas um trabalho de revisão de seu artigo. Realizamos um trabalho de revisão, adequação e edição científica que é melhor descrito como uma consultoria. Nós revisamos o inglês, o estilo e o formato de seu artigo, mas, além disso, revisamos também a maneira como a informação científica é apresentada.

Seguem dois exemplos de um mesmo artigo que, depois de passar pelo nosso crivo, foi aceito para publicação.

No ABSTRACT, por exemplo, trabalhamos não apenas na revisão e edição da grafia propriamente dita, como também para diminuir o texto de acordo com um número x de palavras determinado pela revista para esta seção (150 palavras neste exemplo), e para atender às sugestões dos revisores.

O texto original recebeu do revisor o comentário de que “*embora o estudo fosse interessante, havia alguns problemas. No ABSTRACT, a descrição de métodos e resultados era fraca. Questionou inclusive o que os autores queriam dizer com a informação ‘incomplete oestral cycle’?*”, demonstrando a falta de clareza na exposição das idéias como apresentadas no artigo.

ORIGINALMENTE lia-se, em aproximadamente 350 palavras:

“Background: One of the most important and so far unsolved problems of reproductive medicine is the preservation of the ovarian function as female reproductive and the endocrine function have a limited physiological length of time as follicles and oocytes are being depleted with age increasing. This study was performed to verify the viability of the autologous transplantation of ovarian tissue to the peritoneum of female rats, without vascular reanastomosis.

Methods: A total of 60 female rats with the same age and weight were studied and assigned to 3 groups: oophorectomy (group 1, n=20); sham-operation (group 2, n=20) and transplant (group 3, n=20). Surgeries were performed in groups of 6 animals and each 2 were randomly allocated into one of the 3 groups. In the study group (group 3) both ovaries were excised and placed in sterile hepes buffered culture media and prepared for transplantation with removal of fat tissue and dissection in two halves. One half of one ovary was transplanted to the peritoneal surface. Vaginal smears for determination of the estrous cycle were performed daily and 13 days after transplantation, the implants were evaluated and excised for histological study and comparison to the other half ovary previously removed.

Results: In group 1, 18 rats showed an atrophic pattern and 2 initial vaginal cornification, without typical estral cycle structures. In group 2, 15 rats presented a regular oestral cycle and 5 showed irregular cycles. In group 3, 16 showed regular and 4 had irregular oestral cycles. The proportion of animals presenting regular cycles after surgery was the same when comparing transplant to sham-operated group ($p=0.486$). Normal follicles were observed in advanced stages of development and luteal structures in 19 implants studied confirming ovulation. A great amount of blood vessels was verified in all the cuts of all implants, showing the intense tissue revascularization.

Conclusion: We can conclude that autologous ovarian transplantation without vascular reanastomosis to the peritoneum of female rats preserve ovarian endocrine function and maintain appropriate follicular growth.”

APÓS nossa REVISÃO passou-se a ler, em exatas 150 palavras, exigência da revista escolhida pelo autor:

“Preservation of ovarian functions in women with premature ovarian failure remains an issue in reproductive medicine. Hormone replacement therapy for maintaining endocrine functions, and cryopreservation of embryos or eggs for those who wish pregnancy, are some of the choices. However, ovarian transplantation is a more physiological alternative, although problems related to egg ischaemia have been reported. Herein, we investigated the viability of autologous transplantation of the ovarian tissue into the rat peritoneum, without performing vascular reanastomosis. Twenty animals in the study group had both ovaries excised, and each ovary was dissected in two halves. A half of an ovary was auto-transplanted to the peritoneal

surface, closely located to the left epigastric vessels. This simple procedure does not require surgical vascular reanastomosis, it maintains appropriate follicular growth and should be further considered as an alternative for women undergoing ooforectomy, not only to maintain endocrine functions but also for fertility preservation.”

Já na INTRODUÇÃO, além do trabalho de revisão-edição, sugerimos a inclusão de informações científicas pertinentes, adequando-as especialmente no conteúdo inicialmente fornecido; a deleção de informações que não acrescentavam conteúdo científico satisfatoriamente ou com precisão e clareza; além de apontar locais onde a inclusão de referência era imprescindível.

Para esta seção, o revisor comentou que “os autores haviam escrito sobre criopreservação apenas para explicar uma opção a ser oferecida aos pacientes, sem nenhuma relação com o estudo realizado. Sugeri que o parágrafo em questão fosse substituído por um que explicasse um outro mecanismo envolvido na problemática estudada (o mecanismo de crescimento vascular sem reanastomose na superfície peritoneal. Havia também a necessidade de uma descrição melhor de alguns estudos mencionados pelos autores (estudos de Callejo e Corletta), mostrando os pontos positivos e negativos dos mesmos e, finalmente, que os autores deveriam enfatizar o racional de seu estudo”.

A INTRODUÇÃO (texto 1 abaixo) original após alguns questionamentos e sugestões que realizamos previamente (texto 2 abaixo- primeira rodada de

edição), transformou-se no seguinte texto (texto 3 abaixo- segunda e final rodada de edição).

Original (texto 1):

“One of the most important and so far unsolved problems of reproductive medicine is the preservation of the ovarian function. The reproductive and the endocrine function have a limited physiological length of time as follicles and oocytes are being depleted with age increasing, reaching complete exhaustion after menopause (). Moreover, malignant, autoimmune diseases, and iatrogenic situations such as ovarian ablative surgery, chemotherapy or radiotherapy are also responsible for stopping ovarian function. Therefore, the options that can be offered to the women with premature or physiologic ovarian failure are hormone replacement therapy to restore or maintain the endocrine function and oocyte donation () for those who desire a pregnancy.

Some strategies can offer alternative treatments to help this group of patients for reproductive preservation. The cryopreservation of embryos after in vitro fertilization is an excellent option (). The cryopreservation of oocytes is another alternative, however the results described in the literature are still poor (). However, in both situations superovulation induction followed by oocyte retrieval are required before indicated treatment. The possibility of freezing primordial follicles would be theoretically more advantageous as the oocyte is immature, with less organelles and without the mitotic spindle (). Follicles could be frozen in small fragments of ovarian cortex and transplanted after thawing.

The transplantation of ovarian tissue without vascular reanastomosis to peritoneal surface might have the advantage of being a simple procedure, allowing restoration of fertility once cryopreservation becomes a well-established method. Callejo et al. (1999) demonstrated successfully ovarian transplantation to peritoneum and subcutaneous tissue. The authors found the same number of follicles in ovaries of both groups. Also, Von Eye Corletta et al. (1998) demonstrated that subcutaneous tissue is a good site for ovarian autologous transplantation. Also, the authors observed that ovarian fragments presented less ischemic reaction than entire ovaries, after transplantation.

Therefore the aim of our study was to verify the functional viability of the autologous transplantation, without vascular reanastomosis, of ovarian tissue to the peritoneum of female rats, through seriate functional vaginal cytology and histological study of the implants.”

Sugestões prévias (texto 2-primeira rodada de edição feita pela Publicase):

“A major, and yet unsolved issue in reproductive medicine is the lack of effective procedures for the preservation of ovarian functions. Female reproductive and endocrine functions last for limited time, as follicles and oocytes deplete with age, reaching complete exhaustion after menopause (). Additionally, malignant tumors, autoimmune diseases, and iatrogenic procedures such as ovarian ablative surgery, chemotherapy, and radiotherapy may also impair ovarian function. Women with premature or physiologic ovarian failure have the option of using Hormone Replacement Therapy (HT), as a way to restore or maintain the endocrine function. However, some undesirable side effects have been associated to HT, which in

some cases may represent an increased risk for cancer [sugestão de referência](). Additionally, exogenous administration of estrogen may not be effective on bone metabolism [sugestão de referência](). For women who wish pregnancy, oocyte donation should be considered () although not every woman sees it as an acceptable option [sugestão de referência] (,).

Fortunate, other alternatives are available for these patients. Cryopreservation of embryos followed by in vitro fertilization has been a viable option (). Cryopreservation of oocytes seems to be another promising alternative, but results are still limited (). In any case, both cryopreservation of embryos and of oocytes require induction of superovulation followed by oocyte retrieval, which is a procedure that offers the risk of developing ovarian hyperstimulation syndrome (OHSS) [sugestão de referência](). Additionally, in some cases, as for women who need urgent treatment for cancer, the time required for the induction of superovulation may not be available.

A more physiologic alternative to cryopreservation of either embryos or eggs is ovarian auto-transplantation, although the procedure itself also presents some challenges. Different than transplanting large organs, in which vascularization is secured through surgical reanastomosis, successful transplantation of small ovarian fragments may depend on the rapid growth of new blood vessels in the area of the transplant, to avoid follicle ischemia. Indeed, some studies have shown that more ovarian follicles are damaged by ischemia than by the freeze-thaw process that is inherent to ovarian tissue cryopreservation [sugestão de referência]().

Ovarian transplantation also offers the possibility of freezing follicles in small fragments of ovarian cortex that could be further transplanted when patient conditions are improved or iatrogenic procedures are no longer necessary. The possibility of freezing primordial follicles instead of collecting mature oocyte should be more beneficial, as the immature oocyte carries less organelles and has no mitotic spindle, which diminishes the risks of chromosome loss [Adicionar

referência]. **Comentário Publicase:** Não conseguimos ver direito o porquê desta colocação. Não consigo ver o link com a idéia anterior. Por favor esclarecer.

Achamos que é uma vantagem sobre os outros métodos, mas não pareceu estar claro no texto.

The transplantation of ovarian tissue into the peritoneal surface (and without vascular reanastomosis) may offer the benefit of being a simple procedure that allows restoration of fertility once cryopreservation becomes a well-established method. Callejo et al. () carried successful ovarian transplantation to the peritoneum and to the subcutaneous tissue and observed that the amount of ovarian follicles in both groups was similar and that auto-transplanted ovarian remained functional for at least 6 months after the transplant. Also, Von Eye Corletta et al. () demonstrated that the subcutaneous tissue is an appropriate site for ovarian autologous transplantation and that transplanting ovarian fragments presented less ischemic reaction than transplanting the entire ovarian. Herein, we investigated the functional viability of the autologous transplantation of ovarian tissue into the peritoneum of female rats, without performing vascular reanastomosis.

Texto 3 final- segunda e final rodada de edição feita pela Publicase:

“Still unsolved in reproductive medicine is the lack of effective procedures for preserving ovarian functions. Female reproductive and endocrine functions last for limited time, as follicles and oocytes deplete with age. (). Additionally, malignant tumors, autoimmune diseases, and iatrogenic procedures such as ovarian ablative surgery, chemotherapy, and radiotherapy may also impair ovarian function.

Women with premature or physiologic ovarian failure can adopt Hormone Replacement Therapy (HRT), as a way to restore or maintain the endocrine function. However, some undesirable side effects have been associated with HRT(). For women who wish pregnancy, oocyte donation should be considered () although not all women accept this option (,).

Fortunate, other alternatives exist for patients. Cryopreservation of embryos followed by in vitro fertilization has been a viable option (). Cryopreservation of oocytes is another promising alternative, especially for young women, although results are still limited (). In both cases, cryopreservation of embryos and of oocytes require induction of superovulation followed by oocyte retrieval, which is a risky procedure especially for women who had hormone-dependent cancers (). Additionally, the time required for the induction of superovulation may be a problem for women who need urgent treatment for cancer.

Another alternative is ovarian auto-transplantation, although the procedure itself presents some challenges. Different than transplanting large organs, in which vascularization is secured through surgical reanastomosis, successful transplantation of small ovarian fragments may depend on rapid neovascularization to avoid ovarian ischemia. Indeed, it has been shown that more ovarian follicles

are damaged by ischemia than by the freeze-thaw process inherent to ovarian tissue cryopreservation ().

Ovarian transplantation also allows freezing follicles in small fragments of ovarian cortex that could be further transplanted when patient conditions are improved or iatrogenic procedures are no longer necessary. Freezing primordial follicles instead of collecting mature oocyte is more beneficial, as the immature oocyte carries less organelles and no mitotic spindle, which diminishes the risks of chromosome loss.

With no surgical reanastomosis, neovascularization can be promoted by providing exogenous angiogenic factors, or it can be achieved endogenously as a response to wound healing. The transplantation of ovarian tissue into the peritoneal surface is a simple procedure and one that promotes neovascularization. Callejo et al. () carried out successful ovarian transplantation to the peritoneum and subcutaneous tissue and observed similar amounts of ovarian follicles in both groups and that auto-transplanted ovary remained functional for at least 6 months. Also, Von Eye Corleta et al. () demonstrated that the subcutaneous tissue is an appropriate site for ovarian autologous transplantation and that transplanting ovarian fragments presented less ischemic reaction than transplanting the entire ovarian. Herein, we investigated the functional viability of the autologous transplantation of ovarian tissue into the peritoneum of female rats, with no vascular reanastomosis.

As demais seções deste artigo (materiais e métodos, resultados, discussão, etc) também foram criticadas pelos revisores e, da mesma forma, foram revisadas e editadas pela PUBLICASE. O resultado final segue abaixo:

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Dear Dr. XXX:

I am pleased to inform you that your manuscript is accepted for publication in Transplantation as a Rapid Communication.

Congratulations. On behalf of the Editors of Transplantation we look forward to your continued contributions to the journal.

Sincerely,

*Dr. Mark Hardy
Editor
Transplantation*

O aceite deste trabalho, pela mesma revista a qual havia sido previamente submetido, sem a inserção de novos resultados ou realização de novos experimentos, é o maior reconhecimento de que a PUBLICASE está cumprindo o seu papel!