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Damian Pattinson

FuturePub London

March 2019

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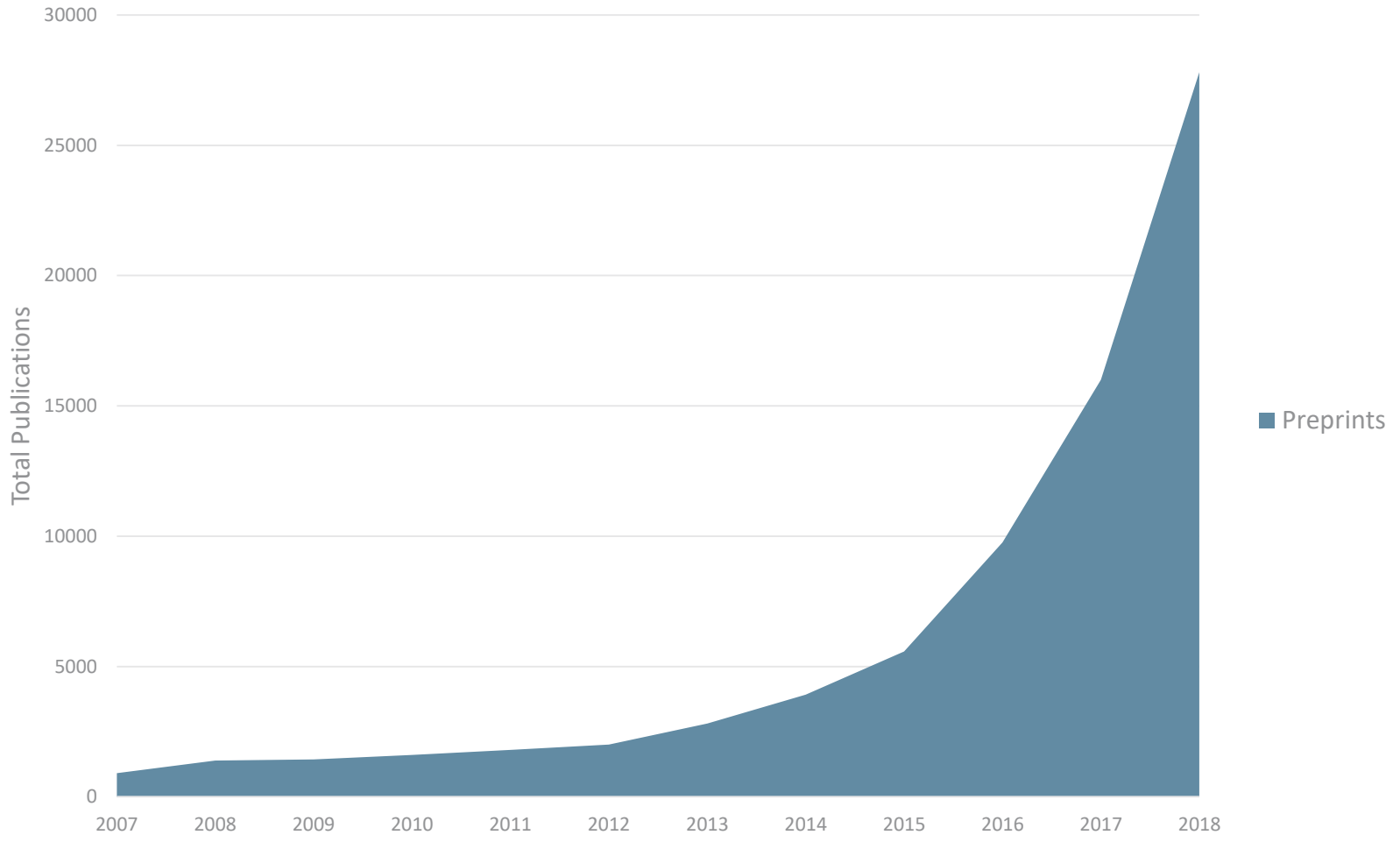
Preprints, yay!



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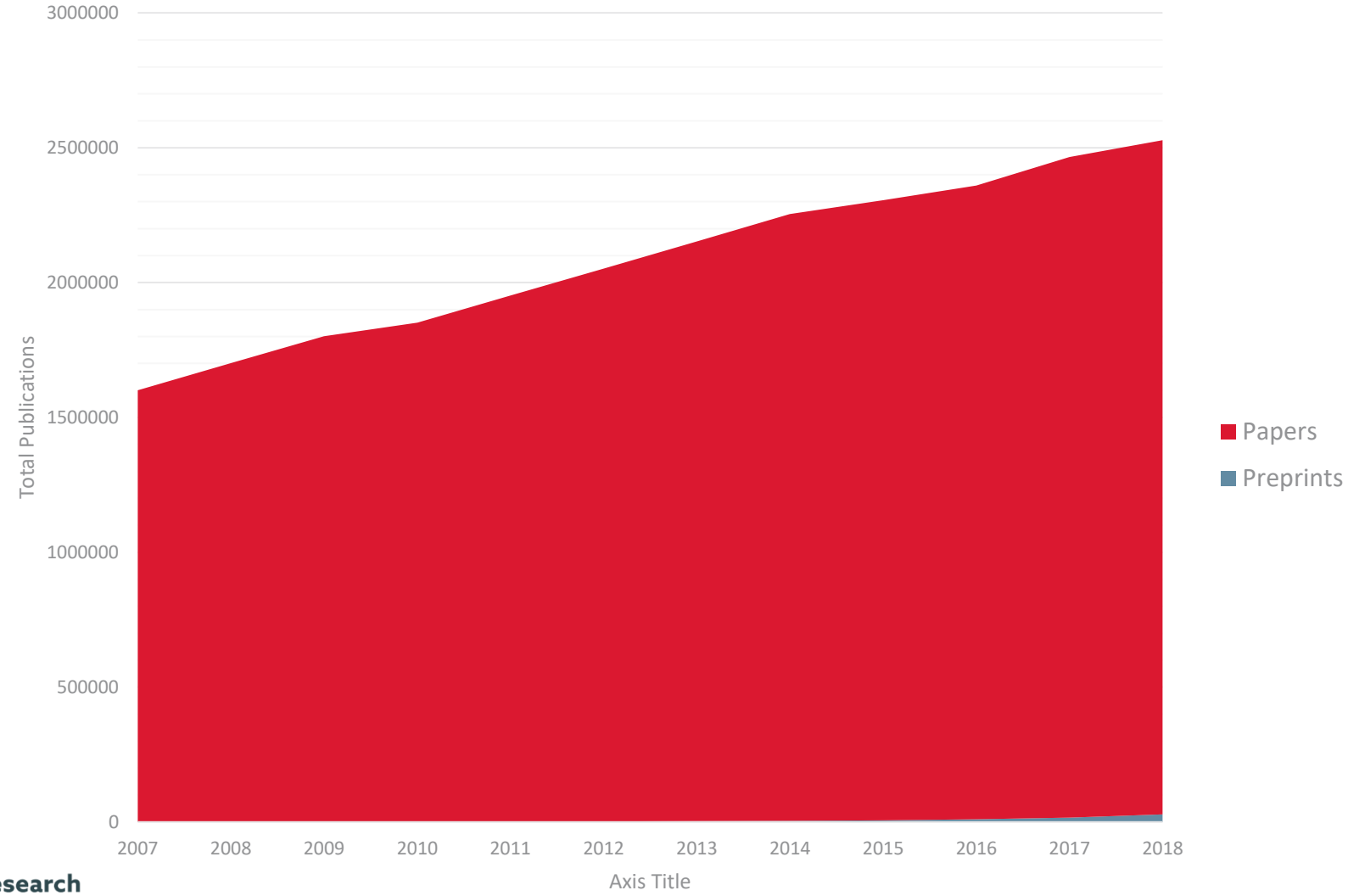

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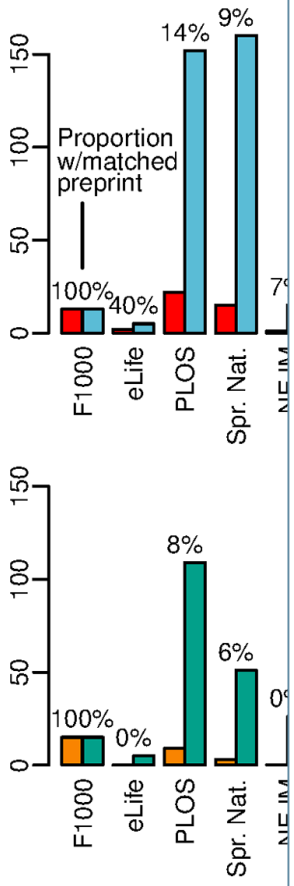
Publications with preprints — the Ebola and Zika outbreaks



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Posted December 6, 2018 by Madison Crystal in Innovation, Open Access, Open Science, Progress Update, Science communication

67

We've surpassed 1,300 preprint posts to bioRxiv!

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The road to preprints

As we began this journey, about 4% of our authors reported that they had posted their submission to a preprint server. While this base remains consistent, our preprint-posting service has built upon it to offer authors more choices. In the past six months we've seen an additional 14% opt-in to have PLOS post a preprint on their behalf, indicating that 18% of our authors want to use preprints to share their research.

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Editorial badges

Research Article

Pattern and Presentation of Vitreo-Retinal Diseases: Lessons from a Tertiary Eye Care Centre in Nepal

Bhim Bahadur Rai* Mohan K. Shresthra Raba Thapa Rohan W. Essex Govinda Paudyal Ted Maddess

INTEGRITY CHECK: PASSED

- Cleared for plagiarism
- Ethical approvals present
- Financial disclosures and conflicts of interest declared
- Relevant permissions obtained

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Hypothesis annotations

Article

Version 1

Submitted 12 December 2018 • DOI: https://doi.org/10.21203/rs.2.82/v1

This is the most recent version of this article. Please note that this article has not completed peer-review.

ABSTRACT

Background: We examined patients presenting in a tertiary eye hospital in Nepal, focussing on information for screening and management programs for vitreo-retinal disease (VR).

Methods: We reviewed all patients presenting for the first time to the VR-clinic over one year. We quantified patient demography, symptoms and duration, associated systemic diseases, ophthalmological examinations, diagnostic investigations and final diagnoses.

Results: Of the 1905 cases 1148 were males (60.3%). The 25th-percentile of ages was 29 and 38 years for males and females respectively, indicating females presented later ($p<0.0001$). Hypertension was the commonest systemic disease (40.8%), followed by diabetes (32.5%). Macular degeneration (AMD) and diabetic retinopathy (DR) affected 447 eyes (11.8%), and 416 eyes (10.9%) respectively. Male and female AMD and DR patients did not differ in age or disease duration, which for DR was not correlated with severity. Asymmetry of disease severity between AMD and DR eyes was largest in patients with one normal eye. Presenting acuity was highly asymmetric between eyes ($p<0.0001$) with people more often reporting when their dominant eyes had acuity of 6/18 or worse.

Conclusions: When left to self-report patients tended to not notice visual impairment in their non-dominant eye until

Article-level metrics

Comments: 4
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Community Comments

Version 1
Submitted 12 Dec, 2018

Subject Areas

Internal Medicine Specialties

Keywords

AMD, diabetic retinopathy, retinal diseases, laterality, ocular dominance, sex differences

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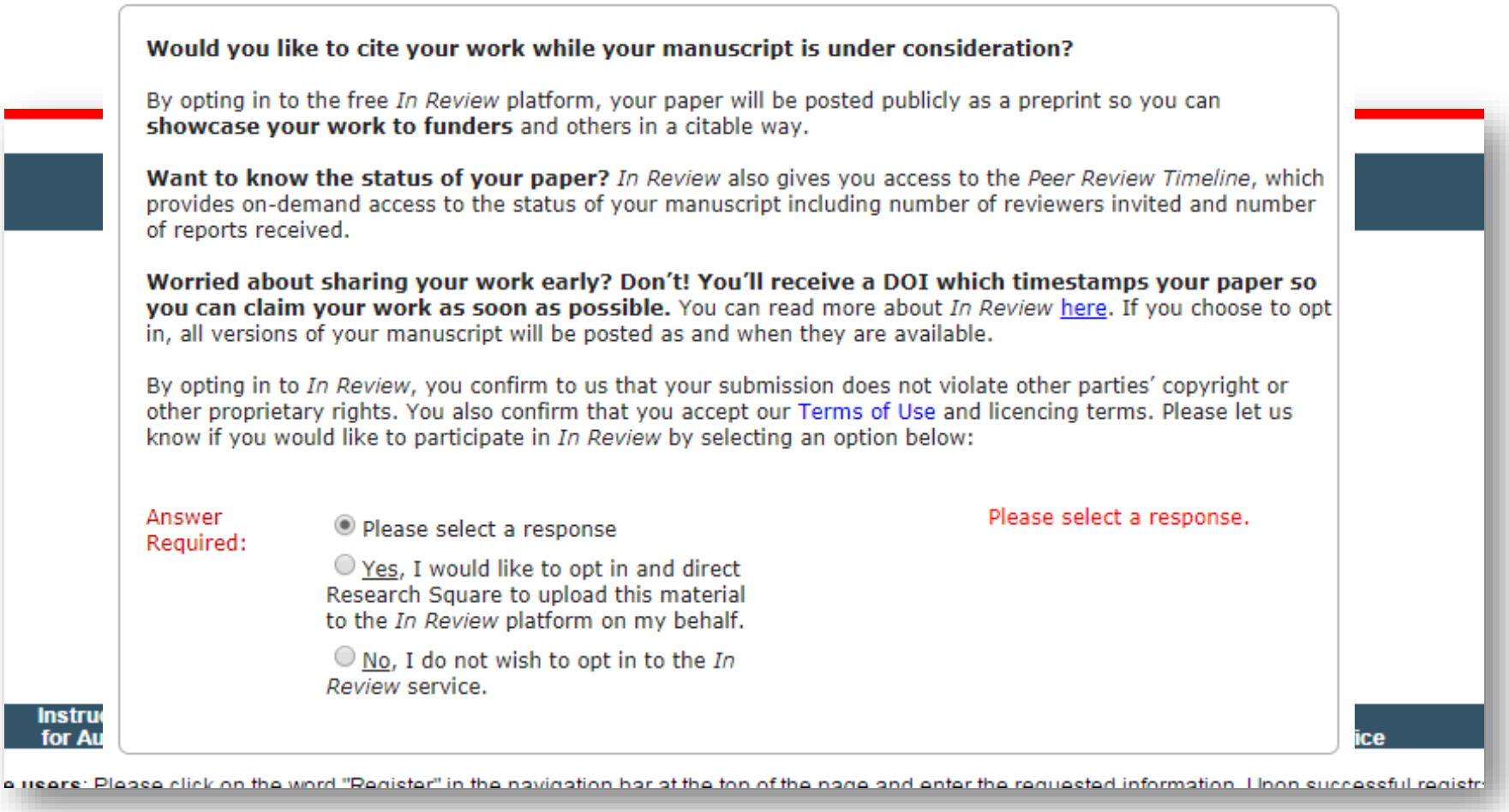

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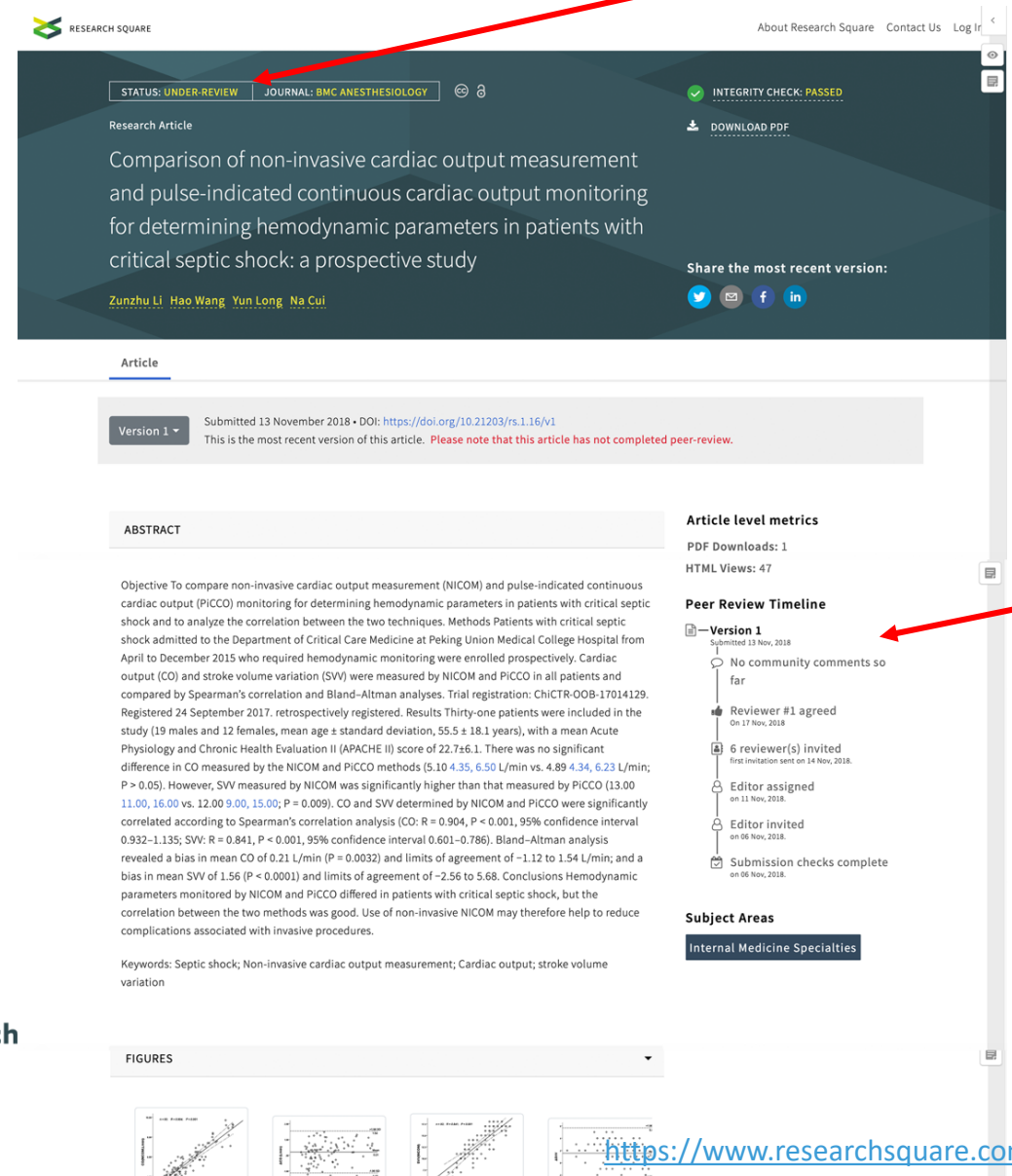

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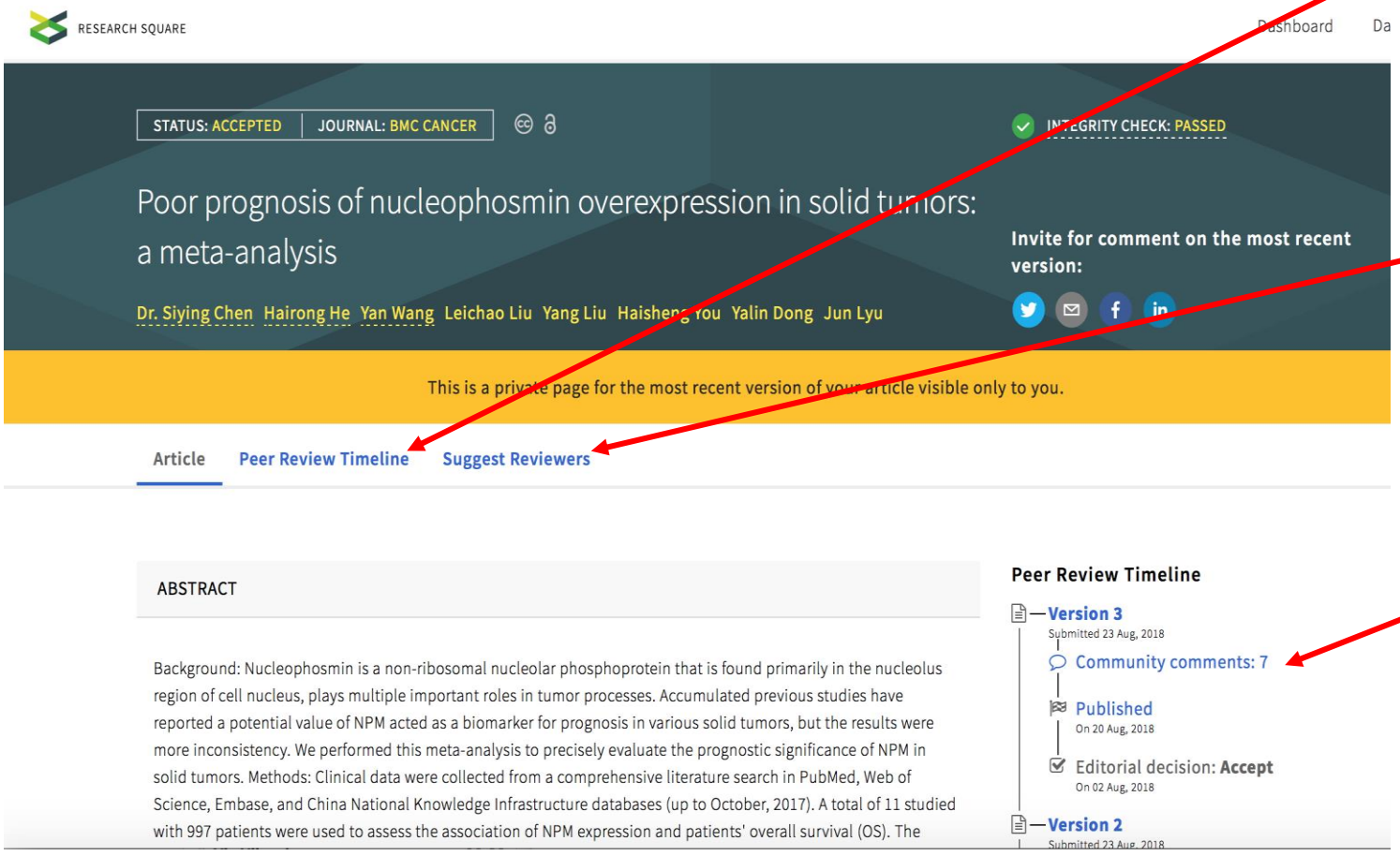

Full Peer Review History: Updated as soon as a review or decision is received

Suggest Reviewers: Allows authors to suggest reviewers if their paper is held up

Reader comments incorporated into the review package sent to editor

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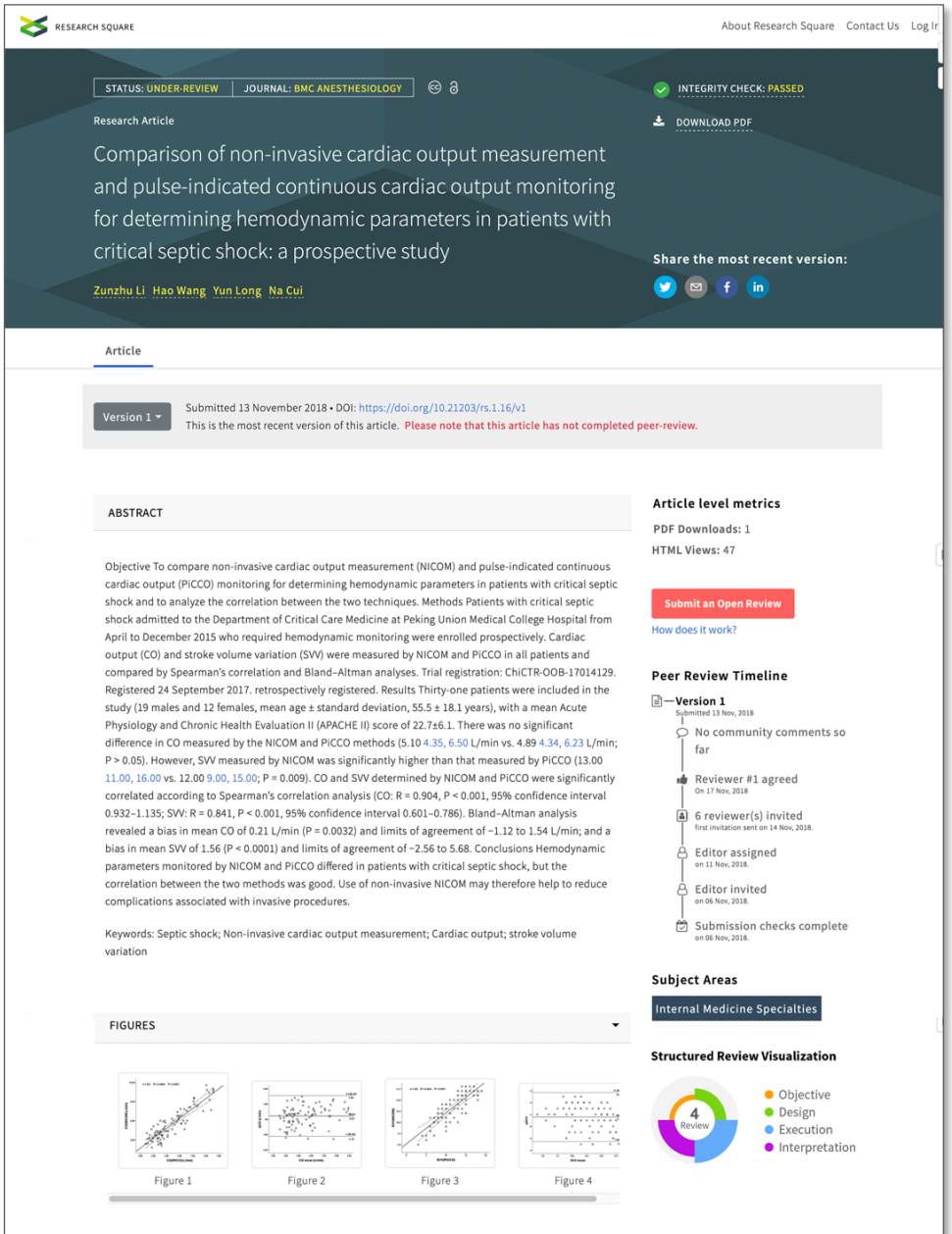
Opt-in rate

Journal	Submissions to "In Review"	Total Submissions (since 18 Oct)	Opt-in rate (%)
Trials	353	852	41%
BMC Neurology	334	585	57%
BMC Anaesthesiology	281	462	61%
BMC Ophthalmology	342	603	57%
TOTAL	**1310**	**2502**	**52%**

Next steps

- Adding more journals
- Hosting Nature Protocol Exchange
- Launching direct submission pathway
- Adding editorial services
- Building community review functionality

Community review modules



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Research Article

Comparison of non-invasive cardiac output measurement and pulse-indicated continuous cardiac output monitoring for determining hemodynamic parameters in patients with critical septic shock: a prospective study

Zunzhu Li Hao Wang Yun Long Na Cui

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Article

Version 1

Submitted 13 November 2018 • DOI: https://doi.org/10.21203/rs.1.16/v1

This is the most recent version of this article. Please note that this article has not completed peer-review.

ABSTRACT

Objective To compare non-invasive cardiac output measurement (NICOM) and pulse-indicated continuous cardiac output (PiCCO) monitoring for determining hemodynamic parameters in patients with critical septic shock and to analyze the correlation between the two techniques. Methods Patients with critical septic shock admitted to the Department of Critical Care Medicine at Peking Union Medical College Hospital from April to December 2015 who required hemodynamic monitoring were enrolled prospectively. Cardiac output (CO) and stroke volume variation (SVV) were measured by NICOM and PiCCO in all patients and compared by Spearman's correlation and Bland–Altman analyses. Trial registration: ChiCTR-OOB-17014129. Registered 24 September 2017. retrospectively registered. Results Thirty-one patients were included in the study (19 males and 12 females, mean age ± standard deviation, 55.5 ± 18.1 years), with a mean Acute Physiology and Chronic Health Evaluation II (APACHE II) score of 22.7±6.1. There was no significant difference in CO measured by the NICOM and PiCCO methods (5.10 4.35, 6.50 L/min vs. 4.89 4.34, 6.23 L/min; P > 0.05). However, SVV measured by NICOM was significantly higher than that measured by PiCCO (13.00 11.00, 16.00 vs. 12.00 9.00, 15.00; P = 0.009). CO and SVV determined by NICOM and PiCCO were significantly correlated according to Spearman's correlation analysis (CO: R = 0.904, P < 0.001, 95% confidence interval 0.932–1.135; SVV: R = 0.841, P < 0.001, 95% confidence interval 0.601–0.786). Bland–Altman analysis revealed a bias in mean CO of 0.21 L/min (P = 0.0032) and limits of agreement of −1.12 to 1.54 L/min; and a bias in mean SVV of 1.56 (P < 0.0001) and limits of agreement of −2.56 to 5.68. Conclusions Hemodynamic parameters monitored by NICOM and PiCCO differed in patients with critical septic shock, but the correlation between the two methods was good. Use of non-invasive NICOM may therefore help to reduce complications associated with invasive procedures.

Keywords: Septic shock; Non-invasive cardiac output measurement; Cardiac output; stroke volume variation

FIGURES

Figure 1 Figure 2 Figure 3 Figure 4

Article level metrics

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Peer Review Timeline

Version 1

Submitted 13 Nov, 2018

No community comments so far

Reviewer #1 agreed On 17 Nov, 2018

6 reviewer(s) invited first invitation sent on 14 Nov, 2018.

Editor assigned on 11 Nov, 2018.

Editor invited on 06 Nov, 2018.

Submission checks complete on 06 Nov, 2018.

Subject Areas

Internal Medicine Specialties

Structured Review Visualization

4 Review

Objective

Design

Execution

Interpretation

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6 Comments

Eli Pradhan • 17 December 2018

The comments are below

Abstract: In the background part, it is written screening. However, I feel Screening part should be omitted and use appropriate word (Is it screening as all pts are already seen by General Ophthalmologist in the general clinic and referred to Special clinic?)

Methodology: Please mention what type of study is this? Cross sectional? Retrospective? Prospective. Type of study is lacking.

IRC no 10/2018; Is it back dated?

Results show 41.2% from kathmandu, probably it is better to mention the reason for it.

Conclusion: Is the data of education status pf the patients taken? Can we comment on education if there is no data taken?

Thank you for providing me the opportunity

Dr Eli Pradhan, MD, MRSCEd, Consultant Medical Retina

Reply to comment • Flag for moderation

Bhim B. Rai • 18 December 2018

Dear Dr. Pradhan,

Thank you so much for your valuable input. I am replying to your comments point wise:

1. Abstract: We have mentioned screening because not all patients were referred by the general ophthalmologists, and the retinal specialists would surely screened them for correct diangoses.
2. Methodology: we have mentioned retrospective study in the method section, sub-section setting. I agree it is not obvious and we needed to create separate paragraph. We are waiting for the reviewers' comments and surely consider your feedback in improving our maniscript.
3. This retrograde study is the analysis of the existing data. So the clearance was given then for data collection and again renewed vide letter number TIO-IRC Ref: 10/2018.
4. Majority (54.5%) of patients were from Nepal outsied Kathmandu and only 41.2% were from within Kathmandu. This indicates patients travel to TIO from all over Nepal to access the treatment at TIO reflecting the high quality of patient care an mandgement. [we mentioned this in our draft but had to delete it due to word limit].

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