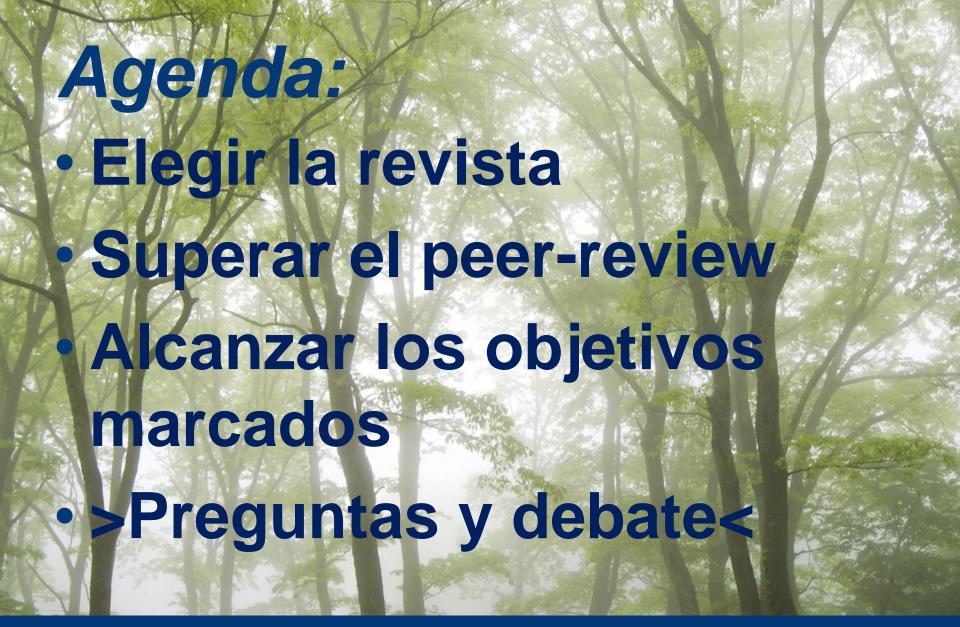


Revistas de ciencias de la salud: publicar y lograr objetivos con el minimo esfuerzo ENTREPARES, Septiembre 2014 Elena Becker-Barroso

THE LANCET









### Elegir la revista

#### THE LANCET Clinical and Translational Research Spectrum +T2 → 4T3→ (T4) 4 T1→ Basic Scientific Implications Implications Translation Insights for Practice for Population Global Health to Patients to Humans Examples include: Examples include: Examples include: Examples include: · Preclinical and Animal · Phase 2 Clinical Trials · Phase 4 Clinical Trials · Population-level Outcome Studies · Phase 3 Clinical Trials · Health Services Research Studies Human Physiology Dissemination Social Determinants of First in Humans (FIH) Communication Health (healthy volunteers) Implementation Proof of Concept (POC) Clinical Outcomes · Phase 1 Clinical Trials Research Community-Based Participatory Research (CBPR) Cost Effectiveness/Comparative Effectiveness Health Disparities Public Policy Observational Studies Personalized Medicine · Guideline Development Systematic Reviews/Meta-Analyses Sample Size

**Translational Activity** 



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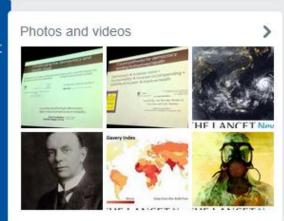
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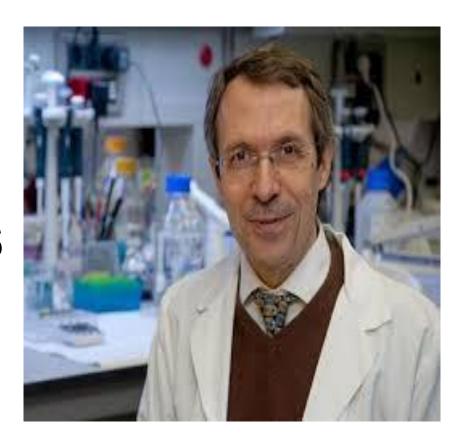
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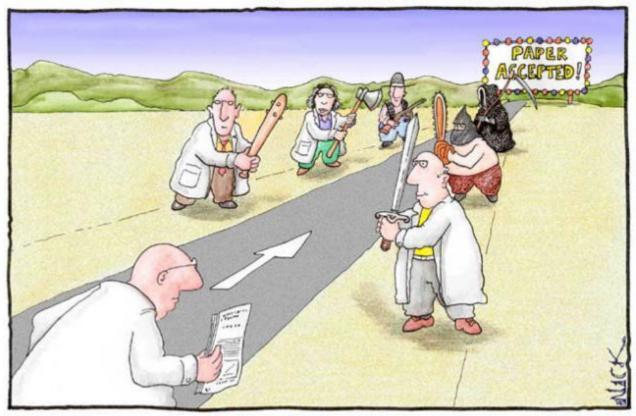
	Item No.	Recommendation	Page No.
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the	
		abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was	
		done and what was found	3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being	•
		reported	4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	. 4	Present key elements of study design early in the paper	4-5
Setting	5	Describe the setting, locations, and relevant dates, including periods of	
		recruitment, exposure, follow-up, and data collection	4-5
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of	•
		selection of participants. Describe methods of follow-up	4-6
		Case-control study-Give the eligibility criteria, and the sources and methods of	
		case ascertainment and control selection. Give the rationale for the choice of	
		cases and controls	
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		of selection of participants	

# Superar el peer-review: la importancia de una buena "cover letter"



VS





"Progress in science is determined at two levels: funding and publication.

[....] Peer review is the basis for any progress in science."

Cell, 2006; 126: 637-38



- What kind of evaluation?
- Design and methodology
- Quality of the data
- Originality
- Relevance

- How is the evaluation done?
- Single blind
- Time frame
- Decision-making
- Otras consideraciones

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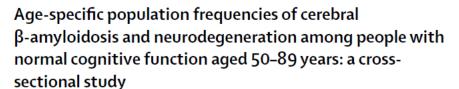




## The editorial meeting









Clifford R Jack Jr., Heather J Wiste, Stephen D Weigand, Walter A Rocca, David S Knopman, Michelle M Mielke, Val J Lowe, Matthew L Senjem, Jeffrey L Gunter, Gregory M Preboske, Vernon S Pankratz, Prashanthi Vemuri, Ronald C Petersen

#### Summary

Background As preclinical Alzheimer's disease becomes a target for therapeutic intervention, the overlap between imaging abnormalities associated with typical ageing and those associated with Alzheimer's disease needs to be recognised. We aimed to characterise how typical ageing and preclinical Alzheimer's disease overlap in terms of  $\beta$ -amyloidosis and neurodegeneration.

Methods We measured age-specific frequencies of amyloidosis and neurodegeneration in individuals with normal cognitive function aged 50–89 years. Potential participants were randomly selected from the Olmsted County (MN, USA) population-based study of cognitive ageing and invited to participate in cognitive and imaging assessments. To be eligible for inclusion, individuals must have been judged clinically to have no cognitive impairment and have undergone amyloid PET, <sup>18</sup>F-fluorodeoxyglucose (<sup>18</sup>F-FDG) PET, and MRI. Imaging results were obtained from March 28, 2006, to Dec 3, 2013. Amyloid status (positive [A¹] or negative [A¹]) was determined by amyloid PET with <sup>11</sup>C Pittsburgh compound B. Neurodegeneration status (positive [N¹] or negative [N¹]) was determined by an Alzheimer's disease signature <sup>18</sup>F-FDG PET or hippocampal volume on MRI. We determined age-specific frequencies of the four groups (amyloid negative and neurodegeneration negative [A˙N¹], amyloid positive and neurodegeneration negative [A˙N¹], amyloid negative and neurodegeneration positive [A˙N¹], or amyloid positive and neurodegeneration positive [A˙N¹], cross-sectionally using multinomial regression models. We also investigated associations of group frequencies with APOE £4 status (assessed with DNA extracted from blood) and sex by including these covariates in the multinomial models.

Findings The study population consisted of 985 eligible participants. The population frequency of  $A^{-}N^{-}$  was 100% (n=985) at age 50 years and fell to 17% (95% CI 11-24) by age 89 years. The frequency of  $A^{-}N^{-}$  increased to 28% (24-32) at age 74 years, then decreased to 17% (11-25) by age 89 years. The frequency of  $A^{-}N^{-}$  increased from age 60 years, reaching 24% (16-34) by age 89 years. The frequency of  $A^{-}N^{-}$  increased from age 65 years, reaching 42% (31-52) by age 89 years. The results from our multinomial models suggest that  $A^{-}N^{-}$  and  $A^{-}N^{-}$  were more frequent in APOE &4 carriers than in non-carriers and that  $A^{-}N^{-}$  was more, and  $A^{-}N^{-}$  less frequent in men than in women.

Interpretation Accumulation of amyloid and neurodegeneration are nearly inevitable by old age, but many people are able to maintain normal cognitive function despite these imaging abnormalities. Changes in the frequency of amyloidosis and neurodegeneration with age, which seem to be modified by APOE £4 and sex, suggest that pathophysiological sequences might differ between individuals.

Funding US National Institute on Aging and Alexander Family Professorship of Alzheimer's Disease Research.

#### Lancet Neurol 2014 13: 997-1005

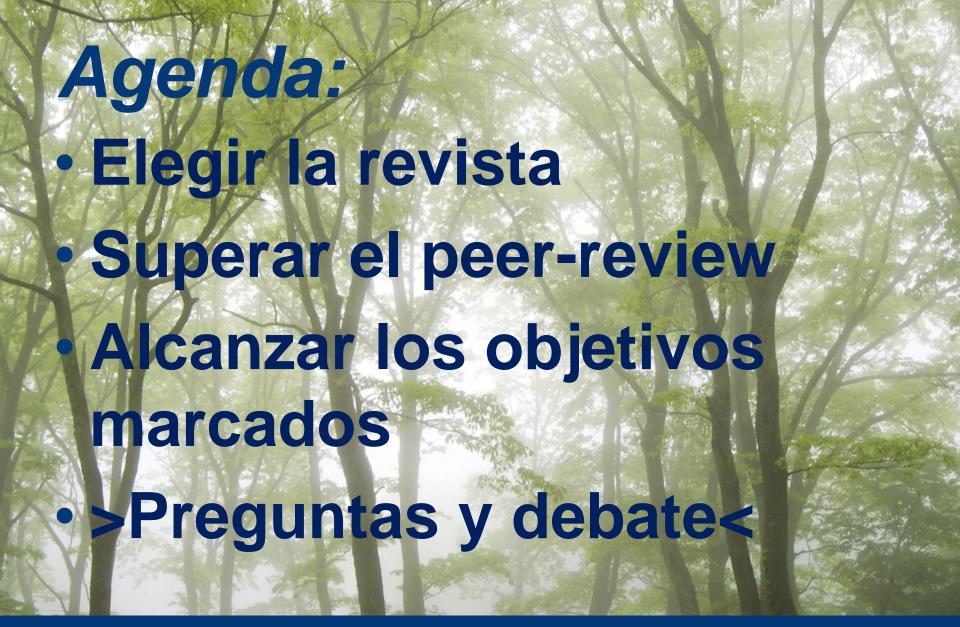
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Preguntas?

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