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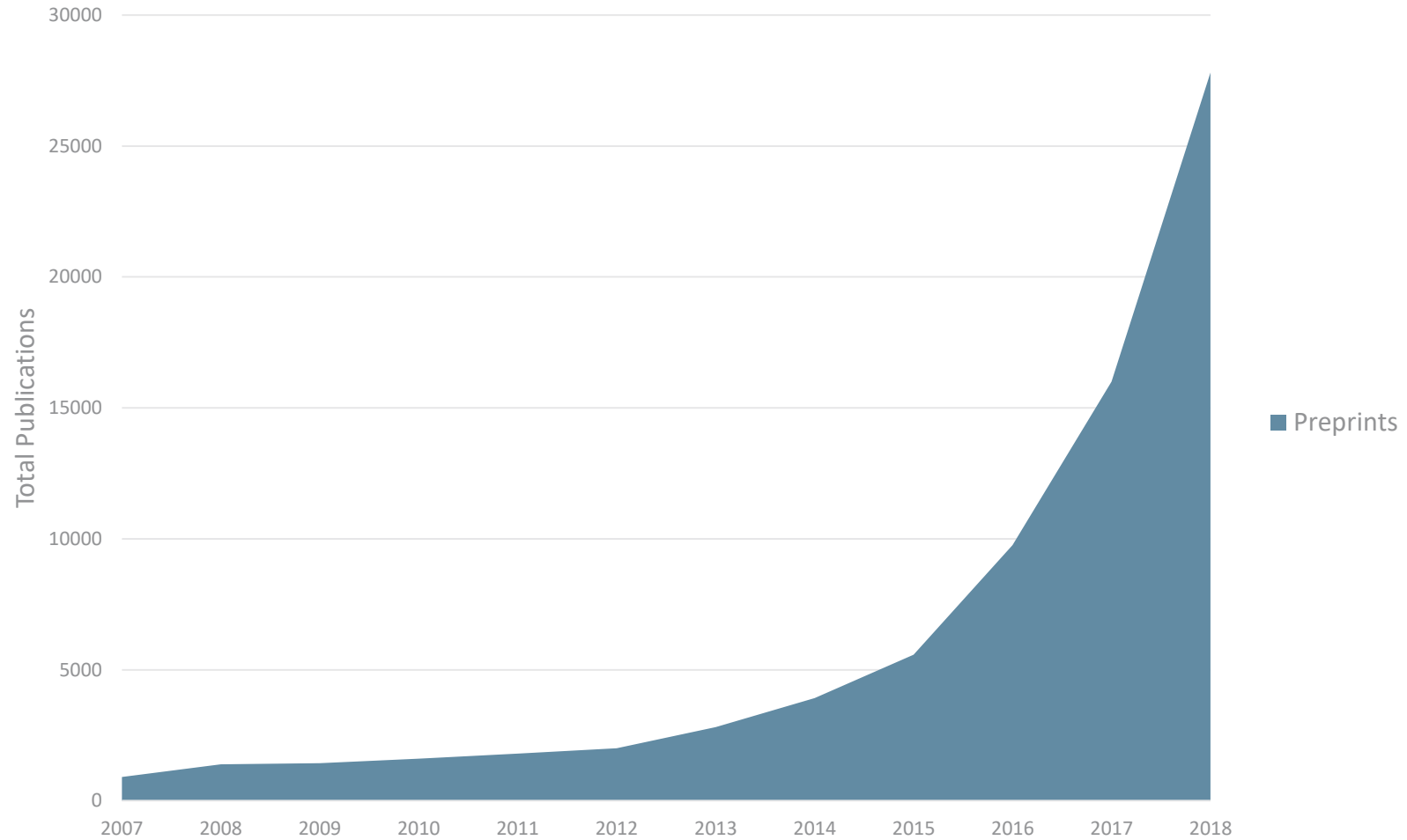
Damian Pattinson

FuturePub London

March 2019

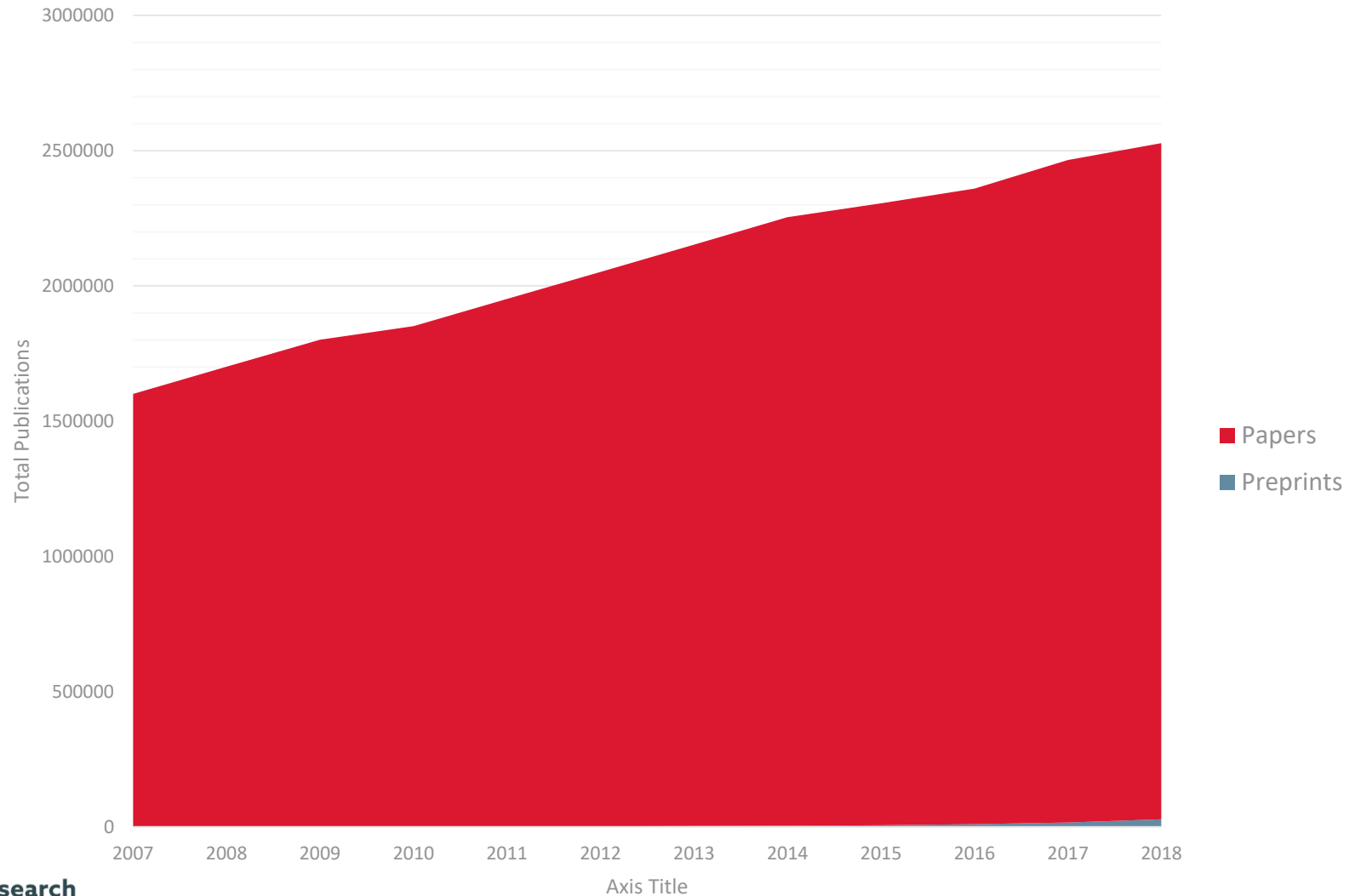


Preprints, yay!

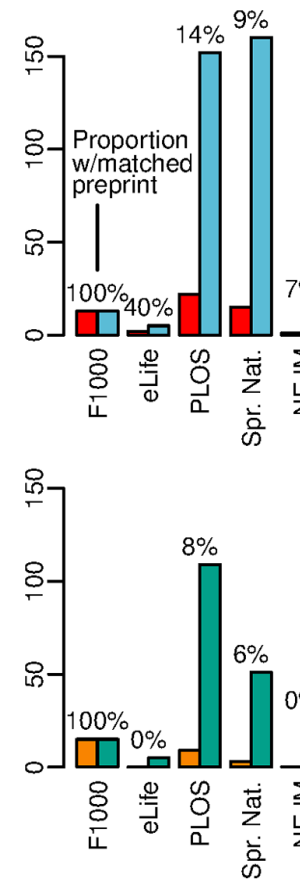


Data from Prepubmed.org

Preprints, meh



Publications with preprints — the Ebola and Zika outbreaks


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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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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

PDF Downloads: 0

HTML Views: 243

— 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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Public Article page

Journal status

The screenshot shows the public article page for a study titled "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". The article is by Zunzhu Li, Hao Wang, Yun Long, and Na Cui. It is currently under review at BMC Anesthesiology. The page includes an abstract, keywords, and a peer review timeline. A red arrow points from the "Journal status" label to the "JOURNAL: BMC ANESTHESIOLOGY" status. Another red arrow points from the "Review history – updated in real time whenever there is a status change" label to the "Peer Review Timeline" section.

Research Square

STATUS: UNDER-REVIEW JOURNAL: BMC ANESTHESIOLOGY

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 \pm standard deviation, 55.5 \pm 18.1 years), with a mean Acute Physiology and Chronic Health Evaluation II (APACHE II) score of 22.7 \pm 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

Article level metrics

PDF Downloads: 1
HTML Views: 47

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

FIGURES

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Review history – updated in real time whenever there is a status change

Author view

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STATUS: **ACCEPTED** | JOURNAL: **BMC CANCER**

INTEGRITY CHECK: **PASSED**

Poor prognosis of nucleophosmin overexpression in solid tumors: a meta-analysis

Dr. Siying Chen Hairong He Yan Wang Leichao Liu Yang Liu Haisheng You Yalin Dong Jun Lyu

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ABSTRACT

Background: Nucleophosmin is a non-ribosomal nucleolar phosphoprotein that is found primarily in the nucleolus region of cell nucleus, plays multiple important roles in tumor processes. Accumulated previous studies have reported a potential value of NPM acted as a biomarker for prognosis in various solid tumors, but the results were more inconsistency. We performed this meta-analysis to precisely evaluate the prognostic significance of NPM in solid tumors. Methods: Clinical data were collected from a comprehensive literature search in PubMed, Web of Science, Embase, and China National Knowledge Infrastructure databases (up to October, 2017). A total of 11 studied with 997 patients were used to assess the association of NPM expression and patients' overall survival (OS). The

Peer Review Timeline

Version 3
 Submitted 23 Aug, 2018
 Community comments: 7
Published
 On 20 Aug, 2018
 Editorial decision: **Accept**
 On 02 Aug, 2018

Version 2
 Submitted 23 Aug, 2018

Full Peer Review History:
Updated as soon as a review
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incorporated into the
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editor


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% |

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- 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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STATUS: **UNDER REVIEW**
JOURNAL: **BMC ANESTHESIOLOGY**






INTEGRITY CHECK: PASSED


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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: ChiCTR180017014129. Registered 24 September 2017. retrospectively registered. Results Thirty-one patients were included in the study (19 males and 12 females, mean age \pm 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 ($5.10 \pm 4.35, 6.50 \pm 4.89$ L/min vs. $4.89 \pm 4.34, 6.23 \pm 4.89$ L/min; $P > 0.05$). However, SVV measured by NICOM was significantly higher than that measured by PICCO ($13.00 \pm 11.00, 16.00 \pm 12.00$ vs. 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

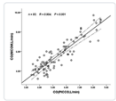
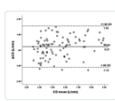
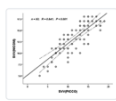
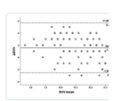





Figure 1 Figure 2 Figure 3 Figure 4

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on 11 Nov, 2018

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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

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 of 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

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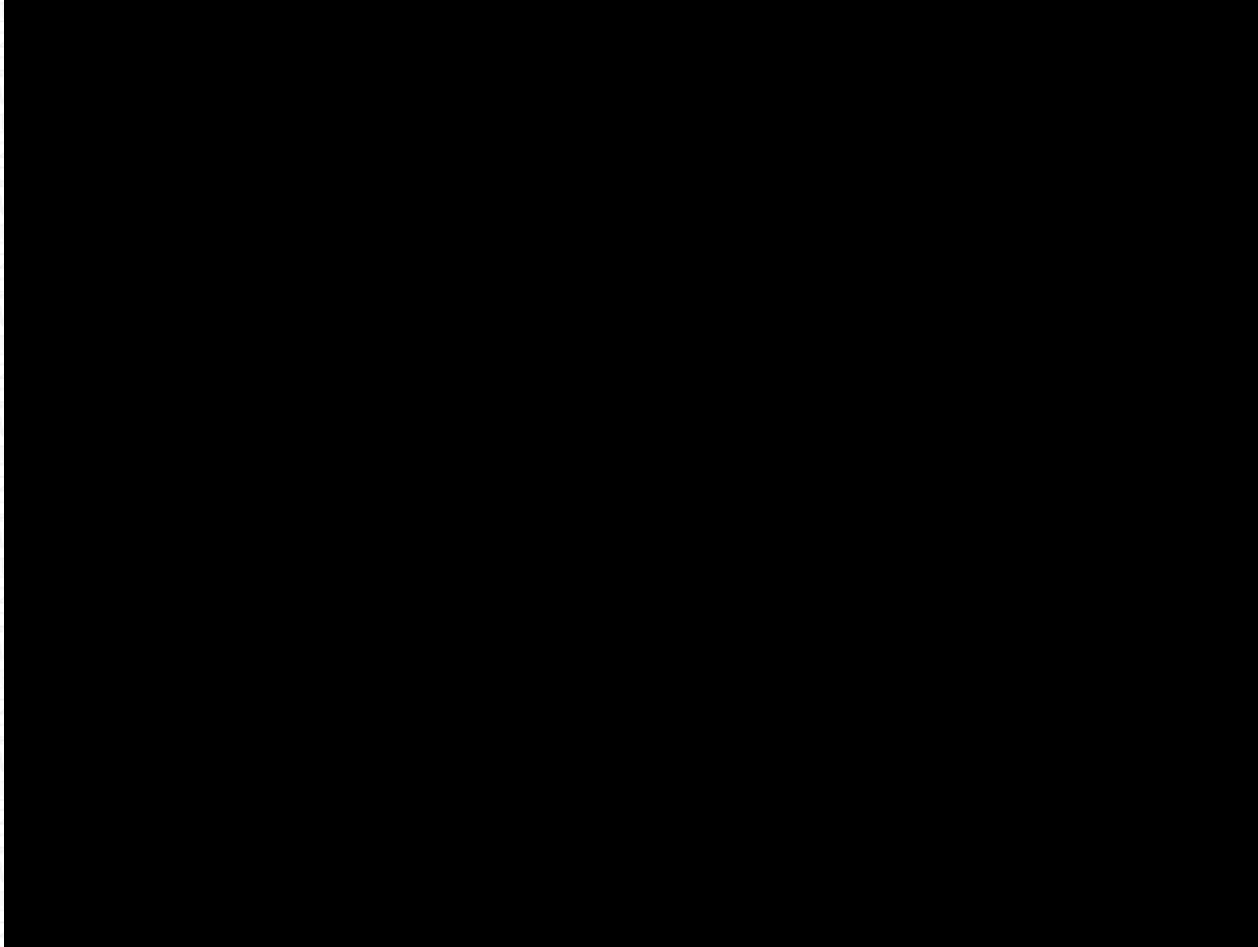
Bhim B. Rai • 18 December 2018

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 screen them for correct diagnoses.
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 manuscript.
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 outside 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 and management. [we mentioned this in our draft but had to delete it due to word limit].

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