

## Journal Club

鄭勝偉  
2020/1/14

### 實證醫學

實證醫學不是“全新的產物”

從龐大的醫學資料庫中搜尋相關文獻，再經過嚴格評讀及綜合分析後，將所獲取之最佳研究證據(evidence)、臨床經驗(experience)及患者期望(expectation)整合，制定出一套最佳的臨床醫療決策，並可以用來協助醫護人員進行終身學習

### Dr. Charles Sidney Burwell (Dean of HMS from 1935 to 1949)

- At an HMS graduation in the late 1940s, he said "...Half of what we have taught you is wrong. Unfortunately, we don't know which half."



Dr. Burwell was a cardiologist who specialized in circulation changes associated with heart disease. He is credited with bringing attention to obstructive sleep apnea syndrome. In 1944, while Dr. Burwell was Dean, women entered Harvard Medical School for the first time on an equal basis with men.

### Cochrane Taiwan

### 實證醫學

統整最佳研究證據，臨床專家意見，病人獨特的價值觀，臨床狀況

#### 臨床專家意見：

- 為應用臨床技術與過去經驗的能力，以便快速鑑別每一位病人獨一無二的健康狀態、診斷、各別風險、可能介入的益處及病人個人的價值觀與期望

#### 病人獨特的價值觀：

- 意即每一位病人，面對臨床的狀況而產生的個人喜好、關注與期望。替病人處理時，應將其納入臨床決策考量中

### 實證醫學沿革

### Cochrane Taiwan

1972  
Archie Cochrane

實證醫學觀念  
Based on clinical epidemiology concepts

1980s  
David Sackett

在加拿大McMaster University開始推展

1992

英國國家衛生部成立實證醫學中心  
以Archie Cochrane之名命名，進而促使1993年Cochrane Collaboration的設立

(Iain Chalmers, David Sackett)

精準醫療！

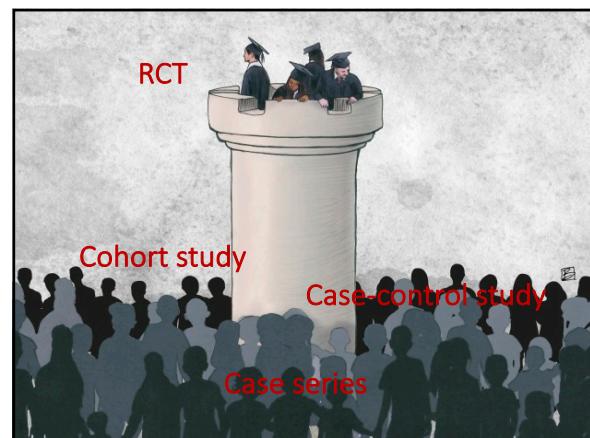
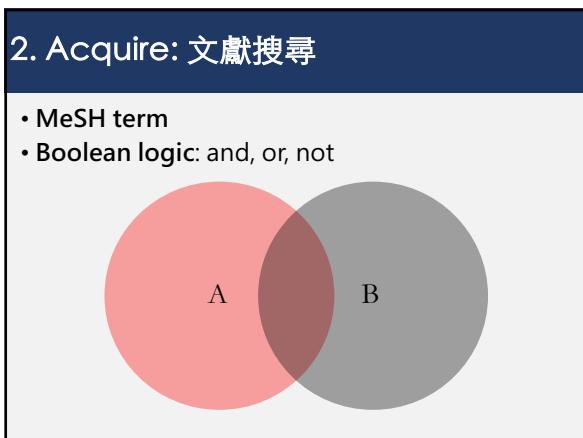
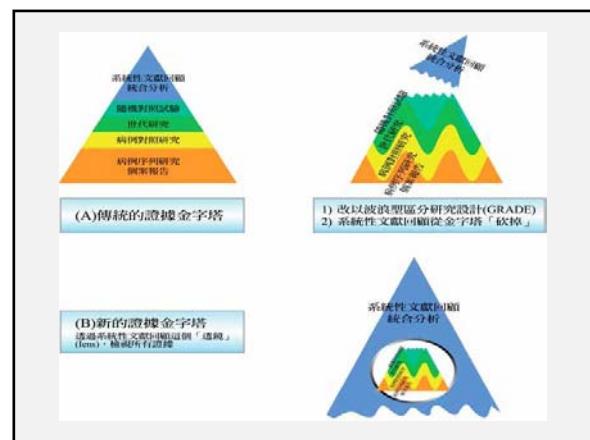
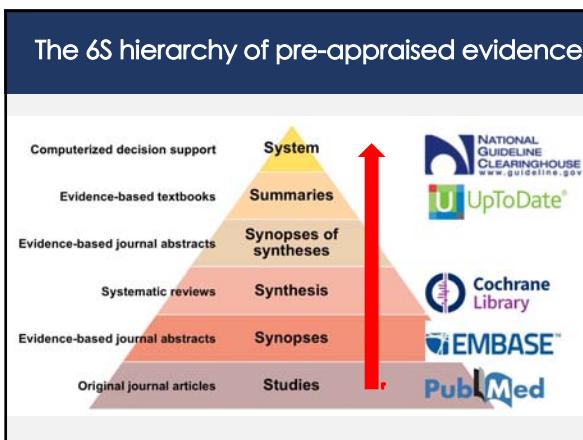
FASTBALL

CURVEBALL



2019/10/13 - 作者：張尤庭  
球探 > MLB  
Kershaw、Glasnow季後賽大亂流，原因是投球小動作被抓包？

一個投球小動作被抓包(Tipping Pitches)，有可能因此而輸掉一場比賽、一個系列賽，甚至輸上一整個的努力。剛結束不久的美聯及國聯分區大對戰，球探的 Clayton Kershaw、甚至是 Iain Chalmers，竟不負責任的高舉手



### 3. Appraisal: 文獻評讀及統合分析

|  |  |
|--|--|
| <b>Validity</b><br>效度                  | <b>研究方法的探討</b><br>我們能相信這篇文章嗎？<br>Bias (selection, measurement, recall...)                                      |
| <b>Importance/Impact</b><br>重要性        | <b>研究結果的分析</b><br>我們相信它，但這個結論重要嗎？<br>NNT, NNH, ARR, ARI, RRR...<br>Chance (p value, power, confident interval) |
| <b>Practice/Applicability</b><br>臨床適用性 | <b>如何在臨牀上運用</b><br>如果我們相信它，這個結論可以應用在<br>我們的病患上嗎？   |

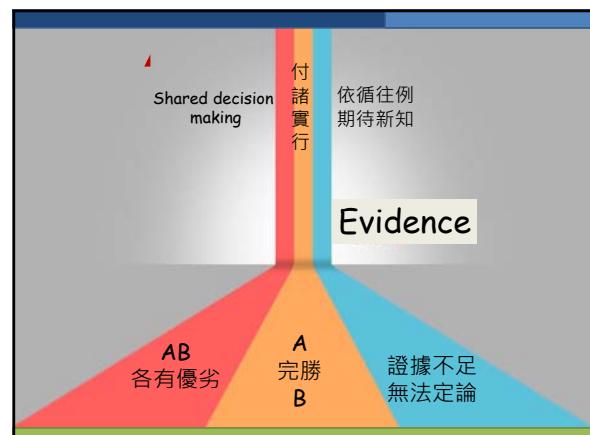
### 文獻評讀工具

| SR/MA  | RCT                 | Non-RCT              | Diagnostic | Prognosis |
|--------|---------------------|----------------------|------------|-----------|
| CEBM   | CEBM                | CEBM                 | CEBM       | CEBM      |
| CASP   | CASP                | CASP                 | CASP       |           |
| PRISMA | Cochrane<br>RoB 1.0 |                      | NOS        |           |
|        | Cochrane<br>RoB 2.0 | Cochrane<br>ROBINS-I |            |           |
|        | CONSORT             |                      |            |           |
|        | Jadad scale         |                      |            |           |

### 4. Apply: 臨床應用

#### 將臨床專業與病人價值觀相結合

- 我的病人是否與研究中的病人差別很大，以至於無法適用該研究結果？
- 期望我的病人從研究結果中獲得多大的好處？(成本效益分析)
- 還有哪些替代方案？
- 研究結果適用於我的病人？
- 病人的想法為何？



### 5. Audit: 效果評估

#### 在實證醫學執行過程中，你的表現如何？

- 是否正在記錄問題？
- 是否正在廣大的資源中尋找有用的外部證據？
- 搜尋及評讀證據的速度有多快？
- 有能力將這些證據應用在適當的病人身上嗎？
- 是否依循這些新證據來改變診療習慣？

### 6. 然後，投稿

|                            |   |
|----------------------------|---|
| <b>Traditional journal</b> | 紙本+網路<br>注重impact factor，總編輯會挑選文章主題<br>學會主持，主編負責管控文章走向<br>喜好刊登hot issue<br>和主流不同看法的文章比較難發表<br>通常不接受negative results   |
| <b>Open access (OA)</b>    | 沒有紙本<br>收費再刊登<br>宣稱行政效率比傳統期刊高<br>傳統期刊下設OA子刊 (例如frontiers, 為neurology子刊)   |
| <b>Mega journal</b>        | Open access，收費刊登<br>不限學門，任何科都可收<br>不注重impact factor，不限年文章量 (論文審查時間可能較久)<br>文章接受率較傳統期刊高 (30-40% vs. 10-20%)<br>接受傳統期刊不易接受的新颖想法，非主流意見<br>收文量大，impact factor不穩定<br>不代表學術品質低落<br>易受到某些學術社群的偏見<br>如PLOS ONE, scientific report, medicine, oncotarget |



# equator network

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### Your one-stop-shop for writing and publishing high-impact health research

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#### Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.

-  [Search for reporting guidelines](#)
-  [Not sure which reporting guideline to use?](#)
-  [Reporting guidelines under development](#)
-  [Visit the library for more resources](#)

**Reporting guidelines for main study types**

| Randomised trials               | CONSORT | Extensions | Other |
|---------------------------------|---------|------------|-------|
| Observational studies           | STROBE  | Extensions | Other |
| Systematic reviews              | PRISMA  | Extensions | Other |
| Case reports                    | CARE    | Extensions | Other |
| Qualitative research            | SQRB    | COREQ      | Other |
| Diagnostic / prognostic studies | STARD   | TRIPOD     | Other |
| Quality improvement studies     | SQUIRE  |            | Other |
| Economic evaluations            | CHEERS  |            | Other |
| Animal pre-clinical studies     | ARRIVE  |            | Other |
| Study protocols                 | SPIRIT  | PRISMA-P   | Other |
| Clinical practice guidelines    | AGREE   | RIGHT      | Other |

[See all 389 reporting guidelines](#)

The screenshot shows the EndNote desktop application window. The main pane displays a list of search results for the query "必備：EndNote". The results are organized into columns: Title, Author, and Year. Each result includes a preview of the document's content. The interface features a top menu bar with options like File, Edit, View, Tools, Help, and a toolbar with icons for common functions. On the left, there's a sidebar with categories like References, Case report, Discussion, and a search bar. The right side has a detailed view of a selected reference, showing its full text and citation details.

The screenshot shows the Elsevier Publishing Campus homepage. At the top, there's a dark blue header with the Elsevier logo and the text "投稿指南" (Guidelines for Submission) in large white characters. Below the header is a navigation bar with links for English, Simplified Chinese, Traditional Chinese, Korean, Japanese, and India. The main content area features a large video player with a play button in the center. To the left of the video, there's a sidebar with a "发表" (Publish) button and several menu items: "发表", "期刊", "如何在Elsevier期刊上发表", "发表须知", "发表流程", "Elsevier出版社", "如何在Elsevier期刊上发表", "发表须知", "发表流程", "Elsevier出版社", "如何在Elsevier期刊上发表", "发表须知", "发表流程", "Elsevier出版社".

The screenshot shows the Elsevier homepage in Chinese. At the top, there's a navigation bar with links for English, 简体中文, 繁體中文, 한국어, and 日本語. The main header "ELSEVIER" is in yellow. Below it, a blue bar contains the Elsevier logo and the text "Elsevier.com 全站網站". A sidebar on the left lists various topics like "下载实用手册让您的研究更上一层楼", "論文投稿精華指南 (Get Published Quick Guide) <English><中文>", "如何成功投稿國際學期刊秘笈 (How to get published in International Scientific Journals) <English><中文>", "了解出版流程 (Understanding the Publishing Process) <English> <中文>", "Charting a Course for a Successful Research Career", and "Using Scopus for Bibliometric Analysis: A Practical Guide 使用Scopus引用文献 實用指南(中文版)". A red arrow points to the "Using Scopus for Bibliometric Analysis: A Practical Guide 使用Scopus引用文献 實用指南(中文版)" link.

The screenshot shows the Elsevier homepage. At the top, there's a navigation bar with the Elsevier logo, a search bar containing 'Elsevier.com' and '此網站', and language links for English, Simplified Chinese, Traditional Chinese, Korean, and Japanese. Below the header, there's a sidebar with links for '寫真' (Photo), '產品' (Products), and several sections under '下載' (Download) such as '試用手冊' (Trial Manual), '投搞精華指南' (Guide to Submission), '如何成功投稿' (How to Submit Successfully), '了解出版流程' (Understand the Publishing Process), 'Charting a Course' (Charting a Course), and '研究生生涯' (Graduate Student Career). The main content area features a large graphic of a hand writing on a graph with a pen, overlaid with text: '學術論文之發表' (Academic Paper Publication), '如何成功投稿國際科學期刊秘笈' (Secrets of Success in Submitting to International Science Journals), and 'Using Microsoft Word' with a red arrow pointing to it. At the bottom, there are links for 'How to Get Published', '如何被LIS期刊錄用', '針對作者投稿的秘籍', 'Translation Services', 'English Language', and '最近如何投稿國際'.

A screenshot of the Covidence platform interface. At the top, there is a navigation bar with the Covidence logo, a search bar containing 'covidence', and links for Home, Testimonials, For Institutions, Pricing, Support, Try for Free, Log In, and a user profile for Sheng Wei Cheng. Below the navigation bar, the page title 'Your reviews' is displayed. Underneath the title are two tabs: 'Current reviews' (which is highlighted with an orange underline) and 'Archived reviews'. A large blue button labeled 'Start a new review' is positioned below these tabs. To the right of the tabs, there is a 'Sort by / Newest' dropdown menu. The main content area is titled 'Your reviews' and contains a single entry: '22/11/2019 HCC: RFA+PEI vs. RFA alone'. At the bottom left, there is a small note 'By user community' with a link to 'View profile'. At the very bottom of the page, there are links for Help, Contact Us, Terms & Conditions, and Privacy.

**投稿：投到那個期刊？？？**

Welcome to Jane

Have you recently written a paper, but you're not sure where to submit it? Jane is here to help! If you know the journal you want to find relevant article to cite in your manuscript, just enter the title or abstract and click "Search". You can also enter the name of a journal you need to find reviewers for a particular paper! Jane has got you covered.

Just enter the title and/or abstract of the paper in the box, and click on "Find journal", "Find author" or "Find article". You will be directed to a list of relevant to millions of documents in PubMed to find relevant journals, authors or articles.

**Key words search**

Instead of a title or abstract, you can also search using a keyword search, similar to popular search engines. Click here to search using keywords.

**Beware of predatory journals**

JANE relies on the site in PubMed, which can sometimes include predatory journals, therefore these journals can appear in JANE's results. Please use caution when using JANE; JANE now flags journals that are currently included in the Directory of Open Access Journals (DOAJ) or the Directory of Open Access Journals (DOAJ).

Additional information about Jane

Copyright 2007 - The Biomedica Group. Research funded by NSERC. Created and maintained by Metrix Sciences. Funding provided by the Observational Health Data Science and Informatics.

**BEALL'S LIST OF PREDATORY JOURNALS AND PUBLISHERS**

PUBLISHERS STANDALONE JOURNALS CONTACT OTHER THINK CHECK SUBMIT

Search for publishers (name or URL)

**Potential predatory scholarly open-access publishers**

Instructions: first, find the journal's publisher – it is usually written at the bottom of journal's webpage or in the "About" section. Then simply enter the publisher's name or its URL in the search box above. If the journal does not have a publisher use the Standalone Journals list.

**Original list**

This is an archived version of the Beall's list – a list of potential predatory publishers created by a librarian Jeffrey Beall. We will only update links and add notes to this list. A list of new predatory publishers is available below the original one:

- 1088 Emerald Press
- 2425 Publishers
- The 5th Publishers
- ABC Journals
- AM Publishers
- Abhinav
- Academic Research Journals

**Other important lists**

List of journals falsely claiming to be indexed by DOAJ  
DOAJ: Journals added and removed  
JCR Master Journal List  
Questionable conferences  
How to avoid predatory conferences  
Journal Evaluation Tool

**News**

**PUBPEER**

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PubPeer Blog (2016)

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6 hours ago | Journal clubs in the time of preprints

Marcos Avendaño, Alice Sengupta, Inouye Bernmark

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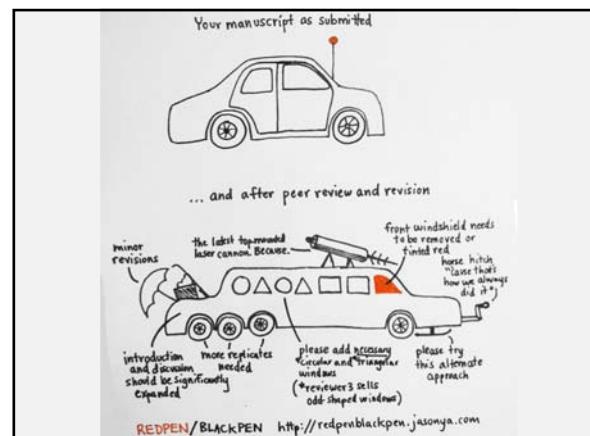
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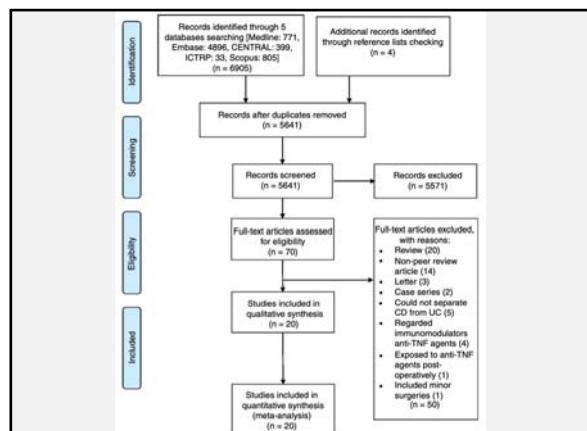
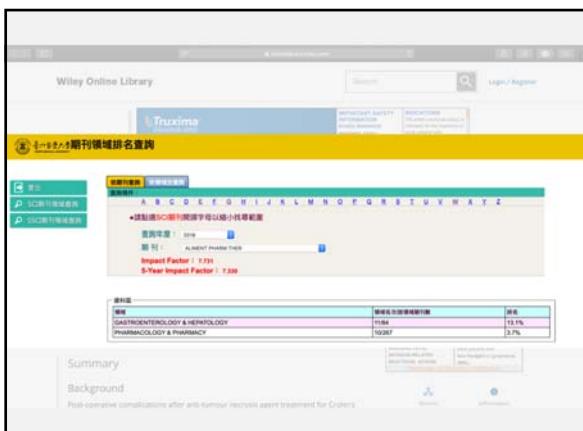
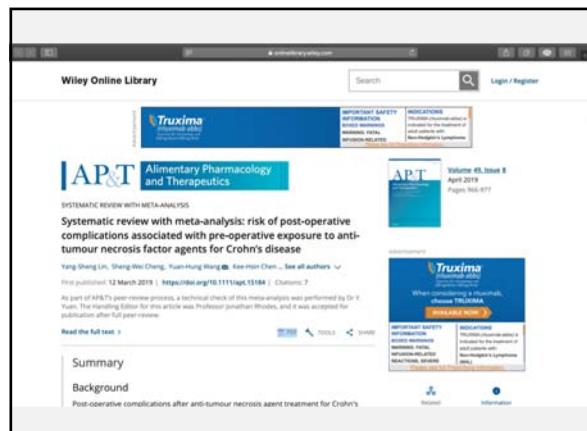
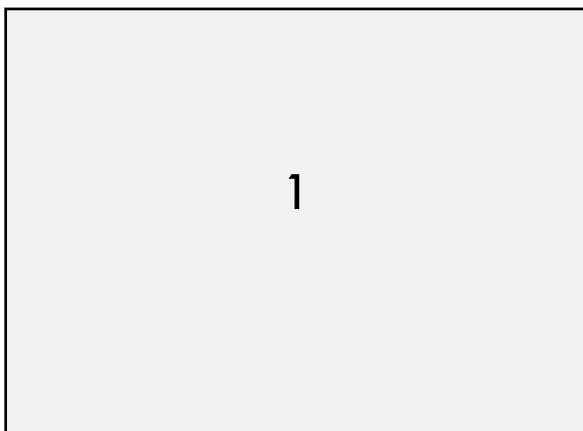
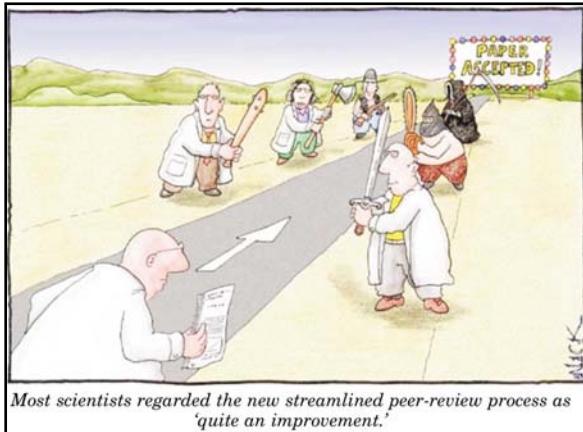
**投稿後：Peer review**

**The Peer Review Process**

- Author writes article and submits to journal
- Editor sends copy to a peer (expert in the field) for reviewing
- The peer reviewers check the manuscript for accuracy and assess the validity of the research methodology and procedures.
- Paper accepted and published, then usually listed in databases for other researchers to find and read, to inform their writing
- Editor makes final decision
- Author receives feedback from peer reviewers
- Author revises manuscript based on feedback and resubmits

**PEER REVIEW PROCESS**





**TABLE 2** Newcastle-Ottawa scale for assessing the quality of observational studies

| Study            | Selection                      |                          |                           |                                 | Outcome                     |                       |                               |                    |   | Total score |
|------------------|--------------------------------|--------------------------|---------------------------|---------------------------------|-----------------------------|-----------------------|-------------------------------|--------------------|---|-------------|
|                  | Representativeness of exposure | Selection of non-exposed | Ascertainment of exposure | Outcome not present at baseline | Comparability (matched for) | Assessment of outcome | Sufficient follow-up duration | Adequate follow-up |   |             |
| Colonel 2004     | -                              | -                        | x                         | x                               | -                           | x                     | x                             | x                  | 5 |             |
| Marchal 2004     | -                              | -                        | x                         | x                               | -                           | x                     | x                             | x                  | 5 |             |
| Appau 2008       | -                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 7 |             |
| Instar 2009      | -                              | -                        | x                         | x                               | -                           | x                     | x                             | x                  | 5 |             |
| Nasir 2010       | -                              | -                        | x                         | x                               | x                           | x                     | x                             | x                  | 6 |             |
| Caneiro 2011     | -                              | -                        | x                         | x                               | -                           | x                     | x                             | x                  | 5 |             |
| El-Husseini 2012 | -                              | -                        | x                         | x                               | x                           | x                     | x                             | x                  | 6 |             |
| Kasperek 2012    | -                              | -                        | x                         | x                               | -                           | x                     | x                             | x                  | 5 |             |
| Nergård 2013     | x                              | x                        | x                         | x                               | b                           | x                     | x                             | x                  | 9 |             |
| Syred 2013       | x                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |
| Serradori 2013   | -                              | -                        | x                         | x                               | b                           | -                     | x                             | x                  | 6 |             |
| Uchino 2013      | x                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |
| Krane 2013       | -                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 7 |             |
| Myryd 2014       | x                              | -                        | x                         | x                               | x                           | x                     | x                             | x                  | 7 |             |
| Lau 2015         | x                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |
| Yamamoto 2016    | x                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |
| Kotze 2017       | x                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |
| Fumery 2017      | x                              | x                        | x                         | x                               | b                           | x                     | x                             | x                  | 9 |             |
| Lightner 2018    | -                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 7 |             |
| Brouquet 2018    | -                              | -                        | x                         | x                               | b                           | x                     | x                             | x                  | 8 |             |

\*A maximum of one star for each category in selection and outcome sections.

\*\*A maximum of two stars for Comparability section.

2

Xia et al. World Journal of Surgical Oncology (2019) 17:94  
https://doi.org/10.1186/s12957-019-1639-z

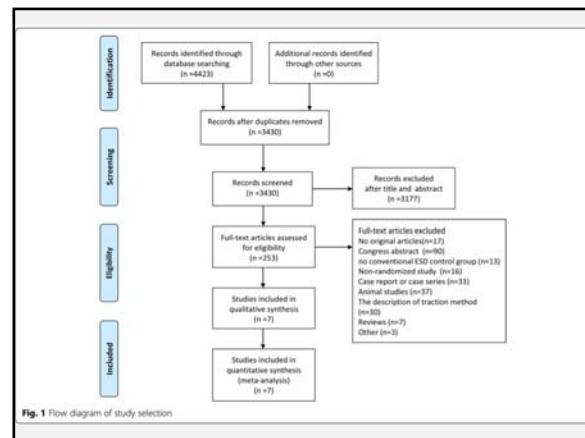
**World Journal of Surgical Oncology**

**RESEARCH** **Open Access**

## Short-term outcomes of traction-assisted versus conventional endoscopic submucosal dissection for superficial gastrointestinal neoplasms: a systematic review and meta-analysis of randomized controlled studies

Mengting Xia<sup>1\*</sup>, Yunfeng Zhou<sup>2†</sup>, Jiajie Yu<sup>3</sup>, Wenwen Chen<sup>3</sup>, Xiaotao Huang<sup>3</sup> and Juan Liao<sup>4\*</sup>

**Abstract**  
Background: In recent years, some traction-assisted approaches have been introduced to facilitate endoscopic submucosal dissection (ESD) procedures by reducing the procedure time and risks related to the procedure. However, the relative advantages of traction-assisted endoscopic submucosal dissection (T-ESD) are still being



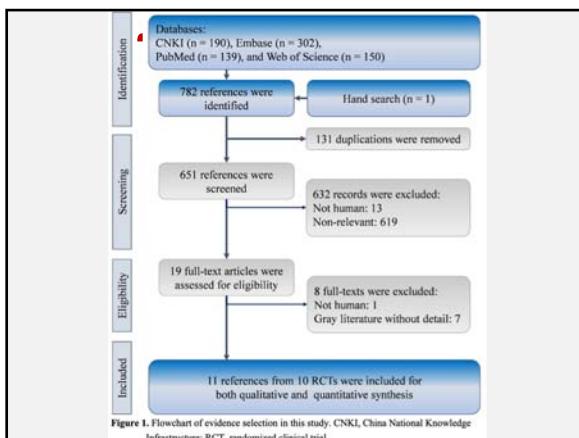
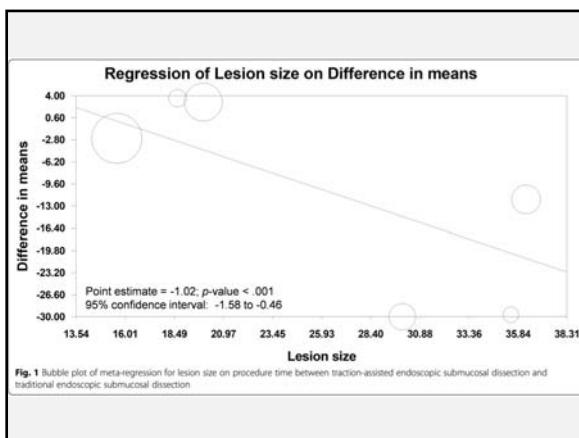
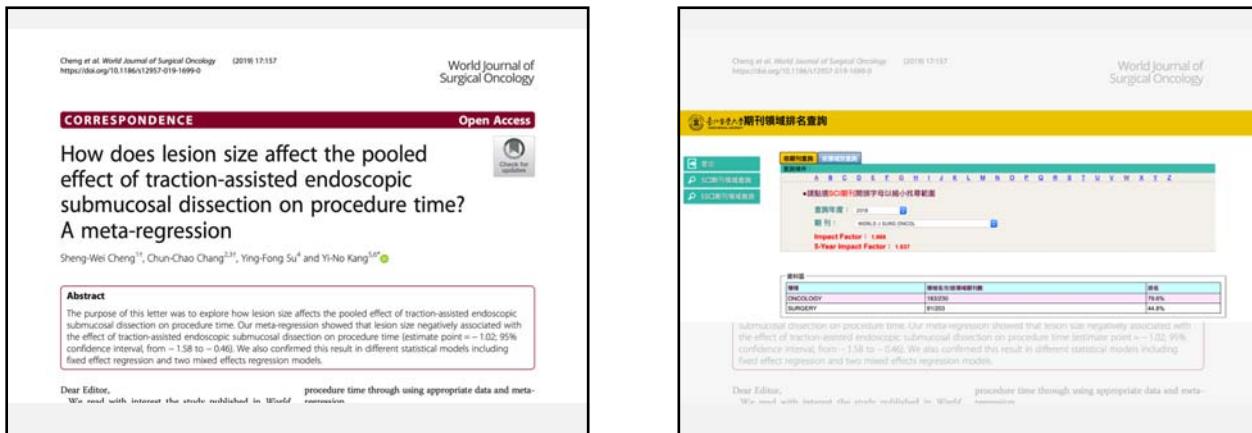
| Table 1 characteristics of included studies |         |                                  |                                 |                                     |  |                      |
|---|---------|----------------------------------|---------------------------------|-------------------------------------|--|----------------------|
| Author, year of publication                 | Country | Patients (n)<br>(T-ESD vs C-ESD) | Age (years)<br>(T-ESD vs C-ESD) | Location of lesions                 | Inclusion criteria for lesions size (mm)<br>(T-ESD vs C-ESD) | Methods of traction  |
| Ahn et al. [18] 2013                        | Korea   | 26:25                            | 66.5 ± 8.8 vs 62.9 ± 8.7        | Gastric neoplasm                    | 20.5 ± 7.9 vs 19.4 ± 6.5                                     | Transnasal endoscope |
| Ritsuno et al. [21] 2014                    | Japan   | 27:23                            | 66.2 ± 9.6 vs 66.4 ± 8.9        | Colorectal tumors                   | 33.5 ± 12.5 vs 37.8 ± 13.1                                   | S-O clip             |
| Koike et al. [19] 2015                      | Japan   | 20:20                            | 71 ± 6.3 vs 69.5 ± 9.3          | Esophageal carcinoma                | 24(11–92) vs 27(8–48)  | Clip with thread     |
| Mori et al. [20] 2017                       | Japan   | 21:22                            | 74 ± 10 vs 72 ± 12              | Colorectal tumors                   | NA   | Ring-shaped thread   |
| Yamasaki et al. [22] 2018                   | Japan   | 42:42                            | 65(41–84) vs 67(43–86)          | Colorectal neoplasm                 | 30(20–55) vs 30(20–60)                                       | Clip-and-thread      |
| Yoshida et al. [23] 2018                    | Japan   | 31:316                           | 70.2 ± 9.4 vs 71 ± 8.4          | Gastric neoplasm                    | 15.7 ± 10.1 vs 15.5 ± 8.9                                    | Dental floss clip    |
| Ban et al. [24] 2018                        | Japan   | 49:55                            | 71.2 ± 6.5 vs 69.0 ± 9.5        | Gastric cancers or gastric adenomas | NA   | Clip-flap            |

\*T-ESD traction-assisted endoscopic submucosal dissection; C-ESD conventional endoscopic submucosal dissection; NA not available  
Age and size of lesions was expressed with mean ± SD or median (range)

No Chinese studies?

| Table 2 The risk of bias of the included studies |                            |                        |  |                                |                         |                     |            |
|--|----------------------------|------------------------|--|--------------------------------|-------------------------|---------------------|------------|
| Author   | Random sequence generation | Allocation concealment | Blinding of participants and personnel | Blinding of outcome assessment | Incomplete outcome data | Selective reporting | Other bias |
| Ahn et al. [18] 2013                             | Low risk                   | Unclear                | Unclear                                | Unclear                        | High risk               | Low risk            | Low risk   |
| Ritsuno et al. [21] 2014                         | Unclear                    | Unclear                | Unclear                                | Unclear                        | Low risk                | Low risk            | Low risk   |
| Koike et al. [19] 2015                           | Low risk                   | Low risk               | Unclear                                | Unclear                        | Low risk                | Low risk            | High risk  |
| Mori et al. [20] 2017                            | Unclear                    | Low risk               | Unclear                                | Unclear                        | Low risk                | Low risk            | Unclear    |
| Yamasaki et al. [22] 2018                        | Low risk                   | Unclear                | High risk                              | Unclear                        | Low risk                | Low risk            | Unclear    |
| Yoshida et al. [23] 2018                         | Low risk                   | High risk              | High risk                              | Unclear                        | Low risk                | Low risk            | Unclear    |
| Ban et al. [24] 2018                             | Low risk                   | Unclear                | Unclear                                | Unclear                        | Low risk                | Low risk            | High risk  |

**ROB 1.0**

**Table 1** Characteristics of the included randomized clinical trials.

| Author                  | Area  | Inclusion Year | Lesion location                        | Patients (n) |       | Mean age |       |
|-------------------------|-------|----------------|--|--------------|-------|----------|-------|
|                         |       |                |  | TA-ESD       | C-ESD | TA-ESD   | C-ESD |
| Ahn et al.<br>2013      | Korea | 2010-2011      | Upper GI (gastric)                     | 26           | 25    | 66.5     | 62.9  |
| Ban et al.<br>2018      | Japan | 2015-2016      | Upper GI (gastric)                     | 55           | 49    | 71.2     | 69    |
| Bi et al.<br>2017       | China | 2013-2016      | Upper GI (gastric)                     | 56           | 56    | NR       | 37-72 |
| Huang et al.<br>2016    | China | 2011-2013      | Upper GI (gastric)                     | 45           | 45    | 38.4     | 38.5  |
| Koike et al.<br>2015    | Japan | 2012-2013      | Upper GI (esophageal)<br>(colonrectum) | 20           | 20    | 71       | 69.5  |
| Mori et al.<br>2017     | Japan | 2015-2016      | Lower GI (colonrectum)                 | 21           | 22    | 74       | 72    |
| Ritsuno et al.<br>2014  | Japan | 2010-2011      | Lower GI (colonrectum)                 | 27           | 23    | 66.2     | 66.4  |
| Yamasaki et al.<br>2018 | Japan | 2005-2014      | Lower GI (colonrectum)                 | 42           | 42    | 65(a)    | 67(a) |
| Yoshida et al.<br>2018  | Japan | 2015-2016      | Upper GI (gastric)<br>(colonrectum)    | 319          | 316   | 70.2     | 71    |
| Wang et al.<br>2018     | China | 2014-2017      | Lower GI (rectum)                      | 28           | 29    | 62.5     | 64.48 |

a, median. GI, gastrointestinal tract



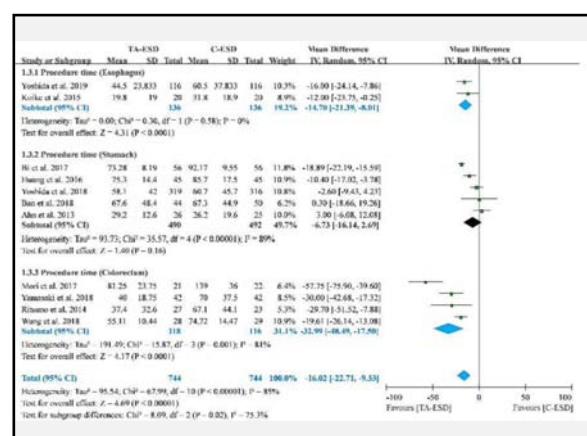
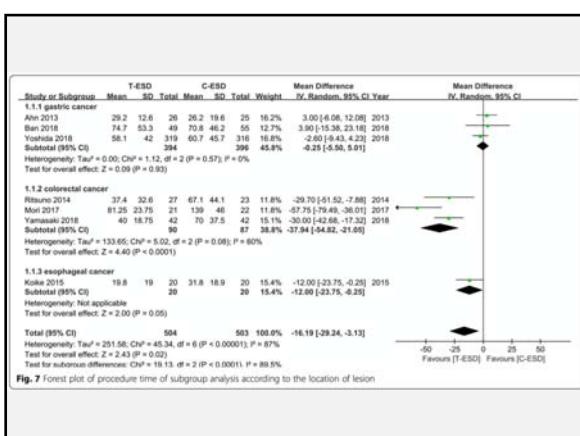
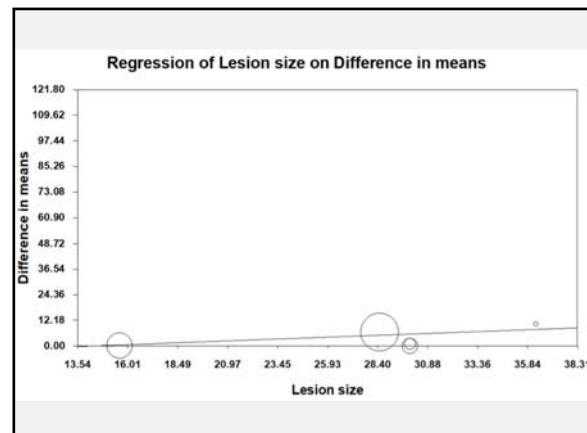
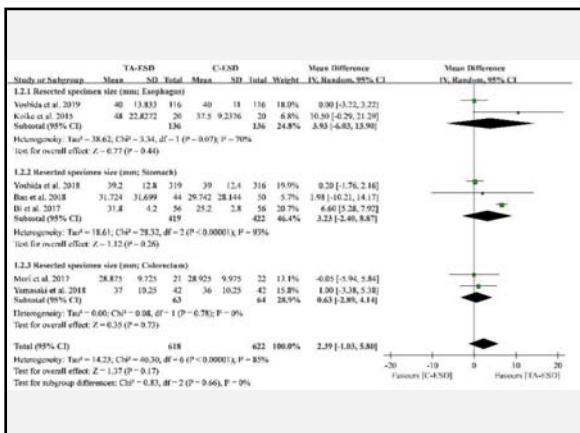
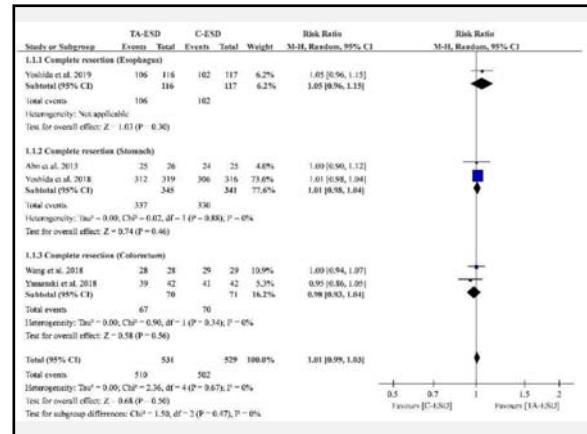
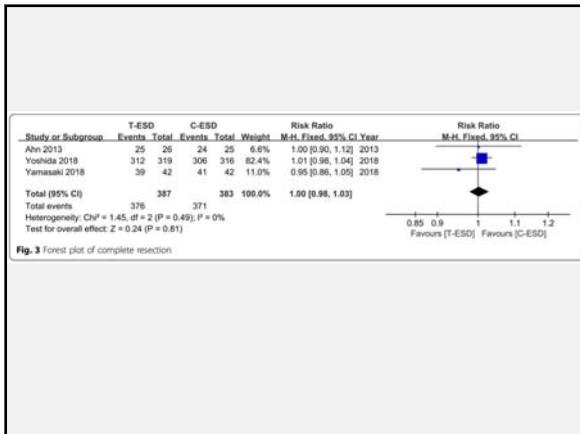
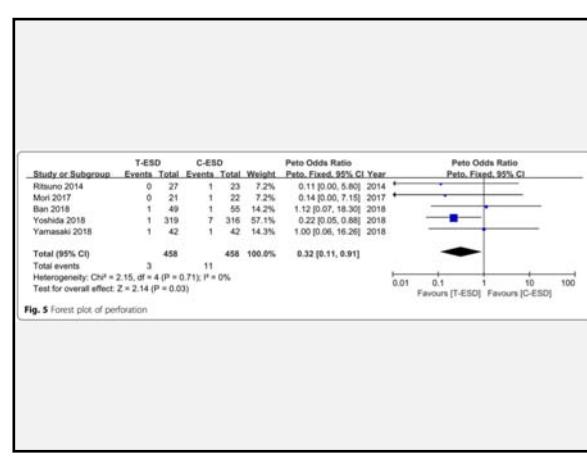
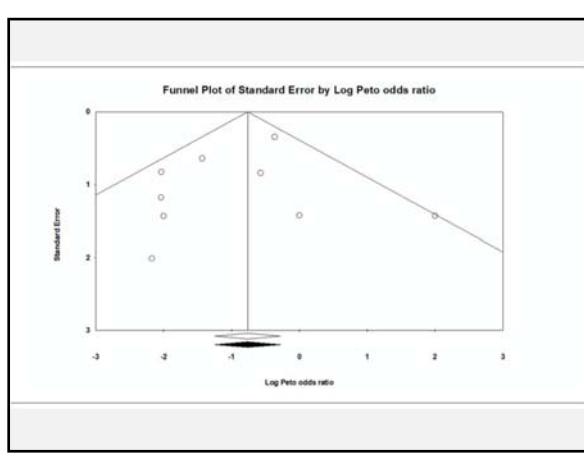
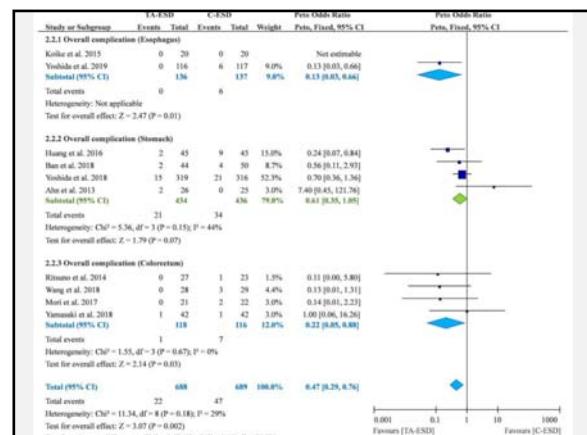
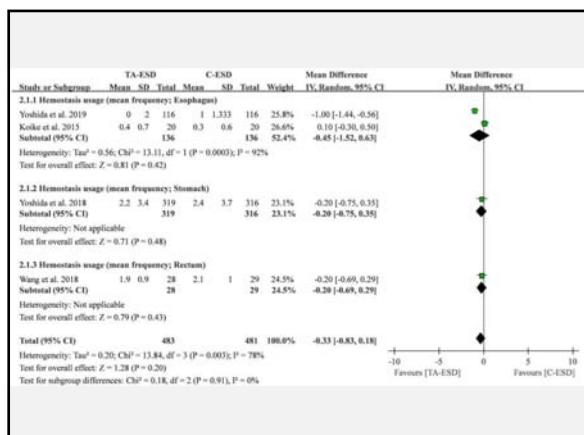
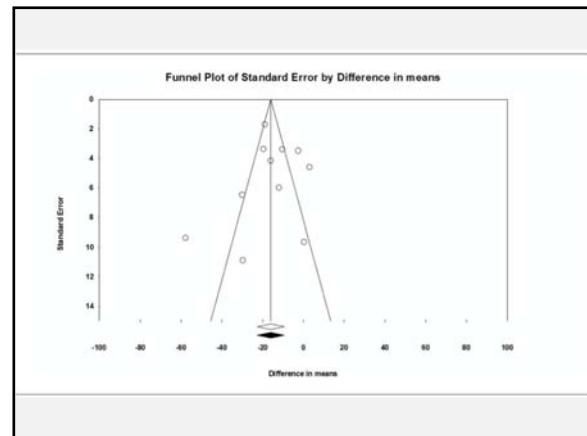
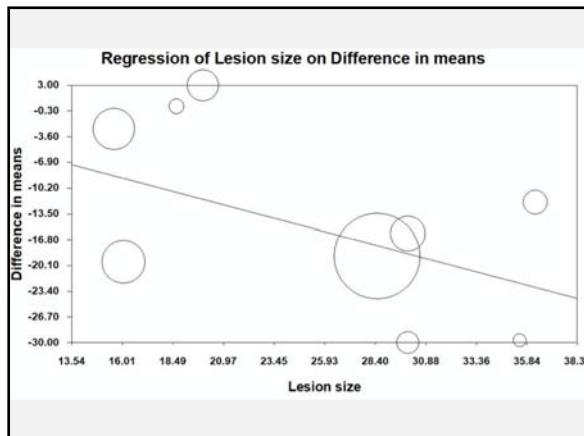
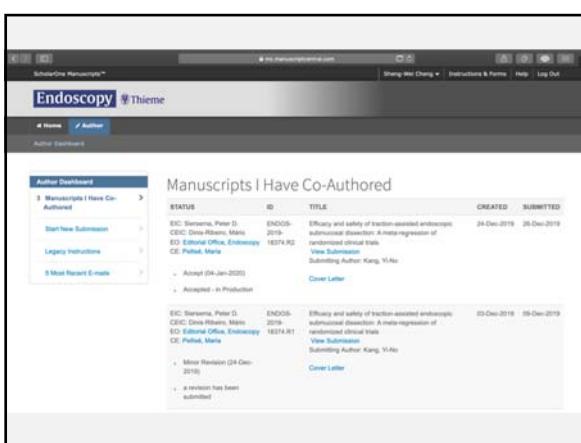
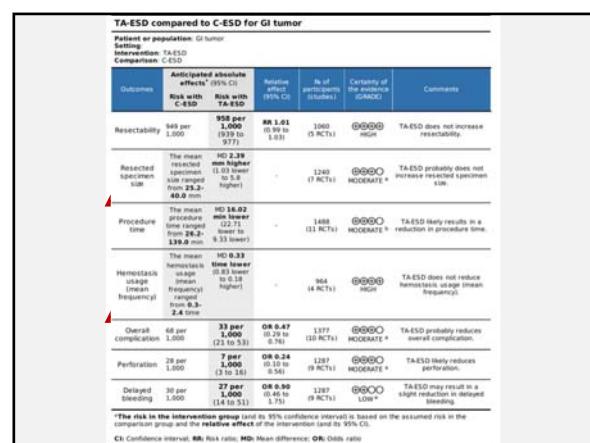
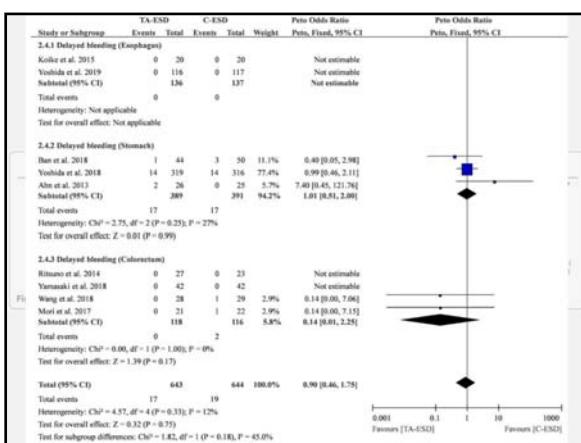
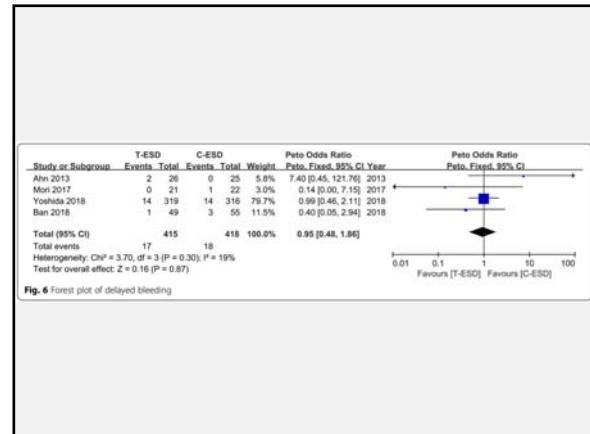
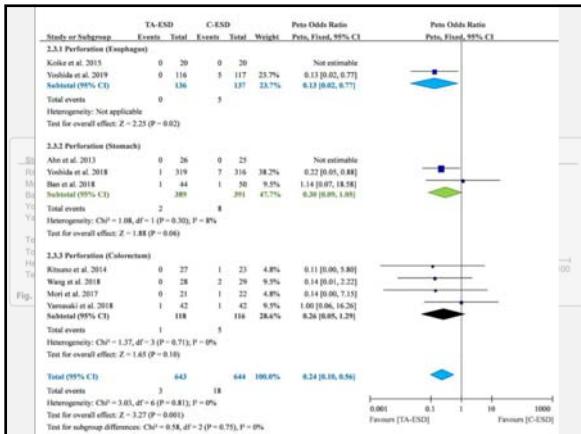


Fig. 7 Forest plot of procedure time of subgroup analysis according to the location of lesion





Endoscopy

## Efficacy and safety of traction-assisted endoscopic submucosal dissection: A meta-regression of randomized clinical trials

Running title: Traction-assisted endoscopic submucosal dissection

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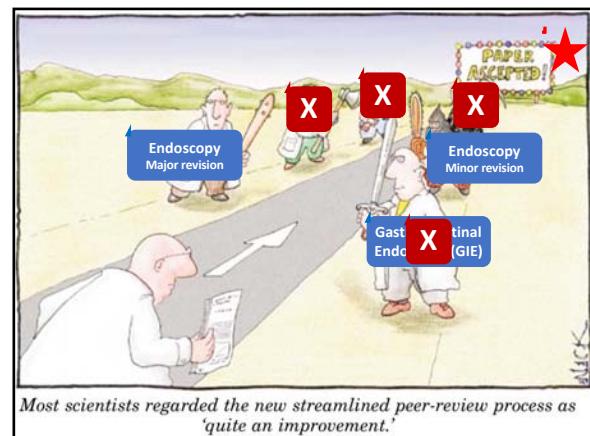
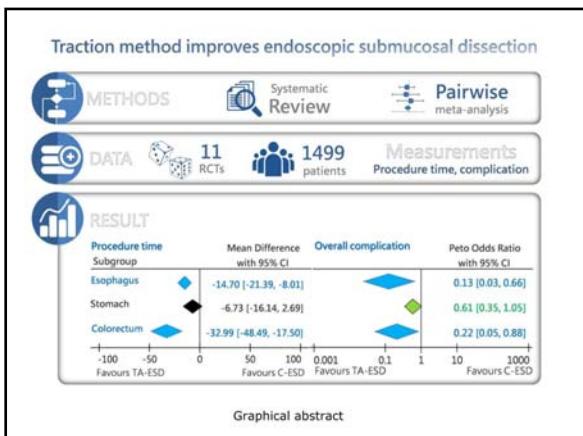
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Endoscopy

## Efficacy and safety of traction-assisted endoscopic submucosal dissection: A meta-regression of randomized clinical trials

Impact Factor : 4.31  
5-Year Impact Factor : 4.07

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Thank you!