Τύποι επιστημονικών εργασιών και επιστημονικά περιοδικά

Κωνσταντίνος Ι. Τόσιος

Αναπληρωτής Καθηγητής

Οδοντιατρική Σχολή ΕΚΠΑ

γιατί να δημοσιεύσω εργασία σε επιστημονικό περιοδικό;

- διάδοση νέας επιστημονικής γνώσης
- βελτίωση της ιατρικής πρακτικής
- ακαδημαϊκή και επαγγελματική εξέλιξη
- αναγνώριση από την επιστημονική κοινότητα
- ιδρυματική αξιολόγηση

απόφαση

evidence based medicine

επιστημονική τεκμηρίωση **βασισμένη σε αποδείξεις**

ερώτημα → αναζήτηση → συλλογή → αξιολόγηση → συμπέρασμα

δημοσίευση

Η πράξη της δημοσιοποίησης: Η γνωστοποίηση στο ευρύ κοινό μιας πληροφορίας, μιας είδησης ή ενός έργου (π.χ. *δημοσίευση μιας μελέτης*).

Χριστόφορος Χαραλαμπάκης. Χρηστικό Λεξικό της Νεοελληνικής Γλώσσας της Ακαδημίας Αθηνών 2022

τύποι εργασιών

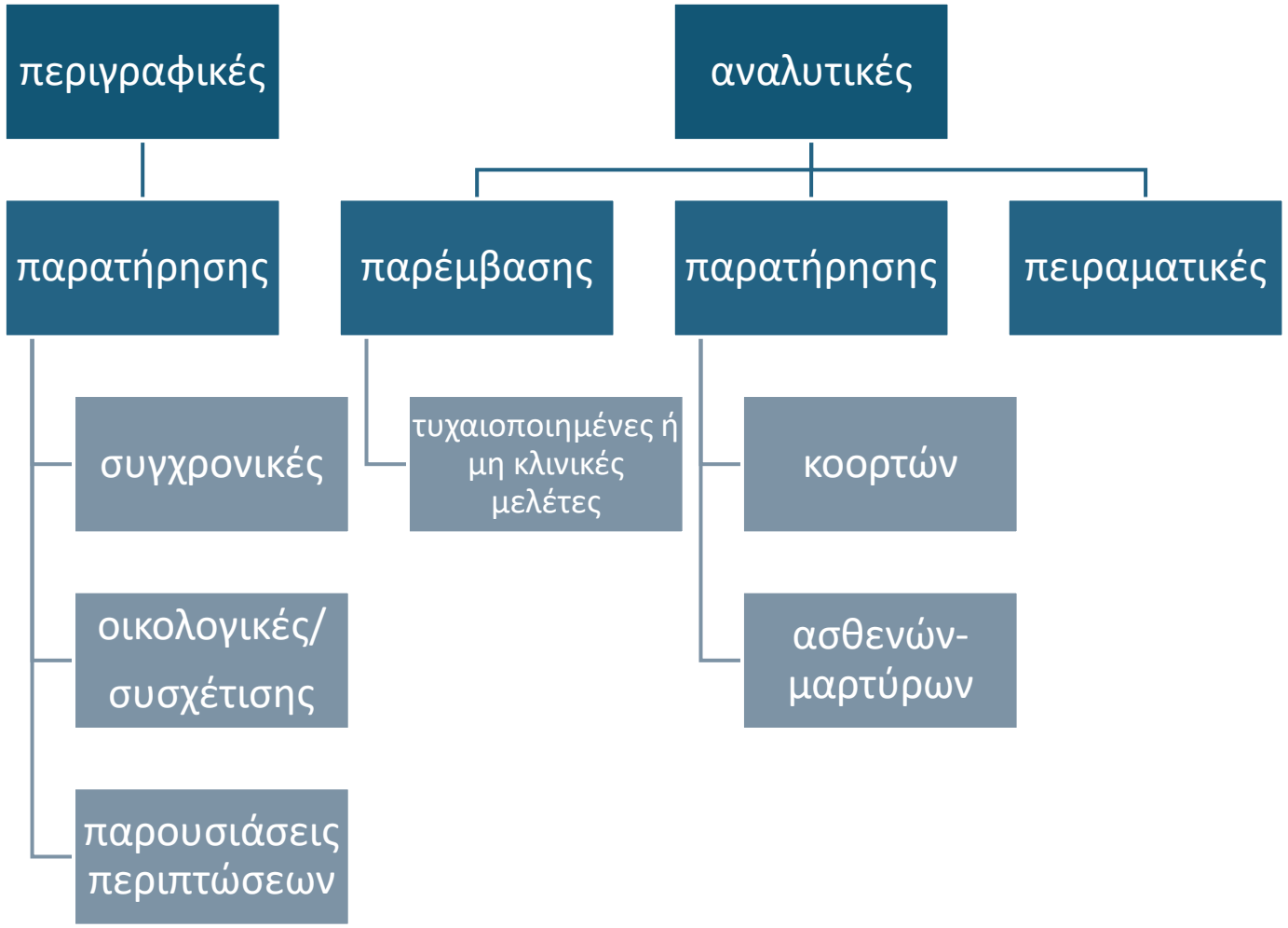
πρωτογενείς μελέτες

- αναλυτικές
- παρατήρησης

δευτερογενείς μελέτες

- ανασκοπήσεις
  - μη-συστηματικές
  - συστηματικές
  - μεταναλύσεις
- κατευθυντήριες οδηγίες (guidelines)

είδη πρωτογενών μελετών με βάση το σχεδιασμό



δομή εργασίας IMRAD

Introduction, **M**aterials & methods, **R**esults **A**nd **D**iscussion

Introduction

γιατί πραγματοποιήθηκε αυτή τη μελέτη και ποια υπόθεση έλεγχαν οι συγγραφείς;

Materials & Methods

ποιο ήταν το πρωτόκολλο της επιστημονικής εργασίας;

αρχές ηθικής και δεοντολογίας
κώδικας Νυρεμβέργης
διακήρυξη Ελσίνκι

Results

τι βρήκαν;

Discussion

πως ερμηνεύουν τα αποτελέσματα;

τι νέα γνώση προσθέτουν;

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	
Limitations	20	Discuss the limitations of the scoping review process.	
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

οδηγίες για τους συγγραφείς

Histopathology

HOME | ABOUT | AUTHORS | BROWSE | DIVERSITY STATEMENT

Author Guidelines

Sections

ποιο επιστημονικό περιοδικό να επιλέξω;

εργασία

συγγραφείς

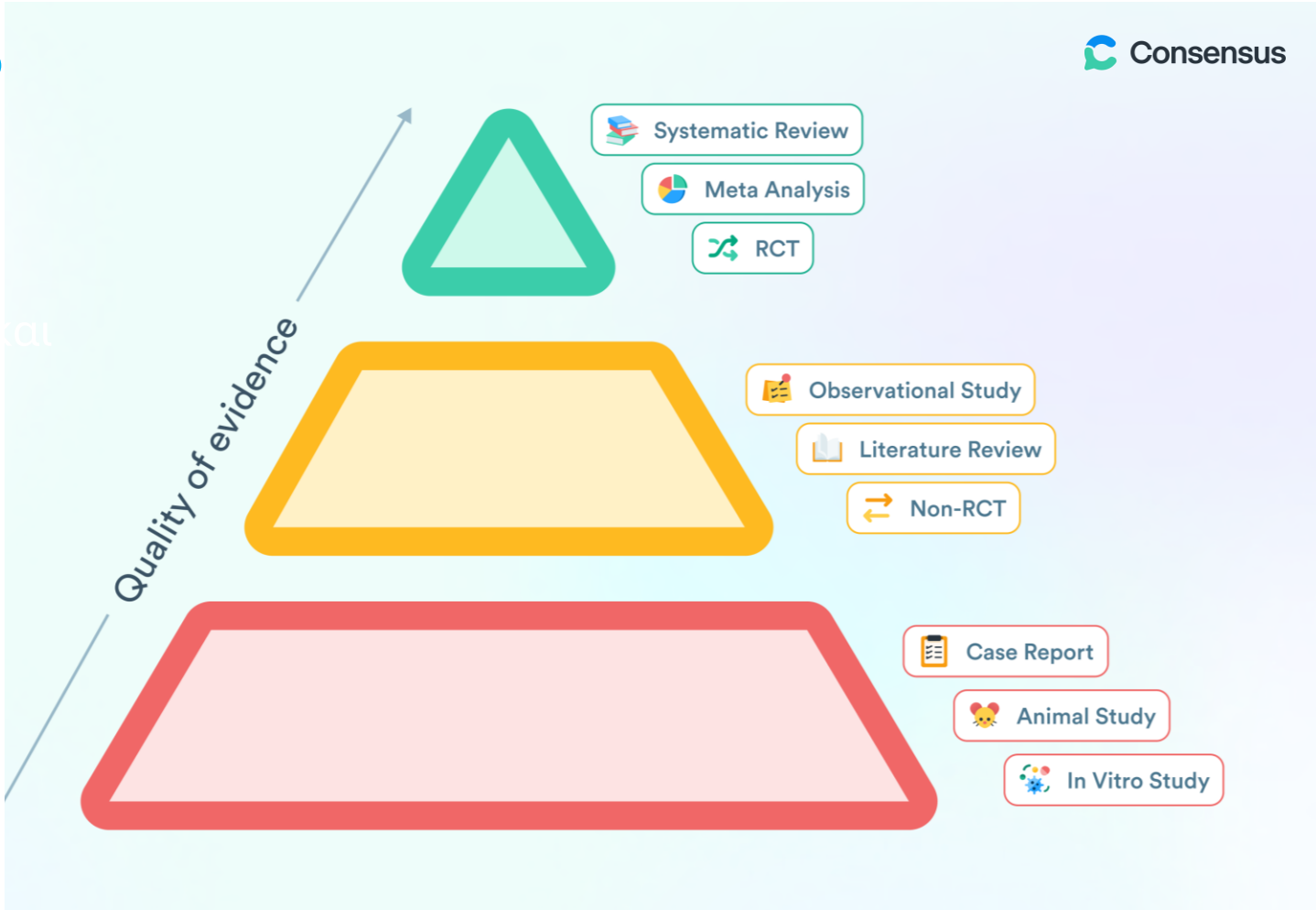
περιοδικό

η εργασία

- περιεχόμενο

  θεματολογία-αναγνωστικό κοινό
  τύπος και ποιότητα εργασίας

κατάταξη δημοσιεύσεων με βάση την ισχύ και την αξιοπιστία τους



η εργασία

- περιεχόμενο

  θεματολογία-αναγνωστικό κοινό

  τύπος και ποιότητα εργασίας

οι συγγραφείς

- κίνητρο δημοσίευσης

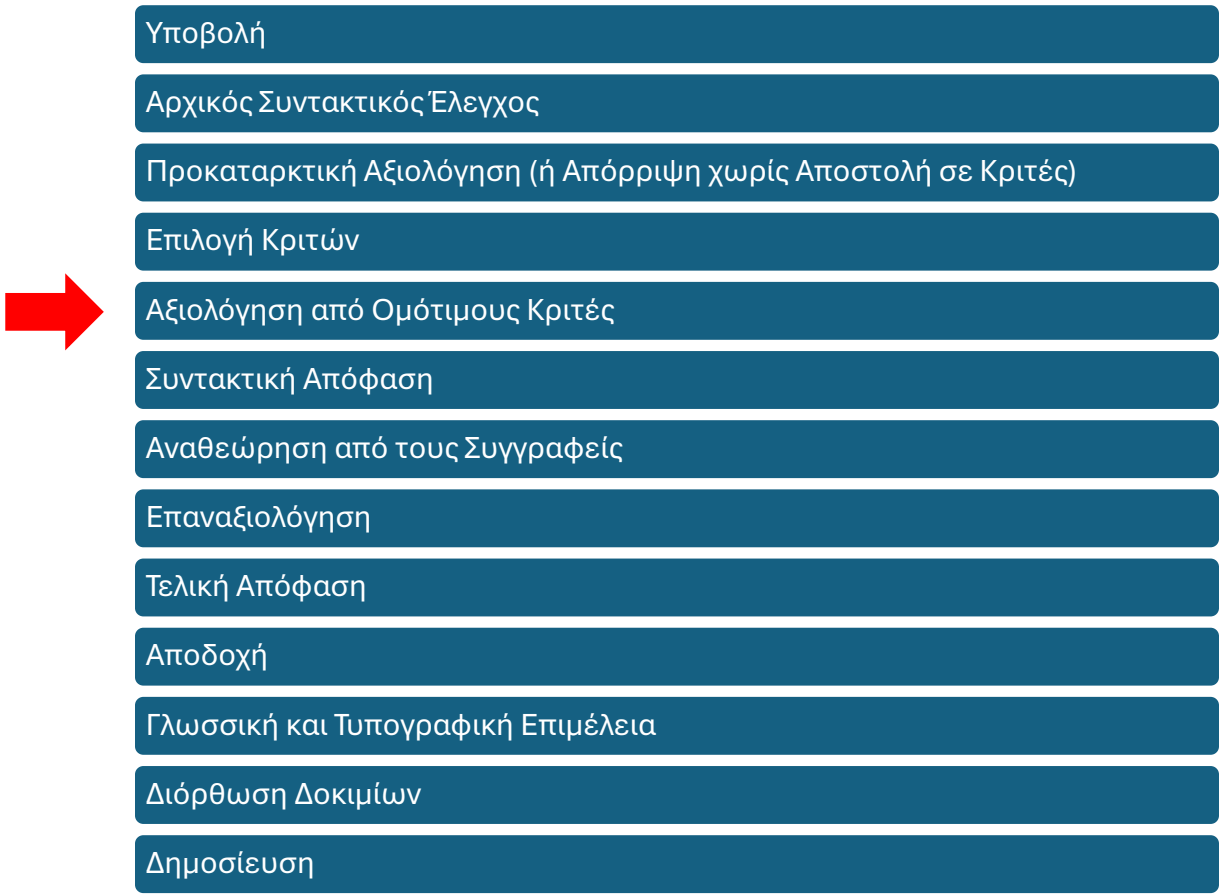
  ποιότητα και ταχύτητα δημοσίευσης

- χρεώσεις
- κανόνες και πολιτικές του ιδρύματος προέλευσης ή χορήγησης της μελέτης

το περιοδικό

- ειδίκευση και ακροατήριο
- ποιότητα και κύρος
  - indexing - καταχώρηση σε καθιερωμένες βιβλιογραφικές βάσεις, όπως PubMed/MEDLINE, Scopus, Web of Science
  - peer review
  - impact factor

peer review



- βελτίωση της δημοσίευσης
- ποιότητα και αξιοπιστία

1 | Introduction

Cinnamon owns its unique odour and delicate taste from cinnamic aldehyde, a compound derived from trees and other members of the genus *Cinnamomum* (Hajimonfarednejad et al. 2019). Cinnamic aldehyde is used in toothpastes, mouthwashes, candies, chewing gums (Kind et al. 2010) but has been also established as a common allergen (Bousquet et al. 2005; Isaac-Renton et al. 2015). Drake and Mailbach (Drake and Maibach 1976) were the first to specifically describe *'allergic contact stomatitis'* attributed to cinnamic aldehyde in 1976, reporting a case of hypersensitivity reaction to a toothpaste containing cinnamic aldehyde. Previous studies had already implicated cinnamic aldehyde found in toothpastes (Fisher 1975; Kirton and Wilkinson 1975; Laubach et al. 1953; Magnusson and Wilkinson 1975; Millard 1973) and cinnamon oil in chewing gums (Miller 1941) as the offending agents in oral allergic reactions. Afterwards, similar cases were published under various terms, including *'contact urticaria from cinnamic aldehyde'* (Mathias et al. 1980), *'cinnamon (-induced) stomatitis'* (Haring 1993; Noonan and Kemp 2007), *'cinnamon-induced stomatitis venenata'* (Miller et al. 1992), *'intraoral contact mucositis induced by cinnamon-flavourings'* (Siqueira et al. 2009) and *'intraoral allergy to cinnamic aldehyde'* (Isaac-Renton et al. 2015). *'Cinnamon contact stomatitis'* or *'cinnamon-induced contact stomatitis'* (CCS) is the most widely used nomenclature

παραπομπές references

References

Allen, C. M., and G. G. Blozis. 1988. "Oral Mucosal Reactions to Cinnamon-Flavored Chewing Gum." *Journal of the American Dental Association* 116, no. 6: 664–667. https://doi.org/10.14219/jada.archive.1988.0003.

Biron, J. F., J. P. Iovino, J. R. Bailey, and R. S. Brown. 2013. "Cinnamon-Induced Oral Contact Stomatitis." *Dentistry Today* 32, no. 2: 82–84.

Bousquet, P. J., B. Guillot, J. J. Guilhou, and N. Raison-Peyron. 2005. "A Stomatitis due to Artificial Cinnamon-Flavored Chewing Gum." *Archives of Dermatology* 141, no. 11: 1466–1467. https://doi.org/10.1001/archderm.141.11.1466-c.

Warthin tumor (WT), formerly known as adenolymphoma, papillary cystadenoma lymphomatosum, papillary cystadenolymphoma, is the most common oncocytoid salivary gland lesion and the second most common salivary gland tumor [1]. It is uncertain whether it is a neoplasm [2] and is thought to originate from striated ducts of salivary gland tissue entrapped during development in intraparotid and periparotid lymph nodes [3,4,5]. WT is comprised by a well-organized bilayered oncocytic epithelium containing numerous enlarged and pleomorphic mitochondria [6] that forms ductal, cystic, and papillary structures on a prominent lymphoid stroma [1]. It is almost exclusively found in the parotid glands, where multiple lesions may appear synchronously or metachronously in one or both glands, and shows a strong association with old age and cigarette smoking [1,5].

παραπομπές references

References

[1] Bullock MJ. Jiang XS top ten Oncocytic Head and Neck Lesions to Contemplate. Head Neck Pathol 2023;17:53–65. https://doi.org/10.1007/s12105-022-01520-y.

[2] Honda K, Kashima K, Daa T, Yokoyama S. Nakayama I Clonal analysis of the epithelial component of Warthin's tumor. Hum Pathol 2000;31:1377–80.

[3] Sakamoto S, Ide F, Hoshino M, Nishimura M, Kusama K. Kikuchi K a new insight into the histogenesis and morphogenesis of Warthin tumour: significance of intranodal excretory duct inclusions. Histopathology 2023;82:789–91. https://doi.org/10.1111/his.14866.

[4] McLean-Holden AC. Bishop JA Low Molecular Weight Cytokeratin Immunohistochemistry reveals that Most Salivary Gland Warthin Tumors and Lymphadenomas Arise in Intraparotid Lymph Nodes. Head Neck Pathol 2021;15:438–42. https://doi.org/10.1007/s12105-020-01215-2.

συντελεστής απήχησης *Impact Factor*

- βιβλιογραφικός δείκτης μέτρηση επιρροής και ποιότητας των περιοδικών

$$\text{Impact Factor (2024)} = \frac{\text{Citations received in 2024 for articles published in 2022 and 2023}}{\text{Publications in 2022} + \text{Publications in 2023}}$$

- δεν καταγράφει την απήχηση της έρευνας
- δείκτης ποιότητας των δημοσιεύσεων, των συγγραφέων, των ιδρυμάτων
- συχνά χρησιμοποιείται ως το μόνο μέτρο αξιολόγησης της ποιότητας

άλλοι βιβλιομετρικοί δείκτες

- SCImago Journal Rank (SJR)

  αριθμός των παραπομπών που παίρνει ένα περιοδικό + κύρος των περιοδικών που κάνουν τις παραπομπές
- τεταρτημόρια κατάταξης των επιστημονικών περιοδικών/quartiles

  Q1- 25%

  Q2 - 25-50%

  Q3 - 50-75%

  Q4 - 75-100%)

συντελεστής απήχησης Impact Factor

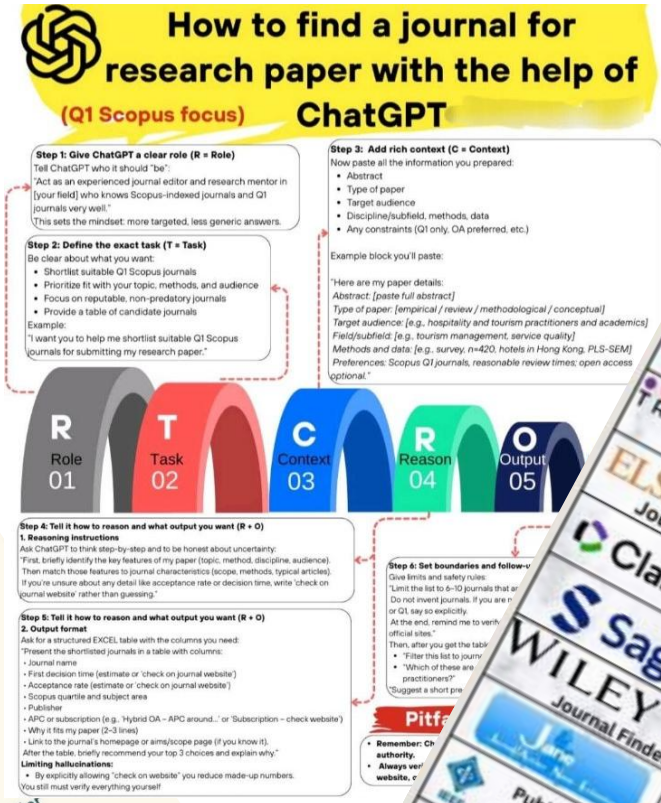
Differential Release of Mast Cell Interleukin-6 Via c-kit

- *Blood*
- IF 23.5
- 1997-2026: 157 citations

Traumatic bone cyst of the mandible of possible iatrogenic origin: a case report and brief review of the literature

- *Head & Face Medicine*
- IF 2.3
- 2006-2026: 134 citations

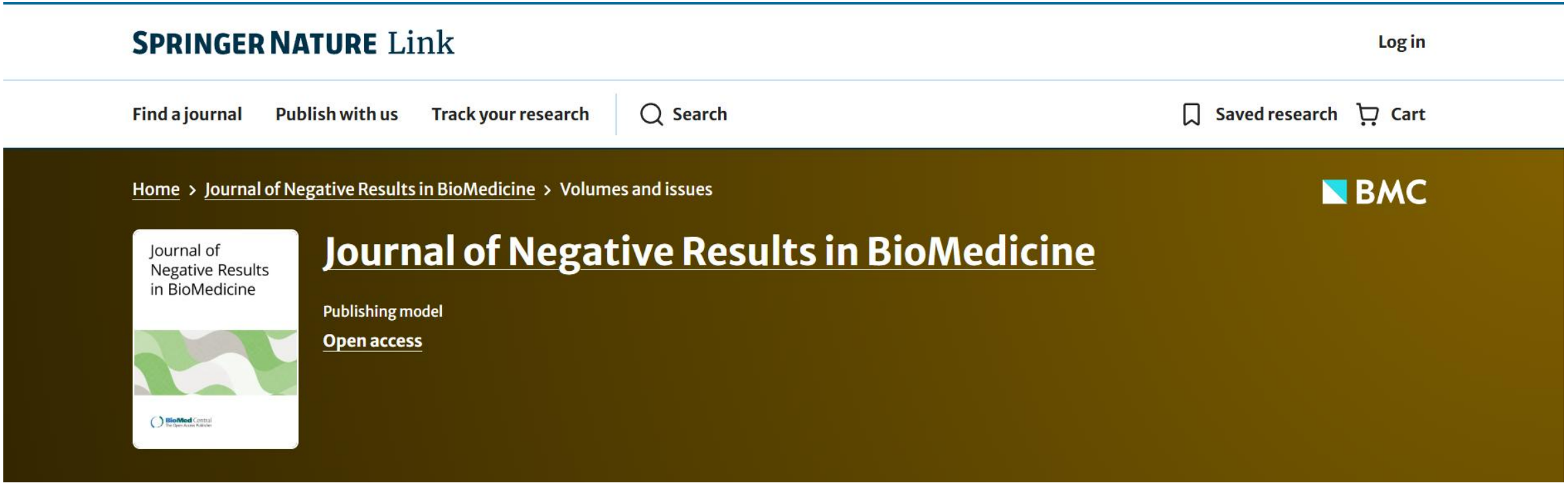

Top 20 Journal Finder Tools
1 ScienceGate
2 Global Journal Database (Editage)
3 JANE (Journal/ Name Estimator)
4 Trinka
5 Journal Searches
6 Think.Check.Submit.
7 Clarivate Master Journal List
8 ELSEVIER Journal Finder
9 Springer Journal Suggester
10 WILEY Journal Finder
11 Taylor & Francis Journal Suggester
12 IEEE Publication Recommender
14 Researcher.Life Journal Finder
15 SAGE Journal Recommender
16 ChatGPT
17 edanz Journal Selecctor
18 ACS Journal Finder
19 DOAJ Directory of Open Access Journals
19 frontiers Journal Finder
20 MDPI Journal Finder


How to find a journal for research paper with the help of ChatGPT
(Q1 Scopus focus)
Step 1: Give ChatGPT a clear role (R = Role)
Tell ChatGPT who it should "be":
"Act as an experienced journal editor and research mentor in [your field] who knows Scopus-indexed journals and Q1 journals very well."
This sets the mindset: more targeted, less generic answers.
Step 2: Define the exact task (T = Task)
Be clear about what you want:
Shortlist suitable Q1 Scopus journals
Prioritize fit with your topic, methods, and audience
Focus on reputable, non-predatory journals
Provide a table of candidate journals
Example:
"I want you to help me shortlist suitable Q1 Scopus journals for submitting my research paper."
Step 3: Add rich context (C = Context)
Now paste all the information you prepared:
Abstract
Type of paper
Target audience
Discipline/subfield, methods, data
Any constraints (Q1 only, OA preferred, etc.)
Example block you'll paste:
"Here are my paper details:
Abstract: [paste full abstract]
Type of paper: [empirical / review / methodological / conceptual]
Target audience: [e.g., hospitality and tourism practitioners and academics]
Field/subfield: [e.g., tourism management, service quality]
Methods and data: [e.g., survey, n=420, hotels in Hong Kong, PLS-SEM]
Preferences: Scopus Q1 journals, reasonable review times; open access optional."
R Role 01
T Task 02
C Context 03
R Reason 04
O Output 05
Step 4: Tell it how to reason and what output you want (R + O)
1. Reasoning instructions
Ask ChatGPT to think step-by-step and to be honest about uncertainty:
"First, briefly identify the key features of my paper (topic, method, discipline, audience).
Then match those features to journal characteristics (scope, methods, typical articles).
If you're unsure about any detail like acceptance rate or decision time, write 'check on journal website' rather than guessing."
Step 5: Tell it how to reason and what output you want (R + O)
2. Output format
Ask for a structured EXCEL table with the columns you need:
"Present the shortlisted journals in a table with columns:
• Journal name
• First decision time (estimate or 'check on journal website')
• Acceptance rate (estimate or 'check on journal website')
• Scopus quartile and subject area
• Publisher
• APC or subscription (e.g., 'Hybrid OA – APC around…' or 'Subscription – check website')
• Why it fits my paper (2–3 lines)
• Link to the journal's homepage or aims/scope page (if you know it).
After the table, briefly recommend your top 3 choices and explain why."
Limiting hallucinations:
By explicitly allowing "check on website" you reduce made-up numbers.
You still must verify everything yourself


Where to submit your next paper?
Top 10 Journal Findings Tools
THINK
Identifies appropriate journal for your paper and helps to avoid predatory journals with a checklist
TRINKA Journal Finder
Matches your manuscript with journals of high quality but with higher chances of acceptance
ELSEVIER Journal Finder
Paste your abstract to find matching Elsevier journals with acceptance rates
Clarivate
Find indexed journals across all fields with impact factors shown
Sage
Helpful for social sciences - shows acceptance rates and timelines of various journals
WILEY Journal Finder
Matches your abstract to appropriate Wiley journals.
Jane
Use the abstract and title of your paper to find relevant journals indexed by PubMed
IEEE Publication Recommender
Compares journals' quality, acceptance rate, and time to review
Manuscript Matcher
Matches your abstract to the best fit journal indexed by web of science
JOURNAL SUGGESTER
Shows basic submission requirements to various journals and offers keyword based matching

δημοσιεύσιμες μελέτες

- αυτές που οδηγούν σε «καθαρά» συμπεράσματα
- αυτές που αναδεικνύουν στατιστικά σημαντικές διαφορές



το περιοδικό

- ειδίκευση και ακροατήριο
- ποιότητα και κύρος
  - indexing - καταχώρηση σε καθιερωμένες βιβλιογραφικές βάσεις, όπως PubMed/MEDLINE, Scopus, Web of Science
  - peer review
  - impact factor
- σχήμα δημοσίευσης
  - συμβατικό ή ανοικτής πρόσβασης

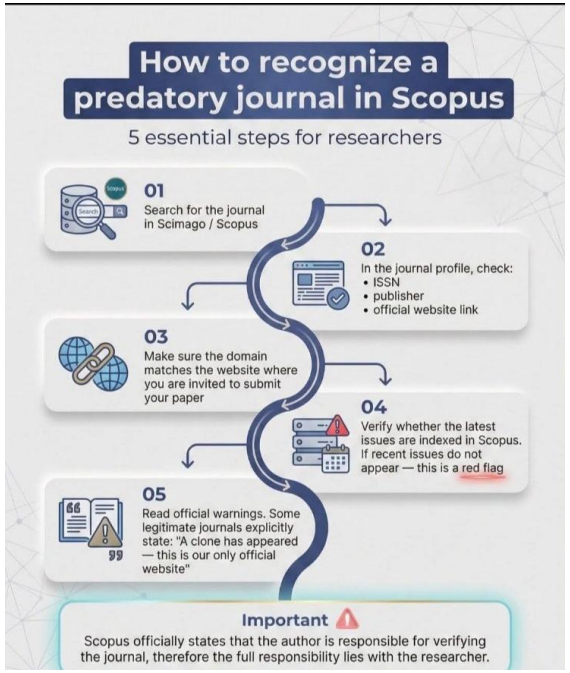
Ιατρική βιβλιογραφία

predatory journals

αρπακτικά, δόλια, παραπλανητικά
ή ψευδο-περιοδικά

predatory journals

αρπακτικά, δόλια, παραπλανητικά
ή ψευδο-περιοδικά



Livas and Delli *Progress in Orthodontics* (2023) 24:21
https://doi.org/10.1186/s40510-023-00471-6

Progress in Orthodontics

RESEARCH Open Access

"Dear Doctor, greetings of the day!": A 1-year observational study of presumed predatory journal invitations

Christos Livas[1*] and Konstantina Delli[2]

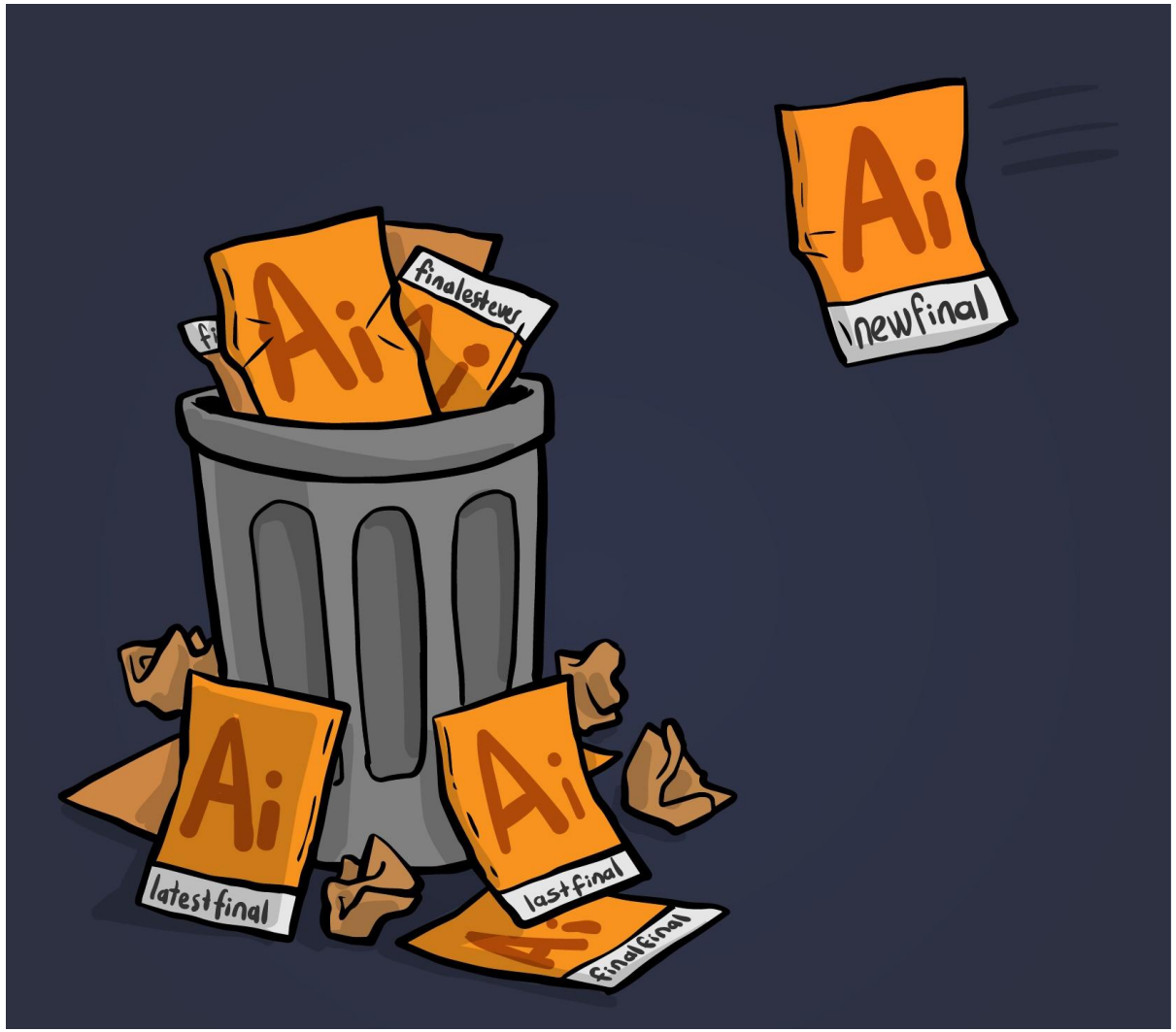
σε ένα έτος ένας ορθοδοντικός, με δημοσιεύσεις και όχι επίσημη θέση στην ακαδημία έλαβε… 875 mails από 256 περιοδικά

Beall list www.beallist.net

Cabell's Blacklist www.cabells.com

Ορισμένα - κατά τους πιο αυστηρούς κριτές έως και το 99% - των δημοσιευμένων άρθρων θα μπορούσαν να θεωρηθούν ακατάλληλα και δεν θα έπρεπε να χρησιμοποιούνται ως βάση για τη διαμόρφωση της πρακτικής

Trisha Greenhalg. How to Read a Paper. BMJ Books 2001



ORIGINAL ARTICLE

The Influence of Resection and Aneuploidy on Mortality in Oral Leukoplakia

Jon Sudbø, M.D., D.D.S., Ph.D., Scott M. Lippman, M.D., J. Jack Lee, D.D.S., Ph.D., Li Mao, M.D., Wanja Kildal, M.Sc., Asle Sudbø, Ph.D., Simone Sagen, M.P.H., Magne Bryne, D.D.S., Ph.D., Adel El-Naggar, M.D., Ph.D., Björn Risberg, M.D., Ph.D., Jan F. Evensen, M.D., Ph.D., and Albrecht Reith, M.D., Ph.D.

ABSTRACT

BACKGROUND

Although the standard treatment of oral leukoplakia ranges from watchful waiting to complete resection, the value of these approaches is unknown.

METHODS

We studied the relations among resection, ploidy status, and death from cancer in 103 patients with diploid dysplastic oral leukoplakia, 20 patients with tetraploid lesions, and 27 patients with aneuploid lesions. Data on cancer-specific mortality and treatment were obtained from the Cancer Registry of Norway, Statistics Norway, and chart reviews.

RESULTS

Primary oral carcinoma developed in 47 of the 150 patients with leukoplakia (31 percent) — 5 with diploid, 16 with tetraploid, and 26 with aneuploid leukoplakia — during a mean follow-up of 80 months (range, 4 to 237). The margin status of the initial leukoplakia resection had no relation to the development of oral cancer (P=0.95). Twenty-six of the 47 patients in whom cancer developed (4 with prior tetraploid and 22 with prior aneuploid lesions) had recurrences (55 percent); the recurrences were more frequently multiple and distant (within the oral cavity) among patients with aneuploid lesions than among those with tetraploid or diploid lesions. All 47 patients underwent a standard regimen of surgery and radiation, followed by chemotherapy in the 26 with recurrent cancer. Only patients with aneuploid leukoplakia died of oral cancer; the five-year rate of death from cancer was 72 percent. Aneuploidy-related first carcinomas were diagnosed at a more advanced stage than were carcinomas originating from diploid or tetraploid leukoplakia (P=0.03) and were more likely to be lethal regardless of the stage.

CONCLUSIONS

Complete resection of aneuploid leukoplakia does not reduce the high risk of aggressive carcinoma and death from oral cancer.

From the Departments of Medical Oncology and Radiotherapy (J.S., S.S., J.F.E.), Division of Digital Pathology (W.K.), and the Department of Pathology, Division of Cytology (B.R., A.R.), Norwegian Radium Hospital, University of Oslo, Oslo, Norway; the Departments of Clinical Cancer Prevention (S.M.L.), Biostatistics (J.J.L.), Thoracic/Head and Neck Medical Oncology (S.M.L., L.M.), and Pathology and Head and Neck Surgery (A.E.-N.), University of Texas M.D. Anderson Cancer Center, Houston; the Department of Physics (Norwegian University of Science and Technology, Trondheim, Norway (A.S.); and the Department of Oral Biology, University of Oslo, Oslo, Norway (M.B.). Address reprint requests to Dr. J. Sudbø at the Department of Medical Oncology and Radiotherapy, Norwegian Radium Hospital, Ullernchausséen 70, Montebello, 0310 Oslo, Norway, or at jon.sudbo@rh.uio.no.

N Engl J Med 2004;350:1405-13.

Non-steroidal anti-inflammatory drugs and the risk of oral cancer: a nested case-control study

For Better Science

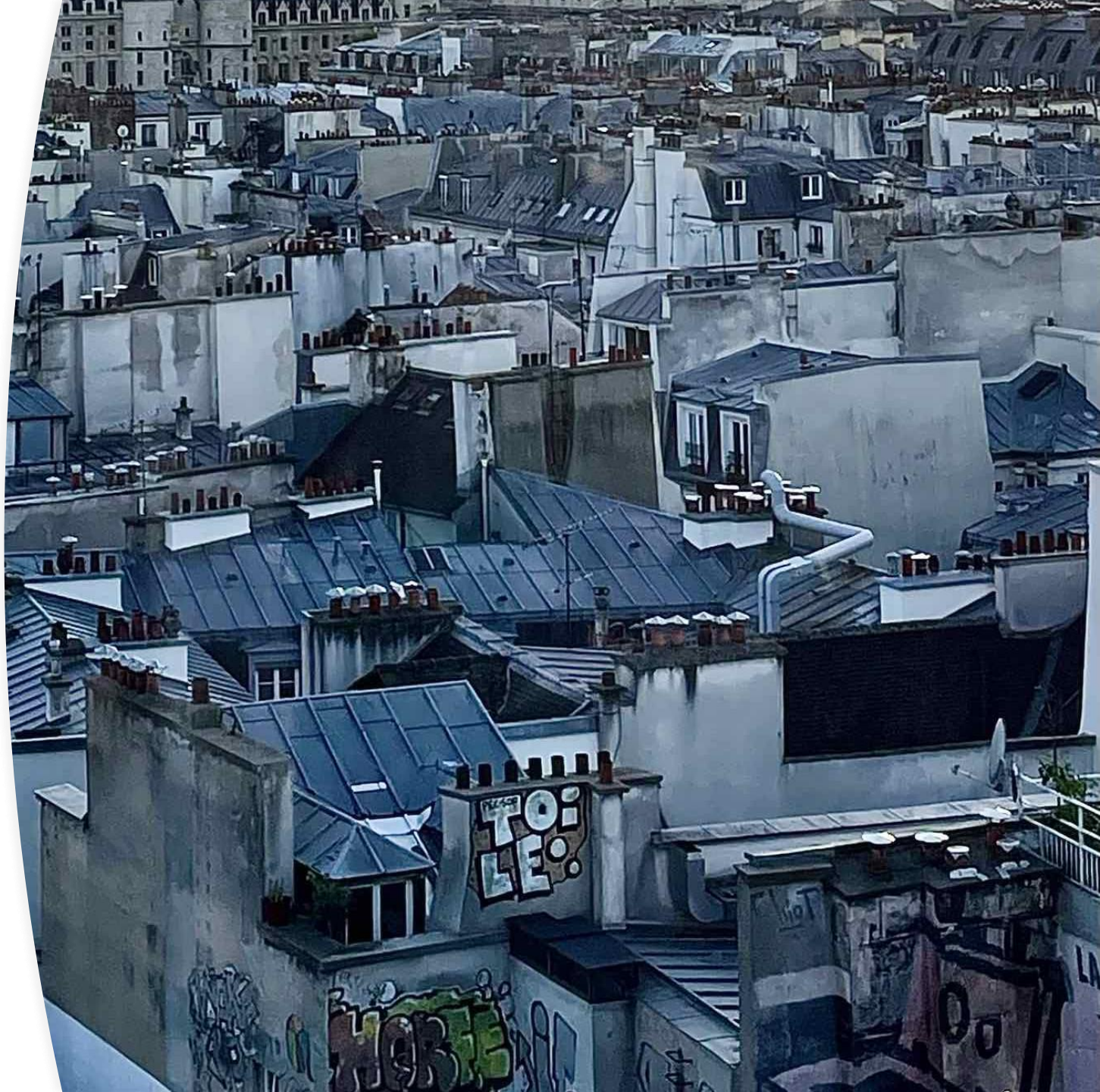
BY LEONID SCHNEIDER, ON RESEARCH INTEGRITY, BIOMEDICAL ETHICS AND ACADEMIC PUBLISHING

Retraction Watch

Tracking retractions as a window into the scientific process

πρακτικά βήματα

- αξιολόγησε αντικειμενικά την εργασία και προσδιόρισε τις προτεραιότητές σου
- κατάστρωσε λίστα «υποψήφιων» περιοδικών και επίλεξε περιοδικό πριν αρχίσεις να γράφεις
- διάβασε μερικές παρόμοιες με τη δική σου εργασίες από το περιοδικό και μιμήσου τον τρόπο συγγραφής μίας που σου αρέσει
- **τήρησε πιστά τις οδηγίες για τους συγγραφείς**



και δύο tips...

- συμβουλέψου έμπειρους συγγραφείς
- παρουσίασε την εργασία προφορικά, πριν προχωρήσεις στη δημοσίευση

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Εστιάζοντας στη Γενική Οδοντιατρική

ΔΗΜΟΣ ΑΘΗΝΑΙΩΝ

ΣΕΡΑΦΕΙΟ

25-26 Σεπτεμβρίου 2026

Σεράφειο Δήμου Αθηναίων

Υπό την αιγίδα
του Οδοντιατρικού Συλλόγου Αττικής

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