

## EXAMPLE OF MEDICAL EDITING I DID ON A JOURNAL ARTICLE

Note: I was asked to make further medical editing improvements to a modified excerpt from the discussion section of a medical journal article that had previously been published (the citation is at the end of this document). My edits are “in-line,” which is an editing format where you will see all changes I made in pink highlighting, red lettering, red strikeout, and red underline. The repeated notations you see of “[SE--]” in a smaller font are direct reference links to additional editing notes I made; these additional editing notes are not included here for the sake of brevity. You will see that the extensive changes I made include changes in style, format, content flow, grammar, readability, punctuation, spelling, and syntax.

Discussion<sup>[SE1]</sup>

~~With the modern study~~ This study demonstrated<sup>[SE2]</sup>, ~~we demonstrated~~ that short-term<sup>[SE3]</sup> active smoking (<10 pack-years) in young patients with untreated intermittent adult-onset asthma ~~were~~ was<sup>[SE4]</sup> associated with a marked AHR and ~~decreased~~ decrease in the<sup>[SE5]</sup> lung function that was not fully responsive to bronchodilators and AHR<sup>[SE6]</sup>. The daily smoking frequency (number of cigarettes per day), smoking duration (~~how many number of~~ <sup>[SE7]</sup> years<sup>[SE8]</sup>), and cumulative smoking history (~~how many number of~~ <sup>[SE9]</sup> pack-years) were predictors ~~of that were significant of the~~ <sup>[SE10]</sup> decreased lung function, even ~~through~~ <sup>[SE11]</sup> the patients were young adults ~~and only had~~ <sup>[SE12]</sup> with intermittent asthma. ~~In addition~~ Also<sup>[SE13]</sup> ~~to this~~, the daily smoking frequency ~~was~~ remained to be an independent determinant of marked AHR (HisPC20 <2mg/mL). Collectively, these findings suggest a benefit of never ~~smoking even~~ <sup>[SE14]</sup> for young patients with intermittent adult-onset asthma.

~~Even after the inhaling of bronchodilator, significant difference in lung function between the never smokers and current smokers in our study existed. This finding demonstrates that even a short smoking duration <10 pack-years is associated with~~ <sup>[SE15]</sup> future risk<sup>[SE16]</sup> of persistent airflow limitation.<sup>[SE17]</sup>

~~This study research made a demonstration of the effects of short-term smoking (<10 pack years) in patients with adult-onset asthma and revealed the effect~~ <sup>[SE18]</sup> that a cumulative smoking history of <10 pack years<sup>[SE19]</sup> was associated with lower lung function not fully responsively to bronchodilator and marked AHR<sup>[SE20]</sup>, <sup>[SE21]</sup> Epidemiological evidence ~~suggests~~ <sup>[SE22]</sup> suggests that a smoking history of  $\geq 10$  pack-years causes an accelerated decline in lung function in patients with ~~a~~ Adult ~~a~~ Asthma<sup>[SE23]</sup>. ~~23 old~~ <sup>[SE24]</sup> current smokers who had ~~have~~ asthma ~~who have a prolonged and high-extensive~~ pack-years <sup>[SE25]</sup> (mean<sup>[SE26]</sup>  $41 \pm$  SD<sup>[SE27]</sup> and <sup>[SE28]</sup>  $41 \pm 23$ )<sup>[SE29]</sup> comprise a population that is at high risk of ~~severe~~ <sup>[SE30]</sup> or life-threatening<sup>[SE31]</sup> disease exacerbation, regardless of the relatively small disease duration. ~~Despite our study not being a longitudinal study~~ Although our

~~study was not longitudinal,~~<sup>[SE32]</sup> it can be considered to be at the lower end of a continuum of studies reporting lung function declines in adult patients with asthma and a relevant smoking history. ~~Even after the inhaling of bronchodilator, significant difference in lung function between the never smokers and current smokers in our study existed. This finding makes it clear~~<sup>[SE33]</sup> ~~that even a short smoking duration <10 pack years is associated~~ ~~with a~~<sup>[SE34]</sup> ~~future~~ ~~risks~~<sup>[SE35]</sup> ~~of persistent airflow limitation.~~

Last<sup>[SE36]</sup>, ~~of all~~ smoking duration exhibited the highest R<sup>2</sup> in the multiple linear regression analysis<sup>[SE37]</sup> ~~was~~ adjusted for age, sex, disease ~~duration~~<sup>[SE38]</sup>, and BMI.<sup>3</sup> ~~[T~~his finding suggests ~~that~~<sup>[SE39]</sup> ~~the~~ smoking duration can have a ~~deep significant~~<sup>[SE40]</sup> effect ~~o~~<sup>[SE41]</sup> ~~n~~ lung function when compared with ~~the results of other smoking parameters~~ (cigarettes per day and pack-years<sup>[SE42]</sup><sup>[SE43]</sup>). <sup>[SE44]</sup>However, the prediction accuracy of the models is ~~not really~~<sup>[SE45]</sup> high. ~~This~~. ~~Th~~ ~~is~~ implies that the influence of smoking ~~may~~<sup>[SE46]</sup> ~~be~~ vary among individuals.

**(Citation Credit** - The original text on which I was asked to make further medical editing improvements was slightly modified from Watai K, Sekiya K, Hayashi H, *et al.* Effects of short-term smoking on lung function and airway hyper-responsiveness in young patients with untreated intermittent adult-onset asthma: retrospective cross-sectional study at a primary–tertiary care hospital in Japan. *BMJ Open* 2019;9:e023450. doi: 10.1136/bmjopen-2018-023450)