RESULTS

Way

Location Statements of Results

➢ Five patterns

- A: The high rates are shown in Table 3.

- B: Table 3 shows the high rates.

- C: The rates were high (Table 3) or (See Table 3) or
     (shown in Table 3).

- D: The rates were high, as shown in Table 3.
     As shown in Table 3, the rates were high.

- E: The results, given in Table 3, show the high rates.

Implications of Location Statements

➢ Pattern A & B: stress figures and calculations

➢ Pattern C & D: downplay the location statements

➢ Pattern E: insert the location statement in the middle

Implications of Location Statements

➢ Pattern A & B: stress figures and calculations

• the grammatically prominent (pattern B)

➢ Pattern C & D: downplay the location statements

➢ Pattern E: insert the location statement in the middle

• a variation of sentence pattern (less common)

Timing of Location Statements

➢ Five patterns (generally interchangeable)

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• To use 'stronger' statements (pattern A & B) in the earlier part.

• To use 'weaker' statements (pattern C & D) in the later part.

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1. To report major findings
2. To report major findings and add some interpretations
3. To make commentary on the report of findings

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Sample for Analysis

➢ Esteve et al. 2017. "Metformin alters the gut microbiome of individuals with treatment-naive type 2 diabetes, contributing to the therapeutic effects of the drug." *Nature Medicine*, vol. 23, pp. 850–858.

Results

- "To investigate how metformin affects the composition of the gut microbiota, we randomized treatment-naive individuals with recently diagnosed T2D to receive either placebo (n = 18) or 1,700 mg/d of metformin (n = 22) for 4 months in a double-blind study. Clinical characteristics of these individuals before and after treatment are presented in Table 1. Both groups were recommended to consume a calorie-restricted diet for the 4-month study period (Table 1); calorie intake was reduced by a median of 342 kcal/d, and no significant differences were seen between the groups (P = 0.90)." (*Nature Medicine*, 2017)

Results: Timing of Location Statement

- "To investigate how metformin affects the composition of the gut microbiota, we randomized treatment-naive individuals with recently diagnosed T2D to receive either placebo (n = 18) or 1,700 mg/d of metformin (n = 22) for 4 months in a double-blind study. Clinical characteristics of these individuals before and after treatment are presented in Table 1. Both groups were recommended to consume a calorie-restricted diet for the 4-month study period (Table 1); calorie intake was reduced by a median of 342 kcal/d, and no significant differences were seen between the groups (P = 0.90)." (*Nature Medicine*, 2017)

Results: Past Tense

- "To investigate how metformin affects the composition of the gut microbiota, we randomized treatment-naive individuals with recently diagnosed T2D to receive either placebo (n = 18) or 1,700 mg/d of metformin (n = 22) for 4 months in a double-blind study. Clinical characteristics of these individuals before and after treatment are presented in Table 1. Both groups were recommended to consume a calorie-restricted diet for the 4-month study period (Table 1); calorie intake was reduced by a median of 342 kcal/d, and no significant differences were seen between the groups (P = 0.90)." (*Nature Medicine*, 2017)

Results: Past Tense vs. Present Tense

- "To investigate how metformin affects the composition of the gut microbiota, we randomized treatment-naive individuals with recently diagnosed T2D to receive either placebo (n = 18) or 1,700 mg/d of metformin (n = 22) for 4 months in a double-blind study. Clinical characteristics of these individuals before and after treatment are presented in Table 1. Both groups were recommended to consume a calorie-restricted diet for the 4-month study period (Table 1); calorie intake was reduced by a median of 342 kcal/d, and no significant differences were seen between the groups (P = 0.90)." (*Nature Medicine*, 2017)

Results: From a Wider Perspective

- "To investigate how metformin affects the composition of the gut microbiota, we randomized treatment-naive individuals with recently diagnosed T2D to receive either placebo (n = 18) or 1,700 mg/d of metformin (n = 22) for 4 months in a double-blind study. Clinical characteristics of these individuals before and after treatment are presented in Table 1. Both groups were recommended to consume a calorie-restricted diet for the 4-month study period (Table 1); calorie intake was reduced by a median of 342 kcal/d, and no significant differences were seen between the groups (P = 0.90)." (*Nature Medicine*, 2017)

Results

- "As expected given the reduced calorie intake, body-mass index (BMI) decreased significantly in both the placebo and metformin groups over the initial 4-month study period (Fig. 1a). However, significant decreases in hemoglobin A1c (HbA1c) and fasting blood glucose were observed only in the group randomized to metformin treatment (Fig. 1b,c). BMI did not decrease further in the switched subgroup after 6 months on metformin (Fig. 1a), but HbA1c and fasting blood glucose were significantly reduced by metformin in this subgroup (Fig.1b,c)." (*Nature Medicine*, 2017)

Results: On a Localized Scale

- "As expected given the reduced calorie intake, body-mass index (BMI) decreased significantly in both the placebo and metformin groups over the initial 4-month study period (Fig. 1a). However, significant decreases in hemoglobin A1c (HbA1c) and fasting blood glucose were observed only in the group randomized to metformin treatment (Fig. 1b,c). BMI did not decrease further in the switched subgroup after 6 months on metformin (Fig. 1a), but HbA1c and fasting blood glucose were significantly reduced by metformin in this subgroup (Fig.1b,c)." (*Nature Medicine*, 2017)

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Results

- "Table 5 shows that a larger number of risk factors increases the risk of hospitalization with a significant trend. Participants with one risk factor were 1.8 times as likely to be hospitalized as those with no risk factors, those with two or three risk factors were 3.0 times as likely, and those with four to five risk factors were 6.1 times as likely. Thus, the number of risk factors present at baseline directly affects the risk of subsequent hospitalization." (*JAGS*, 2010)

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Results: Interpretation of Results

- "Table 5 shows that a larger number of risk factors increases the risk of hospitalization with a significant trend. Participants with one risk factor were 1.8 times as likely to be hospitalized as those with no risk factors, those with two or three risk factors were 3.0 times as likely, and those with four to five risk factors were 6.1 times as likely. Thus, the number of risk factors present at baseline directly affects the risk of subsequent hospitalization." (*JAGS*, 2010)

Results

➢ To make commentary on the report of findings

- "A third view accepts the fact that authors often include commentary in their Results section because they are aware of their audience."

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Purposes of Data Commentary

➢ Five points

• Highlight the results.

• Test standard theory, common beliefs, or general practice in the light of the given data.

• Compare and evaluate different data sets.

• Assess the reliability of the data in terms of the methodology that produced it.

• Discuss the implications of the data.

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Results

- "To characterize the effects of metformin on the gut microbiome, we performed whole-genome shotgun sequencing of 131 fecal samples. On average, we obtained 38 million paired-end reads for each sample. The taxonomy and gene profiles were estimated by mapping the high-quality reads to nonredundant genome and gene catalogs implemented in the metagenomic data utilization and analysis (MEDUSA). Only one bacterial strain was altered over the 4-month study period in the placebo group. By contrast, metformin treatment for 2 and 4 months resulted in significant alterations in the relative abundance of 81 and 86 bacterial strains."

Results: methodology reliability assessment

- "To characterize the effects of metformin on the gut microbiome, we performed whole-genome shotgun sequencing of 131 fecal samples. On average, we obtained 38 million paired-end reads for each sample. The taxonomy and gene profiles were estimated by mapping the high-quality reads to nonredundant genome and gene catalogs implemented in the metagenomic data utilization and analysis (MEDUSA). Only one bacterial strain was altered over the 4-month study period in the placebo group. By contrast, metformin treatment for 2 and 4 months resulted in significant alterations in the relative abundance of 81 and 86 bacterial strains."

Results: report of results out of this methodology

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Q & A

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