

ANATOMY OF A COVER LETTER TO A JOURNAL EDITOR



1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

2 Background

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have investigated the prognostic value of the GPS in patients with metastatic breast cancer. However, few studies have performed such an investigation for patients undergoing liver resection for liver metastases. Furthermore, there are currently no studies that have examined the prognostic value of the modified GPS (mGPS) in these patients. The present study evaluated the mGPS in terms of its prognostic value for postoperative death in patients undergoing liver resection for breast cancer liver metastases.

3 Key Findings

A total of 318 patients with breast cancer liver metastases who underwent hepatectomy over a 15-year period were included in this study. The mGPS was calculated based on the levels of C-reactive protein and albumin, and the disease-free survival and cancer-specific survival rates were evaluated in relation to the mGPS. Prognostic significance was retrospectively analyzed by univariate and multivariate analyses. Overall, the results showed a significant association between cancer-specific survival and the mGPS and carcinoembryonic antigen level. Furthermore, we demonstrated that a higher mGPS was associated with increased aggressiveness of liver recurrence and poorer survival in these patients.

4 Relevance

This study is the first to demonstrate that the preoperative mGPS, a simple clinical tool, is a useful prognostic factor for postoperative survival in breast cancer patients undergoing curative resection for liver metastases. This information is immediately clinically applicable for surgeons and medical oncologists treating such patients. As a premier journal covering breast cancer treatment, we believe that *Breast Cancer Research and Treatment* is the perfect platform from which to share our results with all those concerned with breast cancer.

5 Disclaimers

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the manuscript and agree with submission to *Breast Cancer Research and Treatment*. This study was funded by the Japanese Ministry of Health, Labour and Welfare. The authors have no conflicts of interest to declare.

6 Recommended Reviewers

We would like to recommend the following reviewers to evaluate our manuscript:
[Reviewer 1 name and contact information]
[Reviewer 2 name and contact information]
[Reviewer 3 name and contact information]
[Reviewer 4 name and contact information]

7 Closing

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have

Pro tips:

In the first paragraph, give the title of your manuscript and say what **type of article** you want the paper classified as.

Including the type of article saves time for the journal office because it:

- helps prevent the paper being put in the wrong category
- explains it is a type that the journal accepts
- helps the editor assign it to the correct handling editor, as different editors usually handle different article types.



2 Background

3 Key Findings

4 Relevance

This study is the first to demonstrate that the preoperative mGPS, a simple clinical tool, is a useful prognostic factor for postoperative survival in breast cancer patients undergoing curative resection for liver metastases. This information is immediately clinically applicable for surgeons and medical oncologists treating such patients. As a premier journal covering breast cancer treatment, we believe that *Breast Cancer Research and Treatment* is the perfect platform from which to share our results with all those concerned with breast cancer.

5 Disclaimers

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the manuscript and agree with submission to *Breast Cancer Research and Treatment*. This study was funded by the Japanese Ministry of Health, Labour and Welfare. The authors have no conflicts of interest to declare.

6 Recommended Reviewers

We would like to recommend the following reviewers to evaluate our manuscript:

[Reviewer 1 name and contact information]
[Reviewer 2 name and contact information]
[Reviewer 3 name and contact information]
[Reviewer 4 name and contact information]

7 Closing

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

2 Background

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have investigated the prognostic value of the GPS in patients with metastatic breast cancer. However, few studies have performed such an investigation for patients undergoing liver resection for liver metastases. Furthermore, there are currently no studies that have examined the prognostic value of the modified GPS (mGPS) in these patients. The present study evaluated the mGPS in terms of its prognostic value for postoperative death in patients undergoing liver resection for breast cancer liver metastases.

3 Key Findings

A total of 318 patients with breast cancer liver metastases who underwent hepatectomy over

Pro tips:

In your second paragraph, the **problem statement** must be clear and show the need for your work. Give the current state of the field and a problem that researchers are facing.

Signal it with However and one of these phrases, or similar. Or start your sentence with one of these openings:

However,

...an alternative approach...	...presents a new challenge
...a need for clarification...	...a problem/weakness with...
...has not been dealt with...	...remains unstudied
...requires clarification	...is not sufficiently (+ adjective)

...is ineffective/ inaccurate/ inadequate/ inconclusive/ incorrect/ unclear

Few studies have...	There is an urgent need to...
There is growing concern that...	Little evidence is available on...
It is necessary to...	Little work has been done on...

These phrases show there is a knowledge gap or something negative about current knowledge. Make sure that you **describe your findings in a way that fills the gap or shows something positive**.



5 Disclaimers

6 Recommended Reviewers

[Reviewer 3 name and contact information]
[Reviewer 4 name and contact information]

7 Closing

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

2 Background

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have investigated the prognostic value of the GPS in patients with metastatic breast cancer. However, few studies have performed such an investigation for patients undergoing liver resection for liver metastases. Furthermore, there are currently no studies that have examined the prognostic value of the modified GPS (mGPS) in these patients. The present study evaluated the mGPS in terms of its prognostic value for postoperative death in patients undergoing liver resection for breast cancer liver metastases.

3 Key Findings

A total of 318 patients with breast cancer liver metastases who underwent hepatectomy over a 15-year period were included in this study. The mGPS was calculated based on the levels of C-reactive protein and albumin, and the disease-free survival and cancer-specific survival rates were evaluated in relation to the mGPS. Prognostic significance was retrospectively analyzed by univariate and multivariate analyses. Overall, the results showed a significant association between cancer-specific survival and the mGPS and carcinoembryonic antigen level. Furthermore, we demonstrated that a higher mGPS was associated with increased aggressiveness of liver recurrence and poorer survival in these patients.

4 Relevance

Pro tips:

In the third paragraph, briefly describe your **methodology** and summarize your key **findings**.

The Background paragraph and Key Findings paragraph together resemble the introduction and methods/results from your abstract. However, **do not copy-paste from your abstract** because the editor will read the abstract next and it would appear lazy if the editor reads the exact same text again. In addition, the editor may not be an expert in your topic, so you need to paraphrase and summarize the information in a less technical way. Paraphrase your methods and results in simple terms.



5 Disclaimers

6 Recommended Reviewers

[Reviewer 2 name and contact information]
[Reviewer 3 name and contact information]
[Reviewer 4 name and contact information]

7 Closing

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

2 Background

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have investigated the prognostic value of the GPS in patients with metastatic breast cancer. However, few studies have performed such an investigation for patients undergoing liver resection for liver metastases. Furthermore, there are currently no studies that have examined the prognostic value of the modified GPS (mGPS) in these patients. The present study evaluated the mGPS in terms of its prognostic value for postoperative death in patients undergoing liver resection for breast cancer liver metastases.

3 Key Findings

A total of 318 patients with breast cancer liver metastases who underwent hepatectomy over a 15-year period were included in this study. The mGPS was calculated based on the levels of C-reactive protein and albumin, and the disease-free survival and cancer-specific survival rates were evaluated in relation to the mGPS. Prognostic significance was retrospectively analyzed by univariate and multivariate analyses. Overall, the results showed a significant association between cancer-specific survival and the mGPS and carcinoembryonic antigen level. Furthermore, we demonstrated that a higher mGPS was associated with increased aggressiveness of liver recurrence and poorer survival in these patients.

4 Relevance

This study is the first to demonstrate that the preoperative mGPS, a simple clinical tool, is a useful prognostic factor for postoperative survival in breast cancer patients undergoing curative resection for liver metastases. This information is immediately clinically applicable for surgeons and medical oncologists treating such patients. As a premier journal covering breast cancer treatment, we believe that *Breast Cancer Research and Treatment* is the perfect platform from which to share our results with all those concerned with breast cancer.

5 Disclaimers

Pro tips:

In the fourth paragraph, try to target the journal. Use keywords directly taken from the journal's aim and scope. Show why your findings would be interesting to the journal's readers.



6 Recommended Reviewers

[Reviewer 2 name and contact information]
[Reviewer 3 name and contact information]
[Reviewer 4 name and contact information]

7 Closing

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

1 Manuscript Information

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Dear Dr Lippman,

Please find enclosed our manuscript entitled "Evaluation of the Glasgow prognostic score in patients undergoing curative resection for breast cancer liver metastases," which we would like to submit for publication as an Original Article in *Breast Cancer Research and Treatment*.

2 Background

The Glasgow prognostic score (GPS) is of value for a variety of tumours. Several studies have investigated the prognostic value of the GPS in patients with metastatic breast cancer. However, few studies have performed such an investigation for patients undergoing liver resection for liver metastases. Furthermore, there are currently no studies that have examined the prognostic value of the modified GPS (mGPS) in these patients. The present study evaluated the mGPS in terms of its prognostic value for postoperative death in patients undergoing liver resection for breast cancer liver metastases.

3 Key Findings

A total of 318 patients with breast cancer liver metastases who underwent hepatectomy over a 15-year period were included in this study. The mGPS was calculated based on the levels of C-reactive protein and albumin, and the disease-free survival and cancer-specific survival rates were evaluated in relation to the mGPS. Prognostic significance was retrospectively analyzed by univariate and multivariate analyses. Overall, the results showed a significant association

Pro tips:

In your fifth and final paragraph, give declarations related to publication ethics, funding, and conflicts of interest.



4 Relevance

to show your results with all those concerned with breast cancer.

5 Disclaimers

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the manuscript and agree with submission to *Breast Cancer Research and Treatment*. This study was funded by the Japanese Ministry of Health, Labour and Welfare. The authors have no conflicts of interest to declare.

6 Recommended Reviewers

We would like to recommend the following reviewers to evaluate our manuscript:

[Reviewer 1 name and contact information]

[Reviewer 2 name and contact information]

[Reviewer 3 name and contact information]

[Reviewer 4 name and contact information]

Please address all correspondence to: [Corresponding author's name and contact information]

7 Closing

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD

Marc Lippman, MD
Editor-in-Chief
Breast Cancer Research and Treatment

15 June 2020

Pro tips:

Recommending reviewers is helpful for the journal editor, because:

- If the editor is not in your field, they may not know who to choose
- Editors may have to search online databases to find reviewers
- Only about 1/3 of reviewers accept peer review invitations

Recommending reviewers may be helpful for you too, as research findings suggest that **reviewers recommended by authors tend to give more favorable reviews**.

However, **never try to manipulate the peer review process**, such as making up fake reviewers and giving an email that will lead back to you or your colleagues. Journals will reject your paper and inform your institution. Or if they find out after publication, your article will be retracted and there will be a permanent retraction notice linked to the online paper forever.

Who to look for?

- researchers from your reading/references
- researchers who you met and talked with at conferences
- mid-level researchers, Associate Professors
- researchers who have published in your target journal
- researchers with expertise in one or more aspects of your study
- researchers from several different countries or regions (shows that you are familiar with your field worldwide and suggests increased readership for the journal)

Who to avoid?

- collaborators from the past 5 years
- researchers from your own university
- direct competitors*

You may be allowed to nominate 1-2 people to the journal who you **don't** wish to be peer reviewers because they are direct competitors)



We would like to recommend the following reviewers to evaluate our manuscript:

[Reviewer 1 name and contact information]

[Reviewer 2 name and contact information]

[Reviewer 3 name and contact information]

[Reviewer 4 name and contact information]

Please address all correspondence to: [Corresponding author's name and contact information]

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Dr. Daniel McGowan, PhD