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| **Medical Editor – Editing Passage Test** |

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| **Brief** |
| * In this test, you will find an extract from a research manuscript. The test has been designed to gauge editorial sensibilities, language and grammar, mechanics and style, subject-matter expertise, referencing skills, logic and comprehension, and attention to detail.
* The passage contains errors in grammar, punctuation, and spelling, and most of the sentences are not written in native English. You need to edit the passage by correcting these errors.
* Note that we do not share detailed test results/feedback in order to keep the test reusable.
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| **Instructions** |
| * **Use Track Changes to edit the content (press *Ctrl + Shift + E* or select *Track Changes* from the *Review* tab). Make inline changes and do not strike off complete sentences and rewrite them separately.**
* Use comments to communicate with the author. Comments can be inserted by selecting the relevant text and pressing *Alt + I + M* or *New Comment* from the *Review* tab.
* Use either American or British English, but not both.
* You may use a dictionary and/or thesaurus.
* Make a note of the time taken to complete editing.
* Rename the file by adding your full name before the filename (e.g., “John Doe\_Medical editor\_test”).
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| **Here are a few tips** |
| 1. **Attention to detail:** The edited passage should be free of all typographical errors. Authors tend to take a very serious note of these.
2. **Language and grammar:** Your edit should ensure that the passages are in flawless native English—adhering to the norms of good sentence structure, accurate word choice, and correct grammar and punctuation. Avoid informal words and expressions.
3. **Content and meaning:** When editing, be careful not to change the author’s content or the original meaning of a sentence or phrase. If you wish to make such a change because you think it is essential, bring this to the author’s attention through a comment.
4. **Comments for the author:** Communication with the author is important. Write comments to the author when you are not sure what a particular phrase means, when you are making a rather heavy edit, when you are unsure if your edit matches the original intent of the sentence, etc.
5. **Consistency:** Ensure consistency in edits and format: use abbreviations (if any) consistently, ensure that casing of terms and headings is consistent, etc.
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# Sample Edit (for reference only)

It is important to achieve hemostasis in a short time to minimize blood loss during surgeries. Regular methods used for this purpose involve application of sutures, cauterization, and ligation. However, in certain cases, the use of these methods might be ineffective or impractical. In such cases, adjuncts such as fibrin solutions are needed to quickly achieve hemostasis. With fibrinogen and thrombin as active principles, fibrin solutions have been effective as hemostatic agents in a variety of surgical procedures ranging from nephrolithotomy and rhinoplasty to vascular surgeries and even tumor removal surgeries.

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| **Test Passage** |

Heart failure (HF) is a complex clinical syndrome that results from structural or functional impairment of the ventricles. HF is a significant public health issue with a prevalence of around 15 million worldwide. HF is associated with a poor prognosis and high mortality rate despite the availability of guideline-directed therapies. In addition, HF is the leading cause of hospitalization in patients older than 65 years. Hospitalization is the key aspect that contributes to almost 75% of the treatment cost associated with HF management.

The HF-related mortality rate is reported to be 11-48% and 55% at 1-year and 4-years, respectively. HF imposes both direct costs to healthcare systems and indirect costs to society through morbidity, unpaid care, premature mortality, and productivity losses. Approximately 25-35% of all deaths associated with HF occur spontaneously and cannot be predetermined. Patients with HF experience chronic signs and symptoms for more than two months without apparent clinical deterioration; however, the underlying pathophysiology progressively disrupts their cardiac structure and function.

The approved therapies for HF with reduced ejection fraction (HFrEF) aim to inhibit the detrimental effects of long-term treatments with sympathetic nervous system blockers, including β blockers, angiotensin receptor blockers, angiotensin-converting enzyme inhibitors (ACEIs), and mineralocorticoid receptor antagonists. In addition, they also counter renin‐angiotensin‐aldosterone system (RAAS) activation but largely ignore the physiological compensatory effect of the natriuretic peptide (NP) system and other endogenous vasodilator systems. Recent studies indicate the therapeutic benefit of improving the NP system in patients with HF; however, the direct administration of NPs fails to achieve therapeutic objectives. The current HF management guidelines advocate the discontinuation of combined ACE and neprilysin inhibition therapies due to the risk of NP system degradation and angioedema, which possibly occurs due to a decrease in bradykinin degradation.

The unique action mechanism of an angiotensin receptor-neprilysin inhibitor (ARNI) ‘BXF721’ is based on its potential to enhance the NP system through neprilysin inhibition. In addition, it blocks the RAAS by antagonizing the AT1 receptor, which helps achieve the therapeutic target of mitigating imbalances in the RAAS and the NP system. HF management with ARNI eventually lowers the risk of angioedema.

ACEIs were approved for therapeutic use before 2007 and are still considered viable adjuvants with the standard HF therapy. A recent clinical trial examined the superiority of BXF7211 treatment to the standard ACEI therapy based on lisinopril in approximately 5000 patients with HFrEF. The therapeutic benefits included morbidity and mortality reductions in patients with HFrEF despite their dependence on other HF therapies.

**Time taken to edit (in minutes): \_\_30 minutes**