

ACADEMIC INTEGRITY & CORRECTLY USING SOURCES

Summarizing & Paraphrasing Other Scholars' Work

21 May 2021, 12:00 p.m.– 1 p.m.
Graphos, McGill Writing Centre
Workshop Facilitator: Mary Towers



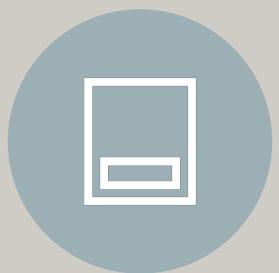
UNDERSTANDING PLAGIARISM

Plagiarism is defined as a deliberate activity that entails the conscious copying of others' work without acknowledging the information source.

Self-plagiarism occurs when a writer uses reuses all or part of a previously written text.

Inadvertent plagiarism may occur when source material is inadequately acknowledged and/or poorly summarized or paraphrased.

IMPORTANT DISTINCTIONS



SOURCE
MATERIAL



DIRECT
QUOTATION



SUMMARY



PARAPHRASE



CITATION PATTERNS

Integral Citations (aka “narrative” citations)

- the name(s) of the author(s) cited are grammatically integrated in the citing sentence
- author prominent
- example: In their review of how radiotherapy affects the dental treatment of head and neck cancer patients, Jawad et al. (2015) note that radiotherapy may lead to fibrosis and scaring that often causes swallowing difficulties among such patients (p. 66).

Non-Integral Citations (aka “parenthetical” citations)

- the name(s) of the author(s) stand outside the citing sentence—either as a parenthetical or numerical reference
- research prominent
- example: Radiotherapy may lead to fibrosis and scaring that often causes swallowing difficulties among head and neck cancer patients (Jawad, et al., 2015, p. 66).

CITING APPROPRIATE SOURCES

Review Article

The Cost of Cochlear Implantation: A Review of Methodological Considerations

Costa Nadège,^{1,2} Garnault Valérie,¹ Ferlicoq Laura,¹ Derumeaux-Burel Hélène,¹ Bongard Vanina,^{2,3} Deguine Olivier,⁴ Fraysse Bernard,⁴ and Molinier Laurent^{1,2}

¹Department of Medical Information, University Hospital, 31059 Toulouse Cedex 9, France

²UMR 1027, INSERM-University Paul Sabatier Toulouse III, 31073 Toulouse, France

³Department of Epidemiology, Health Economics and Public Health, University Hospital, 31073 Toulouse, France

⁴Department of Otolaryngology, University Hospital, 31059 Cedex 9 Toulouse, France

Correspondence should be addressed to Molinier Laurent, molinier.l@chu-toulouse.fr

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Objectives. Cost studies can provide useful guidance, so long as they adhere to accepted methodology. Cochlear implants (CIs) are electronic devices introduced surgically into the inner ear. It is a relevant example to review cost study analyses because of its costliness. The aim of this study was to review relevant published cost studies of CI to analyze the method used. **Methods.** First, we described the key points of cost study methodology. Cost studies relating to CI were systematically reviewed, focussing on an analysis of the different methods used. **Results.** The methods, data sources, and estimated cost categories in each study varied widely. The paper showed that cost studies adopted significantly different approaches to estimate costs of CI, reflecting a lack of consensus on the methodology of cost studies. **Conclusion.** To increase its credibility, closer agreement among researchers on the methodological principles of cost studies would be desirable.

1. Introduction

Cochlear implants are electronic devices introduced surgically into the inner ear. These implants restore useful hearing to profoundly or totally hearing-impaired patients. There is no comparable alternative medical treatment for profound-total deafness. Unlike hearing aids, cochlear implantation (CI) necessitates a surgical procedure and incurs substantial costs throughout the lifetime of the recipient. In actual practice, the rehabilitation process has to be continued for several years, especially in children [1].

CI has taken an important rise in many countries in the last twenty years. Decision makers in charge of public health are faced with the decision of whether to include cochlear implants in the basic medical benefit package. In the face of scarce resources, decision makers are not only interested in the effectiveness of certain healthcare interventions but also in the costs that are involved. Several studies have analysed the costs of cochlear implants, in particular in the United Kingdom [2–14], United States [15–22], Australia

[23], France [24], The Netherlands [25], Germany [26], Belgium [27], and Asia [28, 29], and some of these studies have shown the costs of CI for healthcare systems, leading to major rethinking in the field of health cost rationalization. Healthcare financing conditions are fitted to these countries, and differences in healthcare settings influence the results of a cost analysis.

Cost study aims to describe the economic burden of a specific disease to society. They are designed to evaluate not only the costs attributable to the treatment of a particular illness but also to evaluate actual illness-related global costs [27]. In principle, they should either inform the most accurate choices in resource allocation or be used in full economic evaluations of healthcare programmes and treatments [30, 31]. Cost studies have been criticised for not really providing useful information or enabling choice of priorities [32, 33]. It can however play an important role in informing cost estimates for use in further economic evaluations [34, 35]. These studies should be carried out in accordance with a clear and widely accepted methodology [34, 36].

STUDY PROTOCOL

Open Access

Evaluating hearing performance with cochlear implants within the same patient using daily randomization and imaging-based fitting - The ELEPHANT study

L. J. G. Lambriks,¹ M. van Hoof,¹ J. A. Debruyne,¹ M. Janssen,^{1,2} J. Chalupper,³ K. A. van der Heijden,¹ J. R. Hof,¹ C. A. Hellingman,¹ E. L. J. George,¹ and E. M. J. Devocht¹



Background

Although cochlear implants (CI) are now considered to be the main medical treatment for patients suffering from severe-to-profound sensory-neural hearing loss, their current-day performance relies mainly on technical improvements that were implemented in their early development [1]. CI performance appears to have reached a plateau in the last 30 years and despite an increase in scientific publications [2], a substantial number of challenges await future research. For example, a CI user's individual gradient of improvement is still hard to predict [3], disappointing outcomes remain hard to explain [4], speech perception in difficult listening situations remains extremely challenging for most CI users [5], and the quality of sound generated by CI stimulation is often considered unnatural and robotic despite decades of CI development [4, 6].

Current limitations in CI research

CI research is hampered by practical limitations such as the high costs of medical devices [7] and limited availability of potential research participants [8]. This inhibits innovation and experimental procedures. Moreover, due to high inter-individual variability in post-operative hearing performance [9], CI studies require large numbers of participants to obtain adequate statistical power. However, acquiring large numbers of participants is often not feasible due to competition between CI manufacturers for CI candidates. That is, cross-brand comparisons introduce additional variability in a study.

As a consequence of these difficulties in participant recruitment in CI studies, randomized controlled trials (RCTs) measuring CI hearing performance are rare. RCTs are considered to provide the highest level of evidence in terms of experimental design [10], yet require large sample sizes due to their between-subject design. In a traditional RCT, subjects are randomly allocated to one of two groups: one (the treatment group) receives the experimental intervention, and the other (the control group) is treated according to clinical routine. Between-group comparisons are made to test for differences in outcome [11]. Such designs are relatively scarce for measuring CI performance-related outcomes [12–15]. The few RCTs that have succeeded in including more than 30 participants recruited those subjects at more than one study center and used devices from multiple manufacturers, adding to study variability [16, 17]. RCTs that are limited to a monocentric study setup often contain much smaller sample sizes [18, 19].

In contrast, prospective studies with a crossover design (which require fewer participants) are the more commonly preferred alternative [20–22]. In this trial type, study subjects are allocated to a first treatment arm and then, possibly after a wash-out period, re-allocated to a

second intervention phase. However, an eminent problem when implementing this design in order to evaluate CI rehabilitation performance is the occurrence of a first-order carryover effect [23] due to neural reorganization in the subcortical and cortical auditory system following CI implantation [24–26]. Specifically, neuroimaging studies demonstrate extensive neural plasticity in the auditory pathway with changes in sensory input [27, 28]. For example, it has been shown that after prolonged periods of deafness, other sensory modalities are able to activate auditory regions [29, 30]. Moreover, in patients with CI, it is evident that brain reorganization plays a crucial role in achieving benefit from the CI: after implantation there is an adaptation period during which the auditory system learns to efficiently extract information from the CI stimulation [26]. Due to this learning effect and the underlying brain reorganization, there may be a bias towards an experimental intervention that is given first during the initial rehabilitation period. For example, it is conceivable that CI users receiving intervention A followed by intervention B will generally favor intervention A as a result of initial post-implantation brain plasticity rather than as a result of the beneficial properties of intervention A. This bias restricts the use of a conventional prospective crossover trial setup for CI research and effectively requires a parallel test-versus-control setup. As aforementioned, however, such an RCT design doubles the number of participants required to achieve reasonable statistical power, and also increases the risks of suboptimal treatment and outcomes in one of the two groups.

Development of an alternative trial design

To counteract current limitations in CI research, we believe an alternative methodology that allows for experimental interventions in a prospective trial setup is necessary. We therefore propose a study design for a clinical trial that is feasible, takes a within-subject perspective, and in which the participants are their own control. This design is similar to the traditional crossover perspective, but uses daily crossover randomization as a method for simultaneous utilization of study conditions instead of a crossover in subsequent, consecutive periods. By using daily crossover randomization, participants may switch between control and intervention on a daily basis. This is followed by a period of free choice between both conditions to incorporate participant preference. It is proposed that this new approach will facilitate data collection from small sample sizes, reduce the impact of individual subject characteristic variability, decrease the number of subjects needed to find a moderate statistical effect, address initial brain plasticity, and prevent the occurrence of a first-order carryover effect.

INDIRECT CITATION



Rehabilitation following cochlear implantation is a lengthy process, particularly for children (Nadège et al., 2011).



Rehabilitation following cochlear implantation is a lengthy process, particularly for children (Shallop, 1997).



Rehabilitation following cochlear implantation is a lengthy process, particularly for children (Shallop, 1997, as cited in Nadège et al., 2011).



According to Shallop (1997), rehabilitation following cochlear implantation is a lengthy process, particularly for children (as cited in Nadège et al., 2011).

Note: the checkmark only indicates that the source has been properly cited, not that using an indirect source is appropriate here.

Review Article

The Cost of Cochlear Implantation: A Review of Methodological Considerations

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³Department of Epidemiology, Health Economics and Public Health, University Hospital, 31073 Toulouse, France

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CLINICAL PERSPECTIVE

The molecular biology of head and neck cancer

C. René Leemans, Boude wijn J. M. Braakhuis and Ruud H. Brakenhoff

Abstract Head and neck squamous cell carcinomas (HNSCCs) are caused by tobacco and alcohol consumption and by infection with high-risk types of human papillomavirus (HPV). Tumours often develop within preneoplastic fields of genetically altered cells. The persistence of these fields after treatment presents a major challenge, because it might lead to local recurrences and second primary tumours that are responsible for a large proportion of deaths. Aberrant signalling pathways have been identified in HNSCCs and inhibition of epidermal growth factor receptor (EGFR) has proved a successful therapeutic strategy. In this Review, we discuss the recent literature on tumour heterogeneity, field cancerization, molecular pathogenesis and the underlying causative cancer genes that can be exploited for novel and personalized treatments of patients with HNSCC.

Chemoradiation
Combined treatment with
chemotherapy (usually
cisplatin) and radiation.

Head and neck squamous cell carcinoma (HNSCC) arises in the oral cavity, oropharynx, larynx or hypopharynx, and is the sixth leading cancer by incidence worldwide.¹ It is likely that approximately 600,000 cases will arise this year worldwide, and that only 40–50% of patients with HNSCC will survive for 5 years.

The most important risk factors so far identified are tobacco use and alcohol consumption, which seem to have a synergistic effect. A subgroup of HNSCCs, particularly those of the oropharynx, is caused by infection with high-risk types of human papillomavirus (HPV). In the western world, the incidence of HNSCC in specific sites has been slowly declining during the past decade, which can be attributed to a decrease in the prevalence of the more traditional risk factors, most notably smoking. However, oral tongue and particularly oropharyngeal cancers are becoming more prevalent, which may be related to an increase in oral and oropharyngeal HPV infections. HPV-positive and HPV-negative tumours represent different clinicopathological and molecular entities (as discussed below and detailed in TABLE 1). Besides the above mentioned exogenous risk factors, certain inherited disorders, such as Fanconi anaemia, and also a more general genetic susceptibility predispose to HNSCC⁴.

The prognosis for patients with HNSCC is largely determined by the stage at presentation. The extent of the tumour, as well as the presence of lymph-node metastases and distant metastases, determines the stage. Staging of HNSCC is by clinical examination, imaging, cytology of lymph nodes and definite histopathology after surgery (such as radicality and extranodal spread).

Recently, HPV status and tobacco use have also been shown to be of significant prognostic importance, possibly outweighing the traditional tumour, node, metastasis (TNM) staging system in oropharyngeal tumours.⁵ About one-third of patients presents with early-stage disease, whereas the typical case presents with advanced cancer with lymph node metastases. Early-stage tumours are treated with surgery or radiotherapy and have a favourable prognosis. The mainstays of treatment for advanced tumours are surgery combined with postoperative radiotherapy. In the past decade, the role of organ-preservation protocols, with combined chemoradiation and surgery for salvage, has increased. These protocols are particularly effective for patients with moderately advanced cancers of the larynx and pharynx who are less than 70 years old and have a good performance status. Although there are no randomized studies, it is assumed that during the past two decades the quality of life of patients with HNSCC has increased as a result of the use of more advanced surgical⁶ and radiotherapeutic⁷ techniques, as well as organ-preservation protocols⁸. Recently, the use of targeted drugs has entered the field, most notably the application of the epidermal growth factor receptor (EGFR)-specific antibody cetuximab combined with radiotherapy.

Disappointingly, survival has not markedly improved in recent decades because patients still frequently develop locoregional recurrences, distant metastases and second primary tumours. The limited information available on the molecular carcinogenesis of HNSCC, and the genetic and biological heterogeneity of the disease has hampered

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Review

Recent Advances and Future Directions in Clinical Management of Head and Neck Squamous Cell Carcinoma

Jameel Muzaffar¹, Shahla Bari², Kedar Kirtane^{1,2*} and Christine H. Chung^{1,*}

¹ Moffitt Cancer Center, Department of Head and Neck-Endocrine Oncology, Tampa, FL 33612, USA; Jameel.muzaffar@moffitt.org (J.M.); Kedar.Kirtane@moffitt.org (K.K.)

² Hematology Oncology Fellow, Moffitt Cancer Center, Tampa, FL 33612, USA; Shahla.Bari@moffitt.org

* Correspondence: Christine.Chung@moffitt.org

Simple Summary: Even with recent advances, there are urgent needs for novel therapies to improve overall survival and decrease toxicities in the management of head and neck squamous cell carcinoma (HNSCC). This article reviews historical data to provide a context and highlights recent data in understanding of epidemiology and pathophysiology and supporting changes in treatments of HNSCC, particularly in patients with recurrent and/or metastatic disease. For use of immune checkpoint modulators such as programmed cell death protein 1 (PD-1) inhibitors, potential predictive biomarkers of clinical benefits are also summarized. In addition, this article reviews currently ongoing clinical trials and provides a perspective on future research directions.

Abstract: Head and neck squamous cell carcinoma (HNSCC) is the most common cancer arising in the head and neck region. The most common risk factors are smoking, excessive drinking, and human papillomavirus (HPV) infection. While the overall incidence of smoking is decreasing, the incidence of HPV-related HNSCC is increasing in the United States and Western Europe, which led to a shift in understanding of the pathophysiology, treatment, and prognosis of this disease. The outcomes for non-metastatic HNSCC remains very encouraging and continues to improve. Advances in radiation technology and techniques, better organ preserving surgical options, and multidisciplinary treatment modalities have improved cure rates for locally advanced HNSCC patients. The treatment of metastatic disease, however, remains an area of need. The advancement of immune checkpoint inhibitors has provided significantly better outcomes, but only a small proportion of patients obtain benefits. Most recurrent and/or metastatic HNSCC patients continue to have poor survival. This has led to the vigorous investigation of new biomarkers and biomarker-based therapies. Novel therapeutic options including adaptive cellular therapy and therapeutic vaccines are also on the horizon. In this review, we highlight the latest advances in the field of HNSCC and the future direction of research.

Keywords: head and neck squamous cell carcinoma; human papillomavirus; smoking; cisplatin; radiation therapy; induction chemotherapy; immunotherapy; programmed cell death protein 1 inhibitors; clinical trials; biomarkers



Citation: Muzaffar, J.; Bari, S.; Kirtane, K.; Chung, C.H. Recent Advances and Future Directions in Clinical Management of Head and Neck Squamous Cell Carcinoma. *Cancers* **2021**, *13*, 338. <https://doi.org/10.3390/cancers13020338>

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Beck and Golemis *Cancers of the Head & Neck* (2016) 1:1
DOI 10.1186/s41199-016-0003-z

Cancers of the Head & Neck

REVIEW

Open Access



Genomic insights into head and neck cancer

Tim N. Beck^{1,2*} and Erica A. Golemis^{1,2*}

Abstract

Head and neck squamous cell carcinoma (HNSCC) is the sixth most common cancer worldwide and is frequently impervious to curative treatment efforts. Similar to other cancers associated with prolonged exposure to carcinogens, HNSCCs often have a high burden of mutations, contributing to substantial inter- and intra-tumor heterogeneity. The heterogeneity of this malignancy is further increased by the rising rate of human papillomavirus (HPV)-associated (HPV+) HNSCC, which defines an etiological subtype significantly different from the more common tobacco and alcohol associated HPV-negative (HPV-) HNSCC. Since 2011, application of large scale genome sequencing projects by The Cancer Genome Atlas (TCGA) network and other groups have established extensive datasets to characterize HPV- and HPV+ HNSCC, providing a foundation for advanced molecular diagnoses, identification of potential biomarkers, and therapeutic insights. Some genomic lesions are now appreciated as widely dispersed. For example, HPV-HNSCC characteristically inactivates the cell cycle suppressors TP53 (p53) and CDKN2A (p16), and often amplifies CCND1 (cyclin D), which phosphorylates RB1 to promote cell cycle progression from G1 to S. By contrast, HPV+ HNSCC expresses viral oncogenes E6 and E7, which inhibit TP53 and RB1, and activates the cell cycle regulator E2F1. Frequent activating mutations in PIK3CA and inactivating mutations in NOTCH1 are seen in both subtypes of HNSCC, emphasizing the importance of these pathways. Studies of large patient cohorts have also begun to identify less common genetic alterations, predominantly found in HPV- tumors, which suggest new mechanisms relevant to disease pathogenesis. Targets of these alterations including AJUBA and FAT1, both involved in the regulation of NOTCH/CTNNB1 signaling. Genes involved in oxidative stress, particularly CUL3, KEAP1, and NFE2L2, strongly associated with smoking, have also been identified, and are less well understood mechanistically. Application of sophisticated data-mining approaches, integrating genomic information with profiles of tumor methylation and gene expression, have helped to further yield insights, and in some cases suggest additional approaches to stratify patients for clinical treatment. We here discuss some recent insights built on TCGA and other genomic foundations.

Keywords: Head and neck cancer, TCGA, HPV, Genomics, Cancer therapy, Cell cycle, Personalized medicine, Tumor heterogeneity

Background

Head and neck squamous cell carcinoma (HNSCC) is the seventh most common cancer worldwide, accounting for 3% of all cancers, with approximately 900,000 new cases and half a million deaths annually [1]. Among all cancers occurring in the head and neck region including oral cavity, oropharynx, hypopharynx, and larynx, the squamous cell carcinoma histology accounts for approximately 90% [2,3]. The major risk factors of head and neck squamous cell carcinoma (HNSCC) are tobacco and heavy alcohol use and human papillomavirus infection [4–7]. There has been a significant decline in smoking in high-income countries during the last

[2]. Beyond distinction by anatomic sites, HNSCC is divided into two broad classes: human papillomavirus (HPV)-associated (HPV+) and HPV-negative (HPV-) disease. The majority of HPV-negative HNSCC arises from the larynx and oral cavity [3, 4], although a small fraction of cases originates in the oro- and hypopharynx. HPV+ disease is typically found in the oropharynx, with a minority of cases detected in the larynx and oral cavity [5]. As of 2016, the majority of HNSCC is HPV- disease.

cinoma

cal tissue

relatively high rate of

Related terms:

Human Papillomavirus, Cisplatin, Protein, Neoplasm, Metastasis, Protein P53, Breast Cancer, Epidermal Growth Factor Receptor, Squamous Cell Carcinoma

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The Molecular Pathogenesis of Head and Neck Cancer

Matthew L. Hedberg, Jennifer R. Grandis, in *The Molecular Basis of Cancer (Fourth Edition)*, 2015

Epidemiology and Clinical Considerations

Head and neck squamous cell carcinoma (HNSCC) arises in the oral cavity, oropharynx, hypopharynx, and larynx. It accounts for more than 90% of the cancers of the head and neck and is the sixth most common cancer by incidence worldwide. In the United States,

approximately 40,250 new cases of HNSCC were expected in 2012, with the incidence in men being more than twice the incidence in women. Rates of death due to HNSCC have declined only slightly in the United States over the past 3 decades, and the all-stage survival rates of 61% and 50%, at 5 and 10 years, respectively, illustrate the need for improved therapy.^{1–3}

Tobacco use and alcohol consumption are the two most important

1. Introduction

Head and neck cancer is the seventh most common cancer worldwide, accounting for 3% of all cancers, with approximately 900,000 new cases and half a million deaths annually [1]. Among all cancers occurring in the head and neck region including oral cavity, oropharynx, hypopharynx, and larynx, the squamous cell carcinoma histology accounts for approximately 90% [2,3]. The major risk factors of head and neck squamous cell carcinoma (HNSCC) are tobacco and heavy alcohol use and human papillomavirus infection [4–7].

There has been a significant decline in smoking in high-income countries during the last

Background

Head and neck squamous cell carcinoma (HNSCC) is the sixth most common cancer, with annual incidence of 600,000 cases worldwide [1]. Anatomically, head and neck cancer regions include the oral cavity, the pharynx (nasopharynx—behind the nose; oropharynx—soft palate, base of the tongue and the tonsils; hypopharynx—the lowest part of the pharynx), the larynx, the paranasal sinuses, the nasal cavity and the salivary glands.

Epidemiology and Clinical Considerations

Head and neck squamous cell carcinoma (HNSCC) arises in the **oral cavity, oropharynx, hypopharynx, and larynx**. It accounts for more than 90% of the cancers of the head and neck and is the sixth most common cancer by incidence worldwide. In the United States,

approximately 40,750 new cases of HNSCC were expected in 2012.



It should be focused on the aspects of the source text or texts that are **relevant** for your purpose.



It should represent the source material in an **accurate** fashion.



It should **condense** the source material and be presented in your own words.

PRINCIPAL REQUIREMENTS OF A GOOD SUMMARY

BEGIN BY PARAPHRASING



Important points

Main claims? conclusions? etc.



Relationships

How are the important points related?



Linking Phrases & Connectors

What linguistic strategies are used to connect points / indicate relationships?



Synonyms

What words might be replaced with synonyms?

Recognizing a Good Paraphrase

SOURCE MATERIAL

“Nondriving-related devices, such as car stereos, mobile phones, and, more recently, navigation systems, increasingly divert drivers’ attention away from the primary sources of information necessary for safe operation of the vehicle: the road and other road users” (Jones, 2021).

PARAPHRASES

Paraphrase A

Non-essential electronic devices pose a safety risk because they distract drivers (Jones, 2021).

Paraphrase B

According to Jones (2021), the presence of technology in vehicles that is unrelated to driving (e.g., cell phones, music players, GPS) may compromise safe driving practices because they inhibit drivers’ ability to concentrate on the road and other drivers.

QUESTIONS TO HELP GUIDE YOUR SUMMARIES



Subject

What is the piece about?



Repetition

What ideas are repeated or described in different ways?



Meaning

What is the central message, idea, or argument?



Key Points

What evidence support the text's main idea?

Recognizing a Good Summary

SOURCE MATERIAL

“Increases in the movement of population, food, and livestock, added to an increase in the use of fossil fuels, an overall increase of pollution from cars, factories and industrial chemicals in addition to a demand for more efficient and cheaper air travel, are creating more extreme problems in the gradual temperature issues related to our planet at the moment” (Smith, 2020).

SUMMARIES

Summary A

Smith (2020) argues that 21st-century life is causing global warming to become increasingly serious.

Summary B

Global warming, Smith (2020) maintains, is becoming an increasingly serious problem because of pollution. Today's high pollution rates are caused by factories, industrial chemicals, and vehicular emissions; increases in such emissions correspond to higher rates of population, food and livestock distribution, as well as greater air travel demands (Smith, 2020).

SUMMARIZING EXERCISE

What is the main point of the passage below?

“[T]he Discussion section provides an argument that leads the reader from the proof of the data [...] to the proof of the claim. The claim is not open to inspection by merely inspecting the data and requires careful argument concerning the cause of the results, and the conditions required by the results” (Parkinson, 2011, p. 174, as cited in Swales and Feak, 2012, p. 365).

PARAPHRASING & SUMMARIZING EXERCISE

“We owe a great deal of the modern world to people doggedly trying to solve some high-minded problem: how to construct an internal-combustion engine, or how to manufacture vaccines in large quantities. But a surprising amount of modernity can trace its roots to another kind of activity: people mucking around with magic, toys, games. When human beings create and share experiences designed to delight or amaze, they often end up transforming society in more significant ways than people focused on more utilitarian concerns. Everyone knows the old saying “Necessity is the mother of invention,” but if you do a paternity test on many of the modern world’s most important ideas or institutions, you will find, invariably, that leisure and play were involved in the conception as well.”

Source: [Steven Johnson, The New York Times Magazine](#)

POSSIBLE EXERCISE RESPONSES

(PARAPHRASING)

Important Points

attempting to solve problems leads to inventions

pleasure-seeking activities also lead to inventions

focusing on pleasure rather than utility is important to social transformation

Relationship Between the Points

comparative

cause & effect

Linking Phrases or Expressions (to connect the points)

"But" (line 3)

"in more significant ways than" (line 6)

"but" (line 8)

"can trace its roots..."

"When human beings... they often end up"

Possible Synonyms

"owe a great deal": indebted to; are the result of"
"but": however; although; while

"modern world": modern era
"significant": meaningful
"utilitarian": pragmatic
"trace its roots": originates

"often": frequent
"experiences designed to delight or amaze": pleasurable activities; non-utilitarian experiences

POSSIBLE EXERCISE RESPONSES

Paraphrases

- 1) The modern era is indebted to the problem-solving efforts of individuals whose inventions (e.g., the internal combustion engine) have furthered social progress; however, pragmatism is not solely responsible for social transformation, given that many modern ideas and institutions have originated from non-utilitarian activities (Johnson, 2016). In fact, Johnson (2016) asserts that creating and sharing pleasurable activities frequently transforms society more significantly than focusing on utilitarian concerns.

- 2) Although Johnson (2016) acknowledges that the modern era is indebted to the problem-solving efforts of individuals whose inventions (e.g., the internal combustion engine) have furthered social progress, he argues that pragmatism is not solely responsible for social transformation. In his analysis, many modern ideas and institutions have originated from non-utilitarian activities. In fact, according to Johnson, creating and sharing pleasurable activities frequently transforms society more significantly than focusing on utilitarian concerns.

POSSIBLE EXERCISE RESPONSES

(SUMMARIZING)

Subject

(What is the piece about?)

social transformation /
social progress

Repetition

(What ideas are repeated
or described in different
ways?)

recreation / recreational
pleasures: “mucking around
with magic, toys, games”;
“delight or amaze”; “leisure and
play”

modern era: “modern world”
“modernity”; “the modern
world’s”

Meaning

(What is the central
message, idea, or
argument?)

“When human beings create
and share experiences designed
to delight or amaze, they often
end up transforming society in
more significant ways than
people focused on more
utilitarian concerns.”

Key Points

(What details support the
text’s main idea?)

The development of “many of
the modern world’s most
important ideas or institutions
[involved] leisure and play.”

POSSIBLE EXERCISE RESPONSES

Summaries

- 1) In the modern era, according to Johnson (2016), social transformation has been facilitated by many pleasurable, non-utilitarian experiences.

- 2) Pleasurable, non-utilitarian experiences have been important to social transformation in the modern era (Johnson, 2016).

THANK YOU!

For more information on what Graphos can do for you, please visit
<https://mcgill.ca/graphos/>

RESOURCES & REFERENCES

Work referenced in this workshop*

Swales, John M. and Christine B. Feak. *Academic Writing for Graduate Students*, 3rd ed. University of Michigan Press, 2012.

Other useful sources

APA Style Blog

Booth, W.C., G.G. Colomb, G.G., and J.M. Williams. *The Craft of Research*. University of Chicago Press, 1995.

Feak, Christine B. and John M. Swales. *Telling a Research Story*. University of Michigan Press, 2009.

Graff, Gerald and Cathy Birkenstein. *They Say / I Say: The Moves that Matter in Academic Writing*. W.W. Norton & Co., 2014.

“Style and Grammar Guidelines.” *APA Style*.

*Citation information for (and/or links to) works not listed here is available on corresponding slides.