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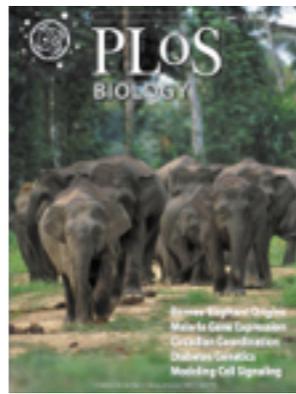
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**Technical Lead Article-Level Metrics**

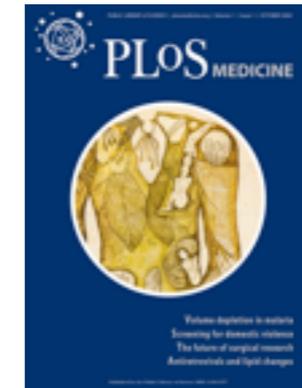
# PLOS Biology

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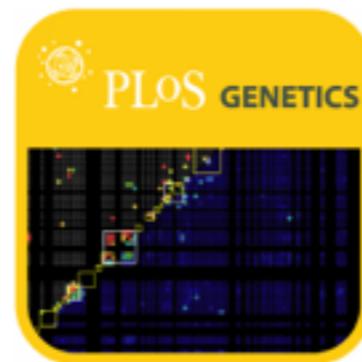
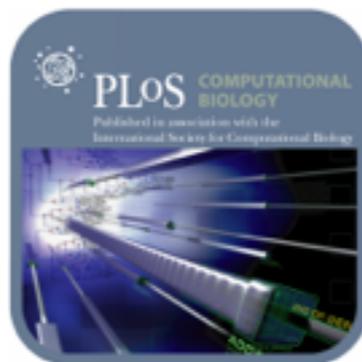
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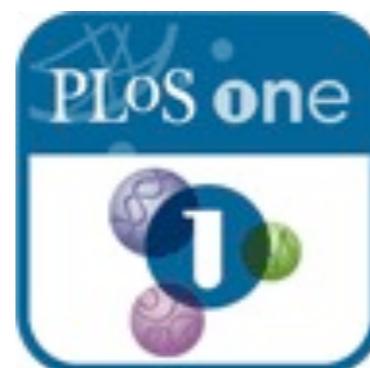
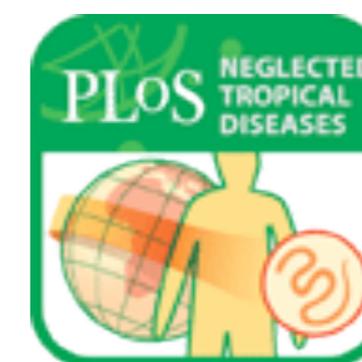


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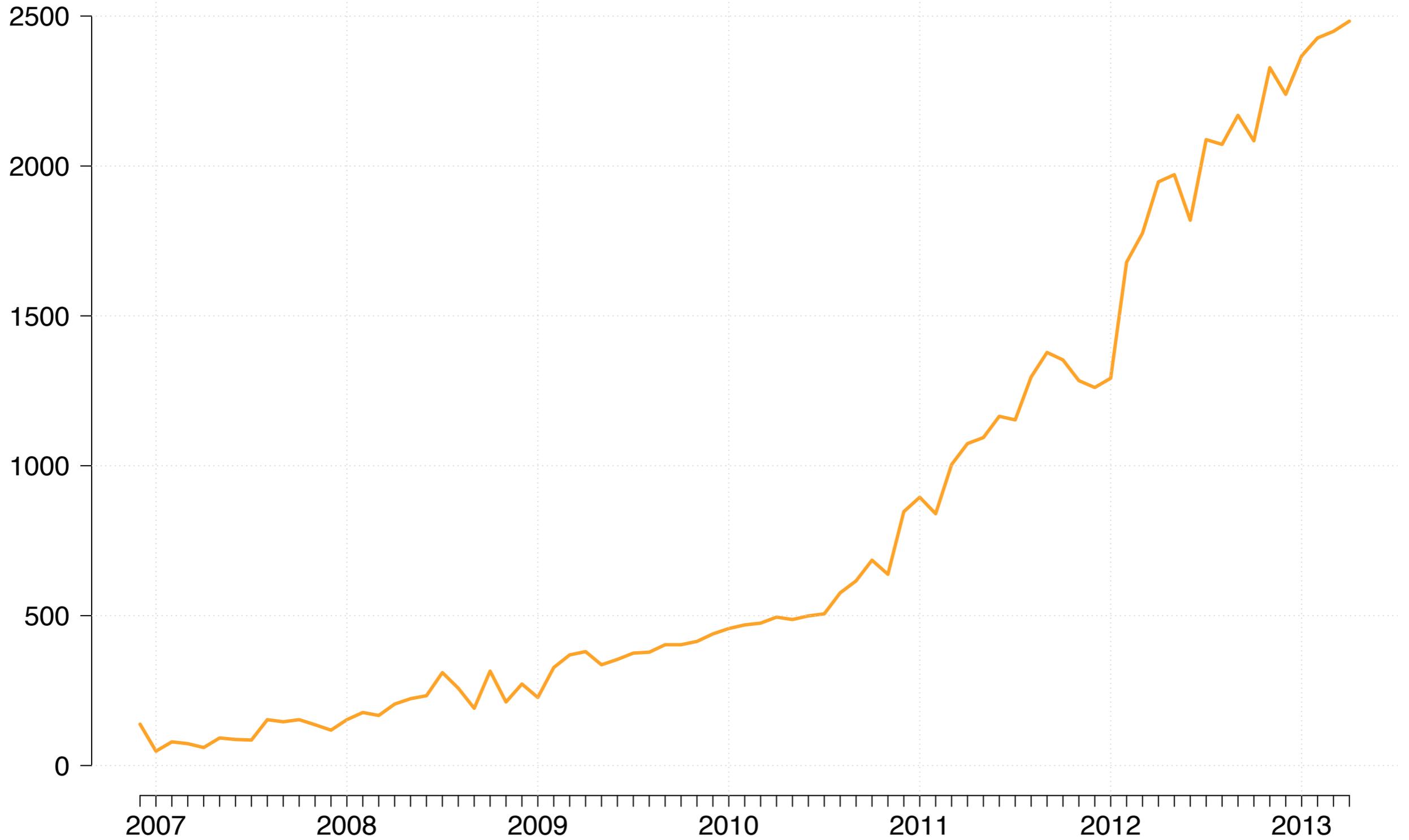
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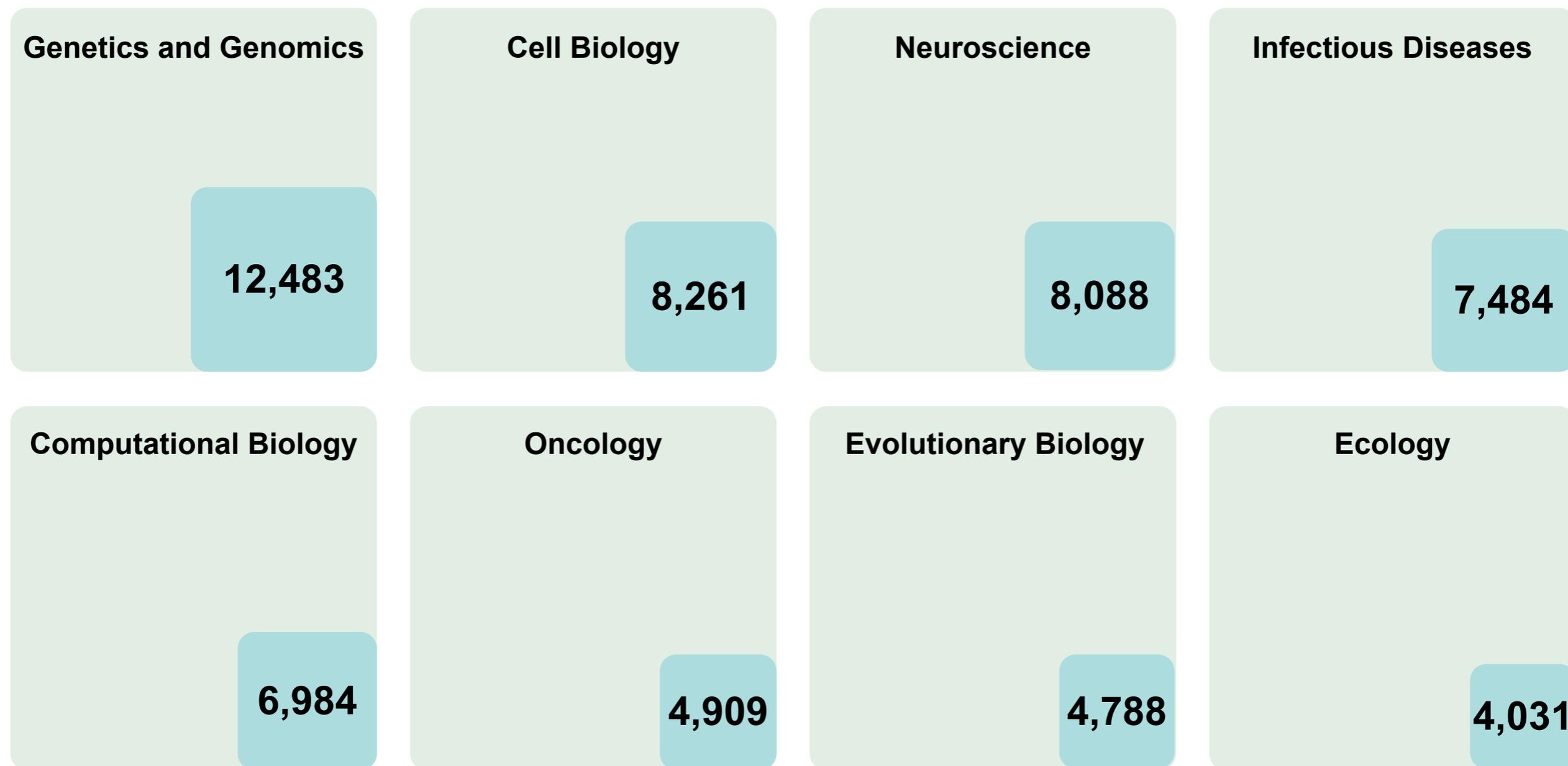
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- Editorial criteria
  - Scientifically rigorous
  - Ethical
  - Properly reported
  - Conclusions supported by the data
- Editors and reviewers do **not** ask
  - How important is the work?
  - Which is the relevant audience?
- Use online tools to sort and filter scholarly content after publication, not before

# PLOS ONE Articles Published per Month

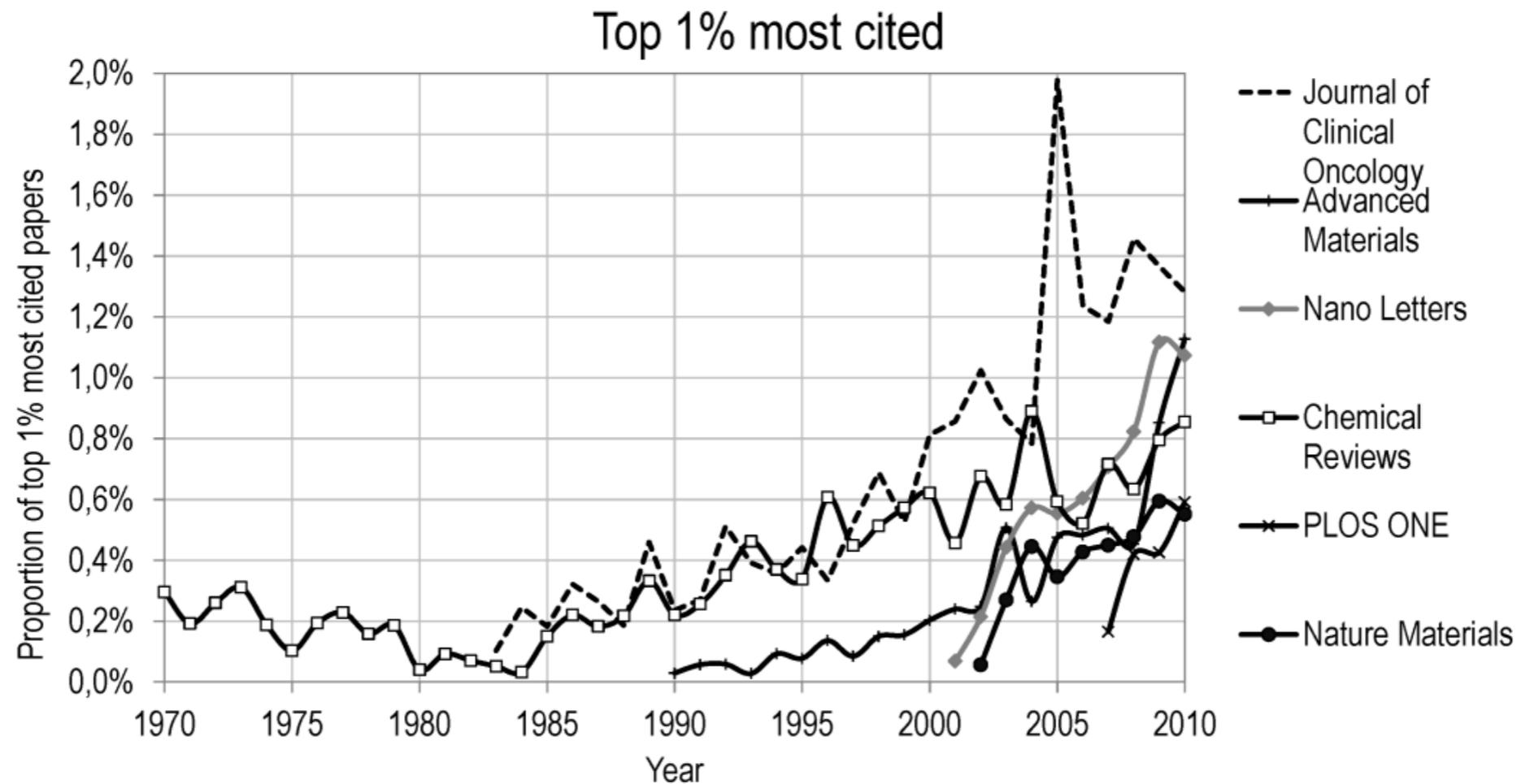


# PLOS ONE articles by selected subject areas



From 48,439 PLOS ONE articles published until November 8, 2012

- PLOS ONE was the 6th most cited journal in 2011
- 1% of the 2010 top 1% most cited papers were published in PLOS ONE

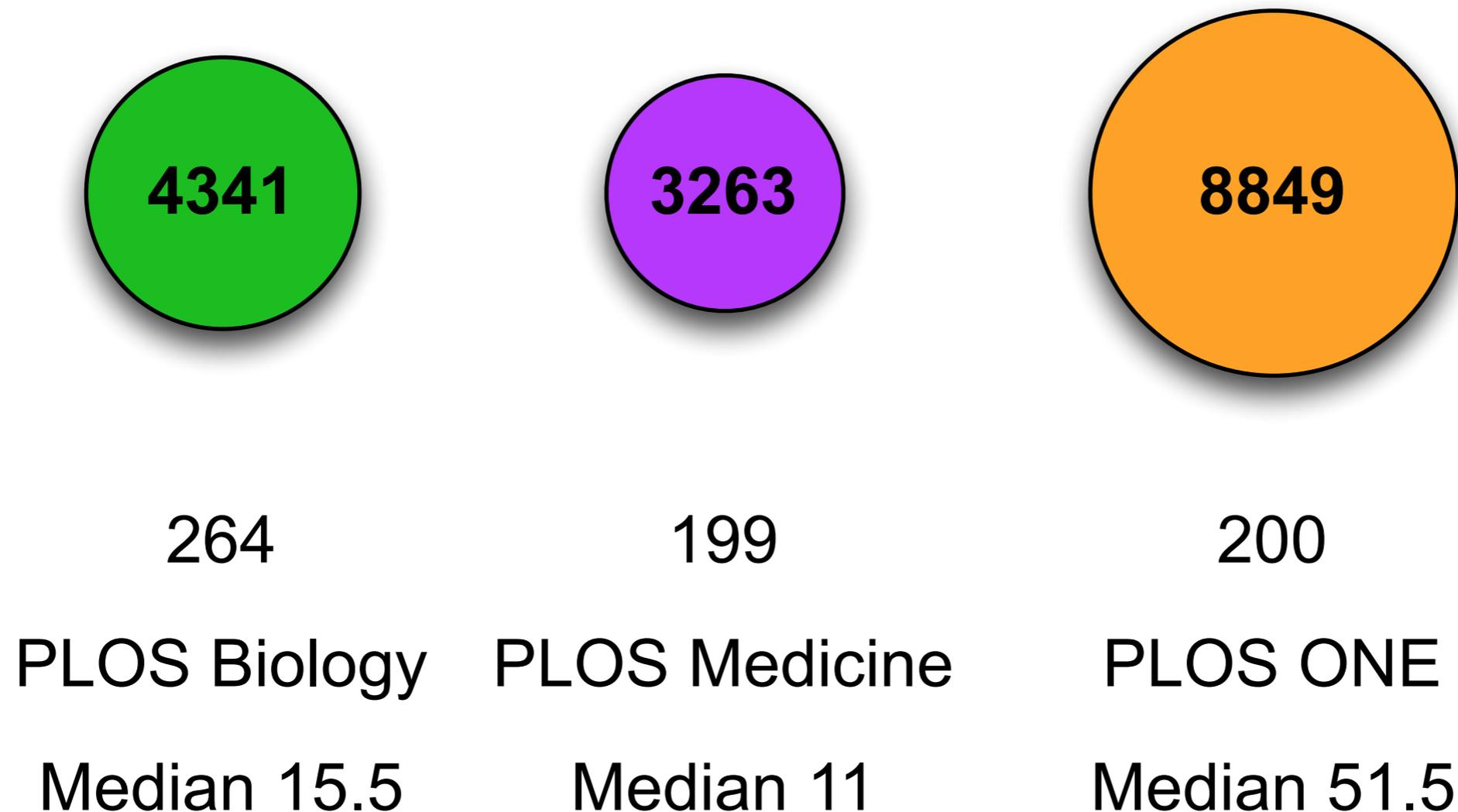


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# PLOS ONE is not a second-tier journal

Combined Scopus citation counts for all PLOS Biology and PLOS Medicine articles published in 2009, as well as top 200 PLOS ONE articles in 2009

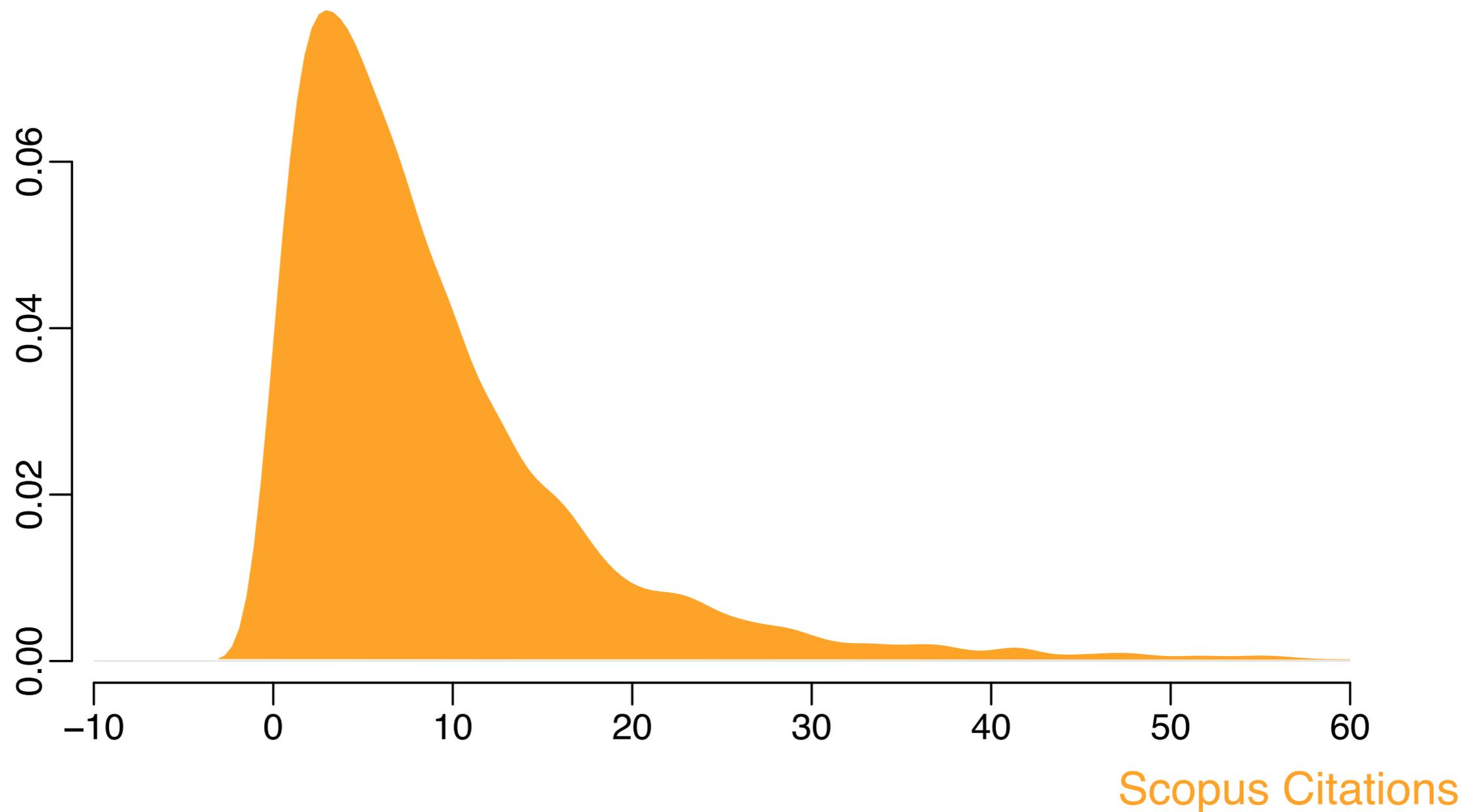


Citation counts collected November 8, 2012

# Citation Counts for 2010 PLOS ONE Papers

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- the need to eliminate the use of journal-based metrics, such as Journal Impact Factors, in funding, appointment, and promotion considerations;
- the need to assess research on its own merits rather than on the basis of the journal in which the research is published; and
- the need to capitalize on the opportunities provided by online publication (such as relaxing unnecessary limits on the number of words, figures, and references in articles, and exploring new indicators of significance and impact).

**66,809,958** HTML pageviews

Article-Level Metrics  
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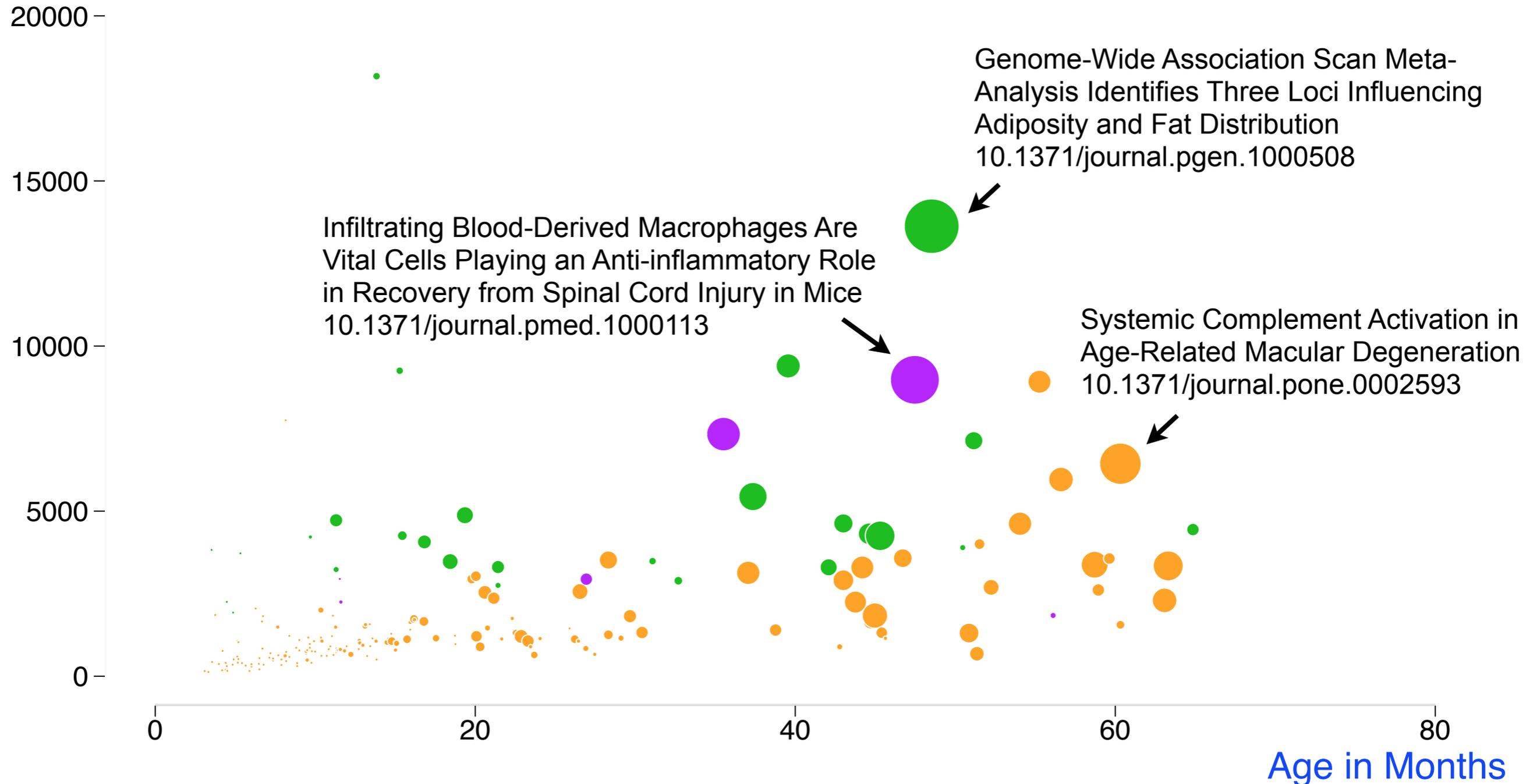


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Uli Ohmayer, Michael Gamalinda, Martina Sauert, Julius Ossowski, Gisela Pöll, Jan Linnemann, Thomas Hiermeier, Jorge Perez-Fernandez, Beril Kumcuoglu, Isabelle Leger-Silvestre, Marlène Faubladiet, Joachim Griesenbeck, John Woolford, Herbert Tschochner, Philipp Milkereit  
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### Specified subject areas

Myelomas and lymphoproliferative diseases ×

Myelodysplastic syndromes ×

Testicular cancer ×

Bladder cancer ×

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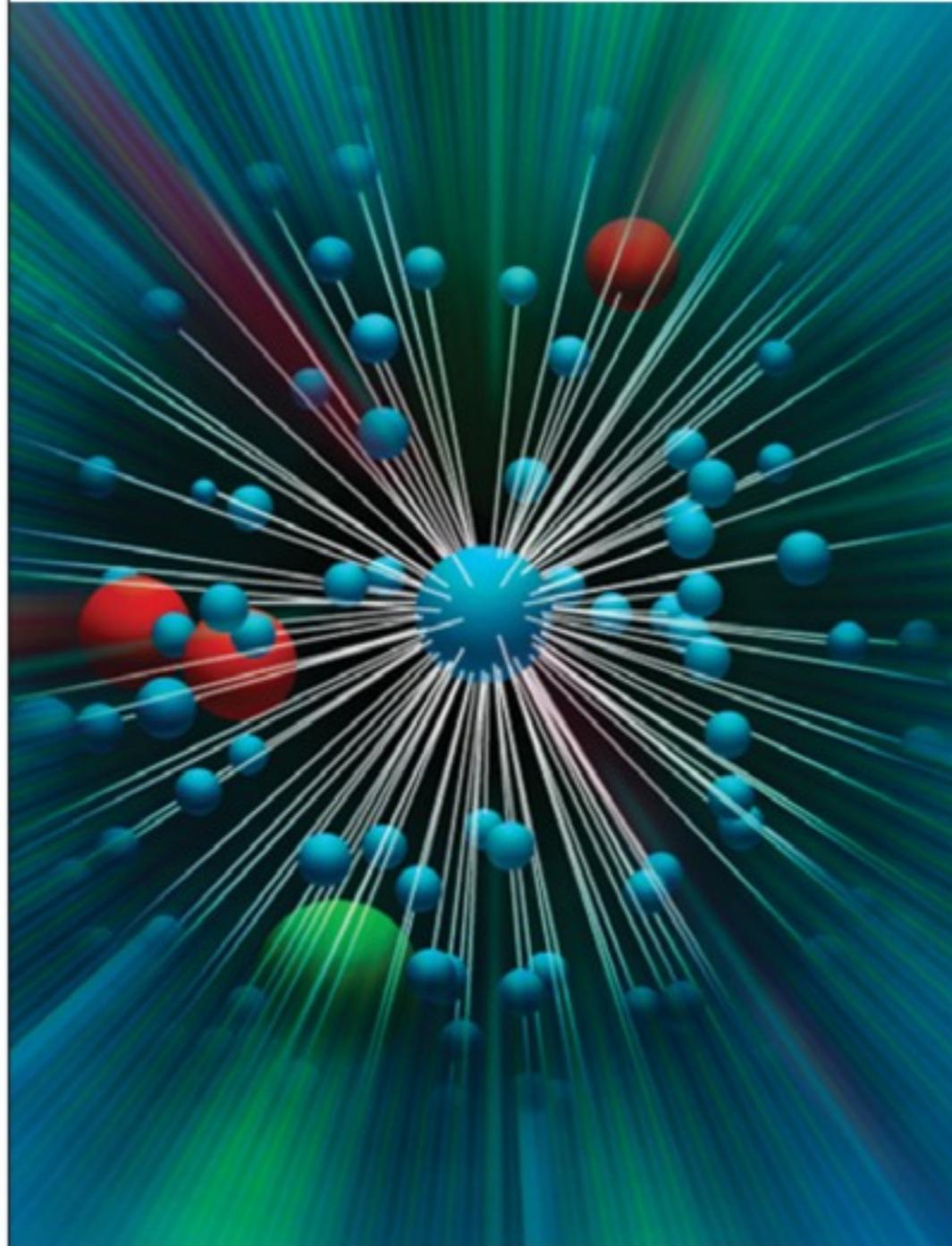
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# PLOS Article-Level Metrics will add new data source in August

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**Table 3. Olaparib-Related Adverse Events Found in at Least 5% of the Safety Population, According to Olaparib Dose.\***

Adverse Event	<100 mg, Daily or Twice Daily, 2 of Every 3 Wk (N=18)	100 mg, Twice Daily, 2 of Every 3 Wk (N=4)	100 mg, Twice Daily, Continuously (N=5)	200 mg Twice Daily, Continuously (N=20)	400 mg Twice Daily, Continuously (N=8)	600 mg Twice Daily, Continuously (N=5)	Total (N=60)
	number of patients/total number (percent)						
<b>Anemia</b>							
Grade 1-2	1 (6)	0	0	0	0	1 (20)	2 (3)
Grade 3-4	0	0	0	1 (5)	0	0	1 (2)
<b>Lymphopenia</b>							
Grade 1-2	0	0	0	0	0	0	0
Grade 3-4	0	0	0	2 (10)	1 (12)	0	3 (5)
<b>Diarrhea</b>							
Grade 1-2	0	0	0	2 (10)	1 (12)	0	3 (5)
Grade 3-4	0	0	0	0	0	0	0
<b>Dyspepsia</b>							
Grade 1-2	0	0	0	1 (5)	1 (12)	2 (40)	4 (7)
Grade 3-4	0	0	0	0	0	0	0
<b>Nausea</b>							
Grade 1-2	6 (33)	1 (25)	0	7 (35)	0	3 (60)	17 (28)
Grade 3-4	0	0	0	0	1 (12)	1 (20)	2 (3)
<b>Stomatitis</b>							
Grade 1-2	0	0	0	3 (15)	0	0	3 (5)
Grade 3-4	0	0	0	0	0	0	0
<b>Vomiting</b>							
Grade 1-2	2 (11)	1 (25)	0	5 (25)	0	3 (60)	11 (18)
Grade 3-4	0	0	0	0	1 (12)	0	1 (2)
<b>Anorexia</b>							
Grade 1-2	3 (17)	0	0	2 (10)	0	2 (40)	7 (12)
Grade 3-4	0	0	0	0	0	0	0
<b>Dysgeusia</b>							
Grade 1-2	0	2 (50)	0	2 (10)	1 (12)	3 (60)	8 (13)
Grade 3-4	0	0	0	0	0	0	0
<b>Fatigue</b>							
Grade 1-2	3 (17)	0	1 (20)	4 (20)	5 (62)	4 (80)	17 (28)
Grade 3-4	0	0	0	1 (5)	0	0	1 (2)
<b>Dizziness</b>							
Grade 1-2	0	0	0	1 (5)	0	1 (20)	2 (3)
Grade 3-4	0	0	0	0	1 (12)	0	1 (2)

Fong et al. Inhibition of poly(ADP-ribose) polymerase in tumors from BRCA mutation carriers. *N Engl J Med* 2009;361:123-34

**Table 3. Olaparib-Related Adverse Events Found in at Least 5% of the Safety Population, According to Olaparib Dose.\***

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	number of patients/total number (percent)						
<b>Anemia</b>							
Grade 1-2	1 (6)	0	0	0	0	1 (20)	2 (3)
Grade 3-4	0	0	0	1 (5)	0	0	1 (2)
<b>Lymphopenia</b>							
Grade 1-2	0	0	0	0	0	0	0
Grade 3-4	0	0	0	2 (10)	1 (12)	0	3 (5)
<b>Diarrhea</b>							
Grade 1-2	0	0	0	2 (10)	1 (12)	0	3 (5)
Grade 3-4	0	0	0	0	0	0	0
<b>Dyspepsia</b>							
Grade 1-2	0	0	0	1 (5)	1 (12)	2 (40)	4 (7)
Grade 3-4	0	0	0	0	0	0	0
<b>Nausea</b>							
Grade 1-2	6 (33)	1 (25)	0	7 (35)	0	3 (60)	17 (28)
Grade 3-4	0	0	0	0	1 (12)	1 (20)	2 (3)
<b>Stomatitis</b>							
Grade 1-2	0	0	0	3 (15)	0	0	3 (5)
Grade 3-4	0	0	0	0	0	0	0
<b>Vomiting</b>							
Grade 1-2	2 (11)	1 (25)	0	5 (25)	0	3 (60)	11 (18)
Grade 3-4	0	0	0	0	1 (12)	0	1 (2)
<b>Anorexia</b>							
Grade 1-2	3 (17)	0	0	2 (10)	0	2 (40)	7 (12)
Grade 3-4	0	0	0	0	0	0	0
<b>Dysgeusia</b>							
Grade 1-2	0	2 (50)	0	2 (10)	1 (12)	3 (60)	8 (13)
Grade 3-4	0	0	0	0	0	0	0
<b>Fatigue</b>							
Grade 1-2	3 (17)	0	1 (20)	4 (20)	5 (62)	4 (80)	17 (28)
Grade 3-4	0	0	0	1 (5)	0	0	1 (2)
<b>Dizziness</b>							
Grade 1-2	0	0	0	1 (5)	0	1 (20)	2 (3)
Grade 3-4	0	0	0	0	1 (12)	0	1 (2)

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Fong et al. Inhibition of poly(ADP-ribose) polymerase in tumors from BRCA mutation carriers. *N Engl J Med* 2009;361:123-34

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# And that includes your papers

**Table 2.** Strategies in clinical stage I seminoma and non-seminoma

Seminoma	
Risk factors for occult metastases: <sup>a</sup>	Tumor size $\geq 4$ cm Invasion of rete testis
Treatment options:	Surveillance (preferred in low risk patients) One cycle carboplatin AUC 7 Adjuvant paraaortic radiation 20 Gy <sup>b</sup>
Non-seminoma	
Risk factors for occult metastases:	Vascular or lymphatic invasion
Treatment options:	Surveillance (preferred in low risk patients) One adjuvant cycle BEP Two adjuvant cycles BEP Primary RPLND (rarely indicated) <sup>c</sup>

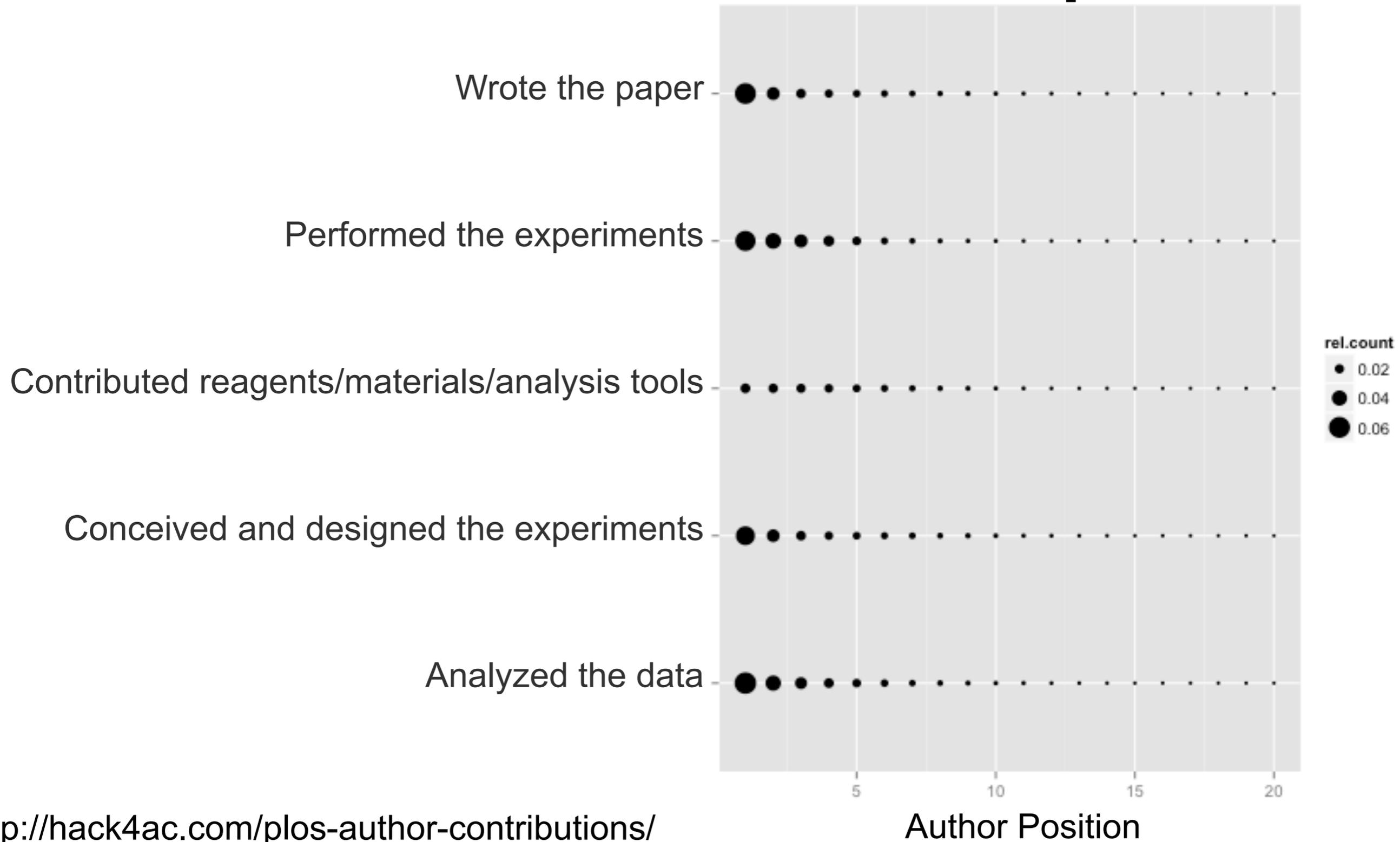
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