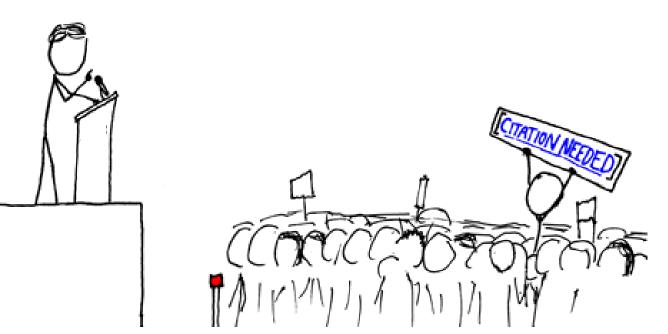
REFERENCES AND BIBLIOGRAPHIES

Dr Karamallah S Mahmood

PhD Clinical Pharmacology

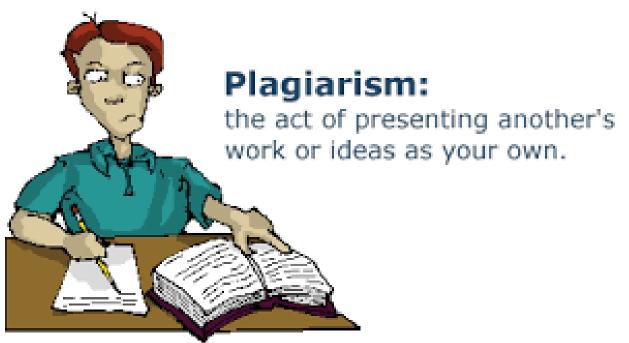
Why reference?

It is essential that you acknowledge your debt to the sources of data, research and ideas on which you have drawn by including references to these sources in your work.



Referencing your work allows the reader:

- to distinguish your own ideas and findings from those you have drawn from the work of others;
- to follow up the ideas that you have referred to.
- to avoid plagiarism / an academic offence.



- *Citing*: indicating within the text the sources used in your work
- *Referencing*: creating a bibliographic description (a reference) of each source used in an accurate and consistent way

- The British Standard adopts a basic rule that you should not go <u>beyond</u> what is printed in the document.
- However, remember that overall <u>consistency</u> in your finished work is required.

the full publication details of each relevant text that you read include:

- surname(s) and initial(s) of the author(s);
- the date of publication;
- the title of the text;
- if it is a paper, the title of the journal and volume number;
- if it is a chapter of an edited book, the book's title and editor(s);
- the publisher and place of publication
- the first and last page numbers if it is a journal article or a chapter in an edited book.

When to use references

Your source should be acknowledged every time the point that you make, or the data or other information that you use, is substantially that of another writer and not your own.

Referencing styles

 There are many different referencing conventions in common use. Each department will have its own preferred format, and every journal or book editor has a set of 'house rules'.

Citing your source within the text

1. Name and date (APA OR Harvard)

Example: In the text:

Medieval Iceland has an important place in history (Byock 1988) Or

Jesse Byock (1988) argues that...

APA OR Harvard Style

Melanoma, a malignancy of the melanocytes, is characterised by high rates of mortality, metastasis, and drug resistance (Barnhill, Busam, & Piepkorn, 2013). Although melanoma accounts for less than five percent of all skin cancers, it causes 75-80% of all skin cancer deaths, and its incidence is increasing (Baldwin, Janitz, Erb-Alvarez, Snider, & Campbell, 2016; Chalovich & Eisenberg, 2012; Rahman & Taylor, 2001). Metastatic melanoma is one of the fastest rising malignancies worldwide. The American Cancer Society has estimated that more than about 2% of the Americans will develop melanoma in their lifetime (Siegel, Ma, Zou, & Jemal, 2014). Excisional surgery can readily cure in early-stage melanoma and some of the patients with disease that exhibit metastasis to regional lymph nodes (stage III). However, the prognosis of patients with stage III and IV melanoma metastatic to distant sites is relatively poor, and inoperable metastatic disease remains incurable. Advanced stage (stage IV) disease is often unresectable, heralds a poor prognosis, with low survival rate. The distant metastatic disease remains incurable and resistant to most anti-melanoma drugs (Erickson & Miller, 2010). Traditional cytotoxic chemotherapies such as DTIC, fotemustine and temozolomide show insufficient efficacy and moderate toxicity profile. These agents have low objective response rate and a marginal impact on median survival and progression-free survival (Middleton et al., 2000; P., 1999). Limited alternative treatments and the lack of improved survival for melanoma in response to monotherapies leads to the development of a broad spectrum of combination therapies. It has been presented that combining dacarbazine with other cytotoxic and hormonal or immunotherapeutic agents increases toxicity with limited impact on overall survival (Aamdal, Bohman, Gerard, & D'Incalci, 1992; Chiarion Sileni et al., 2001). The initial clinical outcomes that reported of BRAF^{V600E}, MEK, CTLA4-

Citing your source within the text

2. Numeric system (Vancouver OR Nature)

Example: In the text:

Gwyn Jones3 states that...

Or

Gwyn Jones (3) states that....

Melanoma, a malignancy of the melanocytes, is characterised by high rates of mortality, metastasis, and drug resistance (1). Although melanoma accounts for less than five percent of all skin cancers, it causes 75-80% of all skin cancer deaths, and its incidence is increasing (2-4). Metastatic melanoma is one of the fastest rising malignancies worldwide. The American Cancer Society has estimated that more than about 2% of the Americans will develop melanoma in their lifetime (5). Excisional surgery can readily cure in early-stage melanoma and some of the patients with disease that exhibit metastasis to regional lymph nodes (stage III). However, the prognosis of patients with stage III and IV melanoma metastatic to distant sites is relatively poor, and inoperable metastatic disease remains incurable. Advanced stage (stage IV) disease is often unresectable, heralds a poor prognosis, with low survival rate. The distant metastatic disease remains incurable and resistant to most anti-melanoma drugs (6). Traditional cytotoxic chemotherapies such as DTIC, fotemustine and temozolomide show insufficient efficacy and moderate toxicity profile. These agents have low objective response rate and a marginal impact on median survival and progressionfree survival (7,8). Limited alternative treatments and the lack of improved survival for melanoma in response to monotherapies leads to the development of a broad spectrum of combination therapies. It has been presented that combining dacarbazine with other cytotoxic and hormonal or immunotherapeutic agents increases toxicity with limited impact on overall survival (9,10). The initial clinical outcomes that reported of BRAF^{V600E}, MEK, CTLA4- and

Vancouver Style

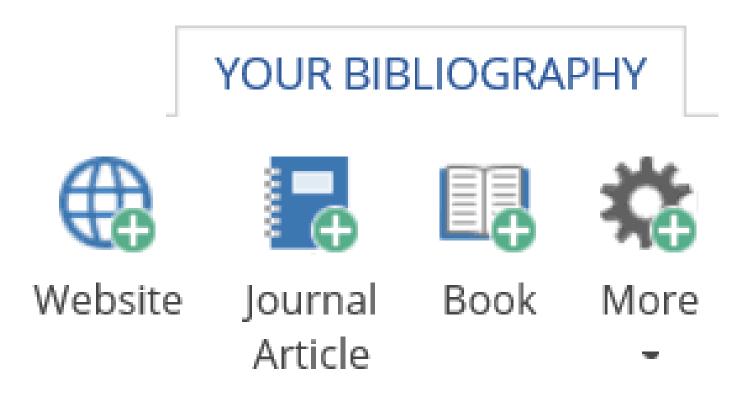
Nature Style

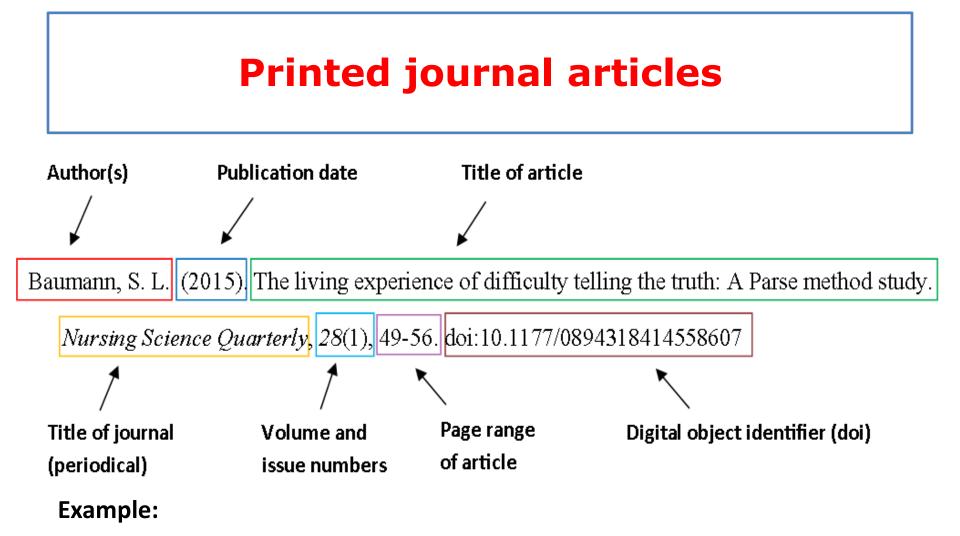
Melanoma, a malignancy of the melanocytes, is characterised by high rates of mortality, metastasis, and drug resistance ¹. Although melanoma accounts for less than five percent of all skin cancers, it causes 75-80% of all skin cancer deaths, and its incidence is increasing $\frac{2-4}{2}$. Metastatic melanoma is one of the fastest rising malignancies worldwide. The American Cancer Society has estimated that more than about 2% of the Americans will develop melanoma in their lifetime ⁵. Excisional surgery can readily cure in early-stage melanoma and some of the patients with disease that exhibit metastasis to regional lymph nodes (stage III). However, the prognosis of patients with stage III and IV melanoma metastatic to distant sites is relatively poor, and inoperable metastatic disease remains incurable. Advanced stage (stage IV) disease is often unresectable, heralds a poor prognosis, with low survival rate. The distant metastatic disease remains incurable and resistant to most anti-melanoma drugs ⁶. Traditional cytotoxic chemotherapies such as DTIC, fotemustine and temozolomide show insufficient efficacy and moderate toxicity profile. These agents have low objective response rate and a marginal impact on median survival and progression-free survival ^{7,8}. Limited alternative treatments and the lack of improved survival for melanoma in response to monotherapies leads to the development of a broad spectrum of combination therapies. It has been presented that combining dacarbazine with other cytotoxic and hormonal or immunotherapeutic agents increases toxicity with limited impact on overall survival ^{9,10}. The initial clinical outcomes

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Reference lists/ bibliographies



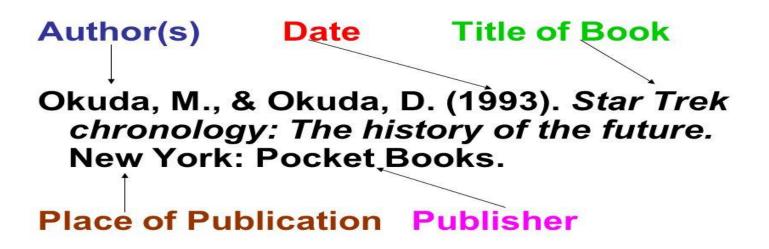


Kroemer, G., & Reed, J. C. (2000). Mitochondrial control of cell death. *Nature Medicine*, *6*(5), 513–519. https://doi.org/10.1038/74994

Books

Examples; APA Style

a) Book





Multiple authors

Examples:

SCHNEIDER, Mark, Paul TESKE and Melissa MARSCHALL. *Choosing schools: consumer choice and the quality of American schools.* Princeton: Princeton University Press, 2000.

BURAWOY, Michael, et al. *Global ethnography: forces, connections, and imaginations in a post-modern world.* Berkeley: University of California Press, 2000.

Books .. Cont .

Anonymous works

If the work does not appear to have an author use **Anon**.

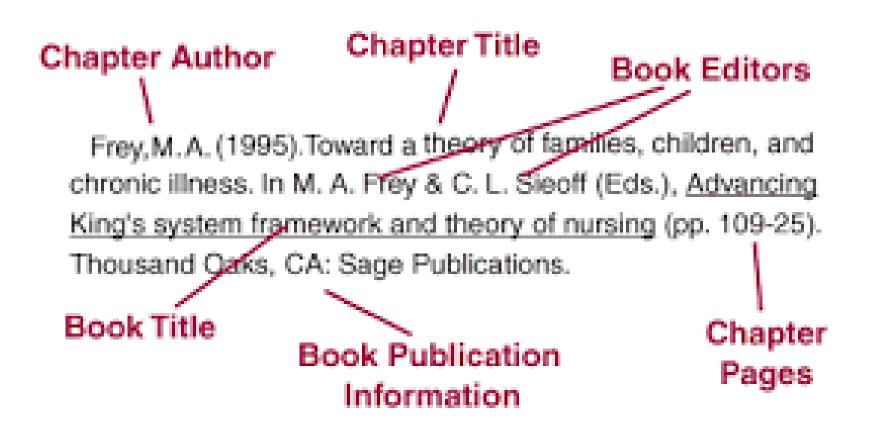
Example:

ANON. Primary colors: a novel of politics. London: Chatto & Windus, 1996.

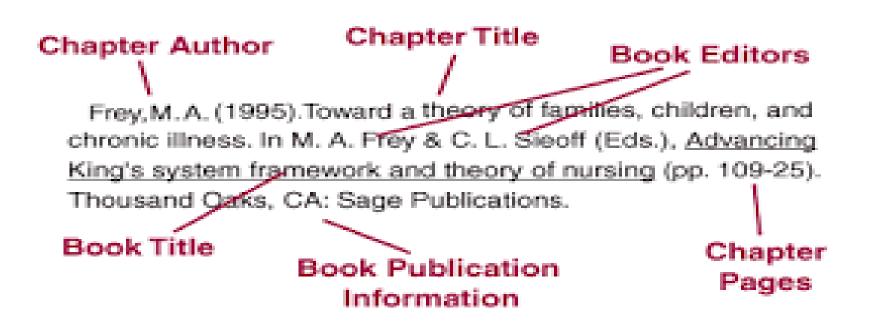
Multiple place of publication

Examples: London (Ontario).

Articles/chapters/papers in books



Conferences



Example:

PARTLOW, Robert B., Jr, and Harry T. MOORE, eds. D. H. Lawrence, the man who lived: papers delivered at the D. H. Lawrence conference, Southern Illinois University, Carbondale, April 1979. Carbondale: Southern Illinois University Press, 1980.

Theses

The elements required in each reference are: AUTHOR. Title of the theses. Type of degree (PhD, MPhil, etc), the awarding body, date.

Example:

JAMES, Veronica. Care and work in nursing the dying: a participant study in a continuing care unit. Ph.D. thesis, University of Aberdeen, 1986.

Reports

The elements required in each reference are:

AUTHOR. Title. Place: Publisher, date. Report number (if applicable).

Example:

BOULTER, P.G. and D. C. Webster. Traffic calming and vehicle emissions: a literature review. Crowthorne: Transport Research Laboratory, 1997. TRL-R-307.

Referencing Electronic/Online publications

1. Internet sources

Entire website

The elements required in each reference are:

Title. Publisher or Organisation, date [viewed date]. Available from <URL>

Example:

Words without borders: The online magazine for international literature. PEN American Center, 2005 [viewed 12 July 2006]. Available from: <u>http://www.wordswithoutborders.org</u>

Referencing Electronic/Online publications ... Cont

2. Electronic journal articles

The elements required in each reference are:

AUTHOR. Article title. Journal title [Online]. Publisher. date, volume number (part), page numbers [viewed]. Available from: <doi>

If volume number, part number and page numbers are not given, they can be omitted.

Example:

STRINGER, John A., et al. Reduction of RF-induced sample heating with a scroll coil resonator structure for solid-state NMR probes. Journal of Magnetic Resonance [online]. Elsevier. March 2005, vol. 173(1). 40-48 [viewed 18 July 2006]. Available from: doi:10.1016/j.jmr.2004.11.015.

Further reading

- Berry, R. 2004: *The Research Project: How to Write It*. London and New York: Routledge.
- Gash, S. 1999: *Effective Literature Searching for Students* (second edition). Aldershot: Gower.
- Gibaldi, J. 2004: *MLA Handbook for Writers of Research Papers* (sixth edition). New York: The Modern Language Association of America.
- Watson, G. 1987: *Writing a Thesis: a Guide to Long Essays and Dissertations*. London: Longman.
- Bluebook: a uniform system of citation. 16th ed. Cambridge, Mass: Harvard Law Review, 1996.
- BRITISH STANDARDS INSTITUTION. Information and documentation Guidelines for bibliographic references and citations to information resources. London: British Standards Institution, 2010, BS ISO 690:2010
- Chicago manual of style: the essential guide for writers, editors and publishers. 15th ed. Chicago: University of Chicago Press, 2003. PEARS, Richard and SHIELDS, Graham. Cite them right : the essential referencing guide. 9th ed. Basingstoke: Palgrave Macmillan, 2013
- FRENCH, Derek. How to cite legal authorities. London: Blackstone Press, 1996.
- GIBALDI, Joseph. MLA handbook for writers of research papers. 6th ed. New York: Modern Language Association of America, 2003.
- LI, X. and N.B Crane. Electronic style: a guide to citing electronic information. Westport: Meckler, 1993.
- PRINCE, Mary Miles. Bieber's dictionary of legal citations. 5th ed. Buffalo: Hein, 1997.
- RAISTRICK, Donald. Index to legal citations and abbreviations. 3rd ed. London: Sweet & Maxwell, 2008.
- TURABIAN, Kate. A manual for writers of research papers, theses, and dissertations. 7th ed. Chicago: Chicago University Press, 2007.

