



Winners of the 2022 honor awards for excellence at the annual meeting of the Chinese Medical Association-Taipei: Part III

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The *Journal of the Chinese Medical Association (JCMA)* proudly announced the winners of its 2022 Excellent Research Paper Awards at the *Chinese Medical Association-Taipei Annual Meeting (CMA-Taipei)*. The event took place on July 8 and 9, 2023, in Taipei, Taiwan. All distinguished works were chosen from the 2022 issues of *JCMA*, a prominent and widely-read medical journal that achieved a new impact factor of 3.0 in 2022.

This editorial represents the third part of our awards coverage, highlighting two exceptional studies.^{1,2} We're honored to introduce the winners and provide a summary of their remarkable findings. Their contributions significantly impact global health advancement and provide invaluable references for healthcare professionals, aiding them in treating and managing patients in similar clinical scenarios.

First, we are pleased to dedicate this editorial to the research, "Prolonged sitting time links to subclinical atherosclerosis," by Lim et al,¹ recognized with our Outstanding Research Award. This pivotal study presents convincing findings on the impact of extended sedentary behavior on coronary atherosclerosis.¹ Lim et al¹ analyzed the effects of extended sitting time on cardiovascular health. The study population comprised 203 subjects (age 57.6 ± 8.8 years, 149 male and 54 female) and divided into three groups based on their sitting time. The researchers discovered a notable trend toward the increased severity of coronary atherosclerosis and the presence of high-risk plaque with prolonged sitting.¹ Interestingly, this relationship held even when controlling for physical activity levels and comorbidities, suggesting that "prolonged sitting", regardless of other confounding factors, was still an important and critical factor, contributing to the occurrence and/or progression of coronary atherosclerosis. The study provides a notable contribution to the

ongoing conversation around the role of lifestyle in cardiovascular disease (CVD) prevention. It echoes the growing concerns about sedentary lifestyles, underscoring the need to shift focus from the mere promotion of physical activity to discouraging prolonged sitting.

Regarding the study's research approach, it is commendable that the authors controlled for physical activity levels and comorbidities to isolate the effect of sitting time. However, an even more rigorous design could consider additional potentially confounding variables such as dietary habits, mental health status, or specific characteristics of physical activity (ie, intensity, frequency).^{3,4} The inclusion of these factors could yield a more comprehensive understanding of the role prolonged sitting plays in the development of coronary atherosclerosis. Additionally, the use of self-reported data, particularly regarding sitting time, introduces a potential source of bias in this study. Participants might under-report or over-report their sitting time due to recall or social desirability bias. Future research could benefit from the utilization of objective measures of sedentary behavior, such as wearable activity monitors, to provide more accurate data.⁵⁻⁷

While the selected study population does offer insights, the limited sample size and its skewness toward males might have introduced biases. A larger and more balanced cohort would enhance the findings' validity and applicability to a broader population.^{3,4,8} Further studies in diverse populations, including those with different cultural backgrounds, age groups, and health status, could enhance the generalizability of these findings.

Second, we are delighted to announce the outstanding research paper "Effects of Nerve-Sparing Procedures on Surgical Margins after Robot-Assisted Radical Prostatectomy" by Yang et al.² This study investigated the connection between nerve-sparing (NS) techniques and positive surgical margins (PSMs) in patients undergoing robot-assisted radical prostatectomy (RARP). NS procedures aim to strike a balance between functional outcomes and tumor resection, although the oncology safety is still in concern.⁹ The reason is that NS procedure is also recognized less invasiveness and less radicality. Therefore, to overcome the negative impact of radical surgery on function, many strategies, such as multimodality therapy have been applied to decrease the radicality.^{10,11} The best example is the administration of either chemotherapy (targeted therapy or immune check point inhibitor or others) with or without combination of radiotherapy.^{12,13} In Dr Lim et al's¹ retrospective analysis comprising 419 RARP cases, the authors examined the impact of different NS techniques on PSM rates.¹ The findings revealed that the overall

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Conflicts of interest: Dr Peng-Hui Wang, an editorial board member at the *Journal of the Chinese Medical Association*, had no role in the peer review process of or decision to publish this article. The other authors declare no conflicts of interest related to the subject matter or materials discussed in this article.

Journal of Chinese Medical Association. (2023) 86: 1039-1040.

Received July 16, 2023; accepted July 18, 2023.

doi: 10.1097/JCMA.0000000000000972

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PSM rate was 30.1%, with higher rates observed in the partial NS group. Specifically, the authors found that the partial NS group exhibited a significant increase in PSM rate compared to the complete NS group (odds ratio [OR] = 2.187, 95% confidence interval [CI] = 1.19-4.03) and the non-NS group (OR = 2.237, 95% CI = 1.01-4.93) in site-specific prostate lobes.¹ The site-specific analysis further demonstrated lower PSM rates associated with complete NS approaches compared to partial techniques. However, no significant difference is observed when combining partial and complete approaches in comparison to non-NS techniques.¹

While this study provides valuable insights, there are notable areas for improvement. First, it is crucial to establish objective criteria for selecting NS techniques based on tumor characteristics and preoperative imaging.¹⁴ Since the choice of NS procedures significantly influenced PSM rates. The authors should therefore provide insights on strategies to minimize PSM rates and appropriately select patients during clinical practice. This would facilitate more precise and standardized decision-making in surgical planning. We concur with Dr Huang et al's¹⁴ viewpoint, as evidence indicates a strong association between extraprostatic extension (EPE) and PSM, with a pooled OR of 4.44 (95% CI = 3.25-6.09). It is still important to note that EPE is merely one of the factors contributing to incomplete tumor resection. Additionally, oncologic safety is always given paramount importance to both physicians and patients.¹⁵ Discussing the long-term oncological outcomes and exploring the relationship between NS procedures and biochemical recurrence is crucial.

In conclusion, we would like to extend our sincere congratulations to Lim et al¹ and Yang et al² for their outstanding research to cardiology and urology fields, respectively. Their work helps to illuminate the path toward innovative preventative strategies and interventions in the fight against CVD. We look forward to further research that builds upon their pivotal findings.

ACKNOWLEDGMENTS

This article was supported by grants from the Taiwan National Science and Technology Council, Executive Yuan, Taiwan (MOST 110-2314-B-075-016-MY3 and MOST 111-2314-B-075-045), and Taipei Veterans General Hospital (V112C-154 and V112D64-001-MY2-1).

The authors appreciate the support from Female Cancer Foundation, Taipei, Taiwan.

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