**Scientific Developmental Editing Test II**

**Name:**

**Date:**

**Scenario:**

The client has asked for scientific developmental editing of a summary written by an editor of a published scientific journal article. The purpose of the summary is to provide the layperson with a condensed version of the published article. As such, the summary is written in language that both scientists and nonscientists can understand.

The client has provided the summary text and the source material.

* The summary text is provided in **Appendix 1**.
* A link to the source material is provided in **Appendix 2**.
* Samples of edits to other summaries are provided in **Appendix 3**.

**Task:**

1. Read the whole source material document linked in Appendix 2. It is important that you fully understand the science being presented. Pay attention to the details.
2. Review the sample edits in Appendix 3. Notice the kinds of edits made as well as the queries inserted as comments.
3. With track changes activated, edit the summary text in Appendix 1.
   * Be aware of the audience and edit to make language digestible by the layperson.
   * You will notice that there is also a title (headline) and a “blurb.” The blurb boils down the published article into one sentence. Both items also should be edited.
   * Make sure to compare any data points to the source material, querying the editor regarding any discrepancies.
   * Insert queries to the editor as comments.

**Send completed Scientific Developmental Editing Test II as an email attachment to** [**deved.freelancers@kwglobal.com**](mailto:deved.freelancers@kwglobal.com)**.**

**APPENDIX 1**

**Summary Text**

**Headline:**

Medical Practice Matters for Patients with NSCLC or CRC

**Blurb:**

Molecular testing and targeted therapy vary by practice for patients with non-small cell lung cancer and colorectal cancer according to Medicare beneficiary data.

**Summary:**

All patients with newly diagnosed non-small cell lung cancer (NSCLC) and colorectal cancer (CRC) should receive molecular testing to identify those who can benefit from targeted therapies. This study aimed to analyze trends in molecular testing and targeted therapy use among Medicare beneficiaries over time, focusing on variations by practice type and patient demographics. This cross-sectional study used 100% Medicare fee-for-service data from 2015 through 2019 to identify beneficiaries with new metastatic NSCLC or CRC diagnoses receiving systemic therapy and to assign patients to oncology practices. There were 106,228 patients with metastatic NSCLC and 39,512 with metastatic CRC.

The study found that while recommendations for molecular testing were universal, rates of testing for specific variants in non-small cell lung cancer and colorectal cancer remained low. Low testing rates were associated with lower targeted therapy use and worse patient outcomes. The study also identified factors contributing to variations in testing and treatment use, such as practice type, patient characteristics, and socioeconomic disparities. Multigene panel and targeted therapy use were highest at National Cancer Institute-designated cancer centers, especially for NSCLC. Overall, the findings highlighted substantial underuse of molecular testing and targeted therapies, indicating that the practice where a patient is treated may impact access to recommended testing and treatments. Efforts to improve access to molecular testing and targeted therapies are important to ensure all patients benefit from advances in oncology care.

**APPENDIX 2**

**Source Material**

The source material for this test is Open Access and is available at the following link:

[**https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2804255**](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2804255)

**APPENDIX 3**

**Sample Edits**









