



# **Word for Word**

# Keeping your sentences short and simple

Scientific writing often deals with complex concepts. Conveying these concepts using short and simple sentences makes it easier for readers to quickly understand your meaning. The longer the sentence, the harder the reader has to work and the greater the chance of misunderstanding.

Here are some clues that a sentence is too long:

- By the time you get to the end of the sentence, you've forgotten the beginning.
- You have to reread the sentence to understand it.
- When you read the sentence out loud, you have to stop and take a breath before you get to the end.

Readability experts suggest keeping sentences to a maximum of 25 words, especially when using technical terms, which slow down comprehension.

When you find you've written a very long sentence, try to break it up into two or more shorter ones that each convey a single point.



Sometimes long sentences are unavoidable. In such cases, keep them straightforward; use simple grammatical structure instead of lots of phrases and clauses. If your sentence consists of a list, you can assist the reader by numbering the items.

#### One long sentence [56 words]:

The primary objective of this proposal is to understand how the ABC transcription factor, hypothesized to be an oncogenic factor in non-Hodgkin lymphoma (NHL), is dysregulated and how its functional interaction with the DEF protein contributes to its role in NHL pathophysiology, and to characterize and further validate our candidate therapeutic agents targeting ABC and DEF.

#### Three shorter sentences:

The ABC transcription factor is hypothesized to be an oncogenic factor in non-Hodgkin lymphoma (NHL). The primary objective of this proposal is to understand how ABC is dysregulated and how its functional interaction with the DEF protein contributes to its role in NHL pathophysiology. We will also characterize and further validate our candidate therapeutic agents targeting ABC and DEF.

## One long sentence [66 words]:

Patients with more than 1,000 malignant cells/mm<sup>3</sup> in the peripheral blood at baseline, as determined using flow cytometric analysis, had their first dose of drug B delayed until either day 4 of cycle 1 (if by then the number of malignant cells in peripheral blood had decreased to less than 1,000/mm<sup>3</sup>) or until day 1 of cycle 2 to avoid the risk of tumor lysis syndrome.

#### Three shorter sentences:

The absolute number of malignant cells in peripheral blood at baseline was determined using flow cytometric analysis. Patients with more than 1,000 malignant cells/mm<sup>3</sup> at baseline had their first dose of drug B delayed to avoid the risk of tumor lysis syndrome. In such cases, drug B was started on day 4 of cycle 1 (if by then the number of malignant cells in peripheral blood had decreased to less than 1,000/mm<sup>3</sup>) or on day 1 of cycle 2.

#### One long sentence [61 words]:

Dr. Park will lead the analysis of the data using a tool developed by Lee et al., which has been validated in several previous studies (22-24), with the goals of identifying participants' preferences for the modality through which they receive health education, logistical barriers to completing the modules, family/caregiver support for the program, and cultural or community challenges to program completion.

## Two shorter sentences:

Dr. Park will lead the analysis of the data using a tool developed by Lee et al., which has been validated in several previous studies (22-24). Our goals will be identifying (i) participants' preferences for the modality through which they receive health education, (ii) logistical barriers to completing the modules, (iii) family/caregiver support for the program, and (iv) cultural or community challenges to program completion.

## —Sunita Patterson

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