



Orchestrate Your **Publication**

A WHITE PAPER BY



Increased control for efficient publishing

As a publisher, you have set high standards for your publishing program. You care deeply about the quality of your publications. At the same time, you also want to ensure that your authors have the best experience possible.

Of course, as a publishing business, it is also important to adhere to timelines and ensure that the final product is delivered to market as quickly as possible. Sometimes, it might seem that it is difficult to reconcile these constraints without being stretched in multiple directions.

We wanted to make it easier for you to manage these constraints by:

- allowing authors to make changes while retaining the level of control that you need.
- having better visibility on changes made by the author and make informed decisions.
- enhancing metadata to improve the discoverability and searchability of your content.
- making content changes yourself and finalizing the content before it is published.

Effortless publishing

You need a product that gives you the visibility and the power to deliver better outcomes. kriyadocs does just that and helps you run a world class publishing operation.



The need for kriyadocs



Our vision is to make publishing all content as simple as **clicking a button**.

At Exeter Premedia, we've partnered with prestigious publishing houses across the world for **over 15 years** and delivered world class, publication-ready digital & print content by applying cutting-edge technology, streamlined processes and **extensive domain expertise**.

The publishing lifecycle is riddled with a lot of intricate touchpoints that often end up frustrating authors and publishers because a lot of their precious time and effort gets spent on a convoluted cycle of chores – formatting issues, version changes, status tracking, email volleys, approval delays, repeated follow-ups, and more.

We felt there had to be a better way to make publishing simple and easier. It is with that goal that we huddled our best minds and created **kriyadocs** – an online collaboration platform that brings all the stakeholders together to get work done.

With its **XML-first workflow**, on the fly proofing-and-editing capabilities, configurable workflows and integrated content management system (CMS), kriyadocs serves as the **single-source window** for our clients to **transform content** in any input format to multiple output formats including web and print PDFs, ePub and enhanced ePub with multimedia capabilities.

We endeavor to continuously enhance the capabilities of kriyadocs to meet ever-evolving client needs and challenges, while keeping up with advancements in technology, and nimbly adopting industry standards and best practices.

5 easy steps to publish faster

The kriyadocs way

1



Check queries

2



Review author changes

3



Update metadata

4



Review layout

5



Regenerate PDF and sign off



Step 1

Check queries

Work smart

Sort and filter queries for better focus

Open and resolved queries separated for easy review

D within each province. In Ontario, we will use the unique Ontario health card Unique Lifetime Identifier will be used to link and access data in Alberta created for these patients will be de-identified and transferred via Services combined two-province study data_set. The linked data_sets from the two are an Integrated Pediatric Health Data Repository (see [online](#) link) of linking the bronchiolitis clinical data_sets to HAD, it is possible that identify a significant number of patients with an unavailable health card this clinical trial data to HAD.

Environment of ICES. ICES will assign an **AQ ICES key number (IKN)** for each of the various variables for analysis, the Ontario health card number will not be used (ICES DAS).

We will define asthma using a validated health administrative case definition, in children aged 0–17 years.^{48 49} Previous studies have used this case

QUERIES

OPEN QUERIES | **RESOLVED QUERIES**

Query From: All | Query To: All

AQ Preethi (PREEDITOR) Apr 15 2021 12:44 PM
Please provide department details (if any) for affiliations 1 to 4 and 6 to 10.

Jessica Burke (AUTHOR) Apr 20 2021 (12:53)
Added

John (Publisher) Apr 24 2021 (19:52)
Resolved.

AQ David (COPYEDITOR) Apr 16 2021 9:21 PM
Please provide expansion for "IKN" in the first occurrence of the text.

Jessica Burke (AUTHOR) Apr 20 2021 (12:37)
ICES key number

John (Publisher) Apr 24 2021 (20:06)
Resolved.

AQ John (Publisher) Apr 24 2021 7:58 PM
Trial registration number has been added as per journal style.

Queries are visually tagged to specific content items, for better context

mutation detection in plasma by NGS were 72.7% (24/33) and 95.7% (44/46), respectively. For exon 19 deletion specificity was 100% (59/59), and consistency was 89.9% (71/79). For L858R, the consistency was 97.5% (77/11/12), and 98.5% (66/67), respectively ([table 3](#)).

Table 3 **AQ** The consistency, sensitivity and specificity of EGFR mutations in plasma samples (FFPE NGS* as reference)

| | Consistency | Specificity | CI |
|------------|--------------------------------|-----------------------------|----|
| 1 | | 95.7% (95% CI) | |
| 2 All | | 95.7 (44/46) (84.0 to 99.2) | |
| 3 E19-DELs | 60.0 (12/20) (36.4 to 80.0) | 100 (59/59) (92.4.9 to 100) | |
| 4 L858R | 97.5 (77/11/12) (59.8 to 99.6) | 98.5 (66/67) (90.9 to 99.9) | |

AQ Kriya (PREEDITOR) Feb 5 2019 12:31 PM
Please provide an in-text citation for [Table 3](#).

Amy Petera Feb 12 2019 (14:33)
This table has been cited

Automated queries for objects to ensure that they are cited



Step 2

Review author changes

Take informed decisions

All changes are tracked

is a need to enhance the capacity of health workers and to improve their communication with the community by face to face meetings. Though various **programs/programmes** have been initiated in conflict settings, **evaluated** to gauge the impact of these different approaches on IYCF indicators. As **shown/discussed** in the review, from the experiences of the various implementation agencies working in such contexts rather than from the guidelines suggest that first and foremost, the importance of IYCF should be underscored and it should be a conflict settings. There should be early dissemination of policies to all concerned agencies and healthcare women and mothers in camps, as IDPs or as residents of conflict-inflicted areas. The educational approaches to the context-specific misconceptions within the community. There is evidence from various communications read relevant messages including women support groups, involving prominent community members, designing nated places like feeding tents was also **emphasized/emphasised** as these could provide personal spaces for eers and also use them as avenues for skin to skin care for preterm and low **birth-weight/birth weight** infants. The ing water should also be ensured for preparing complementary feeds. The guidelines also **emphasize/emphasise** g health facilities. Apart from access to required healthcare, mothers should also be provided with lactation and a negatively affect IYCF practices include, high turnover rate of health workers, lack of funds, poor multi-sectoral em, more focus on malnutrition treatment than prevention, strengthened marketing efforts of BMS by

t nurse' and 'milk banks' which could be sought after confirmation from specialists solely for mothers who were e last resort and efforts should be put in place that allow for stringent regulatory checks on BMS, nipples and

Filter track changes to see what changes have been made by whom

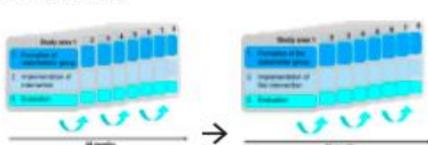
| CHANGES | | | |
|-----------------------|--|-------|--------------------|
| Type: | Role: | Name: | |
| John St | <input checked="" type="checkbox"/> author | R) | Sep 10 2020 2:55pm |
| one | <input type="checkbox"/> publisher | | |
| John St | <input type="checkbox"/> typesetter | R) | Sep 10 2020 2:55pm |
| 1 | <input type="checkbox"/> copyeditor | | |
| John St | <input type="checkbox"/> proofreader | R) | Sep 8 2020 11:59am |
| a | | | |
| John Stewart (AUTHOR) | | | Sep 8 2020 11:59am |
| . A | | | |
| John Stewart (AUTHOR) | | | Sep 8 2020 11:58am |
| discussed | | | |
| John Stewart (AUTHOR) | | | Sep 8 2020 11:58am |
| shown | | | |

Reject / update changes as needed

Change History

Default Expand

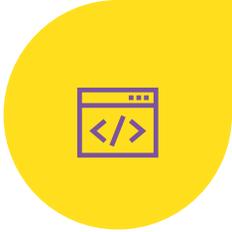
Sara Parker (AUTHOR) changed image on 20 May 2021 8:47 AM



Reason: I have uploaded a figure with better quality and resolution

Figure replacements are tracked

See the reason why figures were replaced



Step 3

Update metadata

Supercharge your content

Update volume & issue no. and running heads

Update online publication date

kriyadocs **ARTICLE INFO** PUBLICATION HISTORY

The use of biologic therapies in sports

The use of biologics: a review

REVIEW ARTICLE ANNOTATION + ADD SECTION HEAD

Ian Murray^{1,2,3} x Rahul Mahajan^{1,2} x Scott A Morrison⁴ x Seth Seyers³ x **MODIFY ORDER**

+ ADD AUTHOR ON BEHALF OF

¹The University of Edinburgh, Edinburgh, UK x
²Royal Infirmary of Edinburgh, Edinburgh, UK x
³Department of Orthopaedics, Stanford University, CA, USA x
⁴Hospital for Special Surgery, New York, USA x

Correspondence to: Ian Murray; ian.murray@ed.ac

biologics x orthobiologics x PRP x Platelet rich plasma x stem cell x BMAC x

Bone marrow aspirate concentrate x sport x **ADD KEYWORD** **MODIFY ORDER**

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Add and modify author order

Modify keywords

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Year: 2021

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Review and update copyright and license information





Step 5

Regenerate PDF and sign off

Publish with confidence

Review proof before approving the document for publication

Regenerate proof on-the-fly with the latest content

PREVIEW Click 'UPDATE' to see the latest changes Export PDF DOWNLOAD

2 of 8 Page Width Export Print PDF

| Inclusion criteria | Exclusion criteria |
|--|--|
| <ul style="list-style-type: none">• Research articles not limited by geographical location, design or setting.• Any sport.• Any biologic therapy including but not limited to, autologous blood and tissue derived products, allogenic tissue derived products, cell therapies and growth factors.• All age groups and sexes of participants• Studies including 'professional' or 'Olympic' athletes.• Primary research studies, reviews (including but not limited to systematic reviews, scoping reviews, meta-analyses), guidelines, case reports, and gray literature including unpublished and ongoing trials, dissertations, and conference proceedings.• Consensus statements from governing bodies or medical society. | <ul style="list-style-type: none">• Magazine and newspaper articles, online direct to consumer or physician marketing.• Treatments not by convention considered 'biologics' including steroids and non-steroidal anti-inflammatory drugs.• Studies not published in English language. This restriction was based on findings from systematic reviews suggesting no evidence of bias for conventional medicine if studies written in languages other than English were excluded.²⁸ |

there is currently not sufficient evidence to support their widespread use.¹²

Professional and Olympic athletes represent a unique group of patients, with distinct challenges relating to the demands of full-time sport, and the financial pressures on performance.¹³ Patterns of injury and outcomes following treatments are known to be different between professional and lower level athletes.¹⁴ Little is known about the use of biologic strategies in athletes. Despite this, the sports media portray the use of these therapies, such as platelet rich plasma (PRP), as being widespread in athletes, without providing details about their use, efficacy and

ProQuest for dissertations was conducted as detailed in the protocol.¹⁵

Step 2: Identify key words and index terms. The title, abstract, and index terms used to describe the articles identified in step 1 were analyzed. The initial search terms used were: 'biologic' OR 'cell therapy' OR 'platelet' OR 'growth factor' OR 'mesenchymal stem cell' OR 'mesenchymal stromal cell' OR 'MSC' AND 'professional' OR 'Olympic' AND 'sport'. Boolean terms AND and OR were used to extract relevant studies. Secondary search terms included a broader range of keywords for SPORTDiscus, Cochrane Database of Systematic

Dynamic workflow – choose the next step

Sign-off Manuscript

Please select following options to sign-off

- I have reviewed the proof and want to send it back to the typesetter for correction.
- I have reviewed the proof and want to send it back to the author for revision.
- I have reviewed the proof and want to approve the article for publication.
- I have reviewed the proof and want to move the article to bank.

Sign-off

Cancel

Key benefits

Measurable and meaningful outcomes



FULL VISIBILITY

Eliminate mundane tasks and go straight to where your review and intervention is needed

EMPOWER AUTHORS

Allow authors to make changes, but retain control over what gets accepted

MORE POWER

Use proofing and layout controls to get the PDF just right

REST ASSURED

Complete confidence in the quality of the publication



Unchain yourself from the desk. Get work done on-the-go with a full featured toolset at your fingertips.

ENABLE

Effortless collaboration.
Empowered teams.



Intuitive user interface



Kanban lanes



Centralized communication



Actionable dashboards

ENHANCE

Adaptable workflows.
Rich content.



AI driven templates



XML-first workflows



Integrated CMS & DAM



Multilingual support

ENSURE

Smart automation.
Stringent validation.



Automated data validation



ML driven editing



Smart query resolution



Role & element level security

EXTEND

Repeatable processes.
Quick monetization.



REST API integration



Dynamic workflows



Customizable business rules



Rich metadata enablement

To know more or to schedule a demo visit

www.kriyadocs.com