

Sentence Structure Quiz

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Directions: The following sentences contain a large amount of data, confusing comparisons, or run-on sentences. Rephrase the following single sentences into paragraphs for clarity and easier readability. There is no single correct answer for these exercises. The answers given are just one way to rephrase the sentences.

1. Sample size–weighted remission rates were 66.7% (gastric bypass, n = 428) and 28.6% (gastric band, n = 96) for type 2 diabetes (glycated hemoglobin <6.5% without medications); 38.2% (bypass, n = 808) and 17.4% (band, n = 247) for hypertension (blood pressure <140/90 without medications); and 60.4% (bypass, n = 477) and 22.7% (band, n = 97) for hyperlipidemia (cholesterol <200 mg/dL, high-density lipoprotein cholesterol >40 mg/dL, low-density lipoprotein cholesterol <160 mg/dL, and triglycerides <200 mg/dL).
2. Adjustment for covariates had little effect except adjustment for age category (fully adjusted model hazard ratio [HR], 1.26; 95% CI, 1.21-1.32), with stratified adjusted analyses revealing that moderate to severe traumatic brain injury was associated with increased risk of dementia in patients 55 to 64 years of age (HR, 1.72; 95% CI, 1.40-2.10) and patients 65 to 74 years of age (HR, 1.46; 95% CI, 1.30-1.64), whereas mild traumatic brain injury may be a more important risk factor with increasing age as seen in patients 55 to 64 years of age (HR, 1.11; 95% CI, 0.80-1.53) and patients 65 to 74 years of age (HR, 1.25; 95% CI, 1.04-1.51).
3. Patients with diabetic ketoacidosis exhibit some degree of hepatic resistance to insulin action, necessitating higher plasma insulin levels (80-100 μ U/mL) to offset this resistance, meaning that any effective dose of insulin in diabetic ketoacidosis should produce these levels, but the currently recommended standard dose of 0.1 U/kg per hour has been reported to achieve a plasma insulin concentration much higher (100-200 μ U/mL) than the optimal requisite range.
4. Adolescent participants (13-17 years of age) were recruited from 9 pediatric and family medicine clinics located in 3 urban areas in Washington State in the Group Health system from April 1, 2010, through March 31, 2011, that were selected because of their greater patient diversity and higher number of adolescent patients.
5. On the basis of the results of the RNAseq, 5' RACE, and end-to-end polymerase chain reaction, we designed primers to selectively detect the canonical *ZNF804A* transcript (forward: TCTCAGCAAGAACGGGAACAA; reverse: CCAGAGCTTTTGCTATGGTATTTTC; probe: ACTCTGGACTATGCTGAGAA) and the newly identified transcript

(forward: CAAGCCAAAATGCGAGAAAATATT; reverse: CCTTGTGCGAGAGGTAAACACAACA; probe: TTGTTAGAAGTGGAATGTCATGA), using Primer Express software (Applied Biosystems), for quantitative analyses by quantitative reverse transcription–polymerase chain reaction performed using the TaqMan Gene Expression Assay on an ABI Prism 7900 system (Applied Biosystems) by the standard curve method.

6. To ensure that the 2 groups did not differ in levels of mania or depression in the absence of any psychiatric diagnoses, all youth were interviewed using the Young Mania Rating Scale and the Children's Depression Rating Scale–Revised, levels of anxiety were assessed by administering the Multidimensional Anxiety Scale for Children to the parents, global functioning was determined by the Children's Global Assessment Scale, level of trait impulsivity was assessed by the Barratt Impulsiveness Scale, which yielded attentional, motor, and nonplanning subscales, and the Revised Dimensions of Temperament Survey was completed by all parents during euthymia about their offspring's temperament.
7. In the Mayo Clinic Study of Aging, longitudinal flortaucipir accumulation rates in the high A β group were greater than the suprathreshold (0.025 [95% CI, 0.013-0.037] standardized uptake value ratio [SUVR] units), subthreshold (0.026 [95% CI, 0.014-0.037] SUVR units), and low A β (low A β , 0.034 [95% CI, 0.02-0.049] SUVR units) groups in the entorhinal region of interest (ROI) ($P < .001$), the suprathreshold (0.025 [95% CI, 0.014-0.035] SUVR units), subthreshold (0.027 [95% CI, 0.017-0.037] SUVR units), and low A β (0.035 [95% CI, 0.022-0.047] SUVR units) groups ($P < .001$) in the inferior temporal ROI, and the suprathreshold (0.023 [95% CI, 0.013-0.032] SUVR units), subthreshold (0.025 [95% CI, 0.016-0.034] SUVR units), and low A β (0.032 [95% CI, 0.021-0.043] SUVR units) groups in the Alzheimer disease meta-ROI ($P < .001$).
8. A total of 4443 individuals with congenital heart disease with a mean age of 13.0 years and an SD age of 5.5 years and 9808 control participants with a mean age of 52.1 years and an SD age of 6.1 years were included. Of these patients with congenital heart disease, 2225 of 3771 (59.0%) were male; of the controls, 4967 of 9808 (50.6%) were male
9. At 3, 6, and 12 months, the median percentages of the repigmented areas at the actively treated site in group 1 were 84%, 88%, and 93%, respectively, and repigmentation in 70% or more of the treated areas occurred in 55%, 57%, and 77% of actively treated lesions at the same time points, respectively. In group 2, the median was 7%, 0%, and 0%, respectively, and no actively treated lesion achieved repigmentation in 70% or more of the treated area.
10. Hepatitis B surface antigen, hepatitis C antibody, human immunodeficiency virus enzyme-linked immunosorbent assay, and whole-blood interferon γ release assay (QuantiFERON) test results were negative. The IgG cytomegalovirus test result was positive. The fibrinogen level was 234 mg/dL (to convert to micromoles per liter, multiply by 0.0294), the erythrocyte sedimentation rate was 4 mm/h, and the leukocyte count was 7660/ μ L (to convert to $\times 10^9/L$, multiply by 0.001). The patient had no acquired immunosuppression and no hematologic disorders.