**Rewriting Assignment**

Below, you will find two excerpts from published research articles. Each of these excerpts would benefit from some rewriting. Your job is to become a valued co-author and make these excerpts better. Aim for clarity but keep in mind that you may also be able to make them more concise. I suggest that you make at least 2-3 passes through each excerpt, rewriting once and then editing once or twice more. You may wish to cut and paste to a new document (or documents). After editing, check your word count.

**Excerpt 1**

In the 1990s, there were approximately 600,000 hysterectomies performed in the United States annually and 55% of these also involved bilateral salpingo-oophorectomy,1 many done solely to reduce the risk for ovarian cancer. It has been suggested that elective bilateral salpingo-oophorectomy be considered for women older than 40 years,2–4 whereas surveys in the United Kingdom revealed that 85–90% of physicians recommended bilateral salpingo-oophorectomy for postmenopausal women coming to hysterectomy. 5,6 However, Parker et al,7 citing evidence that postmenopausal ovaries secrete androgens important to health, performed a risk–benefit analysis and concluded that ovarian conservation benefits long-term survival for women at “average risk” for ovarian cancer undergoing hysterectomy for benign disease. A subsequent study using observational data from the Nurses’ Health Study on all and various causes of mortality for hysterectomized women with and without oophorectomy supported their conclusion.8

In addressing the value of bilateral salpingo-oophorectomy, Parker et al distinguished average-risk women from those with known *BRCA1* or *BRCA2* mutations or a strong family history of breast and ovarian cancer. In the latter group, bilateral salpingo-oophorectomy may truly be beneficial in reducing risk for both breast and ovarian cancer.9 Genetic or familial risk factors or both, however, account for a small proportion of ovarian cancer. Consequently, it is important to assess ovarian cancer risk among women who lack the genetic or familial profile. In this article, we describe a risk-factor score that may be of value in further categorizing risk for ovarian cancer in women without a personal or family history of cancer to provide additional guidance to women and their physicians regarding elective bilateral salpingo-oophorectomy at the time of hysterectomy. (271 words)

**Excerpt 2**

It remains unknown why only a small number of HTLV-I–infected individuals develop HAM/TSP, while the majority of the infected persons remain disease-free. It has been clearly demonstrated that elevated HTLV-I proviral loads increase the risk of HAM/TSP development [[7](http://jid.oxfordjournals.org/content/203/7/948.full#ref-7), [22](http://jid.oxfordjournals.org/content/203/7/948.full#ref-22)]. In addition, HAM/TSP patients have more HTLV-I–specific CTLs than do asymptomatic carriers [[8](http://jid.oxfordjournals.org/content/203/7/948.full#ref-8), [23](http://jid.oxfordjournals.org/content/203/7/948.full#ref-23)]. Recently, it has been postulated that CTLs in HAM/TSP patients have impaired function in association with degranulation of cytolytic molecules as compared with CTLs in asymptomatic carriers, which may result in an insufficient control of the virus [[24](http://jid.oxfordjournals.org/content/203/7/948.full#ref-24)]. However, it remains unclear whether CTL function is impaired in HAM/TSP patients. (106 words)