

생의학분야 Editorial Style Guide

-American Medical Association (AMA) Style을 중심으로-

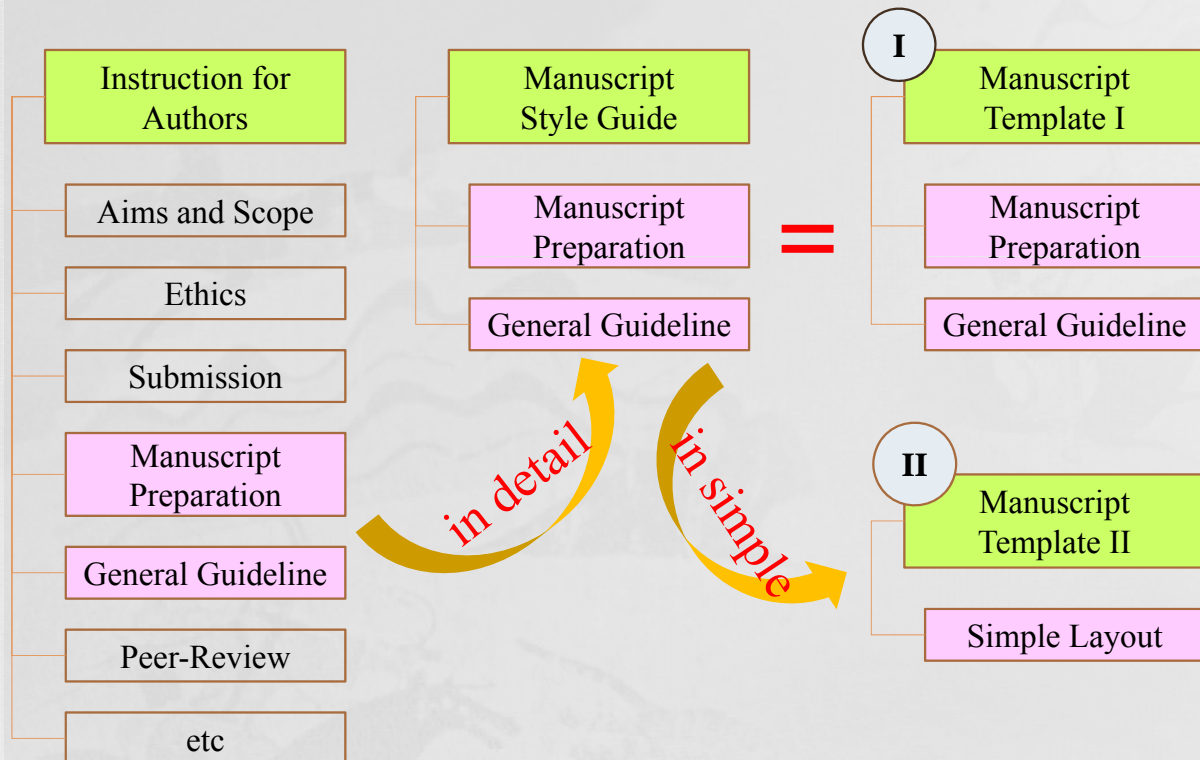
Manuscript Editor 안환태

crowncon@naver.com

Instruction for Authors / Manuscript Style Guide / Manuscript Template

- Instruction for Authors
 - 투고규정
 - 저자가 논문 작성 시 준수해야 할 포괄적 규정
- Manuscript Style Guide
 - 논문 형식의 세부적 지침
- Manuscript Template
 - 논문 형식의 세부적 지침
 - 형식에 대한 Simple Layout

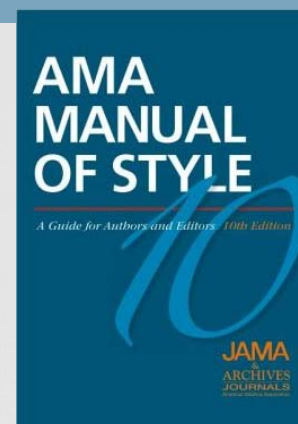
Instruction for Authors / Manuscript Style Guide / Manuscript Template



적용 대상 분야

- 의학, 생의학, 간호학, 생물학

AMA Manual of Style



- ▶ AMA Manual of Style 은 JAMA (Journal of the American Medical Association)와 Archives Journals (Oxford University Press 발행)의 편집진에 의해 만들어진 저자와 편집자를 위한 style guide (편집지침)
- ▶ 의학 분야의 학술 발행에 필요한 저술(writing)과 인용(citation) style에 관해 구체적으로 기술

Article 구성

- 표제지 (title page)
 - 제목(title), 요약제목(running title)
 - 저자(author)
 - 소속기관(affiliation)
 - 교신저자(corresponding author)
 - 진행일자(processing date)
- 초록(abstract), 중심단어(keyword)
- 본문(main text)
- 참고문헌(reference)
- 표(table), 그림(figure)

표제지 – 제목, 부제목

- 사용 제한
 - "Role of", "Effects of", "Treatment of", "Use of", "Report of a Case of"와 같은 구(phrase)

Avoid **Effect of** Smoking on Lung Cancer Risk

Better Smoking on Lung Cancer Risk

- 평서문, 의문문

Avoid Fibromyalgia **Is** Common in a Postpoliomyelitis Clinic

Better Prevalence of Fibromyalgia in Patients With Postpoliomyelitis Syndrome

- 약어(abbreviation) 사용

예외, 공간이 부족한 경우, 잘 알려진 약어 또는 연구와 그룹

Prevalence of **HIV**-1 in Blood Donations Following Implementation of a Structured Blood Safety Policy in South Africa

Reporting of Noninferiority and Equivalence Randomized Trials: An Extension of the **CONSORT** statement

CONSORT, consolidated standards for reporting of trials.

표제지 – 제목, 부제목

- 자수 제한

- 학술지마다 다른 기준

- Running title: JAMA의 경우 45 characters 이내

- 이탤릭체 표기

- 종속과목강문계 중 속(gene)과 종(species)으로 이루어진 식물, 동물과 세균의 학명

Elimination of a Community-Acquired Methicilin-Resistant

Staphylococcus aureus Infection in a Nurse With Atopic Dermatitis

- 유전자 기호(gene symbol)

AFP B2M GLA NTSC GAPDH

표제지 – 제목, 부제목

- 대소문자 표기를 혼용하는 경우

- 대문자 표기

- 각 단어의 첫 철자

- 2자(2-letter) 동사: Is, Be, Do 등

- 4자 이상 전치사: With, Without, After 등

- 구동사(phrasal verb): Size Up, Weigh In 등

- 비영어권 합성 용어: In Vitro, In Situ, De Novo 등

- 소문자 표기

- 관사(정관사, 부정관사): a, an, the

- 3자 이하(3 or fewer letters) 전치사: in, at, on 등

- 등위접속사(coordinating conjunction): and, or, for, nor, but 등

- to 부정사의 to

- *American Medical Association Manual of Style: A Guide for Authors and Editors, 10th edition*

Abbreviations and acronyms cannot be used in the title or preface. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

Capitalize the first letter of each major word in titles and subtitles. Do not capitalize articles (eg, a, an, the), prepositions of 3 or fewer letters, coordinating conjunctions (and, or, for, nor, but), or the to in infinitives. Do not capitalize a 2-letter verb, such as Is or Be. Exceptions are made for some expressions, such as compound terms from languages other than English and phrasal verbs:

- Ethical Questions Surroundings **In Vitro** Fertilization
- Squamous Cell Carcinoma of the Suprapubic Cystostomy Tract **With** Bladder Involvement
- Choice of Stents and End Points for Treatment of **De Novo** Coronary Artery Lesions
- Weighing In** on Bariatric Surgery
- Researchers **Size Up** Nanotechnology Risks
- Universal Screening **for** Tuberculosis Infection: School's Out!
- We **Do** Need **to** Treat Mild Hypertension

- 연결 단어(Hyphenated compounds) 대소문자
- Prefix, Suffix: Anti-, Intra-, Self-, Pre-, Post-
 - Anti-inflammatory
 - Intra-abdominal
 - Self-referral
- A single word
 - Long-term
 - Follow-up
 - Part-time
 - X-ray
- Temporary compound, Equal weight
 - Cost-Benefit
 - Low-Level
 - B-Cell
 - Age-Related

표제지 – Running title

○ Running title / Short title / 난외 표제 / 요약제목

-표제(title) 보다 단어 수에 제약(예, 영문 10단어 이내)

-표제와 달리 약어 사용 가능

clinical system has been successfully used in 37 patient procedures to date. To the best of our knowledge, the APT I system is the only clinically utilized systems for transrectal MRI-guided access to the prostate employing active tracking.

Beyersdorff *et al.* [36] and Engelhard *et al.* [37] reported MRI-guided transrectal needle biopsies in clinical studies with a system (InVivo Germany GmbH, Schwerin, Germany) employing manual alignment and passive tracking of a needle sleeve. Barentsz *et al.* [38] reported phantom studies with an MRI-compatible pneumatically actuated transrectal robot. Elhawary *et al.* reported phantom experiments with a prototype robotic system using piezoceramic motors for transrectal prostate biopsy [39].

2) *Transperineal Approach*: MRI-guided transperineal prostate intervention has been demonstrated in clinical studies inside an open MRI scanner [31] and conventional closed MRI scanner with the use of static needle-guiding

system employing a targeting accuracy of about 5 mm or better could reliably access clinically significant prostate cancer foci.

III. NOVEL 6-DOF HYBRID TRACKING METHOD

The development of MRI-guided robotic intervention instruments is complicated by the need to track in real time the pose (i.e. position and orientation) of these instruments within the MRI scanner. This section reviews previously reported tracking methods and reports the design and performance of the proposed hybrid tracking method.

A. Previously Reported Tracking Methods

Previously reported approaches for tracking of robotic and manual instruments within MRI scanners are as follows:

1) *Joint Encoder Tracking*: In this approach, the pose of the intervention device (e.g. needle or other surgical device) is

Running head

and coupled ATP production. Because zinc is the key to the metabolic transformation of the cell, the important issue becomes the mechanism of normal epithelial cell accumulation of high zinc levels and the mechanism for lost ability of malignant cells to accumulate zinc levels. In prostate cancer, the zinc transporter named ZIP1 is responsible for zinc uptake and accumulation. However, there have been no reports about the process by which zinc enters into a cell and the intracellular signaling pathway in MBT-2. However, the results of the present study revealed that treatment with the zinc-citrate compound raised the intracellular zinc level in MBT-2 cells and had an anti-proliferative effect. This finding showed that exposure to the zinc-citrate compound increased the intracellular zinc level and its intracellular effect, even though the process by which zinc entered the cells was not determined.

P21^{ind} is a tumor suppressor protein that not only acts on cell cycle progression but also increases apoptosis

CONCLUSIONS

This study found that the zinc-citrate hindered the growth of bladder cancer apoptosis. Although many studies correlation and the effect of the zinc various types of cancer, there have been no reports about the process by which zinc enters into a cell and the intracellular signaling pathway in MBT-2. However, the results of the present study revealed that treatment with the zinc-citrate compound raised the intracellular zinc level in MBT-2 cells and had an anti-proliferative effect. This finding showed that exposure to the zinc-citrate compound increased the intracellular zinc level and its intracellular effect, even though the process by which zinc entered the cells was not determined.

P21^{ind} is a tumor suppressor protein that not only acts on cell cycle progression but also increases apoptosis

INTRODUCTION

According to GLOBOCAN 2008 reported by Ferlay *et al.* [1], bladder cancer incidence ranked fourth and bladder cancer mortality ranked seventh in developed countries. Although bladder cancer can be treated with surgery, intravesical chemotherapy, and systemic chemotherapy in most cases, it is hard to delay the progression of the cancer despite an appropriate treatment strategy. In particular, superficial bladder cancer accounts for 70% of the total cases of bladder cancer and tends to progress to muscle-invasive cancer even after proper treatment [2,3].

Zinc has antioxidant, antiinflammatory, and proapoptotic activity and plays a role in genetic stability and function [4,5]. Studies in an ovarian cancer cell line and chorioncarcinoma cells have suggested that zinc can induce

the apoptosis of cancer cells [6]. The apoptotic effect of zinc through the inhibition of the Krebs cycle, has been reported [7].

In the present study, we aimed to investigate the proliferative activity of a zinc derivative cancer cell line and to investigate the mechanism of action.

hypovolemia, anemia, hypotension, and hyperthermia should be avoided. Of these, continuous hyperventilation is especially injurious to the brain. Surgeons must repeatedly check the status of anesthesia, especially the level of PaCO₂, during the operation.

After induction of anesthesia, the course of the parietal branch of the STA is palpated or traced with a Doppler device and is marked. When the STA cannot be palpated or traced, insertion of galeal tissue without the STA is a good alternative in pediatric MMD cases.

If the operation is combined with simultaneous bifrontal EGS, both areas are prepared. The scalp layer is superficially cut to the layer of galeal tissue where the STA is located. The galeal tissue is harvested with anterior and posterior galeal incisions parallel to the STA as wide as the segment that is to be inserted onto the brain. The continuity of the STA should be preserved. Even in cases where the STA is injured, however, neovascularization is frequently satisfactory in pediatric cases.

the donor tissue and the brain surface is of significant distance. To minimize CSF leak through the area around the proximal and distal ends of the STA, pieces of Gelfoam are used to pack the gaps.

The bone flap is replaced. Attention is given to preventing compression of the proximal and distal ends of the STA and the galeal tissue by the bone margins. When the brain is atrophic, the bone flap may be left floating to promote contact between the donor tissue and the brain surface. The depressed skull flap becomes less prominent as the child grows older.

The scalp layers are closed in the usual fashion. As described earlier, the postoperative development of collaterals through the cranial bone causes oozing of blood in the subdural and epidural spaces. Meticulous hemostasis with dural tenting (including the central portion of the bone flap) and placement of a drainage catheter into the epidural or subperiosteal space is helpful. To promote healthy healing of the revascularized portion of the remaining scalp tissue, meticulous

Operation

arteries and cerebral cortical arteries) or indirect (insertion of a scalp or muscle layer onto the surface of the brain to promote ingrowth of blood vessels into the ischemic brain) revascularization method, or a combination of both is performed to increase the cerebral blood flow (CBF). In children, direct revascularization is frequently technically not feasible, whereas the response to indirect revascularization is excellent, although 1 or 2 weeks are required for stabilization of symptoms. In contrast, in adults, the increase in CBF achieved by indirect revascularization is often unsatisfactory and direct revascularization is usually feasible. However, a sudden increase of CBF in the brain that has suffered from longstanding chronic severe ischemia may cause hemorrhagic phenomenon and/or neurological deterioration (hyperperfusion syndrome). A combined method may increase the revascularization effect although only to a small extent.

Surgery

1. Types of operation

For direct revascularization, detailed descriptions of intracranial-extracranial arterial bypass such as STA-middle cerebral artery bypass should be referred to. The same procedures used for other causes of cerebral ischemia are applied in MMD. However, sometimes the recipient vessels in MMD are more fragile compared with those found in other diseases.

Various procedures for indirect revascularization surgery can be adapted according to the tissues inserted into the cranial cavity. In the present discussion, representative procedures, STA EDAS, bifrontal encephalocoryngomyomization (EGS), and multiple burr hole trephination are described.

In children, no evident difference in surgical outcome has been noted among the various operative methods, although a slightly better outcome has been reported by "combined" (direct+indirect) surgery. However, because of technical limitations, combined surgery is not widely applied to pediatric MMD³. In adults, the revascularization

표제지 – 저자

- Jr, Sr, II, III 등 포함하여 first, middle, last name 순
- 국내 저자 영문명 표기 일반적 유형

Gil Dong Hong / Gil-Dong Hong / Gildong Hong

- 학위 사용

학위 표기법은 저널마다 다르며 최근에는 Nature, Science처럼
저자명에 학위를 추가하지 않는 곳이 많아지는 추세

Soon Shin Lee¹, Gil Dong Hong², Young Hee Kim³, Soon Hee Choi⁴

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Quality-of-Life Effects of Prostate-Specific Antigen Screening

Eveline A.M. Heijnsdijk, Ph.D., Elisabeth M. Wever, M.Sc., Anssi Auvinen, M.D., Jonas Hugosson, M.D.,
Stefano Ciatto, M.D.,* Vera Nelen, M.D., Maciej Kwiatkowski, M.D., Arnaud Villers, M.D., Alvaro Pérez, M.D.,
Sue M. Moss, Ph.D., Marco Zappa, M.D., Teuvo L.J. Tammela, M.D., Tuukka Mäkinen, M.D., Sigrid Carlsson, M.D.,
Ida J. Korfage, Ph.D., Marie-Louise Essink-Bot, Ph.D., Suzie J. Otto, Ph.D., Gerrit Draisma, Ph.D.,
Chris H. Bangma, M.D., Monique J. Roobol, Ph.D., Fritz H. Schröder, M.D., and Harry J. de Koning, M.D.

ABSTRACT

ARTICLE

doi:10.1038/nature11244

Embryonic stem cell potency fluctuates with endogenous retrovirus activity

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Embryonic stem (ES) cells are derived from blastocyst-stage embryos and are thought to be functionally equivalent to the inner cell mass, which lacks the ability to produce all extraembryonic tissues. Here we identify a rare transient cell population within mouse ES and induced pluripotent stem (iPS) cell cultures that expresses high levels of transcripts found in two-cell (2C) embryos in which the blastomeres are totipotent. We genetically tagged these 2C-like ES cells and

표제지 – 기관

○ 저자와 기관 연결표기

저자가 아래와 같이 3명인 경우

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표제지 – 교신저자

교신저자 항목에 요구되는 사항

- 교신저자명, (학위)
- 소속(부서, 기관 등), 신주소, 우편번호, 전화번호, 팩스번호, E-mail
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표제지 – 저자 - ORCID

○ Open Researcher and Contributor ID (www.orcid.org)

-연구자 고유 식별 코드

-개인의 출판물 및 다른 작업들을 metadata로 통합해 연결

-2010년에 출판사, 연구재단, 협회, 대학, 기록관, 학자, 데이터 제공자 등의 대화를 통해 만들어졌고 2012년에 서비스를 시작한 비영리기관

-16자리 번호 (안환태 ORCID <https://orcid.org/0000-0001-5221-990X>)

-HTTP URI 형태로 표기

○ PubMed에서 Kim JH 저자로 검색하는 경우, 13,192건의 논문 검색

-과연 Kim JH는 누구인가?

Kim Jong Hyun, Kim Jong Hyeok, Kim Jong Hyuck, Kim Jong Hwan, Kim Jong Hak, Kim Jong Hak 등

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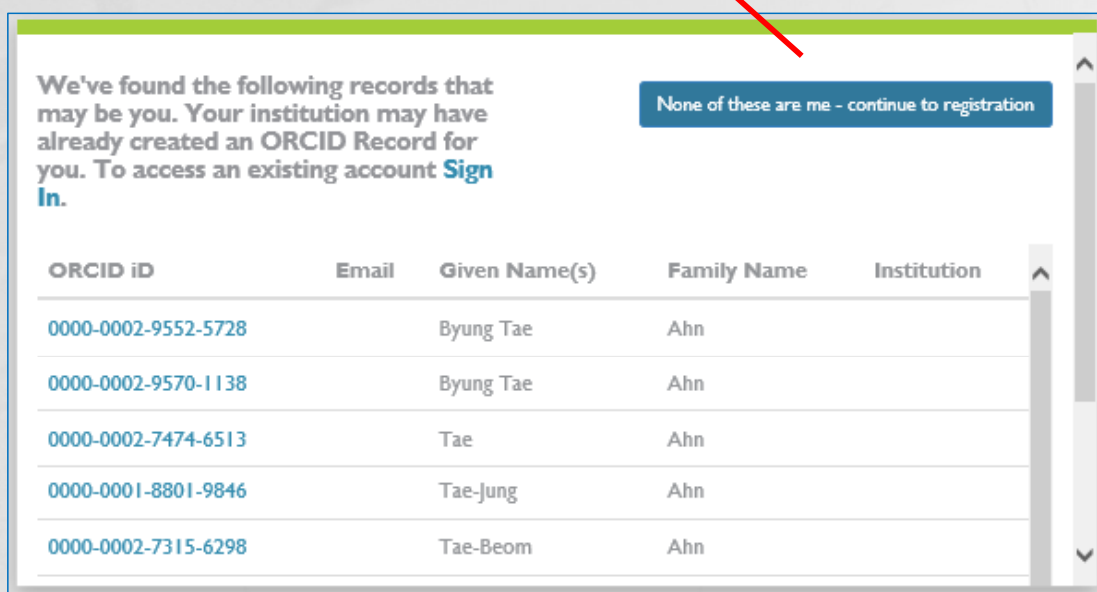
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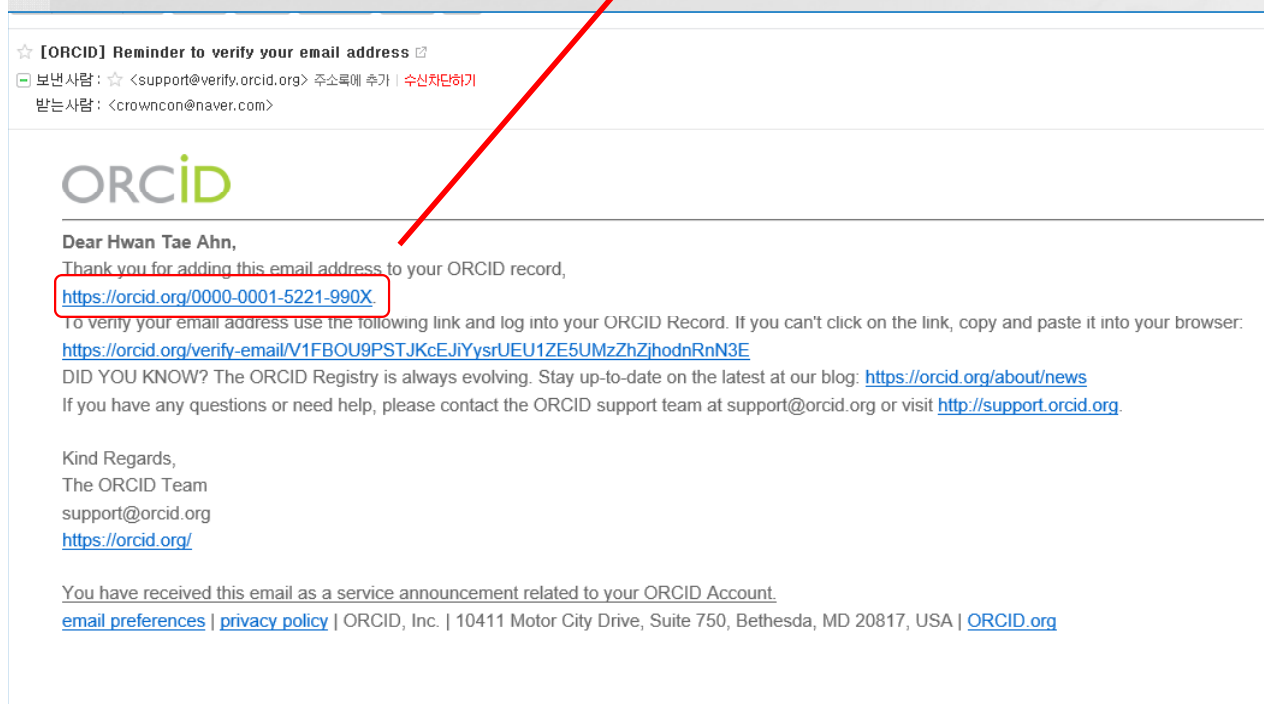


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초록

○ 일반적 지침

- 투고규정에 준수하며 학술지의 heading에 따라 작성한다.
- 제목을 반복하는 문구로 초록을 시작하지 않는다.
- 참고문헌을 인용하지 않는다.
- 정확한 결과값을 기술한다(P-value, incidence rate, confidence intervals)
- 주요 용어를 사용하고, database, study group을 기술한다.
- 초록에서 언급한 데이터와 개념이 논문 전체에서 일관성 있어야 한다.
- 약의 제품명은 피한다. (acetaminophen vs. Tylenol)
- 약어 처음 사용 시 풀어서 기재한다.
- 아래 유형의 논문의 경우 초록을 요구하지 않는다
Opinion, Letters, Special features, News articles, Editorial 등

초록-형식

○ 논문의 유형에 따른 일반적 형식

-Structured format: section heading

원저(original article) 형식, 250-300단어 이내로 제한

Purpose (Background)/Methods/Results/Conclusion(s)

-Unstructured or narrative format

종설(review article), 증례(case report) 형식

증례의 경우 보통 150단어 이내로 제한

Section heading 없이 서술형 문장

Keywords

- 저자가 keywords를 제공해야 하는 이유
 - 논문을 카테고리에 따라 분류
 - 저자가 주장하는 주요 논제를 표현
 - 논문의 동료 심사(peer review)하는데 가이드 역할
 - 저널의 색인가(indexer)에게 도움

-논문 쓰는 사람의 입장보다 찾는 사람의 입장

-전문가의 입장보다 초심자의 입장

-systematic review, meta 분석 논문

-NLM과 Korea PMC에서 저자 키워드를 적용할 경우 대비

Keywords: Spinal cord injuries; Urinary bladder; Alpha adrenergic receptors

Key Words: *Laparoscopy; Minimally invasive surgical procedures; Robotics*

Key Words: Thyroid neoplasms, Thyroidectomy, Hypocalcemia, Parathyroid glands

Keywords

- International Committee of Medical Journal Editors (ICMJE)

-IV.A.4. Abstract and Key Words

Some journals request that, following the abstract, authors provide, and identify as such, **3 to 10 key words or short phrases that capture the main topics of the article**. These will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the **Medical Subject Headings (MeSH) list of Index Medicus should be used**; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

- Keywords의 제한

개수는 적게는 3개에서 많게는 10개까지 제한

색인화되어 있는 MeSH 용어를 추천

Keywords -- MeSH

- MeSH (Medical Subject Heading)
 - 미국국립의학도서관 (National Library of Medicine)에서 제작하는 통제어휘(시소러스)
 - 유의어, 반의어 및 상하위 관련어 등을 정의해 놓은 용어사전
- MeSH의 구조
 - 최상위 주표목 19개로부터 시작하는 상, 하위 관계의 계층(tree)구조
 - 최상위부터 가장 세부적인 개념까지 최대 11단계까지의 전개
- MeSH의 용어
 - 주표목(Main Heading)
 - 논문의 main topic을 표현, 무엇에 관한 내용인가?
 - 부표목(subheading): 83개의 qualifiers (한정어)
 - 치료, 수술, 역학, 원인 등에 대하여 세부적으로 표현하기 위한 용어
 - 색인 시에 항상 주표목과 조합하여 사용

Keywords -- MeSH

All MeSH Categories

PubMed search builder options

☐ Restrict to MeSH Major Topic.

Tree Number(s): 0

All MeSH Categories

[Analytical, Diagnostic and Therapeutic Techniques and Equipment Category](#) +
[Anatomy Category](#) +
[Anthropology, Education, Sociology and Social Phenomena Category](#) +
[Check Tags Category](#) +
[Chemicals and Drugs Category](#) +
[Disciplines and Occupations Category](#) +
[Diseases Category](#) +
[Geographical Locations Category](#) +
[Health Care Category](#) +
[Humanities Category](#) +
[Information Science Category](#) +
[Organisms Category](#) +
[Persons Category](#) +
[Pharmacological Actions Category](#) +
[Phenomena and Processes Category](#) +
[Psychiatry and Psychology Category](#) +
[Publication Type Category](#) +
[Subheadings Category](#) +
[Technology and Food and Beverages Category](#) +

Keywords – Respiratory distress syndrome

NCBI Resources How To MeSH Sign in to NCBI

MeSH [MeSH] [respiratory distress syndrome] Search

Save search Limits Advanced Help

Display Settings: Summary, 20 per page

The following term was not found in MeSH: respiratory.

Results: 11

- ☐ [Respiratory Distress Syndrome, Adult](#)
 1. A **syndrome** characterized by progressive life-threatening RESPIRATORY DISTRESS, usually following a systemic insult such as surgery or trauma. Year introduced: 1977
- ☐ [Respiratory Distress Syndrome, Newborn](#)
 2. A condition of the newborn marked by DYSPNEA with CYANOSIS, expiratory grunt, and retraction of the suprasternal notch or costal margins in diabetic mothers, and infants delivered by cesarean section, and some infants of diabetic mothers. Year introduced: 2004 (1965)
- ☐ [Hantavirus Pulmonary Syndrome](#)
 3. Acute respiratory illness in humans caused by the Muerto Canyon virus. First identified in the southwestern United States, this syndrome is characterized by headache, cough, and rapid respiratory failure. Year introduced: 1995
- ☐ [Acute Chest Syndrome](#)
 4. Respiratory **syndrome** characterized by the appearance of a fever, cough, chest pain, tachypnea, or DYSPNEA, often seen in patients with sickle cell disease and pulmonary EMBOLISM may contribute to the development of this syndrome. Year introduced: 2010
- ☐ [Systemic Inflammatory Response Syndrome](#)
 5. A systemic inflammatory response to a variety of clinical insults including degrees C or HYPOTHERMIA <36 degrees C. (2) TACHYCARDIA >12,000 cells/cubic mm or 10% immature forms. (3) LEUKOCYTOSIS >12,000 cells/cubic mm or 10% immature forms. (4) noninfectious insults such as TRAUMA; BURNS; or PANCREATITIS. Year introduced: 2007 (1995)
- ☐ [Ovarian Hyperstimulation Syndrome](#)
 6. A complication of OVULATION INDUCTION in infertility treatment, characterized by multiple OVARIAN FOLLICLES; OVARIAN CYSTIC ENLARGEMENT; RENAL FAILURE; respiratory distress; and even DEATH. Increased capillary permeability is caused by the vasoactive substances, such as VASCULAR ENDOTHELIAL GROWTH FACTORS, secreted by the overly-stimulated OVARIES. Year introduced: 1992

Respiratory Distress Syndrome, Newborn MeSH See more.

Keywords – Respiratory distress syndrome, newborn

NCBI Resources How To MeSH Sign in to NCBI

MeSH [MeSH] Search

Limits Advanced Help

Display Settings: Full

Send to: PubMed Search Builder

Respiratory Distress Syndrome, Newborn

A condition of the newborn marked by DYSPNEA with CYANOSIS, heralded by such prodromal signs as dilatation of the alae nasi, expiratory grunt, and retraction of the suprasternal notch or costal margins, mostly frequently occurring in premature infants, children of diabetic mothers, and infants delivered by cesarean section, and sometimes with no apparent predisposing cause. Year introduced: 2004 (1965)

PubMed search builder options

Subheadings:

<input type="checkbox"/> analysis	<input type="checkbox"/> epidemic
<input type="checkbox"/> anatomy and histology	<input type="checkbox"/> ethnology
<input type="checkbox"/> blood	<input type="checkbox"/> etiology
<input type="checkbox"/> cerebrospinal fluid	<input type="checkbox"/> genetics
<input type="checkbox"/> chemically induced	<input type="checkbox"/> history
<input type="checkbox"/> classification	<input type="checkbox"/> immunology
<input type="checkbox"/> complications	<input type="checkbox"/> legislative
<input type="checkbox"/> congenital	<input type="checkbox"/> metabolism
<input type="checkbox"/> cytology	<input type="checkbox"/> microbiology
<input type="checkbox"/> diagnosis	<input type="checkbox"/> mortality
<input type="checkbox"/> diet therapy	<input type="checkbox"/> nursing
<input type="checkbox"/> drug therapy	<input type="checkbox"/> organization
<input type="checkbox"/> economics	<input type="checkbox"/> parasitology
<input type="checkbox"/> embryology	<input type="checkbox"/> pathology
<input type="checkbox"/> enzymology	<input type="checkbox"/> physiology
	<input type="checkbox"/> veterinary
	<input type="checkbox"/> virology

☐ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C08.381.842, C08.618.842, C16.614.571.563

Entry Terms:

- Neonatal Respiratory Distress Syndrome
- Respiratory Distress Syndrome, Infant
- Infantile Respiratory Distress Syndrome

Respiratory Distress Syndrome (35439) PubMed

Respiratory Distress Syndrome (4) MeSH

"Respiratory Distress Syndrome, Newborn"[MeSH] (13229) PubMed

Respiratory Distress Syndrome, Adult MeSH

Respiratory Distress Syndrome, Newborn MeSH

See more.

유사어, 동의어
→ MeSH 아님

Abstracts & Keywords I

Purpose: The anterior region is a challenge for most clinicians to achieve optimal esthetics with dental implants. The provisional crown is a key factor in the success of obtaining pink esthetics around restorations with single implants, by soft tissue and inter-proximal papilla shaping. Provisional abutments bring additional costs and make the treatment more expensive. Since one of the aims of the clinician is to reduce costs and find more economic ways to raise patient satisfaction, this paper describes a practical method for chair-side fabrication of non-occlusal loaded provisional crowns used by the authors for several years successfully.

Methods: Twenty two patients (9 males, 13 females; mean age, 36,72 years) with one missing anterior tooth were treated by using the presented method. Metal definitive abutments instead of provisional abutments were used and provisional crowns were fabricated on the definitive abutments for all of the patients. The marginal fit was finished on a laboratory analogue and temporarily cemented to the abutments. The marginal adaptation of the crowns was evaluated radiographically.

Results: The patients were all satisfied with the final appearance and no complications occurred until the implants were loaded with permanent restorations.

Conclusions: The use of the definitive abutments for provisional crowns instead of provisional abutments reduces the costs and the same results can be obtained.

Keywords: Dental abutments, Dental implants, Dental marginal adaptation, Dental prosthesis.

Abstracts & Keywords II

Circadian clocks are the endogenous oscillators that harmonize a variety of physiological processes within the body. Although many urinary functions exhibit clear daily or circadian variation in diurnal humans and nocturnal rodents, the precise mechanisms of these variations are as yet unclear. In this review, we briefly introduce circadian clocks and their organization in mammals. We then summarize known daily or circadian variations in urinary function. Importantly, recent findings by others as well as results obtained by us suggest an active role of circadian clock genes in various urinary functions. Finally, we discuss possible research avenues for the circadian control of urinary function.

Keywords: Circadian clocks; Urinary bladder; Urination; Urinary function

Purpose: Although several reports have been published regarding the coexistence of hyperparathyroidism and papillary thyroid carcinomas, concurrence of parathyroid adenoma and papillary thyroid carcinoma is extremely rare. The aim of this study was to describe experiences with concurrent parathyroid adenoma and papillary thyroid carcinoma. **Methods:** Seven patients with concurrent parathyroid adenoma and papillary thyroid carcinoma were identified between January 2006 and December 2007, and their medical records were reviewed retrospectively. **Results:** Of the seven patients identified, three were male and four were female; their mean age was 53.6 years. None of the patients presented with symptomatic hyperparathyroidism preoperatively. On laboratory findings, four patients had mild to moderate hypercalcemia, but serum parathyroid hormone concentrations were high in all patients. Preoperative imaging showed suspicious features of diseased parathyroid glands in four patients; two upon ultrasonography and computed tomography together and two upon ultrasonography only. The coexistence of parathyroid adenoma did not affect the extent of thyroid surgery. Laboratory values after surgery returned to within normal ranges in all patients. **Conclusion:** It is important not only to analyze serum calcium levels but also to carefully interpret imaging studies in order to identify asymptomatic hyperparathyroidism when performing thyroid cancer surgery.

Key Words: Parathyroid neoplasms, Papillary thyroid cancer

본문 - 원저

- 원저(original article)

INTRODUCTION / (MATERIALS AND) METHODS / RESULTS / DISCUSSION

Introduction, Materials and Methods, Results, Discussion

I. INTRODUCTION, II. METHODS, III. RESULTS, IV. DISCUSSION

Primary	Materials and Methods	MATERIALS AND METHODS
Secondary	1. Methods	Methods
Tertiary	1) <i>Patient</i>	<i>Patient</i>

본문 – 종설, 증례

- 종설(review article)

(INTRODUCTION) / 본문에서 제목 도출 (BODY TEXT) / CONCLUSION(S)

- 증례(case report)

(INTRODUCTION) / CASE REPORT(S) / DISCUSSION

Primary	CASE REPORTS	CASE REPORTS
Secondary	1. Case 1	Case 1

Original article

Introduction

The pandemic influenza A/H1N1 viral infection was first identified in March 2009³; this virus was antigenically and genetically unrelated to human seasonal influenza viruses, but genetically related to viruses known to circulate in swine². The world experienced its first wave of pandemic influenza A/H1N1 activity in the spring of 2009, followed by a second wave in the fall, peaking at the end of October. An early report on 18 hospitalized patients who were victims of the initial outbreak in Mexico showed that the pandemic H1N1 2009 virus caused severe illness and death in previously healthy young to middle-aged individuals; it has since been noted that the majority of patients continue to experience mild illness¹.

There have been a few reports of H1N1 characteristics and outcomes among children hospitalized with pandemic influenza A/H1N1 2009 viral infection^{3,4}. Although children are considered to be more vulnerable to pandemic influenza pneumonia, few reports describe the characteristics of this pneumonia in pediatric patients^{5,6}. This study describes the clinical and epidemiologic features of the viral infection among pediatric patients hospitalized with pandemic influenza A/H1N1 pneumonia from September 2009 to February 2010 at a tertiary medical center in Korea.

Materials and methods

We reviewed the medical charts and radiologic and laboratory

1. Microbiological studies

Nasopharyngeal swab specimens (Flexible MiniTip 503CS01 Flock Swabs, Diagnostic Hybrids, Athens, OH, USA) were collected at admission. Specimens were placed in 3 MI Universal Transport Medium (Diagnostic Hybrids) and kept at 2 to 4°C. RT-PCR testing was done in accordance with published guidelines from the U.S. Centers for Disease Control and Prevention.

2. Statistical analysis

We compared data between patients with pandemic H1N1 pneumonia and those with pandemic H1N1 infection without pneumonia. Logistic regression was used to identify the characteristics of the children in each group. The Fisher's exact test was used to compare categorical variables. Statistical analysis was performed with the SPSS ver. 16.0 (SPSS Inc., Chicago, IL, USA). A *P* value of less than 0.05 indicated a significant difference.

Results

1. Patient characteristics

In our institution, 11,662 pediatric patients (all under 18 years of age) were tested for pandemic influenza A/H1N1 2009 from September 2009 to February 2010 (Table 1). Among them, 5,367 patients (46%) tested positive; 72 of the 5,367 patients were admitted to the hospital, and 54 of these 72 patients had pandemic influenza A/H1N1 pneumonia confirmed by means of RT-PCR (Table 2).

increase in intra-abdominal pressure [14].

Water exercise including swimming is a common strategy in physical medicine and rehabilitation [15]. When exercising in water, buoyancy supports the body to reduce the vertical load

MC plays function. r, which PMC is PA) [5]. PMC are f the hy t to take ulate the e lesions

c factors F is pro tical and ncreased th lower mptoms, flamma- also ob- sory ur-

acologic to cure surgical he pelvic duce in- strength- uring an

MATERIALS AND METHODS

Animals

Adult female Sprague-Dawley rats weighing 240 ± 5 g (9 weeks old) were obtained from a commercial breeder (Orient Co., Seoul, Korea) for the experiment. The experimental procedures were performed in accordance with the animal care guidelines of the National Institutes of Health and the Korean Academy of Medical Sciences. The animals were housed under controlled temperature ($23 \pm 2^\circ\text{C}$) and lighting (12 hours of light: 0800–2000 hours) conditions and were supplied with food and water ad libitum before and after the surgery. The rats were randomly divided into three groups ($n = 6$ in each group): the sham-operation group, the transabdominal urethrolisis-induced group, and the transabdominal urethrolisis-induced and swimming group.

Surgical Induction of SUI

To induce SUI, transabdominal urethrolisis was performed as previously described [2]. The rats were anesthetized with Zoletil 50 anesthesia (10 mg/kg, i.p.; Virbac Laboratories, Carros, France). After an abdominal incision was made, the bladder and the urethra were detached from surrounding tissues and nerves, and the urethra was detached from the anterior pubic bone. A cotton-tip swab was put into the vagina to aid with the dissection. In the sham operation group, an abdominal incision was made, but the urethra was not detached.

Swimming Protocol

The swimming exercise was performed according to the manufacturer's protocol [18]. The rats in the swimming group were

Case report

INTRODUCTION

Splenic infarction is a relatively uncommon diagnosis and this clinical presentation can mimic other causes of acute abdominal pain. Splenic infarction occurs as a consequence of systemic embolism, most commonly in patients with several cardiovascular risk factors. The clinical presentation of splenic infarction is nonspecific, and the diagnosis is often made by imaging. The etiology of splenic infarction is often unclear, and the clinical presentation can be misleading. The diagnosis of acute abdominal pain is often challenging, and the clinical presentation can be misleading.

CASE REPORT

We present an unusual case of splenic infarction in a 53-year-old male without any etiological factors. A fifty-three-year-old male patient was admitted to our hospital

CASE DESCRIPTION

Tooth extraction and site assessment

After local anesthesia, the teeth were gently extracted and extreme care was taken to avoid fracture of the socket walls. The tooth was extracted using a #15C blade both mesially and distally to ensure that this was accomplished as atraumatically as possible. The height of the available remaining alveolar bone for implant insertion above the extraction socket apex was estimated by panoramic radiograph whilst accounting for an average X-ray magnification of 30%. The width of the extraction socket was measured with a calibrated periodontal probe intraorally in the mesiodistal and labio-palatal directions.

Dental implant placement and GBR

After thoroughly cleaning the extraction socket with curettes, the implants were placed in the optimal three-dimensional position. At least 2 mm of the implant must be insert-

the extraction socket is also problematic, especially in the posterior area. Various techniques and materials have been developed and used to enhance bone formation and osseointegration within these sockets at the time of implant placement. The gap problem is relatively easily solved by filling the gap with graft materials and applying a membrane. Although small peri-implant bone defects can be completely healed without using guided bone regeneration (GBR) procedures [1], gaps exceeding 2 mm need to be grafted [2,3].

As stated above, one of the problems encountered is insufficient soft tissue to completely cover the GBR site, which usually makes it necessary to perform primary closure of the socket in order to protect the healing site from the oral environment. The use of bioabsorbable and nonabsorbable membranes usually necessitates primary closure over the socket, a requirement that increases surgical complexity. Moreover, although it is considered advisable to use a pedicled flap or a connective-tissue graft to achieve primary closure, this technique is not easy and is uncomfortable for the patient.

Review article

literature on factors predisposing infants to NEC and strategies for its prevention and management.

Pathogenesis

1. Intestinal immaturity

An underdeveloped gastrointestinal tract in preterm infants may trigger the development of NEC. Decreased intestinal peristalsis may result in extended exposure of the intestinal epithelium to noxious substances. Immature mucus coatings and incompletely formed tight junctions also contribute to disease pathogenesis^{5,6}. Additionally, the gastrointestinal tract's immunological functions are too immature in preterm infants to adequately respond to colonization by pathogenic bacteria⁷. For example, Toll-like Receptor-4 expression is down-regulated in the mature intestinal epithelium upon stimulation by gram-negative lipopolysaccharide but is increased in the immature intestinal epithelium, eliciting an exaggerated pro-inflammatory response through up-regulation of the NF- κ B pathway^{8,9}.

2. Infection and colonization by pathogenic bacteria

Prolonged antibiotic exposure is associated with an increased risk of NEC. This association persisted in multivariate analyses that excluded confounding factors, such as gestational age, birth weight, and sepsis¹⁰. Prolonged antibiotic exposure may not only delay beneficial colonization by normal gastrointestinal flora, but may also

it is suggested that severe anemia results in insufficient oxygen to meet the increased requirements of mesenteric vessels after enteral feeding. RBC transfusion may also interrupt the mesenteric vascular tone via an imbalance of nitric oxide and endothelin-1, stimulating the production of pro-inflammatory cytokines as occurs during multiple organ failure²². Recently, several in vitro studies have reported that sensitization to cow milk proteins may be involved in NEC pathogenesis^{23,24}. At present, however, data are insufficient to determine the involvement of these factors in the pathogenesis of NEC.

Preventive strategies

1. Enteral feeding strategies

Human breast milk may protect against NEC by inhibiting gut colonization by pathogenic flora, enhancing maturation of the intestinal barrier, and controlling the pro-inflammatory response. A meta-analysis of a few small randomized controlled trials concluded that human breast milk confers a protective effect against NEC^{25,26}. However, these trials varied in their definitions of breast milk and in trial design parameters, such as maternal vs. donor milk, term vs. preterm, fortified vs. unfortified, and feeding exclusively with human breast milk vs. supplementation with formula. A recent randomized controlled trial reported that an exclusively human-milk-based diet (i.e., human breast milk and a human-based fortifier) significantly

ing urological aging importance of proper ther urinary func- r circadian fluctua- tial natriuretic pep- Table 1). Thus, the ay contribute to the ons.

pathetic/parasymp- of the autonom- however, increased quite contradictory iminate during the autonomic nervous r. Finally, the circa- sidered when ex- yte excretion plays and the dysregula- e for many human

of urine volume in the LD condition, PDK mice lost this rhythmicity just 2 days after being released to DD. Moreover, urinary volume in PDK mice was significantly higher than in WT mice.

RESEARCH DIRECTIONS

As discussed so far, the circadian control of voiding function is undoubtedly an intriguing possibility and needs the immediate attention of researchers in the field. With several clock mutant animals available, novel approaches are needed to delineate whether urinary functions are under the direct control of the mammalian time-keeping system. First of all, the possible existence of a local bladder clock and its functional significance needs to be addressed. Clock genes oscillating and cycling transcriptome/proteome profiling in the detrusor, urothelium, and sphincter remain unexplored. A second path of research is whether there exist circadian variations in the neural control of the bladder. Because various anatomical locations including the bladder itself, spinal cord, pontine micturition center, and cortical sites contribute to the neural control of bladder function [104-106], possible circadian control in these sites needs to be addressed. Other paths of research include consequences of circadian rhythm disruption in terms of urinary functions and vice versa. Indeed, some research has shown that nocturia and polyuria disrupt sleep architecture and may predict obstructive sleep apnea, whereas acute sleep deprivation results in excess diuresis and natriuresis [107-109]. Also interesting will be the causal relationships between circadian and urological aging [71-74, 110-112].

In modern society, more and more workers are engaged in

ROLES OF CIRCADIAN CLOCKS IN URINARY FUNCTION?

Despite the ample evidence supporting clear circadian and diurnal variations in urine production and storage, the mechanism or mechanisms underlying this variation are largely unknown. Do circadian clocks, especially the local clocks in the kidney and bladder if they exist, have any significant roles? Two recent studies support this possibility. Zuber et al. [102] dem-

참고문헌

-NLM citing medicine

- 1978년 캐나다 벤쿠버 그룹이 생의학 학술지가 갖추어야 할 이상적인 형식과 지침 작성(편집인 소수)
- 미국 국립의학도서관(National Library of Medicine)이 개발한 참고문헌 형식 포함한 통일양식(Uniform Requirements) 작성, 출판 공표
- 이후 참여인원 확대 → 국제의학학술지 편집인위원회(International Committee of Medical Journal Editors, ICMJE)로 발전
- 당시 500개가 넘는 학술지의 에디터들이 통일 양식에 맞추어 투고하는 논문을 수용하는데 동의
- NLM citing medicine을 기준으로 학술지마다 변형 사용.

참고문헌

○ 일반적 지침

- 본문에서의 참고문헌 표기는 본문에서 인용된 순서에 따라 아라비아 숫자를 연속적으로 부여한다.
- 본문 내 표기 시 위첨자(superscript) 또는 각괄호로 표기한다.

As reported previously^{1,3-8,19},

The 2 largest studies to date included 26 patients [2] and 18 patients [3].

The largest lesion found in the first study was 10 cm [2].

참고문헌

○ 일반적 지침

- 문장 내 참고문헌 표기는 콤마(,)와 피어리드(.)의 경우 바깥쪽에 세미콜론(;)과 콜론(:)의 경우 안쪽에 위치한다.
- 연속 번호는 대쉬를 이용하여 표기하며 번호를 구분하기 위해 스페이스를 두지 않고 콤마를 사용한다.
- 참고문헌 번호 표기 시 숫자나 축약된 측정 단위 뒤에 두는 것을 피하도록 한다.

Avoid The 2 largest studies to date included 26² and 18³ patients.

Better The 2 largest studies to date included 26 patients² and 18 patients.³

Avoid The largest lesion found in the first study was 10 cm.²

Better The largest lesion found in the first study² was 10 cm.

참고문헌

○ 본문 내 저자명 표기 및 번호 표기

본문에서 저자명은 성(surname)만 표기하고 참고문헌 번호는 성(surname)에 위치

· 저자가 1인

Doe⁷ reported on the survey

· 저자가 2인

Doe and Roe⁷ reported on the survey

· 저자가 3인 이상: 성 + "et al."

Doe et al.⁷ reported on the survey

참고문헌

○ 인쇄 저널(print journal) 표기

- 저자명(author's surnames and initials)
- 논문의 제목과 부제목(title of article and subtitle, if any)
- 저널 약어명(abbreviated name of journal)
- 연도(year)
- 볼륨(volume number)
- 호(이슈, issue number)
- 별호(part or supplement number when pertinent)
- 페이지(inclusive page numbers)

참고문헌

○ 인쇄 저널(print journal) style 비교

NLM style

Stearns V, Slack R, Greep N, Henry-Tilman R, Osborne M, Bunnell C, Ullmer L, Gallagher A, Cullen J, Gehan E, Hayes DF, Isaacs C. Paroxetine is an effective treatment for hot flashes: results from a prospective randomized clinical trial. J Clin Oncol. 2005 Oct;23(28):6919-30.

AMA style

Stearns V, Slack R, Greep N, et al. Paroxetine is an effective treatment for hot flashes: results from a prospective randomized clinical trial. J Clin Oncol. 2005 Oct 1;23(28):6919-6930.

국내 의학 저널에서 많이 사용하는 style

Stearns V, Slack R, Greep N, Henry-Tilman R, Osborne M, Bunnell C, et al. Paroxetine is an effective treatment for hot flashes: results from a prospective randomized clinical trial. J Clin Oncol 2005;23:6919-30.

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Rastan S, Hough T, Kierman A, Hardisty R, Erven A, Gray IC, et al. Towards a mutant map of the mouse: new models of neurological, behavioural, deafness, bone, renal and blood disorders. Genetica 2004;122:47-9.

-기관이 저자인 경우 (모기관, 부속기관 순으로 나열. 구분은 콤마 기호 사용)

American College of Dentists, Board of Regents. The ethics of quackery and fraud in dentistry: a position paper. J Am Coll Dent 2003;70:6-8.

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- 저자명(author's surnames and first and middle names)
- (책의)장 제목(chapter title)
- 도서 저자명
- 도서명과 부서명(title of book and subtitle, if any)
- 볼륨 사항(volume number and volume title)
- 판차 사항(edition number; do not indicate first edition)
- 출판지(place of publication)
- 출판사(name of publisher)
- 판권연도(year of copyright)
- 페이지(page numbers, when specific pages are cited)

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NLM style

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이해충돌(Conflict of Interest)

- 저자들의 재정적 공시(financial disclosure)는 표제지 또는 Acknowledgments section에 고지.
- 별도의 "Conflicts of Interest" 섹션에 고지하는 것이 추세.
- 재정적 이해관계(financial interest and conflicts) 없는 경우에도 없다는 것을 기재.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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알림(Acknowledgments)

- 논문의 다양한 정보를 커버하는 포괄적인 용어(blanket term).
- 논문에 요구되는 다양한 정보 기재.
- 본문(body text or main text)의 연장선으로 보기 때문에 약어를 그대로 사용.

- General advice, guidance, or supervision
- Critical review of the manuscript
- Critical review of study proposal, design, or methods
- Data collection or data analysis
- Statistical assistance, technical assistance, research assistance or advice
- Writing assistance, editorial assistance, bibliographic assistance, clerical assistance
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- 저자 기여 사항(author contributions)

Author Contributions: Dr. Yaffe had full access to all of the data in the study and takes responsibility for the integrity fo the data and the accuracy fo the data analysis.

- 사전 발표(previous presentation)

Previous Presentation: The results of this study were presented at the British Association of Dermatologists Annual Meeting, July 8, 2004; Glasgow, Scotland.

알림(Acknowledgments)

-연구에 관여된 스폰서의 역할(role of sponsor)

Role of the Sponsor: Progen International Inc supplied the neurochemical assay used in this study and funded the study. Through Dr. Kroll, Progen International Inc participated in the design and conduct of the study, in the collection, analysis, and interpretation of the data; and in the preparation of the manuscript. Progen International Inc reviewed the manuscript before submission and paid for editing assistance.

-기업이 후원하는 연구에 대해 학술 기관에서 행하는 독립적 통계 분석(independent statistical analysis)

Independent Statistical Analysis: Independent statistical review of the data included in this analysis was performed by Stuart Pocock, PhD, and Duolao Wang, both of the London School of Hygiene and Tropical Medicine.

표와 그래프(Table & Graph)

-좋은 표와 그래프의 특징

- 중요하거나 꼭 필요한 정보를 나타내거나 강조하는데 사용되어야 한다.
- 표와 그래프의 수는 제한이 되어야 한다. 많은 의학저널 출판사들이 표와 그래프의 수를 5개 이내로 제한하고 있다.
- 각각의 표와 그래프는 하나의 분명한 포인트가 있어야 하며 단순화해야 한다.
- 표는 명료하고 간결해야 한다. 이는 좋은 본문의 편집지침과 동일한 원칙이다.
- 별도의 설명과 본문 없이도 해석되고 이해될 수 있어야 한다.
- 논리적인 순서대로 정리되어야 한다. 보통 내림차순으로 구성할 수 있다.
- 본문, 표, 그래프 모두에 걸쳐 일관성 있는 용어를 사용해야 한다.
- 투고규정, 가이드라인 등 관련 기준을 따른다.

Table

-일반적 지침(general guideline)

- 표 내에서 가로줄과 세로줄을 사용하지 않는다.
- 본문에서 언급하는 순서에 따라 번호를 부여하며 일반적 표기 방식은 문장 내일 경우 "Table 1"으로 표기하고 문장의 마지막에 언급할 경우 괄호를 사용하여 "(Table 1)"로 표기한다.
- 본문에서 사용된 Table이 하나일 경우 번호를 매기지 않고 "Table"로만 표기하지만 학술지에 따라 "Table 1"으로 표기하는 경우도 있다.
- 수치를 나타내는 표의 경우 데이터 필드를 공란으로 두지 않으며 "0" 또는 "-"로 적절하게 공란을 채운다. 검사를 시행하지 않은 경우에는 ND 또는 NA라고 기재한다.
- 표가 길어 다음 페이지로 넘어가는 경우 제목 뒤에 "continued"를 괄호로 표기하며 표의 열제목을 반복 기재한다.

Table

-제목(title) 표기 지침

- 본문 내 언급되는 순서에 따라 아라비아 숫자 순으로 번호를 매긴다.
(Table 1, Table 2...)
- 표의 제목에서 사용하는 대소문자 규칙은 논문 제목의 대소문자 규칙을 따르는 것이 일반적이지만 학술지마다의 정책에 따라 다르다.
- 표의 제목은 보통 문장(sentence) 보다는 구(phrase) 형태로 쓰여진다.
- 행제목이 표기되는 맨좌측 열(left-hand column)은 독립변수(independent variable)를 맨상단의 행은 열에 따라 종속변수(dependent variable)를 표기한다.
- 행과 열의 제목이 수치를 나타내면 단위를 함께 기재한다.

Table

-설명(legend) 표기 지침

- 첫 번째 기입(entry): 일반적으로 데이터의 표기에 관한 설명을 기재한다.
- 두 번째 기입: 표에 사용된 약어를 풀이할 수 있다.
학술지마다 기준이 다를 수 있으며 약어 풀이 순서는 알파벳순 또는 테이블의 좌에서 우로 위에서 아래순으로 위치한 약어를 순서대로 풀이를 하며 약어 사이의 구분 기호는 일반적으로 약어 다음 콤마(,)를 준 후 풀이를 기술하고 세미콜론(;)으로 다음 약어와 구분하여 준다.
- 세 번째 기입: 주석(footnote)에 대한 설명을 표기할 수 있다.
정책에 따라 위첨자 기호(*, †, ‡, §, ||, ¶, **, ††, ‡‡, ...), 위첨자 알파벳(a, b, c, d, e...) 사용
- 네 번째 기입: 테이블의 정보원(source)과 저작권자로부터의 사용 승인에 대한 내용을 표기할 수 있다.

Graph

-일반적 지침

- 투고규정과 샘플 그래프를 보고 사이즈를 결정한다.
- 라인, 바 그래프의 경우 대부분 1 column 폭 이내로 구성한다.
- 읽기 쉽게 구성하고 과한 디자인을 피한다.
- x축에 독립변수(independent variable)를 y축에 종속변수(dependent variable)를 기재한다.

-적합한 그래프 선택하기

- 연속형(continuous) 데이터의 경우
같은 간격의 연속적인 데이터로 표현되며 라인 그래프를 선택한다.
- 범주형(categorical) 데이터의 경우
범주에 따른 분류(남성, 여성), 순서에 따른 분류(첫 번째, 두 번째 그룹), 순서 없는 분류(빨강, 노랑)), 간격에 따른 분류(10-19, 20-29년) 등의 경우에 바 그래프 또는 칼럼 그래프를 선택한다.

표와 그래프(Table & Graph)

-시간 단위 표기

- 대부분의 학술지들이 SI (International System of Units)를 준수
- 테이블 내에서 사용하는 시간 단위는 second가 유일한 SI (International System of Units) 단위이며 나머지는 파생(derived) SI 단위로 second와 함께 표와 그림 등에서 약어 형태 SI unit처럼 통상 사용된다.

Year → y, yr

Month → mo

Week → wk

Day → d, day

Hour → h, hr

Minute → min

Second → s, sec

First week (o), 1st wk (o), Week 1 (o), First wk (x)

Table

Table 1. Comparison of the baseline characteristics of the patients

Variables	Group A	Group B	P-value
No. of patients	150	181	
Age (yr)	62.40 ± 0.82	67.08 ± 0.60	0.001
Prostate volume (g)	41.50 ± 1.73	48.10 ± 1.38	0.007
Qmax (mL/sec)	12.73 ± 0.65	11.95 ± 0.40	0.549
PSA (ng/mL)	3.33 ± 0.44	4.21 ± 0.50	0.210
PVR (mL)	59.0 ± 9.71	86.43 ± 7.40	0.17
IPSS			
Total	14.65 ± 0.67	16.46 ± 0.67	0.061
Storage subscore	6.23 ± 0.31	6.84 ± 0.31	0.172
Voiding subscore	8.42 ± 0.46	9.61 ± 0.44	0.066
QoL subscore	3.47 ± 0.106	3.71 ± 0.094	0.099

Values are presented as mean ± SEM.

Qmax, maximum urinary flow rate; PSA, prostate specific antigen; PVR, post voiding residual volume; IPSS, International Prostate Symptom Score; QoL, quality of life.

Group A: alpha blocker group. Group B: alpha blocker + 5ARI group.

Table 2. Voiding dysfunction symptoms reported at 3 and 6 months after surgery

Parameters	3 mo	6 mo
Straining	19 (38.0)	8 (16.0) ^{a)}
Incontinence	13 (26.0)	5 (10.0)
Urgency	8 (16.0)	5 (10.0)
Dysuria	5 (10.0)	3 (6.0)
Overall symptoms	19 (38.0)	8 (16.0) ^{a)}
Need catheterization	6 (12.0)	2 (4.0)

Values are presented as number (%).

^{a)}Statistical significance by Mann-Whitney test between low anterior resection and abdominoperineal resection.

대한의학학술지편집인협회의 학술지 재평가 항목

실물평가항목

2-10 표(table)의 설명문안과 배치

- (1) 1점 : 오타자가 없다.
- (2) 1점 : 사용한 설명 각주가 올바르다.
- (3) 1점 : 표의 내부 중간에 세로줄, 가로줄이 없다.
- (4) 1점 : 표의 내부에 정렬의 일관성이 있다.
- (5) 1점 : 표의 크기 및 배치가 적절하다.
- (6) -3점 : 원본 표가 아니거나 남의 표를 사용하면서 원저를 인용하지 않고 있다(3점을 감점함).
- () : (1)-(6) 해당 점수의 합

Figure

-Figure 형식

- 파일 format: TIFF, EPS (JPEG는 해상도가 높을 경우)
- 적정 size: 그림의 가로폭(width)이 4 inch (인쇄본 1 column 사이즈)
- 해상도
 - 900 DPI/PPI for black and white images, such as line drawings or graphs.
 - 600 DPI/PPI for photographs containing pictures and line elements, i.e., text labels, thin lines, arrows.
 - 300 DPI/PPI for picture-only photographs.

-Figure legend

그림은 그 자체만으로도 설명이 가능해야 하므로 그림 제목 다음에 부가적인 정보와 약어 풀이, 주석에 대한 설명도 함께 기술한다.

Fig. 1. Anatomy of a line graph (**title**). The legend provides additional descriptive information as needed to make the graph self-explanatory (**legend**). **Abbr.**, abbreviation (abbreviation). ^{a)}Fictitious, not actual, data (**footnote**).

· 현미경 사진의 경우 염색방법 및 배율을 기록함.

ex) (H&E, x100), (IHC, x400), (Goldner's trichrome staining, x40) 등

Figure III

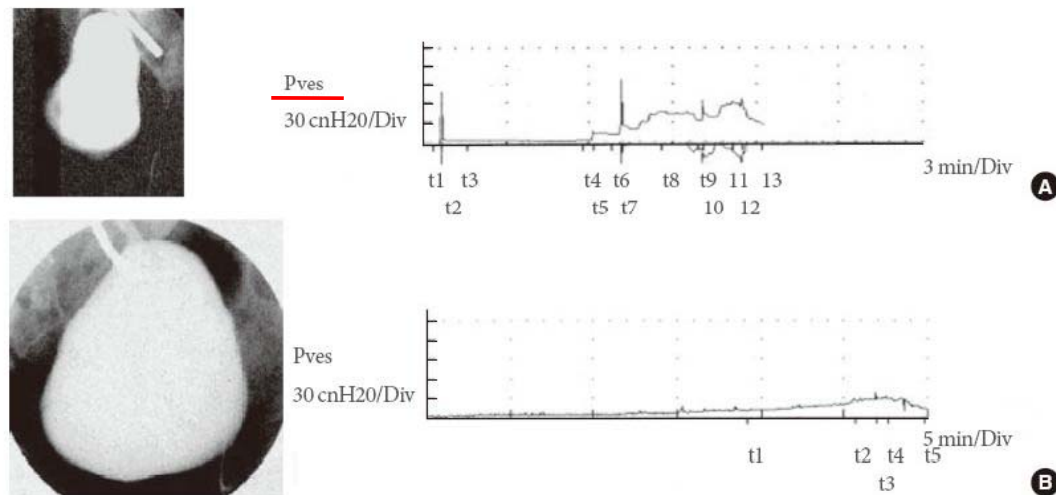


Fig. 2. Cystograms and urodynamic studies of a patient before and after implantation of the tissue engineered bladder. (A) Preoperative results indicate an irregular-shaped bladder in the cystogram (left) and abnormal bladder pressures as the bladder is filled during urodynamic studies (right). (B) Postoperatively, findings are significantly improved. Pves, intravesical pressure. (Reprinted from Atala A, Bauer SB, Soker S, Yoo JJ, Retik AB. *Lancet* 2006;367:1241-6, with permission of Elsevier Limited [97]).

Figure



Figure 9. Defect formation group. Activated osteoblasts are aligned along the alveolar bone and relatively large blood vessels are located nearby (H&E staining, x400).

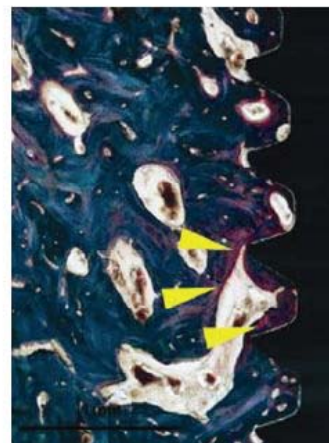


Figure 1. Histologic view of the fibronectin-coated sandblasted, large-grit, acid-etched group at 4 weeks (Goldner's trichrome staining, x40). Osteoid matrix (arrow) and newly formed mineralized bone in the interthread space were observed.

대한의학학술지편집인협의회 학술지 재평가 항목

실물평가항목

2-11 사진의 선명도, 설명 및 배치

- (1) 1점 : **사진이 선명하다.**
 - (2) 1점 : 설명체재 (배율, 염색명 등 포함)에 일관성이 있다.
 - (3) 1점 : 설명이 정확하고(사진에 각주, 화살표 등 표시) 상세하다.
 - (4) 1점 : 크기와 배치가 적절하다.
 - (5) 1점 : 사진설명에 오타자가 없다.
 - (6) -3점 : **원본 사진이 아니거나 남의 사진을 사용하면서 원저를 인용하지 않고 있다(3점을 감점함).**
- () : (1)-(6) 해당 점수의 합

2-12 도형그림(line drawing)의 작성 방법, 글씨 크기 및 배치

- (1) 1점 : 도형그림이 선명하다.
 - (2) 1점 : 글씨 크기가 적절하다.
 - (3) 1점 : 도형그림 크기가 적절하다.
 - (4) 1점 : 배치가 적절하다.
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- () : (1)-(6) 해당 점수의 합

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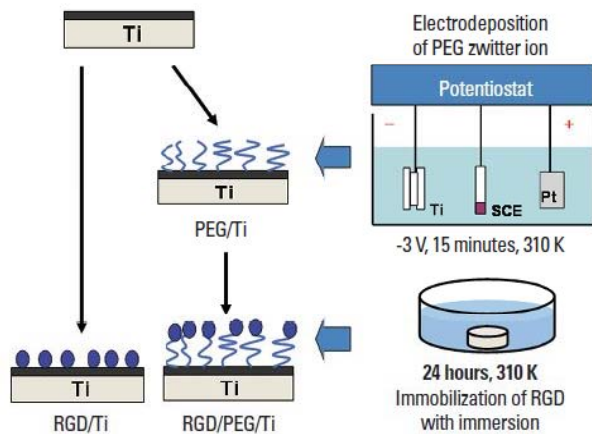


Figure 11. Poly(ethylene glycol) (PEG) twitter ion is electrodeposited to titanium (Ti) firstly and Arg-Gly-Asp (RGD) is immobilized on the PEG. (Modified from Tanaka Y, Saito H, Tsutsumi Y, Doi H, Nomura N, Imai H, et al. *J Colloid Interface Sci* 2009;330:138-43, with permission of Elsevier) [48].

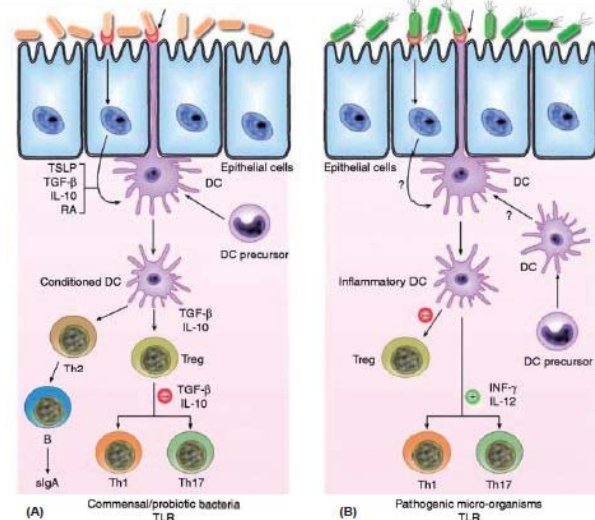


Fig. 1. Schematic view of the potential mechanism of action by which commensal bacteria and pathogenic bacteria interact with Toll-like receptors (TLRs) and elicit different immune responses. (A) Commensal and probiotic bacteria interact with intestinal epithelial-cell barrier and dendritic cells (DCs) resident in the intestine. Some cytokines, including interleukin (IL)-10, transforming growth factor beta (TGF-β) and thymic stromal lymphopoietin (TSLP), are expressed in intestinal epithelial cells, as a result of their interactions. Stimulation of cell TLR mediated by bacteria leads to up-regulation of TGF-β and IL-10, which in turn may limit the responsiveness of intestinal DCs resulting in the expansion and/or survival of T-cells with regulatory capacities, and limiting the ability of driving Th1, Th2 and Th17-cell responses. (B) Pathogenic bacteria have virulence factors that interact with intestinal epithelial-cell barrier and DCs resident in the intestine. Invasion of epithelium and direct interaction with DCs lead to activation of TLR and enhanced production of pro-inflammatory cytokines including interferon-gamma (IFN-γ) and IL-12, which are capable of driving Th1, Th2 and Th17 response. RA, retinoic acid; sigA, secreted Ig A; Th, T helper cell; Treg, T regulatory cell (Reprinted from Gomez-Llorente C, Munoz S, Gil A. *Proc Nutr Soc* 2010; 69:381-9, with permission of Cambridge University Press) [50].


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Effect of pH on the interaction between zwitterions and titanium oxide

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Abstract

The isoelectric points (IEPs) of two zwitterions, glycine and both-terminals-terminated poly(ethylene glycol) (NH₂-PEG-COOH), were determined from the titration curves, and the thicknesses of zwitterion layers

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Stimulus-triggered Acquisition of Pluripotency (STAP)

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Nature 505, 641–647 (30 January 2014)

NATURE | ARTICLE

日本語要約

Stimulus-triggered fate conversion of somatic cells into pluripotency

Haruko Obokata, Teruhiko Wakayama, Yoshiaki Sasai, Koji Kojima, Martin P. Vacanti, Hitoshi Niwa, Masayuki Yamato & Charles A. Vacanti

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5 Tips to avoid accidental plagiarism

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1. 다른 사람의 작업에 출처 표기
2. 안전한 논문을 위해서는 따옴표!
3. 표현을 바꿀 때는 정확하게
4. 메모는 신중하게
5. 일반적인 과학 상식에도 출처 표기

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원고의 기술방법

○ 띄어쓰기(spacing)

- 수식 연산자(mathematical symbols)와 숫자 사이 학술지의 정책에 따라 띄어쓰기 여부의 선택이 가능하다.

$a + b$ $a = b$ $a \pm b$ $a > b$ $a < b$

$a+b$ $a=b$ $a\pm b$ $a>b$ $a<b$

· 단위(unit)와 숫자 사이

온도(° C)와 각도(°), 퍼센트(%)는 숫자와 반드시 붙여서 사용한다.

37.5 °C (o) 37.5 °C (x)

45° (o) 45° (x)

40% (o) 40 % (x)

· 그 외 단위들은 숫자와 띄어쓰기는 하는 것이 일반적이다.

15 cm 20 mm 21 kg/m² 140 nmol/L

100 mm Hg (AMA style 권장 표기)

100 mmHg (학술지마다 정책에 따라 관례적으로 사용하는 경우가 많음)

원고의 기술방법

- 대문자(Capitalization)
 - 두문자어(acronyms and initialism)를 구성하는 단어
enzyme-linked immunosorbent assay (ELISA)
Colpidogrel as Adjunctive Repurfusion Therapy (CLARITY)
 - Table, Figure 등과 같은 지정어(designator)
... summarized in Table 2.
Table 1. Characteristics of allergy dermatitis group.
... the middle third of the basilar artery (Figure 1).
 - 유전자 기호(gene symbol): 이탤릭체 대문자
AFP B2M GLA NTSC GAPDH

원고의 기술방법

- 대문자(Capitalization)
 - 종속명(genus and species names)
Streptococcus pyogenes
streptococci (복수)
streptococcal (파생형용사)
 - 그리스 문자(Greek letter)
제목이나 문두에서 사용될 경우 그리스 문자 다음 처음 나오는 비그리스 문자
(non-Greek letter)는 대문자로 표기한다.

 β -Blocker use during pregnancy increases the risk that an infant will be small for
gestational age.

원고의 기술방법

- 대문자(Capitalization)

- 연결 단어(hyphenated compounds)

Anti-inflammatory Intra-abdominal

Long-term Follow-up Part-time X-ray

Cost-Benefit Low-Level B-Cell Age-Related

- 기타 대소문자 표기

아래 표기는 문장 내 위치에 상관없이 대소문자를 그대로 유지한다.

PubMed PubMed Central Scopus Embase MEDLINE Internet Web 등

원고의 기술방법

- 단위(Metric Units)

-복수형(plurals)으로 쓰지 않는다.

70 L (o) 70 Ls (x)

-형용사로 쓰일 경우 하이픈(-)을 사용한다

a 10-mm strip ...and 8-L container

-소수점 표기 시 소수점 앞에 0을 표기한다.

AMA style에서는 P 값의 경우 소수점 앞에 0을 두지 않지만 학술지마다 정책에 따라 일반 소수점 표기와 동일하게 소수점 앞에 0을 표기한다.

0.123 (o) .123 (x) $P < 0.01$ $P < .01$

원고의 기술방법

○ 단위(Metric Units)

-분수(fraction) 표기 시 SI unit 을 따른다.

2.5 kg (o) 2½ kg (x)

- SI 표기

Length

cm m km

Area

cm² m² km²

Mass

g kg

Volume

mL L m³

원고의 기술방법

○ 이탤릭체(Italics)

· 학술지의 정책에 따라 제목(heading)의 단계 구분에 사용된다

PRIMARY HEADING

Secondary Heading

Tertiary heading

· 도서나 저널 등의 표기에 사용된다.

New England Journal of Medicine

Allergy: principles and practice

· 영어가 아닌(non-English) 단어나 구의 경우

AMA style의 경우 영어의 일부분이 된 단어나 구는 이탤릭 처리 하지 않으나
학술지에 따라 관례적으로 이탤릭체로 사용한다.

in vivo in vitro en bloc

in vivo *in vitro* *en bloc*

원고의 기술방법

- 이탤릭체(Italics)

- 미생물, 식물, 동물의 속(genus)과 종(species)

단수(singular)와 품종(variety), 이종(subspecies)의 형태에 이탤릭체를 사용한다.

복수와 형용사형, 강(class), 목(order), 과(family)는 이탤릭체를 사용하지 않는다.

Baciliaceae

Staphylococcus aureus

Staphylococcus

staphylococci

staphylococcal

- 통계 용어

학술지의 정책에 따라 이탤릭체 사용 여부가 다르다.

P r U df R²

P r U df R²

원고의 기술방법

- 숫자(Numerals)

- 문두에 올 경우 풀어서 표기한다.

Six-Month Trial of Bupropion With Contingency Management for Cocaine Dependence in a Methadone-Maintained Population

- 분모와 분자 사이에 %가 끼어들어서는 안된다.

Death occurred in 6 of 200 patients (3%). (o)

Death occurred in 6 (3%) of 200 patients. (x)

- 퍼센트(%)와 숫자의 사용

from 10% to 20%

10%-20% (CSE 권장 표기, 10-20%)

between 10% and 20%

원고의 기술방법

- 숫자(Numerals)

- 분수 표기

일반적인 분수 표기는 형용사형, 명사형 상관없이 하이픈이 들어간 단어로 풀어서 표기한다.

Of those attending, nearly **three-fourths** were members of the association.

시간(time) 표기의 경우 소수점 표기보다는 분수 표기를 사용한다.

The surgery lasted **3¼** hours.

원고의 기술방법

- 하이픈(hyphen, -) 삭제 표기

ante-, anti-, bi-, co-, contra-, counter-, de-, extra-, ecto-, mid-, multi-, non-, over-, post-, pre-, pseudo-, re-, sub-, super-, trans-, tri-, ultra-, uni-, under-, semi-, intra-

antimicrobial / nonresident / coauthor / overproduction / overrepresented
preoperative / posttraumatic / midbrow / multicenter / interrater ...

2개의 동일한 모습 또는 3개의 동일한 자음이 올 경우 하이픈 유지
semi-independent / intra-abdominal / anti-inflammatory
hull-less / bell-like

서로 다른 의미

re-treat vs. retreat / re-formation vs. reformation / re-creation vs. recreation