

PMC XML tagging 관련 질문 사항

XMLink 이남영

PMC XML Tagging 관련 질문 1

1. Equation을 어떻게 처리하고 있는지?

MathML을 사용한다면 수작업으로 태깅하는지, 변환 프로그램은 있는지?

→ 현재 XMLink에서는 Equation을 이미지 처리 하고 <graphic> 태그를 사용함

In order to extract quantitative hemodynamic parameters, the SI time curves were fitted to a gamma variate function described by the equation (13-15)

$$C_{tissue}(t) = K(t - T_0)^\alpha e^{-(t - T_0)/\beta} + SI_{base}$$

where t is the time, and $C_{tissue}(t)$ is the measured SI as a function of time which is related to the concentration of the dye. K is a constant scale factor. α , β are parameters that define the shape of the curve. SI_{base} is base signal and T_0 is time of arrival. From the fitted values for α and β , one can deduce perfusion indices such as the time to reach peak concentration (t_p) and the apparent mean transit time (τ_{app}) as follows (15):

$$t_p = \alpha\beta \quad [2]$$

$$\tau_{app} = \beta(\alpha + 1) \quad [3]$$

Additionally, from measurements of the tissue and arterial concentration curves ($C_{tissue}[t]$ and $C_{arterial}[t]$) the volume of distribution of the agent was calculated directly as follows (14):

$$V = \frac{\int_0^\infty C_{tissue}(t) dt}{\int_0^\infty C_{arterial}(t) dt} \quad [4]$$

The central volume principle relates the terms perfusion (f), blood tissue partition coefficient (p) and the mean transit time (τ) (13, 15):

$$f = p / \tau \quad [5]$$

그림 1. Equation을 graphic 처리 했을때 Synapse 구현 모습

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Click on image to enlarge

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Click on image to enlarge

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Click on image to enlarge

$$f = p / \tau \quad [5]$$

그림 2. Equation을 graphic 처리 했을때 PMC 구현 모습

PMC XML Tagging 관련 질문 2, 3

2. SGML Entity List에 없는 특수문자의 경우는 어떻게 처리하는지?

<http://www.ncbi.nlm.nih.gov/entrez/query/static/entities.html>

3. <overline>이나 <underline>처럼 font style을 적용해야 하는데, <underline>은 PMC Preview site에서 확인할 수 있는데, <overline>을 사용한 경우는 PMC Preview site에서 확인을 할 수가 없다. 이것이 맞게 태깅된 것인가?

This study was performed to clarify the overall inter-relationships between the arteriosclerotic risk factors, including smoking, alcoholic consumption, obesity, serum cholesterol and triglyceride levels, high density lipoprotein, and systolic and diastolic blood pressure using a meta analysis method. The subjects of this study were included in 24 primary studies reported in Korea since 1980, which concerned arteriosclerotic risk factors. The results show that smoking is significantly associated with total cholesterol ($\bar{R} = .04$), triglyceride ($\bar{R} = .10$) and HDL-cholesterol ($\bar{R} = -.06$). Alcohol consumption is also significantly and positively associated with all three serum lipid parameters: cholesterol ($\bar{R} = .04$), triglyceride ($\bar{R} = .08$) and HDL-cholesterol ($\bar{R} = .10$). The effect of smoking and alcohol consumption on cholesterol levels were found to be almost equal. However, smoking has a predominant effect on triglyceride, whereas, alcohol consumption exerts an influence primarily on the HDL-cholesterol level. Obesity was positively correlated with cholesterol ($\bar{R} = .25$) and triglyceride ($\bar{R} = .21$), however, it was negatively correlated with HDL-cholesterol ($\bar{R} = -.14$). It appears that the serum lipid parameter, which shows strongest correlation with obesity, is the total cholesterol level. Obesity also showed a significant correlation with systolic ($\bar{R} = .19$) and diastolic blood pressure ($\bar{R} = .13$). Blood pressure was also positively correlated with cholesterol ($\bar{R} = .18$) and triglyceride ($\bar{R} = .26$), however, it correlated negatively with HDL-cholesterol ($\bar{R} = -.23$). In conclusion, the overall inter-relationships between the arteriosclerotic risk factors; smoking, alcohol consumption, obesity, serum lipid level and blood pressure were all found to be significant.

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4. XML 태깅하면서 잘못된 파일을 수정해서 한꺼번에 보내려면 어떻게 해야 하는가?

예) Affiliation에서 "Department of. " 태깅 틀린 것을 다시 업로딩하고 싶다.

PMC 등재 학술지: Korean J Rdiol, Yonsei Med J

PDF:

Departments of ¹Neurology, ²Internal Medicine, Seoul Metropolitan Boramae Hospital, Seoul, Korea.

XML Tagging:

Department of <label>1</label>Neurology, Seoul Metropolitan Boramae Hospital, Seoul, Korea.

Department of <label>2</label>Internal Medicine, Seoul Metropolitan Boramae Hospital, Seoul, Korea.

->

<label>1</label>Department of Neurology, Seoul Metropolitan Boramae Hospital, Seoul, Korea.

<label>2</label>Department of Internal Medicine, Seoul Metropolitan Boramae Hospital, Seoul, Korea.

PMC XML Tagging 관련 질문 5

5. Korean J Rdiol이 2000년 창간호부터 모든 레코드를 올리려고 하는데,
2008년 10월호부터 학회명이 "The Korean Radiological Society"에서
"The Korean Society of Radiology"로 변경되었다.

소급분을 올리려고 할 때 수정된 학회명으로 보내야 하는가?

-> 2006년 레코드에는 바뀌기 전의 학회명으로 작업하여 보낸 상태임.

PMC XML Tagging 관련 질문 6

6. 본문에 나온 각주를 <fn>으로 처리해도 되는지?

Meta-analysis for Diagnostic Efficacy of Ultrasonography on Appendicitis

Center (<http://www.medic.or.kr/>) and the Research Information Center for Health (<http://www.richis.org/>), but also the journal search window of homepages such as the Korean Radiological Society (<http://www.radiology.or.kr/>), the Korean Society of Medical Ultrasound (<http://www.ultrasound.or.kr/>), and the Korean Surgical Society (<http://www.surgery.or.kr/>) from 1985 to 2003. The second step involved a manual search of the contents and the bibliographies cited in each of the retrieved study. The medical subject headings used for this search were acute abdomen, appendix, appendicitis, diagnosis and ultrasound or ultrasonography (or US).

Qualitative Meta-analysis

A total of 73 Korean articles that contained information on ultrasonography for the diagnosis of acute appendicitis were selected. A diagnostic radiologist and a meta-analyst independently extracted the outcome variables of the individual articles onto a data sheet; disagreements were resolved by discussion or by cross-checking with the other co-workers. A systemic review team consisted of a diagnostic radiologist (for data extraction and clinical interpretation of the study results), a surgeon (for study selection and the clinical interpretation of the study results), a biostatistician (for data synthesis and analysis), and two meta-analysts (for the study design, the assessment of study quality and the statistical interpretation of the study results). A systematic literature review was conducted based on the previously suggested meta-analysis evaluation guidelines (40). The criteria for quality evaluation were as follows. 1) Only original articles were included. 2) Patients must have the predominant clinical findings for acute appendicitis. These clinical findings were mainly RLQ abdominal pain and RLQ tenderness or RLQ rebound tenderness. 3) The disease positive group within the studies must certainly include the histopathologic findings as a reference standard to confirm appendicitis, but the disease negative group could be confirmed by the surgical results or the clinical follow-up. The inflamed appendix was assessed by high-resolution, real time US according to the graded-compression method (2). The US criteria (41-42) for the diagnosis of appendicitis were an appendiceal diameter greater than 6 mm, a lack of compressibility, inflammation, echogenic periappendiceal fat, appendicolith, adjacent fluid collections (and hyperemia on color Doppler imaging). This study included the articles that presented over three of the US criteria in the materials and methods section of each study. Also, sufficient or available numeric information such as a 2 × 2 contingency table for data or the patient outcome data (sensitivity and/or specificity with the absolute numbers of positive and negative findings or the standard errors) of the US testing were contained in our inclusion criteria. Of the 33 articles evaluated at the final stage, 22 studies that had extensively used US for the diagnosis of acute appendicitis met these inclusion criteria; thus, all these were selected for the quantitative meta-analysis.

Quantitative Meta-analysis

The Hasselblad method with the SAS program was utilized for analyzing the contingency tables in this quantitative meta-analysis (43-44). The estimate of d and the 95% confidence intervals (CIs) were estimated using the sensitivity and specificity for each of the study's outcome data. The d measure used in this study is analogous to the effect-size measure described for continuous-outcome measures as a more simple calculation. Homogeneity testing was done to test whether the effect size parameters were reasonably constant across the studies (43). Because there was evidence of heterogeneity ($Q = 111.913$, p -value < 0.001), a random effects model was used instead of a fixed effects model.

Subgroup analyses (39, 45) were performed to provide further insight into the heterogeneity. Additionally we calculated the likelihood ratio for a positive US result (46). According to the literature review (18, 25, 26, 33, 35, 37, 47-50) and the results of the qualitative meta-analysis about the factors related to US accuracy for the diagnosis of appendicitis, we classified the subgroup criteria as the characteristics of the patients or the researcher. The patient characteristics included age, gender and the clinical status. Among these, the age and gender groups were classified as three age groups (young, adult and older) and two gender (male and female) dominant groups according to the weight (the percentage points). This was done by consensus of the systemic review team because of secondary aggregating data and the insufficient information concerning these variables in each study. The researcher characteristics included the sonographic examiner, the type of US and the diagnostic method. On the basis of the clinical presentations before the imaging test, we categorized the diagnostic method into two groups: the clinical examination (by the initial physical examination, the diagnostic scoring system (4) or leukocytosis) and the US examination.

3 Likelihood ratio for a positive US result = Sensitivity / (1 - Specificity)

4 The modified diagnostic score was based the 1994 recommendations of the European Society of Surgery (age > 50 years; 1.5, steady pain in the right low quadrant; 2, pain relocation to the RLQ; 2, tenderness in the RLQ; 2.5, rebound tenderness; 2.5, rigidity; 1, Rovsing sign; 2, Rosenstein sign; 2, and leukocyte > 10,000/mm³; 1.5) (66)

Korean J Radiol 6(4), December 2005

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7. 학술지 편집 에러로 생긴 문제들은 XML로 태깅 할때 올바르게 수정해 주는데, 이런 경우 PDF는 틀린 그대로의 Original PDF를 보내야 하는지, 아니면 제대로 수정된 PDF를 보내야 하는지? 혹은, 아예 수정하지 말고 인쇄본에 있는 그대로 태깅해서 보내야 하는지?

The level of EMG activity is presented with the rectified-integrated EMG for the whole valid period of each contraction session. In an isometric contraction, the value for the middle 8 seconds at week 0 (prior to strength training) was used to normalize the integrated EMG for the following 12 weeks. In the isotonic contraction, the value for the middle 8 contractions at week 0 was used for the same purpose.

Fig. 2 shows the process for FFT analysis using the LabView application. 42 all the epochs for the FFT had 512 data points that were 0.5 seconds long. Each epoch was overlapped with the next epoch by 75% (128 points) of the epoch length, and a total of 8 FFTs per second were performed.

In the present study, we measured, for the first time in Korea, the blood mercury concentration in pregnant women. We also showed, for the first time in Korea, that blood mercury levels are correlated with the frequency of fish consumption. According to blood samples taken from patients' first visits to the hospital, the blood mercury concentration in pregnant women was, on average, 2.94 $\mu\text{g/L}$. While the small sample size makes simple comparisons difficult, the average blood mercury concentration in pregnant Korean women, according to our data, was, indeed, higher than the women of childbearing age in the USA (2.94 vs 1.02 $\mu\text{g/L}$)⁸. Nevertheless, the Korean average was substantially lower, compared to Japanese women (18.2 ± 9.9 , 19 ± 36 $\mu\text{g/L}$) who consume fish in a larger quantity.^{7, 8} In addition, the blood mercury concentrations of the study subjects were, in most cases, within a normal range; however, there were six (10%) cases of pregnant women with a concentration higher than the level recommended by the EPA (5.8 $\mu\text{g/L}$), which was also slightly higher than results from a USA survey (8 vs 10%)⁸. Among the six cases in which

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8. PMC에 소급분을 작업하여 보내려고 하는데, 저자가 제출한 이미지 원본파일이 없어서 인쇄본 학술지를 스캔하려고 한다. Image Quality가 낮은 경우 그대로 보내도 되는지?

PMC XML Tagging 관련 질문 9

9. NLM DTD 3.0에 맞게 만든 xml 파일을 PMC Style Checker와 PMC XML Validator에서 확인하면 O.K.

PMC Article Previewer에 띄우면 not converted.

아직 DTD 3.0으로 태깅한 PMC Article Previewer는 사용할 수 없는지?

PMC Style Checker

"Clear" will take you back to the instruction page.

File: Z:\업무보고\회의록\nlm-dtd-3.0\pmc-dtd3.0\ymj-50-105-3.xml
DTD Validation: OK
PMC Style Check: OK

PMC XML Validator

"Clear" will take you back to the instruction page.

File: Z:\업무보고\회의록\nlm-dtd-3.0\pmc-dtd3.0\ymj-50-105-3.xml
No parsing errors.

PMC Article Previewer

[My articles](#) > ymj-50-105-3.xml

ymj-50-105-3.xml: not converted loaded: Apr 6 2009 6:58AM

[Delete](#)

ERROR
Conversion process failed
ERROR :[2009-04-06 07:02:17]: ymj-50-105-3.xml:
> converter is not implemented for this DTD
> "/pmc/load/converter3/dtd/nlm/3.0/journalpublishing3.dtd" yet.
INFO :[2009-04-06 07:02:17]: =====
> =====
INFO :[2009-04-06 07:02:17]: [user: pmc]
INFO :[2009-04-06 07:02:17]: SUMMARY:
> Processed = 0; Errors = 1; Warnings = 0

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10. 현재 PMC의 Full text 구현 모습을 참고하고 싶은데, 공개된 PMC XSL 파일이 있는가? NLM DTD는 공개되어 있는데, PMC XSL 파일은 찾기가 쉽지 않다.

11. 현재 DTD 3.0을 사용해서 XML 파일을 보내는 기관들은 어느 정도 있는가?

NLM DTD 2.3 VS 3.0

	DTD 2.3	DTD 3.0
선언부	<!DOCTYPE article PUBLIC "-//NLM/DTD Journal Publishing DTD v2.3 200700202//EN" "journalpublishing.dtd">	<!DOCTYPE article PUBLIC "-//NLM//DTD Journal Publishing DTD v3.0 20080202//EN" "journalpublishing3.dtd">
Front Matter	<journal-title>YonseiMedical Journal</journal-title>	<journal-title-group> <journal-title>Yonsei Medical Journal</journal-title> </journal-title-group>
Back	<nlm-citation citation-type="journal">	<element-citation publication-type="journal" publication-format="print"> OR <mixed-citation publication-type="journal" publication-format="print">
Floats-wrap	<floats-wrap>	<floats-group>
	<graphic xmlns:xlink="http://www.w3.org/1999/xlink" xlink:href="ymj-50-105-g001" alt-version="no"></graphic>	<graphic xmlns:xlink="http://www.w3.org/1999/xlink" xlink:href="ymj-50-105-g001"></graphic>

PMC Progress Chart

No.	Journals	2006		2007												2008												2009			
		Jul	Aug	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr						
1	JEEHP			3	[Red]											3	19	[Green]													
2	JKMS			5	[Red]											22	7	[Green]													
3	JKNS				10	[Red]											7	19	[Green]												
4	KJP			19	[Red]											7	21	26	[Green]												
5	KJR			18	[Red]											30	24	19	[Green]												
6	KJO				[Red]											4	9	26	[Green]												
7	YMJ			[Red]											4	14	3	[Green]													
8	EMM													1	[Red]											22	2	[Green]			
9	KJIM														11	[Red]											21	23	[Green]		
10	JCN																					1	19	14	[Green]						
11	CEO																					24	16	12	[Green]						
12	JGO																					2	5	13	[Green]						
13	CRT																						9	17	[Green]						

Scientific Quality Standard Checking	Technical Requirements Test	PMC Agreement & Journal set up	Live in PMC
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Journal Name in Blue: MEDLINE Journal, Journal Name in Black: Non-MEDLINE Journal

PMC 등재 학술지

PMC Journals

- Journal of Educational Evaluation for Health Professions
- Journal of Korean Medical Science
- Journal of Korean Neurosurgical Society
- Korean Journal of Ophthalmology
- The Korean Journal of Parasitology
- Korean Journal of Radiology
- Yonsei Medical Journal

In Progress

Stage 1: PMC's Scientific Quality Standard

- Cancer Research and Treatment

Stage 2: Technical Requirements for PMC Journals

Journal set up

- Journal of Gynecologic Oncology
- Experimental and Molecular Medicine
- The Korean Journal of Internal Medicine
- Clinical and Experimental Otorhinolaryngology
- Journal of Clinical Neurology

PMC 등재 준비 학술지

바로 등재 가능(5)

- Genomics & Informatics (편집인(서정선 교수) 하겠다고 함)
- Journal of Veterinary Science (Synapse 참여중)
- Korean Journal of Physiology and Pharmacology (Synapse 계약 진행중)
- Nutritional Research Practice (의편협 회원학회 아님, Central 참여)
- Psychiatry Investigation (의편협 회원 가입)

2009년 등재 가능(7)

- Korean Circulation Journal (2009년 3월호부터 영문 전환 -6월에 등재 가능)
- Allergy, Asthma and Immunology Research (2009년도 영문 창간)
- Clinics in Orthopedic Surgery (2009년도 3월 영문 창간호 발행)
- Epidemiology and Health (2009년도에 제호 바꾸어 영문 전환 발간)
- Immune Network (2009년도부터 영문 전환)
- Korean Journal of Urology (2009년도 내에 영문 전환 발간)
- Korean Journal of Anesthesiology (2010년도부터 영문 전환 발간)