

원고편집 Quiz 답안

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1. 저자명 및 기관명

- ▶ 투고규정
- ▶ 『저자가 2인 이상인 경우에는 연구와 논문작성에 참여한 기여도의 순서에 따라 차례로 나열하고 저자명 사이를 쉼표로 구분한다. 저자들의 소속이 다른 경우 저자의 순서에 따라 그 소속을 쉼표로 분리하여 나열한다.
제1저자와 다른 소속을 가진 저자는 '1', '2', '3' 등 아라비아 숫자를 윗첨자로 저자명의 뒤, 소속 기관명의 앞에 동일하게 사용하여 표시한다.』
- ▶ 편집지침
- ▶ 『기관명에서 중복되는 부분은 한번만 기술한다.
Ex) Departments of ¹Internal Medicine and ²Pathology』



1-1)

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Moo Yeol Cho¹

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Department of Obstetrics and Gynecology,
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1-1) 답안

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1-2)

- ▶ 제1저자: Kyung Jin Kim (Korea University의 Department of Internal Medicine, Division of Endocrinology and Metabolism)
- ▶ 제2저자: Moon Il Kim (Korea University의 Department of Pathology)
- ▶ 제3저자: Kyung-Jee Hahn (Korea University의 Department of Internal Medicine, Division of Endocrinology and Metabolism)



1-2) 답안 1

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1-2) 답안 2

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1-3)

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1-3) 답안

▶ 영문에 맞출 경우

한국대학교 일반대학원 경영학과, ¹의료경영학과, ² 한국대학교 의과대학 의료경영학부 의료경영전공

▶ 국문에 맞출 경우

Departments of Management and ¹Health Services Management, Graduate School, ²Department of Health Services Management, School of Medicine, Hankuk University, Seoul, Korea



2.1-3)

- ▶ The highest percent of reported side effects occurred in Group B (15%), followed by those reported in Group A (12%) and in Group C.
- ▶ An Intraocular Lens(IOL) was implanted, but complications necessitated explanation.
- ▶ The prevalence of tuberculosis infection among hospital health-care workers reported this year (50 cases per 10,000) increased 5-fold from that reported last year (10 cases per 10,000).



2.1-3) 답안

- ▶ The highest percent of reported side effects occurred in Group B (15%), followed by those reported in Group A (12%) and in **Group C (00%)**.
- ▶ An **intraocular lens (IOL)** was implanted, but complications necessitated explanation.
- ▶ The prevalence of tuberculosis infection among hospital health-care workers reported this year (50 cases per 10,000) increased **5-times** from that reported last year (10 cases per 10,000).



2.4)

결 과: 접종된 종양이 1,500 cc까지 자라는 데 소요된 기간은 대조군, 약물군, 방사선군, 방사선 및 약물군에서 각각 10일, 9일, 9일, 12일이고, 14일째의 체적은 각각 276.7 cc, 279.9 cc, 292.5 cc, 185.5 cc로, 각 군 간의 차이는 통계학적으로 유의하였다($p=0.0004$). 아울러, 대조군과 약물군의 차이와 방사선군과 방사선 및 약물군의 차이를 비교하였을 때, 통계학적으로 유의한 경향을 보였다($p=0.0650$).

결 과

접종된 종양이 1,500 cc까지 자라는 데 소요된 기간은 대조군, 약물군, 방사선군, 방사선 및 약물군에서 각각 10일, 9일, 9일, 12일이고, 14일째의 체적은 각각 $2,767 \text{ mm}^3$, $2,799 \text{ mm}^3$, $2,925 \text{ mm}^3$, $1,855 \text{ mm}^3$ 이었다(Fig. 3A). 각각 군의 기울기의 차이는 통계적으로 유의하였다($p=0.0004$). 대조군과 약물군, 방사선군과 방사선 및 약물군의 기울기 차이를 분석하였을 때, 방사선군과 방사선 및 약물군의 차이가 통계적으로 더 큰 경향을 보였다($p=0.0650$).



2.4) 답안

- ▶ 1,500 mm³, 2,767 mm³, 2,799 mm³, 2,925 mm³,
1,855 mm³
- ▶ 1.5 mL, 2.767 mL, 2,799 mL, 2,925 mL, 1.855 mL



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a guide for authors and editors

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ft	feet	<input type="text"/>	30	centimeters	<input type="text"/>	cm	< >
ft	feet	<input type="text"/>	0.3	meters	<input type="text"/>	m	< >
yd	yards	<input type="text"/>	0.9	meters	<input type="text"/>	m	< >
--	miles	<input type="text"/>	1.6	kilometers	<input type="text"/>	km	< >

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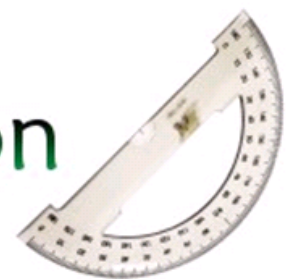
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Unit-Conversion



Capacity and Volume Conversion

From:

2767

cubic millimeter (mm³)

=

To:

2.767

milliliter (ml)

cubic decimeter (dm³)
cubic foot (ft³, cu ft)
cubic inch (in³, cu in)
cubic meter (m³)
cubic millimeter (mm³)
cubic yard (yd³)
dekaliter (dal)
fluid dram (fl dr)
fluid ounce (fl oz)
fluid ounce (UK) (fl oz)

liter (l)
microliter (μl)
milliliter (ml)
minim (min)
peck (US dry) (pk)
pint (liquid) (pt)
pint (UK) (pt)
pint (US dry) (pt)
quart (liquid) (qt)
quart (UK) (qt)

3-1)

- ▶ Fig. 4. Diagnostic algorithm for patients with palpable breast masses (Reprinted from Klein S. Am Fam Physician 2005;71:1731-8).





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[Am Fam Physician.](#) 2005 May 1;71(9):1731-8.

Evaluation of palpable breast masses.

[Klein S.](#)

Southern Illinois University School of Medicine, Decatur, Illinois 62526-4372, USA. sklein1@siu.edu

Erratum in:

[Am Fam Physician.](#) 2005 Sep 1;72(5):761.

Related citations

[Review](#) Evaluation of abnormal mammography results and palpable breast [Ann Intern Med. 2003]

Follow-up of palpable circumscribed noncalcified solid breast masses at mammo [Radiology. 2004]

Costs and effects of ultrasonography in the evaluation [Int J Technol Assess Health Care. 2004]

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May 1, 2005 • Volume 71, Number 9

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American Family Physician 1731

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3-1) 답안

- ▶ Fig. 4. Diagnostic algorithm for patients with palpable breast masses (Reprinted from Klein S. Am Fam Physician 2005;71:1731-8, with permission from American Academy of Family Physicians).¹³⁾



3-2)

Group	PVR (mL) cutoff		PVR (mL) cutoff		PVR (mL) cutoff		Total
	≥ 50	< 50	≥ 100	< 100	≥ 150	< 150	
1	22 (51.2%)	21 (48.8%)	11 (25.6%)	32 (74.4%)	6 (13.9%)	37 (86.1%)	43
2	56 (21.0%)	210 (79.0%)	31 (11.6%)	235 (88.4%)	19 (7.1%)	247 (92.9%)	266



3-2) 답안 1

Group	PVR (mL) cutoff					
	≥ 50	< 50	≥ 100	< 100	≥ 150	< 150
1 (n=43)	22 (51.2)	21 (48.8)	11 (25.6)	32 (74.4)	6 (13.9)	37 (86.1)
2 (n=266)	56 (21.0)	210 (79.0)	31 (11.6)	235 (88.4)	19 (7.1)	247 (92.9)

Values are presented as number (%).

PVR: post-void residual.


3-2) 답안 2

Group	PVR (mL) cutoff						Total
	≥ 50	< 50	≥ 100	< 100	≥ 150	< 150	
	<i>number (%)</i>						
1	22 (51.2)	21 (48.8)	11 (25.6)	32 (74.4)	6 (13.9)	37 (86.1)	43
2	56 (21.0)	210 (79.0)	31 (11.6)	235 (88.4)	19 (7.1)	247 (92.9)	266

PVR: post-void residual.



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- ▶ 학술지를 인용할 때, 참고문헌 기술법은 다음의 예와 같습니다.
- ▶ 『Kim MJ, Shin HC, Kim CH, Choi YS, Lee H, Choi AK, et al. The current educational measurement of family practice residents. J Korean Acad Fam Med 2007;28:616-25.』



4-1)

- ▶ 『Hanasono MM, Skoracki RJ. The omega-shaped fibula osteocutaneous free flap for reconstruction of extensive midfacial defects. Plast Reconstr Surg. 2010 Apr;125(4):160e-163e.』
- ▶ 160e-3e
- ▶ 160e-163e



4-2)

Evid Based Complement Alternat Med. 2009 Mar 17 [Epub ahead of print]

Integration of Complementary and Alternative Medicine into Family Practices in Germany: Results of a National Survey.

Joos S, Musselmann B, Szecsenyi J.

Department of General Practice and Health, Services Research, University Hospital Heidelberg, Vossstrasse 2, D-69115 Heidelberg, Germany. stefanie.joos@med.uni-heidelberg.de.



Hindawi Publishing Corporation
Evidence-Based Complementary and Alternative Medicine
Volume 2011, Article ID 495813, 8 pages
doi:10.1093/ecam/nep019

Original Article

**Integration of Complementary and Alternative Medicine into
Family Practices in Germany: Results of a National Survey**

Stefanie Joos,¹ Berthold Musselmann,^{1,2} and Joachim Szecsenyi¹

Evid Base Complement Alternat Med 2009 Mar 17
[Epub]. DOI: 10.1093/ecam/nep019.

Evid Base Complement Alternat Med 2011;2011:
495813.



함께 생각할 문제

- ▶ Quiz, Erratum 등도 기재할 것인가?
J Acoust Soc Am. 2003 Mar;113(3):1207-8; **author reply 1209.**
Soins. 2009 Jan-Feb;(732 Suppl):S6-8: **quiz S9.**
- ▶ 저자명/서명에 있는 특수문자 처리
A dominant-negative G α mutant that traps a stable rhodopsin-G α -GTP- $\beta\gamma$ complex
A dominant-negative G{alpha} mutant that traps a stable rhodopsin-G{alpha}-GTP-{beta}{gamma} complex.



A dominant-negative G α mutant that traps a stable rhodopsin-G α -GTP $\beta\gamma$ complex*

Sekar Ramachandran and Richard A. Cerione

Department of Chemistry and Chemical Biology and Department of Molecular Medicine, Cornell
University, Ithaca, New York 14853, USA

Running Title: A G α mutant forms a stable complex with rhodopsin and $\beta 1 \gamma 1$

Address correspondence to: Richard A. Cerione, Department of Molecular Medicine, Cornell University,
Ithaca, NY 14853-6401. Tel: 607-253-3888, Fax: 607-253-3659, E-mail: rac1@cornell.edu

Residues comprising the guanine nucleotide-binding sites of the α subunits of heterotrimeric (large) G-proteins (G α subunits), as well as the Ras-related (small) G-proteins, are highly conserved. This is especially the case for the phosphate-binding loop (P-loop) where both G α subunits and Ras-related G-proteins have a conserved serine or threonine residue. Substitutions for this residue in Ras and related (small) G-proteins yield nucleotide-depleted, dominant-negative mutants. Here we have examined the consequences of changing the conserved serine residue in the P-loop to asparagine, within a chimeric G α subunit (designated G α _T*) that is

G-protein coupled receptors (GPCR) are one of the largest families of membrane proteins and are involved in various physiological functions. In the past several years, significant advances have been made in the determination of structures at an atomic level of GPCRs (1,2), their cognate G-proteins, and their downstream targets (3). In addition, structures have been solved for complexes of G-proteins with their downstream targets as well as their regulators (e.g. the regulators of G-protein signaling (RGS) proteins) (3). However, one of the central unresolved questions in this field involves the mechanism utilized by a GPCR to catalyze the release of GDP

-
- ▶ Hanasono MM, Skoracki RJ. The omega-shaped fibula osteocutaneous free flap for reconstruction of extensive midfacial defects. *Plast Reconstr Surg*. 2010;125(4):160e-162e.



참고문헌 정답

- ▶ Plast Reconstr Surg 2010 Apr;125(4):160e-162e.
- ▶ Plast Reconstr Surg 2010 Apr;125(4):S160-2.



Evid Based Complement Alternat Med. 2009 Mar 17. [Epub ahead of print]

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Joos S, Musselmann B, Szecsenyi J.

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Evidence-Based Complementary and Alternative Medicine
Volume 2011, Article ID 495813, 8 pages
doi:10.1093/ecam/nep019

Original Article

Integration of Complementary and Alternative Medicine into Family Practices in Germany: Results of a National Survey

Stefanie Joos,¹ Berthold Musselmann,^{1,2} and Joachim Szecsenyi¹



참고문헌 정답

- ▶ Evid Base Complement Alternat Med 2009 Mar 17 [Epub]. DOI: 10.1093/ecam/nep019.
- ▶ Evid Base Complement Alternat Med 2011;2011:495813.



함께 생각할 문제

- ▶ Quiz, Erratum 등도 기재할 것인가?
 - ▶ J Acoust Soc Am. 2003 Mar; 113(3):1207-8; author reply 1209.
 - ▶ Soins. 2009 Jan-Feb;(732 Suppl):S6-8: quiz S9.
- ▶ 저자명/서명에 있는 특수문자 처리
 - ▶ Kadioğlu B, Adaş M, Uzümcügil O
 - ▶ A dominant-negative $G\alpha$ mutant that traps a stable rhodopsin- $G\alpha$ -GTP- $\beta\gamma$ complex
 - ▶ A dominant-negative $G\{\alpha\}$ mutant that traps a stable rhodopsin- $G\{\alpha\}$ -GTP- $\{\beta\}\{\gamma\}$ complex.



A dominant-negative G α mutant that traps a stable rhodopsin-G α -GTP- $\beta\gamma$ complex*

Sekar Ramachandran and Richard A. Cerione

Department of Chemistry and Chemical Biology and Department of Molecular Medicine, Cornell
University, Ithaca, New York 14853, USA

Running Title: A G α mutant forms a stable complex with rhodopsin and $\beta\gamma$

Address correspondence to: Richard A. Cerione, Department of Molecular Medicine, Cornell University,
Ithaca, NY 14853-6401. Tel: 607-253-3888, Fax: 607-253-3659, E-mail: rac1@cornell.edu

Residues comprising the guanine nucleotide-binding sites of the α subunits of heterotrimeric (large) G-proteins (G α subunits), as well as the Ras-related (small) G-proteins, are highly conserved. This is especially the case for the phosphate-binding loop (P-loop) where both G α subunits and Ras-related G-proteins have a conserved serine or threonine residue. Substitutions for this residue in Ras and related (small) G-proteins yield nucleotide-depleted, dominant-negative mutants. Here we have examined the consequences of changing the conserved serine residue in the P-loop to asparagine, within a chimeric G α subunit (designated G α _R^{*}) that is

G-protein coupled receptors (GPCR) are one of the largest families of membrane proteins and are involved in various physiological functions. In the past several years, significant advances have been made in the determination of structures at an atomic level of GPCRs (1,2), their cognate G-proteins, and their downstream targets (3). In addition, structures have been solved for complexes of G-proteins with their downstream targets as well as their regulators (e.g. the regulators of G-protein signaling (RGS) proteins) (3). However, one of the central unresolved questions in this field involves the mechanism utilized by a GPCR to catalyze the release of GDP

Database (PubMed, KoreaMed) 에서 틀리게 기재된 논문

□ 1. Two Cases of FitzHugh-Curtis Syndrome in Acute Phase.

Lee SC, Nah BG, Kim HS, Choi TH, Lee SH, Lee JY, Kim JH, Jeong SM, Ahn JH, Kim JU, Cheon GJ.
Korean J Gastroenterol. 2005 Feb;45(2):137-142. Korean.

Obes Surg. 2005 Nov-Dec;15(10):1469-75.

Results of laparoscopic sleeve gastrectomy (LSG) at 1 year in morbidly obese Korean patients.

Moon Han S, Kim WW, Oh JH.

Department of Surgery, Kangnam CHA Hospital, School of Medicine, Pochon CHA University, Seoul, South Korea.



출판 후 에러 관련



The screenshot displays the homepage of the American Family Physician journal. At the top left is the AAFP logo. To the right is a navigation menu with links: [AAFP Home Page](#), [News & Publications](#), [Journals](#), and [About Us](#). Below the navigation menu is a login section with a "LOG IN" button, input fields for "ID Number" and "Last Name/Password", and a "Remember Me" checkbox. A "Log-in Help" link is also present. A horizontal menu below the login section contains links: [About Us](#), [News & Journals](#), [Members](#), [CME Center](#), [Clinical & Research](#), [Running a Practice](#), and [Policy & Ethics](#).

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The main content area features the journal title "American Family Physician" and the subtitle "A peer reviewed journal of the American Academy of Family Physicians". Below this is a link to the "May 1, 2005 Table of Contents". A red box highlights a message: "This is a corrected version of the article that appeared in print." Below this message is the article title "Evaluation of Palpable Breast Masses" in blue. The author information is "SUSAN KLEIN, M.D., Southern Illinois University School of Medicine, Decatur, Illinois". The citation is "Am Fam Physician. □2005□May□1;71(9):1731-1738."

This is a corrected version of the article that appeared in print.

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Figure 1

patients with axillary metastasis and an unknown primary; patients with extensive postoperative scarring; and patients with extremely dense parenchyma.^{28,30-32} A recent study³³ compared the effectiveness of mammography and MRI in women with a family history of breast cancer or a genetic susceptibility to the disease. The sensitivity of MRI was higher than that of mammography in detecting breast cancer, and MRI was better able to discriminate between benign and malignant lesions. Although MRI improves detection of early breast cancers in carriers of BRCA mutations, it has a lower specificity than mammography, which requires additional evaluations. It also has a limited sensitivity in detecting ductal carcinoma in situ.

Tissue Studies

FINE-NEEDLE ASPIRATION

The first step in evaluating patients with palpable breast masses often is fine-needle aspiration (FNA), in which a 22- to 25-gauge needle is used to aspirate cystic fluid or sample solid lesions for cytology. In some patients, the lesion completely resolves after FNA, and no further diagnostic work-up is required. However, when imaging is indicated after FNA, cyst wall disruption caused by the procedure may make imaging more difficult to evaluate. The problem may be avoided by scheduling imaging studies up to