

TEN Keeps of Writing Medical Articles

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Why TEN Keeps?

- To prepare the better manuscript and be published for **Authors**
- To review manuscripts easier for **Reviewers**
- To select and edit manuscripts efficiently for **Editors**

Purpose of Publication

- Scientific communication among professionals
 - Transition of private new knowledge to public known knowledge
 - Public offer to agree and cite publications
 - Academic benefits
- Write manuscripts based on the purpose of publication: **Easy to read and to understand** → **TEN Keeps**

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TEN Keeps 1

❖ Keep Design of Articles:

Design article contents and structure before writing

- Scientific contents
- Conclusion
- Target journal: factors considered
 - Scope, JIF, Publication feasibility, Expense
- Authors in order and Contributors
- References

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TEN Keeps 2

❖ Keep Uniform of Target Journal to Prepare the Manuscript

- Keep journal's format in details as possible
- Details of manuscript preparation
 - Uniform and structure
 - Capitals, symbols, length, files, references, submission
- Uniform
 - NLM style (Vancouver style)
 - APA style (Harvard style)
 - Mixed style

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REPORT OF AN UNUSUAL CASE OF PERSISTENT BACTEREMIA BY *BARTONELLA BACILLIFORMIS* IN A SPLENECTOMIZED PATIENT

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Abstract. We report a case of a 56-year-old man with a history of splenectomy for idiopathic thrombocytopenic purpura who developed persistent bacteremia in the acute phase of human bartonellosis. This patient did not develop hemolytic anemia. Only after several courses of antibiotic treatment was the infection eradicated. This is an unusual case of overwhelming post-splenectomy infection by *Bartonella bacilliformis*, which provides clinical evidence that the spleen is a critical effector organ of clearance of this infection as well as the effector organ of bartonellosis-associated hemolytic anemia.

Columbia, and Ecuador.¹

INTRODUCTION

Carrion's disease (bartonellosis) is an infectious disease that is endemic in some regions of Peru, Colombia, and Ecuador.¹ The etiologic agent is *Bartonella bacilliformis*. There are two clinical phases of the infection: an acute phase known as Oroya fever, which is characterized by bacteremia, fever, severe hemolytic anemia, and transient immunosuppression, and an eruptive phase known as Verruga Peruana or Peruvian wart. In endemic areas, the incidence of infection is estimated to be 12.7/100 person-years.² Limited information on the immunologic response to *Bartonella* infection exists, but it is widely accepted that antibodies are responsible for acquired long-term, protective immunity. However, the presence of chronic asymptomatic carriers in endemic areas and the appearance of the chronic phase contribute to the speculation that innate immunity and humoral immunity may not be com-

and malaise. He had not been vaccinated against *Streptococcus pneumoniae* or *Haemophilus influenzae*.

On admission, he had a temperature of 39°C, a pulse rate of 120/minute, a respiratory rate of 30/minute, and a blood pressure of 110/50 mm of Hg. On physical examination, his abdomen had a scar in the middle line. The skin was warm and moist. The results of the rest of the physical examination were normal.

Results of laboratory tests performed are shown in Table 1. Results of urinalysis and a chest radiograph were normal. A Giemsa-stained blood smear showed bacilli infecting more than 90% of his red blood cells (Figure 1). A polymerase chain reaction test for *B. bacilliformis* in whole blood was positive using primers for the 16S and 23S rRNA ITS region and for the citrate synthase gene (Figure 2).⁴ An immunoblot serum test result for IgG was also positive.⁵ After two weeks, colonies morphologically consistent with *B. bacilliformis* were

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chain reaction analysis of the blood of the infecting organism as *Bartonella bacilliformis* DNA ladder; lane 2, positive control using 23S ribosomal RNA (rRNA) intergenic 3, DNA from the patient and primers for ITS region; lane 4, positive control using thase gene; lane 5, DNA from the patient e synthase gene; lane 6, negative control.

common infecting organisms in patients with OPSI. *S. pneumoniae*, *H. influenzae* type b, and *Capnocytophaga* spp. Although common in splenectomized patients, most do not receive adequate advice or intervention regarding OPSI.¹² Preventive measures in endemic areas for *Bartonella*, can be effective to avoid underlying

regarding OPSI by *B. bacilliformis* in experimental studies using splenectomized patients infected with *Bartonella* reproduced high fluctuant bacteremia, followed by

LEPOMIS CYANELLUS AND L. MACROCHIRUS FROM CHARLIE'S POND, NORTH CAROLINA: HOST SIZE AND SPECIES AS DETERMINANTS OF COMMUNITY STRUCTURE

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ABSTRACT: The community structure and seasonal dynamics of 16 helminth species infecting green (*Lepomis cyanellus*) and bluegill (*L. macrochirus*) sunfishes in Charlie's Pond, North Carolina, was examined. One hundred and fifty-four fishes including 90 green sunfish and 64 bluegill sunfish were collected between March and November 2000 and examined for the presence of helminth parasites. Five of these species underwent significant changes in abundance in green sunfish infracommunities, 3 of which also displayed seasonal changes in prevalence. Three of the 16 species fluctuated seasonally in bluegill infrapopulations; 2 also underwent changes in prevalence. Species richness and diversity varied across the 9-mo period for both host species, whereas total helminth abundance remained constant. Analysis of component communities revealed differences in community structure for the 2 host species. Bluegills were found to harbor larger and more diverse communities. Bluegills also contained larger infrapopulations of 5 species, whereas green sunfish had greater abundance of 2 species. Interpretation of these data suggests that host species and size are strongly associated with the predictability of community structure.

(Dogiel et al., 1961; Price and Clancy, 1983)

The structuring of freshwater fish parasite communities has received a great deal of attention and has been the source of considerable analysis for several decades (Dogiel et al., 1961; Price and Clancy, 1983; McDowell et al., 1992). More than 10 yr ago, Kennedy (1990) posed the question whether helminth communities in freshwater fishes represent structured communities or stochastic assemblages. Despite the longstanding presence of this question, the issue has not been thoroughly resolved and will likely continue; however, there is a growing body of evidence that many fish-parasite systems are in fact nonrandom. Barger and Esch (2001) recently noted a wide array of studies on freshwater fish parasites, varying from random associations to structured communities influenced by various biotic and abiotic factors. Several mechanisms have been reported to influence the structuring of fish parasite communities, including host factors such as size and age (Guégan and Hugué, 1994; Zelmer and Arai, 1998; Fiorillo and Font, 1999), species (Fiorillo and Font, 1996), behavior (Wilson et al., 1996), and habitat (Wilson et al.,

1996). Community structure was investigated at both the infra- and component community level, and patterns of predictability associated with host size and species were examined. Fluctuations in parasite abundance, prevalence, species richness, and diversity were also examined for each host species.

MATERIALS AND METHODS

Charlie's Pond is a 1-ha impoundment, approximately 27 km north-east of Winston-Salem in Stokes County, North Carolina (36°17'N, 80°89'W). The impoundment is spring fed and maintains a relatively constant depth by the 1-directional flow of water into Belews Lake through an underground outlet. Charlie's Pond is eutrophic and contains large populations of mosquito fish (*Gambusia affinis*), crappie (*Pomoxis* spp.), green sunfish, and bluegill sunfish.

One hundred and fifty-four fishes (90 green and 64 bluegill sunfishes) were collected by hook and line between March and November 2000. These fishes were transported to the laboratory in aerated buckets of water, where they were maintained in 100-L aquaria and fed a daily diet of crickets and earthworms. All fishes were processed within 2 wk, most (>90%) within 1 wk. Standard lengths and weights were recorded

iversity of *T. gondii* using a large number of isolates obtained from domestic and wild animals.

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Invasive aspergillosis (IA) is an increasingly common infection among hematological cancer patients receiving cytotoxic chemotherapy (7, 34). Steroid-treated allogeneic bone marrow transplant recipients are particularly at risk (10, 19). The crude mortality rate of IA is very high despite appropriate antifungal treatment, since the difficulty in obtaining an early diagnosis results in a delay in establishing treatment (15). The diagnosis of IA is frequently established postmortem. Prompt initiation of antifungal therapy in patients with IA is critical in improving the outcome of this disease (37). Conventional diagnostic methods are insensitive, and the “gold standard” diagnostic procedures (histological examination and cultures of deep tissues) require an aggressive approach which often precludes their use due to profound thrombocytopenia, hypoxemia, and the critical condition of these patients (1).

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TEN Keeps 3

❖ Keep Consistency:

Keep a constant flow in the same order of concepts or words throughout the manuscript

- Title
- Abstract
- Text
- Keywords (Key Words, Key words)

TEN Keeps 4

❖ **Keep Rapid Drafting and Slow Cooking:**

Drafting as soon, cooking slowly and repeatedly

- **Rapid drafting:** correct & no lost items
- **Slow cooking:** TEN Keeps

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TEN Keeps 5

❖ **KESS! Keep Sentences Sexy:** Make sentences short within 30 words in a sentence

- Short sentences for better readability
- The shorter, the better!
- The longer subject, the worse readable!

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TEN Keeps 5 Example

In unadjusted and multivariable-adjusted logistic regression analyses, after adjusting for BMI, diastolic BP, LDL-cholesterol, triglyceride, ALT, HOMA-IR, log (hsCRP) and alcohol intake, apoB was found to be independently related to the risk of CHD using FRS in healthy Korean men, and the link between apoB and the risk of CHD was found to be dose-response relationship, and in addition, apoB with a high risk showed a tendency to increase risk of developing CHD.

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TEN Keeps 5 Example Corrected

The apoB was found to be independently related to the risk of CHD using FRS in healthy Korean men by unadjusted and multivariable-adjusted logistic regression analyses, after adjusting for BMI, diastolic BP, LDL-cholesterol, triglyceride, ALT, HOMA-IR, log (hsCRP) and alcohol intake. The relation between apoB and the risk of CHD was in dose-response relationship. In addition, apoB with a high risk showed a tendency to increase risk of developing CHD.

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TEN Keeps 6

Keep Scientific Confidence:

Authors should be confident for their results and make clear conclusions based on the confidence.

- All authors are responsible for every data!
- Author's confidence can produce scientific value!
- Scientific confidence is the core of an article!

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Inconfident Conclusion Example

Our results indicate that combination of [^{18}F]-FDG-PET/CT and [^{124}I]-PET/CT affords a valuable diagnostic method that can be used to make therapeutic decisions in terms of whether further surgery is required or whether radioactive-iodine treatment is appropriate in patients with DTC who are tumor-free on conventional imaging studies but who have high Tg levels. **However, continuing and cooperative study are still necessary, due to existence of a considerable number of patients who could not be localized tumor recurrence by these diagnostic modalities.**

TEN Keeps 7

- ❖ **Keep Rule of Ten 1:** Only 10% of title readers read abstract after screening articles by title.
- Meeting point with readers
- Attractive titles invite readers.

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Rule of Ten 1

- Titles must be attractive to readers: Professional
- Simple, Clear, Specific → SEXY!
- Combination of keywords
- Important one first
- The shorter, the better!
- Titles describing results or methods

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Principles of Title Writing

- Title form
 - Phrase
 - Sentence
 - Title and subtitle
- Within 12-15 words, 100 spaces
- ‘A’ (Stimulating, Inhibitory) Effects of ‘B’ (Drugs, Materials, Methods) on ‘C’ (Diseases, Patients, Diagnosis, Findings, ...) in ‘D’ (Area, Time, Population...)
- Follow any instruction of target journal

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Writing Tips for Titles 1

- Clear expression indicating conclusion
- Avoid
 - Serial number
 - Abbreviations
 - Commercial brand names
- Inadequate expression to avoid: The, A -, Of, On, Results, Study (Studies), Notes on, An approach to, A study of, Some aspects of, Investigation of, Observation on, A novel method for, The effect of
....

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Title Example 1

- 2004년 서울에서 발생한 비정형성 폐염 67례의 보고
- Report of 67 cases of atypical pneumonia in Seoul, 2004
- Epidemic atypical pneumonia: Sixty-seven cases in Seoul in 2004
- Epidemic atypical pneumonia in Seoul: 67 cases experienced in 2004

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Title Example 2

- Clinical analysis of 67 atypical pneumonia cases in an epidemic occurrence in Seoul in 2004
- Epidemiological aspects of atypical pneumonia in Seoul, 2004
- Epidemic occurrence of atypical pneumonia in Seoul in 2004
- Sixty-seven cases of atypical pneumonia of epidemic occurrence in Seoul in 2004

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Title and Citation

- Articles with short titles describing the results are cited more often (Paiva et al. *CLINICS* 2012;67:509-513)
- Assess hits and citations by JCR of 423 research articles in 7 PLOS and 12 BMC journals in October 2008

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Title and Citation Results

Cite indices	Groups by characters		
	≤ 94.5	94.5-118	> 118
View counts (median, IQRs)	2892(2404)	2446(1655)	2359(1439)
Citations by JCR	12.5(15)	10(13)	8(10)

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Title and Citation Results

Cite index	Groups by contents		
	Type 1	Type 2	Type 3
No. of articles	231(54.6%)	171(40.4%)	21(4.9%)
Citations by JCR	8(10.5)	12(13)	-

Type 1, methods-describing titles; Type 2, results-describing titles; Type 3, non-classifiable titles

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Title and Citation Results

- Less cited articles' titles with
 - Question mark
 - Geographical area
 - Subtitles by hyphen or colon

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Title Examples for Exercise 1

- Psychiatric Disorders: A Rural-Urban Comparison > Rural-Urban Differences in the Prevalence of Psychiatric Disorders
- Multiple Sclerosis: Sexual Dysfunctions and Response to Medications > Sexual Dysfunctions and Response to Medications in Multiple Sclerosis
- Fibromyalgia is Common in a Postpoliomyelitis Clinic > Prevalence of Fibromyalgia in Patients with Postpoliomyelitis Syndrome

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Title Examples for Exercise 2

- Microbiology aspect of wound infection: in-vitro test for efficacy of hydrophobic dressing in microorganism binding > In-Vitro Antibiotic Efficacy of Hydrophobic Dressing for Microorganisms in Wound Infection
- Effect of six-month iron-zinc fortified milk supplementation on nutritional status, physical capacity and speed learning process in underweight schoolchildren: randomized, placebo-controlled > Supplementation Effect of Iron-Zinc Fortified Milk on Nutritional Status and Physical and Learning Capacity in Underweight Schoolchildren
- Low work-related physical activity and other risk factors increased the risk of poor physical fitness in cement workers > Risk Factors for Poor Physical Fitness in Cement Workers

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Title-Subtitle Examples 1

- Antimicrobial Susceptibility of Bacteria Isolated in 2000 : With Special Reference to Prevalence of Methicillin-Resistant *Staphylococcus aureus* and Activities of Cefazolin, Cefotaxime and Piperacillin
- Some Problems in the Analysis of Hospital In-Patients Morbidity Statistics: On the Usefulness of Rank Distribution of Morbidity
- Magnetic Resonance Imaging in Neurologic Diseases: Comparison with Computed Tomography

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Tips for Title-Subtitle

- Use hyphen or colon
- Main concepts or important words in the main title, minor descriptive words in subtitle
- Clear expression
- Less prepositions

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Sentence Title Examples

- Serum Thioredoxin 1 Level Has **No Close Relation** with Myocardial Damage Amount in Acute Myocardial Infarction Patients
- Dendritic eIF4E-binding Protein 1 (eIF4E-BP1) mRNA is Upregulated by Neuronal Activation
- Serum Pro-hepcidin **Could Reflect** Disease Activity in Patients with Rheumatoid Arthritis
- Bioelectrical Impedance **May Predict** Cell Viability during Ischemia and Reperfusion in Rat Liver
- Early Start of Dialysis **Has No Survival Benefit** in End-Stage Renal Disease Patients

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Tips for Sentence Title

DO

- Use ordinary sentence
- Present tense
- Same as conclusion

DO NOT

- Use auxiliary verb
- Negative sentence
- Use a question mark

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TEN Keeps 8

- ❖ **Keep Rule of Ten 2:** Only 10% of abstract readers read the text. Finally only 1% of title readers read the text.
- **Attractive title and informative abstract** may call citation. We should try to raise the readers' proportion over the 1%.

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Rule of Ten 2

Writing Good Abstract

- Structured or Unstructured abstract
- Clear and understandable, essential core contents
- Length limit: 250 words
- Abstracts swim through the web: informative
- Most readers read abstract with Tables or Figures and decide citation

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Abstract Writing Tip 1

- **Writing Flow:** Question to Answer
 - Background or Purpose
 - How? Materials and Methods
 - What? Results
 - So what? Conclusion

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Abstract Writing Tip 2

DO

- Follow guidelines if any
- Keep limited length of words
- Keep the uniform
- Describe core results in detail with numeric data
- Explain abbreviations
- Make a clear conclusion, same as in the text

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Abstract Writing Tip 3

DO NOT

- Number the results
- Include any content which is not described in the text
- Review, cite references
- Refer to Tables or Figures

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Example of Structured Abstract: Radiology

Ureterolithiasis: Value of the Tail Sign in Differentiating Phleboliths from Ureteral Calculi at Nonenhanced Helical CT

PURPOSE: To determine the value of the tail sign in differentiating phleboliths from ureteral calculi at nonenhanced helical computed tomography (CT).

MATERIALS AND METHODS: The enhanced helical CT scans in 82 patients with a confirmed diagnosis of pelvic urolithiasis were retrospectively reviewed. Each calcification along the ureter was classified as a phlebolith or a ureteral calculus on the basis of clinical and imaging findings and was analyzed for the presence of a tail sign.

RESULTS: Eighty-two patients each had a single ureteral calculus. None of these calculi were associated with a positive tail sign. Sixty-nine phleboliths were present in 35 patients. Forty-five phleboliths (65%) were associated with a positive tail sign. Of the remaining 24 phleboliths, 17 (25%) were associated with a negative tail sign and seven (10%) were indeterminate. The tail sign has a sensitivity of 65% (45 of 69; 95% CI: 53%, 75%) and a specificity of 100% (82 of 82; 95% CI: 96%, 100%) in differentiating phlebolith from ureteral calculi.

CONCLUSION: The tail sign is an important indicator that a suspicious calcification represents a phlebolith. Absence of the tail sign indicates that the calcification remains indeterminate.

Long-term efficacy of early versus delayed radiotherapy for low-grade astrocytoma and oligodendroglioma in adults: the EORTC 22845 randomised trial

BACKGROUND: Postoperative policies of "wait-and-see" and radiotherapy for low-grade glioma are poorly defined. A trial in the mid 1980s established the radiation dose. In 1986 the EORTC Radiotherapy and Brain Tumor Groups initiated a prospective trial to compare early radiotherapy with delayed radiotherapy. An interim analysis has been reported. We now present the long-term results. **METHODS:** After surgery, patients from 24 centres across Europe were randomly assigned to either early radiotherapy of 54 Gy in fractions of 1.8 Gy or deferred radiotherapy until the time of progression (control group). Patients with low-grade astrocytoma, oligodendroglioma, mixed oligoastrocytoma, and incompletely resected pilocytic astrocytoma, with a WHO performance status 0-2 were eligible. Analysis was by intention to treat, and primary endpoints were overall and progression-free survival. **FINDINGS:** 157 patients were assigned early radiotherapy, and 157 control. Median progression-free survival was 5.3 years in the early radiotherapy group and 3.4 years in the control group (hazard ratio 0.59, 95% CI 0.45-0.77; $p < 0.0001$). However, overall survival was similar between groups: median survival in the radiotherapy group was 7.4 years compared with 7.2 years in the control group (hazard ratio 0.97, 95% CI 0.71-1.34; $p = 0.872$). In the control group, 65% of patients received radiotherapy at progression. At 1 year, seizures were better controlled in the early radiotherapy group. **INTERPRETATION:** Early radiotherapy after surgery lengthens the period without progression but does not affect overall survival. Because quality of life was not studied, it is not known whether time to progression reflects clinical deterioration. Radiotherapy could be deferred for patients with low-grade glioma who are in a good condition, provided they are carefully monitored.

Comparison of a Strategy Favoring Early Surgical Resection vs a Strategy Favoring Watchful Waiting in Low-Grade Gliomas

CONTEXT There are no controlled studies on surgical treatment of diffuse low-grade gliomas (LGGs), and management is controversial. **OBJECTIVE** To examine survival in population-based parallel cohorts of LGGs from 2 Norwegian university hospitals with different surgical treatment strategies. **DESIGN, SETTING, AND PATIENTS** Both neurosurgical departments are exclusive providers in adjacent geographical regions with regional referral practices. In hospital A diagnostic biopsies followed by a "wait and scan" approach has been favored (biopsy and watchful waiting), while early resections have been advocated in hospital B (early resection). Thus, the treatment strategy in individual patients has been highly dependent on the patient's residential address. Histopathology specimens from all adult patients diagnosed with LGG from 1998 through 2009 underwent a blinded histopathological review to ensure uniform classification and inclusion. Follow-up ended April 11, 2011. There were 153 patients (66 from the center favoring biopsy and watchful waiting and 87 from the center favoring early resection) with diffuse LGGs included. **MAIN OUTCOME MEASURE** The prespecified primary end point was overall survival based on regional comparisons without adjusting for administered treatment. **RESULTS** Initial biopsy alone was carried out in 47 (71%) patients served by the center favoring biopsy and watchful waiting and in 12 (14%) patients served by the center favoring early resection ($P < .001$). Median follow-up was 7.0 years (interquartile range, 4.5-10.9) at the center favoring biopsy and watchful waiting and 7.1 years (interquartile range, 4.2-9.9) at the center favoring early resection ($P = .95$). The 2 groups were comparable with respect to baseline parameters. Overall survival was significantly better with early surgical resection ($P = .01$). Median survival was 5.9 years (95% CI, 4.5-7.3) with the approach favoring biopsy only while median survival was not reached with the approach favoring early resection. Estimated 5-year survival was 60% (95% CI, 48%-72%) and 74% (95% CI, 64%-84%) for biopsy and watchful waiting and early resection, respectively. In an adjusted multivariable analysis the relative hazard ratio was 1.8 (95% CI, 1.1-2.9, $P = .03$) when treated at the center favoring biopsy and watchful waiting. **CONCLUSIONS** For patients in Norway with LGG, treatment at a center that favored early surgical resection was associated with better overall survival than treatment at a center that favored biopsy and watchful waiting. This survival benefit remained after adjusting for validated prognostic factors.

Example of Structured Abstract: JAMA

Association between use of lung-protective ventilation with lower tidal volumes and clinical outcomes among patients without acute respiratory distress syndrome: a meta-analysis

CONTEXT:

Lung-protective mechanical ventilation with the use of lower tidal volumes has been found to improve outcomes of patients with acute respiratory distress syndrome (ARDS). It has been suggested that use of lower tidal volumes also benefits patients who do not have ARDS.

OBJECTIVE:

To determine whether use of lower tidal volumes is associated with improved outcomes of patients receiving ventilation who do not have ARDS.

DATA SOURCES:

MEDLINE, CINAHL, Web of Science, and Cochrane Central Register of Controlled Trials up to August 2012.

STUDY SELECTION:

Eligible studies evaluated use of lower vs higher tidal volumes in patients without ARDS at onset of mechanical ventilation and reported lung injury development, overall mortality, pulmonary infection, atelectasis, and biochemical alterations.

DATA EXTRACTION:

Three reviewers extracted data on study characteristics, methods, and outcomes. Disagreement was resolved by consensus.

DATA SYNTHESIS:

Twenty articles (2822 participants) were included. Meta-analysis using a fixed-effects model showed a decrease in lung injury development (risk ratio [RR], 0.33; 95% CI, 0.23 to 0.47; I², 0%; number needed to treat [NNT], 11), and mortality (RR, 0.64; 95% CI, 0.46 to 0.89; I², 0%; NNT, 23) in patients receiving ventilation with lower tidal volumes. The results of lung injury development were similar when stratified by the type of study (randomized vs nonrandomized) and were significant only in randomized trials for pulmonary infection and only in nonrandomized trials for mortality. Meta-analysis using a random-effects model showed, in protective ventilation groups, a lower incidence of pulmonary infection (RR, 0.45; 95% CI, 0.22 to 0.92; I², 32%; NNT, 26), lower mean (SD) hospital length of stay (6.91 [2.36] vs 8.87 [2.93] days, respectively; standardized mean difference [SMD], 0.51; 95% CI, 0.20 to 0.82; I², 75%), higher mean (SD) PaCO₂ levels (41.05 [3.79] vs 37.90 [4.19] mm Hg, respectively; SMD, -0.51; 95% CI, -0.70 to -0.32; I², 54%), and lower mean (SD) pH values (7.37 [0.03] vs 7.40 [0.04], respectively; SMD, 1.16; 95% CI, 0.31 to 2.02; I², 96%) but similar mean (SD) ratios of PaO₂ to fraction of inspired oxygen (304.40 [65.7] vs 312.97 [68.13], respectively; SMD, 0.11; 95% CI, -0.06 to 0.27; I², 60%). Tidal volume gradients between the 2 groups did not influence significantly the final results.

CONCLUSIONS:

Among patients without ARDS, protective ventilation with lower tidal volumes was associated with better clinical outcomes. Some of the limitations of the meta-analysis were the mixed setting of mechanical ventilation (intensive care unit or operating room) and the duration of mechanical ventilation.

Example of Unstructured Abstract:

Characterization of *Mycobacterium tuberculosis* complex isolates from Greek patients with sarcoidosis by Spoligotyping.

A, B) Spoligotyping was undertaken with 38 *Mycobacterium tuberculosis* isolates from Greek sarcoidosis patients and 31 isolates from patients with tuberculosis. **C)** Fifty percent of the isolates from sarcoidosis patients and 16.13% of the isolates from patients with tuberculosis were represented by a unique pattern, whereas the remaining isolates belonged to seven shared types. Interestingly, half of the isolates from sarcoidosis patients did not resemble the spoligotypes of the isolates from patients with tuberculosis, most of which pertained to shared spoligotypes. **D)?**

Example of Unstructured Abstract:

Low risk of mother-to-child transmission of hepatitis C virus in Yaounde, Cameroon

A, B) To assess mother-to-child transmission (MTCT) of hepatitis C virus (HCV) in Cameroon, 5,008 pregnant women were screened for HCV antibodies. **C)** Eighty-nine (1.8%) were HCV-antibody (HCV-Ab) positive. Among these, 7 (7.9%) were HBsAg positive, 6 (6.7%) HIV-positive, and one (1.1%) was co-infected by both hepatitis B virus (HBV) and HIV. Sixty-eight (76%) out of 89 HCV-Ab positive pregnant women were HCV-RNA positive. The HCV genotype determination indicated the predominance of genotype 4 (45.3%), followed by the genotypes 1 (28.1%) and 2 (26.6%). The mean HCV-RNA levels of 41 women at the time of delivery was 4.8 (range 0.06-34.7) x 10(6) RNA copies/mL. Finally, 35 women delivered 36 live children. None of those screened at 6 weeks and 6 months of age were HCV-RNA positive. **D)** The failure to detect HCV vertical transmission suggests that the mother-to-child transmission (MTCT) is not a major route of HCV transmission in Cameroon.

The Rate of Conversion from the Immune-tolerant Phase to the Early Immune-clearance Phase in Children with Chronic Hepatitis B

Abstract

A) The spontaneous seroconversion rate of hepatitis B e antigen (HBeAg)-positive chronic hepatitis B (CHB) in children is lower than that in adults. However, few studies have investigated the rate of transition from the immune-tolerant to the early immune-clearance phase in children. **B)** From February 2000 to August 2011, we enrolled 133 children aged <18 years who had visited the Department of Pediatrics, KKK University Hospital. All subjects were in the immune-tolerant phase of HBeAg-positive CHB. The estimated transition rate into the early immune-clearance phase was calculated using the Kaplan-Meier method. **C)** Among the 133 enrolled pediatric CHB patients in the HBeAg-positive immune-tolerant phase, only 21 (15.8%) had converted to the early immune-clearance phase. The average age at entry into active hepatitis was 10.6 ± 4.8 years. The incidence of transition from the immune-tolerant to the early immune-clearance phase in these children was 1.7 episodes/100 patient-years. When analyzed by age, the estimated transition rate was 4.6%, 7.1%, and 28.0% for patients aged <6, 6–12, >12 years, respectively. **D)** In children with CHB, the estimated rate of entry into the early immune-clearance phase was 28.0% for patients aged 12–18 years, which was significantly higher than that observed for children aged <12 years.

TEN Keeps 9

❖ **Keep Rule of First and Last:** Organize text structure by **Topic at the first** and **Conclusion at the last**.

- Topic & Conclusion Paragraphs
- Topic & Conclusion Sentences

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Scheme of Text Structure 1 Introduction

- IMRAD Text
- Describe background and purpose
- Paragraph Scheme of Introduction
 - 2-3 Paragraphs
 - First: Topic paragraph
 - Middle: Extension paragraph
 - Last: Conclusion paragraph

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Structure of Introduction

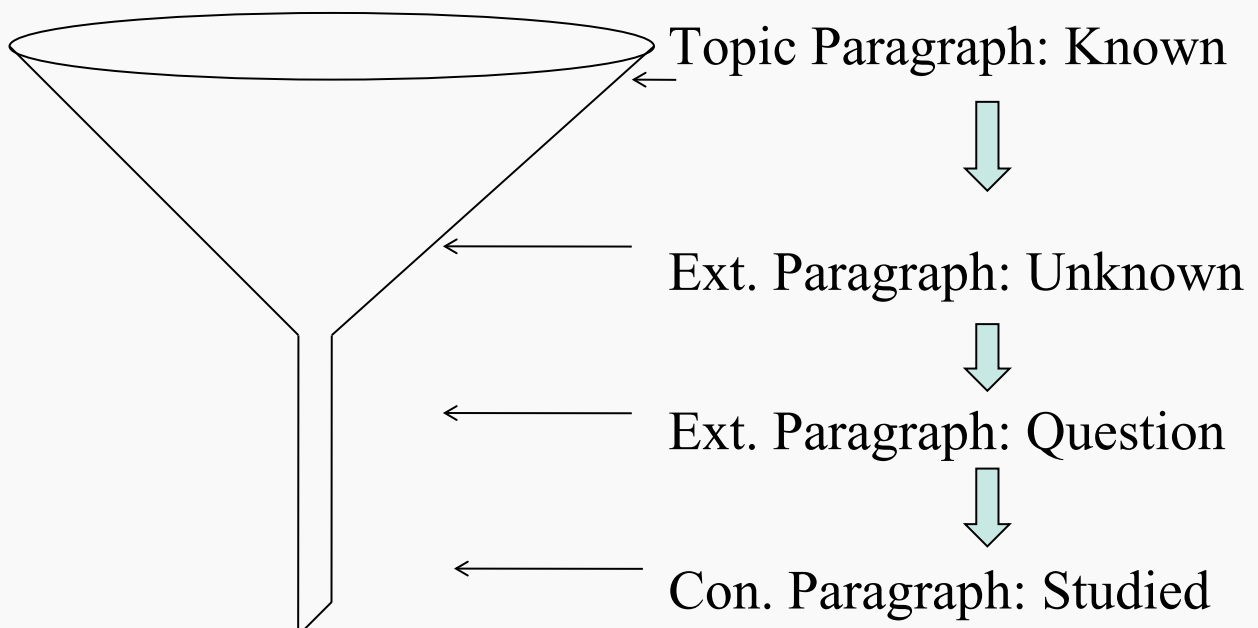
Topic Paragraph: Introduce audience to the article by explaining known facts

Extension Paragraph: Connect known to unknown

Conclusion Paragraph: Summarize purpose and what is done

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Make a Funnel Structure



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Sentence Structure

- Sentences in a Paragraph
 - More than 2 sentences in a paragraph
 - First: Topic sentence
 - Middle: Extension sentence
 - Last: Conclusion sentence

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Topic Paragraph

INTRODUCTION

Alcohol's rewarding effect is mediated partly via release of endogenous opioid peptides (1). The central opioid activity is increased after alcohol consumption (2). It was reported that the level of β -endorphin in plasma and hypothalamus increased after acute and chronic administration of alcohol to mice (3). It is thought that the opioid system, which is activated by alcohol administration and acts on the brain's reward pathway, results in increasing and maintaining drinking behavior (4). On this account, when the opioid system activation is blocked by a nonspecific opioid receptor antagonist such as naltrexone, the pleasurable effects created by alcohol administration are blocked, and blocking pleasurable effects suppress alcohol administration (5).

Extension Paragraph 1

Many studies have proved the effectiveness of naltrexone in treating alcoholism. It reduces relapsing to heavy drinking and alcohol consumption (6-8). However, its efficacy is seemed to be different according to the clinical variables. Several studies identified some clinical variables associated with a positive response to naltrexone. These were earlier onset age, positive familial loading of alcoholism, higher alcohol craving, and sweet taste preference phenotype (9). Laaksonen et al. (10) reported that sweet preference had a strong correlation to treatment outcome with naltrexone and sweet preference might be used as a predictor for better treatment results in alcoholics. The sweet taste preference may act as a putative probe of brain opioid function and predict variations in response to naltrexone treatment (11).

Extension Paragraph 2

Besides the sweet taste preference, a few studies suggested that hot food preference was associated with the opioid system and alcohol drinking (12-14). Capsaicin is a main component of the hot flavor of red peppers. Capsaicin administration resulted in a reduced alcohol intake of mice (12), and increased proopiomelanocortin (POMC) mRNA in the arcuate nucleus of Sprague-Dawley rats (13). In preliminary study, there was a tendency of the more suppression of acute alcohol's effects by naltrexone in hot food preferring social drinker (14). In addition, it was reported that β -endorphin in cerebrospinal fluid in cerebellum and medullar oblongata of white mice increased after 30 minutes when injected with capsaicin intrathecally (15). These results demonstrate that capsaicin injection increases the central opioid activity. In spite of the fact that eating spicy food is painful, some people still prefer hot food. On this point, we presumed that central opioid system is more activated in those who more prefer hot food than in those who don't prefer it, although it is not certain so far that the activation of that is related to increased affinity or increased number of central opioid receptors.

Conclusion Paragraph

Considering that the central opioid system is more activated by the administration of capsaicin in those who prefer hot food than in those who don't prefer it, and the central opioid system is activated by alcohol administration, we hypothesized that, with alcohol administration, the acute alcohol's effects related to activating the central opioid system are more remarkable in those who prefer hot food. Also, acute alcohol's effects related to activating the central opioid system are blocked more remarkably by the administration of naltrexone in those who prefer hot food. **Therefore, we investigated the differences in subjective acute alcohol's effects and naltrexone's effects on those who prefer hot food to varying degrees.**

Scheme of Discussion Structure

- Describe the meaning of study results and draw the scientific conclusion
- Paragraph Scheme of Discussion
 - 4-6 Paragraphs
 - First: Topic paragraph
 - Middle: Extension paragraphs, One paragraph for one item
 - End of extension: Limitations of the study
 - Last: Conclusion paragraph

Structure of Discussion

Topic Paragraph: Summarize core results

Extension Paragraphs: Explain meaning of core results one by one with literature review. Concentrate supporting data for conclusion.

Limitation Paragraph: Describe limitations

Conclusion Paragraph: Describe scientific conclusion in present tense by summarizing conclusion sentences of each paragraph.

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Sentence Structure of a Paragraph

Topic Sentence: Introduce findings of individual items briefly

Extension Sentences: Explain the finding with literature review. Supportive or contradictive for conclusion.

Conclusion Sentence: Describe scientific conclusive meaning of the item.

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Sentence Structure of Discussion

- Sentences in Paragraphs
 - More than 2 sentences in a paragraph
 - First: Topic sentence
 - Middle: Extension sentences
 - Last: Conclusion sentence

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Topic Paragraph

DISCUSSION

The results of this study show that there was no difference in the stimulative and sedative effect of alcohol between the group who preferred hot food and who did not when naltrexone was given to the subjects. It means that there is no association between acute alcohol effects and hot food preferences, which is opposed to the assumptions of this study. It is assumed that this happens because acute alcohol's effect does not react with the central opioid system alone but reacts with many nervous systems like dopamine, GABA, and glutamate. However, considering that in this study there were small number of subjects, there is a necessity to pursue this research with added subjects.

Extension Paragraph 1

For the group who tended not to prefer hot food, the stimulative effect of acute alcohol administration was not suppressed by naltrexone. However, for the group who did prefer it, [the stimulative effect of acute alcohol administration was suppressed by naltrexone.](#)

There have been many studies substantiating the fact that naltrexone is effective in the treatment of alcohol dependence but it appears that clinically this does not apply to everyone. Reports such as that done by Volpicelli *et al.* (7) showed that naltrexone had the effect of preventing the relapse of alcoholism among 75% of the subjects. In other report, there was a 70% probability (17). Based on these results, recently there are many researchers who are looking for an efficient subtype of naltrexone. The researchers have substantiated that naltrexone is more effective in circumstances such as the high level of craving for alcohol, poor cognitive function, and a strong family history of alcoholism (18-20). The results of

Extension Paragraph 2

this study showed that the stimulative effect of acute alcohol administration was suppressed by naltrexone in the hot food preferring group. In previous study that investigated the effect of naltrexone on acute alcohol response, naltrexone suppressed the stimulating effect of alcohol, increased the tranquilizing effect and suppressed the craving for it (21). [These results suggest that naltrexone could prevent a relapse more effectively in those who prefer hot food.](#)

[However, in the hot food preferring group, the sedative effect of acute alcohol administration and the craving for alcohol were not suppressed by naltrexone.](#) Considering that the sedative effect of acute alcohol administration was significantly increased at 90 minutes after drinking in social drinkers (21), the fact that this study was carried out only until 60 minutes after drinking can be considered a limitation. Moreover, it is difficult to assume why there was not a significant effect on the craving for alcohol, but [it can be assumed that the individual difference in the craving for alcohol is one of the possible reasons.](#)

Extension Paragraph 3

On the other hand, it has become known that food preference is related to the pleasure effect gained by food (22). The pleasure effect by food reward system is connected to opioid activity (23). So it could be possible that there is an interrelationship between the taste preferences and the alcohol dependence. The results of previous studies showed that people who have a greater preference for sweetness have a positive family history of alcohol dependence (24, 25), and people who are more sensitive to bitterness had more alcohol-related problems and a greater family history of alcohol dependence compared to those who were less sensitive to bitterness (26). According to the results of one study, genes that are related to the bitter-taste receptor revelation are related to alcohol dependence (27).

Conclusion Paragraph

However, there have been no studies concerning the relationship between the hot food preference and the acute effect of alcohol drinking. Moreover, it seems that there were no studies about the association of alcohol dependence and the remedial value of drugs such as naltrexone. There is a need to undertake studies about the relationship between acute alcohol's effects and other taste preferences. This study was of significance in that it has been the first to present the relation between the remedy of alcohol dependence and hot food, in particular, spicy Korean food.

TEN Keeps 10

- ❖ **Keep Connecting Words:** Connect sentences by repeating common words within a paragraph. That keeps fluent flow of reading and easy understanding.

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Topic Paragraph & Connecting Words

Praziquantel has been used comprehensively in both clinics and field as a broad-spectrum anthelmintic for the treatment of trematode or cestode infections. Though it is regarded as safe generally, **the comprehensive use of praziquantel** inevitably induces several **common adverse reactions**, such as, abdominal pain, diarrhea, dizziness, sleepiness, and headache.¹ Most of these **adverse reactions** are transient and rapidly subside without specific treatment. In addition to these **common adverse reactions** an **anaphylactic reaction** may occur, but it is very rare and neglected usually. A search of the literature revealed that two cases of **anaphylactic shock** have been attributed to praziquantel.²⁻³

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Slow Cooking

- **Slow Cooking of Manuscripts:**

Trim manuscripts more attractive following TEN Keeps!

- KESS
- Rule of Ten 1
- Rule of Ten 2
- Rule of First and Last
- Connecting Words

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Recommended Writing Order

- Tables & Figures
- Abstract
- Results
- Materials and Methods
- Introduction
- Discussion

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Additional Tips from Editor's Vault

- Prepare the manuscript reader friendly
- Prepare the manuscript journal friendly
- Review the manuscript internally and externally
- Language review by an original speaker
- Back up the file
- Keep research and publication ethics through all procedure

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**Thank You for Attention!
Good writing makes the
manuscript published!**



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