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Korean Association of
Medical Journal Editors

최근 연구출판윤리 심의현황

2021.11.14

출판윤리위원장 유 영

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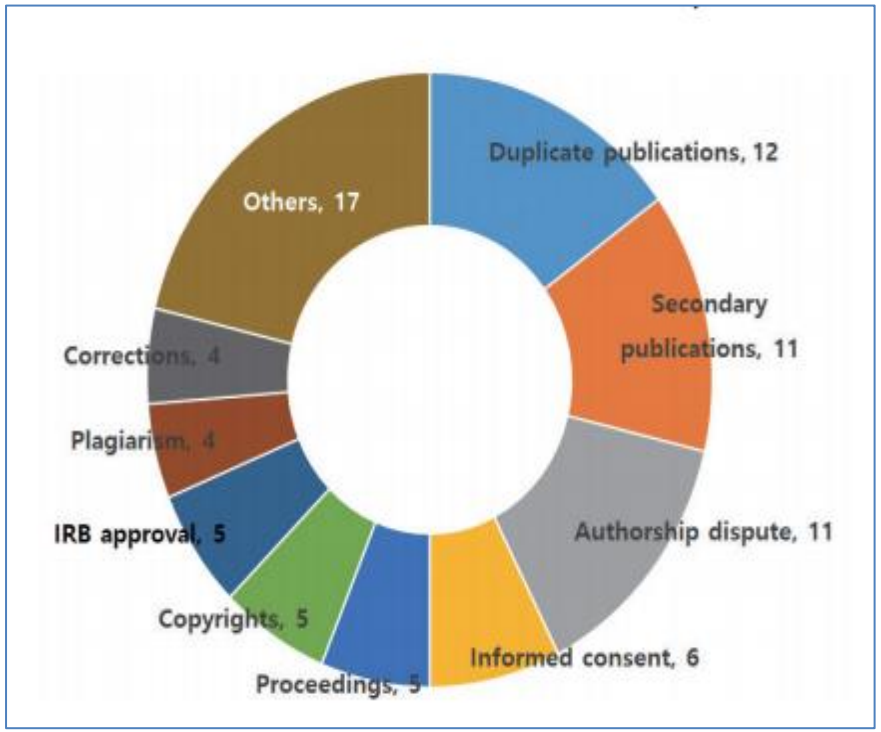

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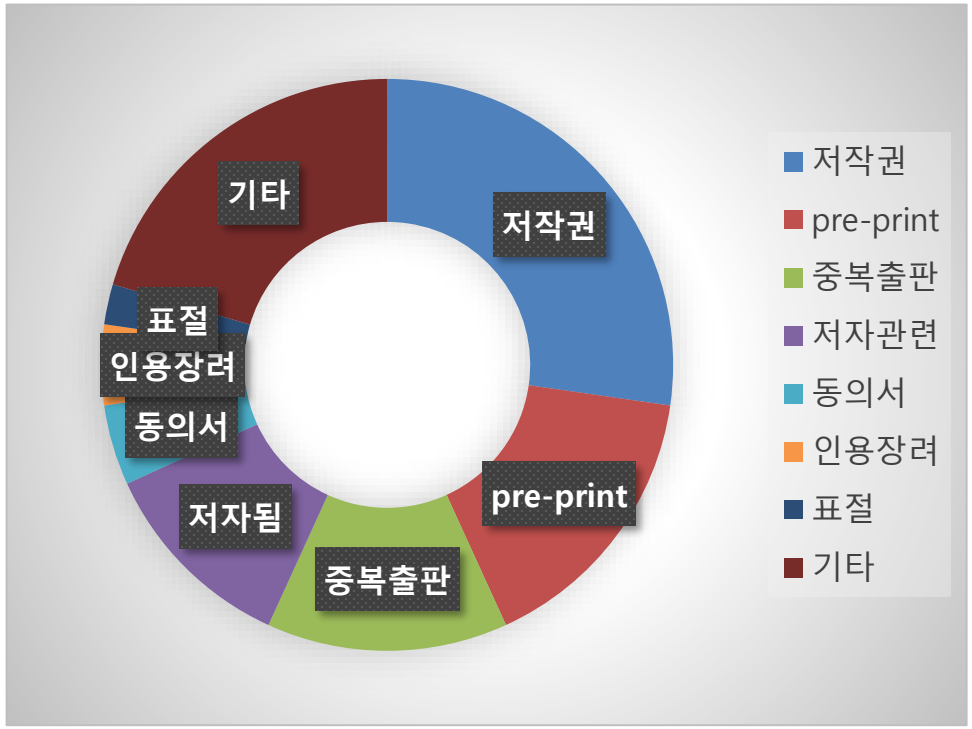

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2. 저작권과 라이선스

1) 저작권이란?

- 저작권은 인간의 지적 창작물에 관한 권리와 표지에 관한 권리를 총칭
- 저작권 제도는 창작자의 권리를 지키고 창작을 활성화하려는 제도
- 동의없이 저작물의 전부/일부를 복제하는 경우 아무리 출처표시를 했더라도 저작권 침해가 될 수 있음

2) 저작권 정책 확인

- 논문 게재 승인 후 저자가 출판사에 일정한 범주내에서 사용을 허락
- 반드시 논문 게재 승인 후 저작권에 대해 확인해야 함
- 저작권 이양 동의서 -> '출판 계약서' 사용

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영리목적 활용	O	O	O	O	X	X	X
내용 변경 및 2차 창작	O	O	O	X	O	O	X
라이선스 변경	O	O	X	X	O	X	X

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Original Article Clinics in Orthopedic Surgery 2020;12:404-412 • https://doi.org/10.4055/cios19117

Delta-like Factor 1 as a Possible Therapeutic Target for Sarcomas

Han-Soo Kim, MD*,†, Sun Hee Ahn, MS*, Ha Jeong Kim, PhD*,
Jong Woong Park, MD*, Ilkyu Han, MD*,†

*Department of Orthopedic Surgery, Seoul National University Hospital, Seoul,
†Department of Orthopedic Surgery, Seoul National University College of Medicine, Seoul, Korea

Background: Cancer stem cells (CSCs) are cells characterized by their self-renewal and tumorigenic potential. The purpose of this study was to discover the role of the delta-like factor 1 (DLK1) in sarcoma.

Methods: mRNA expression of DLK1 from 13 sarcoma cell lines was examined. Isolated CSCs from the tumors were examined using fluorescence-activated cell sorting (FACS) with CD133, the CSC marker, or sphere-forming assay. The relationship between DLK1 and CSCs in sarcoma was examined using cell proliferation and cell invasion assays after they were treated with DLK1 short interfering RNA (siRNA).

Results: A high expression of DLK1 mRNA was observed in all sarcoma cell lines. However, CSCs were isolated from over expressed sarcomas of the DLK1 gene, and they have shown to be expressed lower than the wild type. The anti-cancer effects of DLK1 siRNA inhibited cell proliferation and invasion in U2OS, A204, and sw872. In addition, treatment with DLK1 siRNA inhibited cell invasion in sw872 CSCs. DLK1 gene induces tumorigenesis in various sarcoma cells and regulates the invasiveness of liposarcoma. These results suggest that DLK1 could serve as a possible therapeutic target for sarcoma.

Conclusions: Our study showed that the DLK1 gene induces tumorigenesis in various sarcomas and is associated with invasive mechanism in sarcoma. These results suggest DLK1 could serve as a possible therapeutic target in a variety of sarcomas.

Keywords: *Sarcoma, DLK1, CD133, Cancer stem cell, Tumorigenesis*

Sarcomas represent a group of cancers that exhibit mesenchymal differentiation, accounting for approximately 1% of all adult malignancies.[1] Despite aggressive surgical resection with adjuvant chemotherapy and radiotherapy, about 30% of patients with sarcoma still experience local relapse or metastasis. In general, prognoses of patients with metastatic sarcoma remain poor, with the 3-year survival rate of 20%–30%.[2] Therefore, novel approaches to treatment are needed to improve the outcomes of these patients.

Cancer stem cells (CSCs) constitute the minority of cells within the tumor, but they have unique characteristics such as the self-renewal and tumorigenic potential. Due to these characteristics, the established anti-cancer drugs are unable to remove the CSCs completely and thus are unable to protect against cancer reoccurrence. Therefore, in order to remove the CSCs completely, it is necessary to have a comprehensive understanding of the signaling pathways involved in cancer cell maintenance or regulation.

Recently, studies on CSCs, which focused on finding molecular biological characteristics or cell signaling pathways that maintain and regulate CSCs,[3] have found that the self-renewal signal of CSCs is modified in various cancer species. The study of the Notch and Sonic Hedgehog signaling pathway is 1 such study.[4] Since first confirmed in acute myeloid leukemia, CSCs have been detected in breast, brain, and colon cancer and have been identified in

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Epidemiological Characterization of Adenovirus and Human Bocavirus Detected Acute Respiratory Patients in Busan

Su-Jeong Hwang*, Nam-Ho Kim, Dong-Ju Park, Pyung-Tae Ku, Mi-Ok Lee and Sung-Hyun Jin

Busan Metropolitan City Institute of Health & Environment, Busan 46616, Korea

Received October 6, 2016 / Revised October 26, 2016 / Accepted November 11, 2016

Adenovirus (ADV) and human bocavirus (hBoV) cause acute respiratory tract infections, and are often associated with increased rates of hospitalization and death, particularly in infants and young children. The aim of this study was to analyze the clinical features and molecular phylogeny of ADV and hBoV isolated in Busan, from January 2011 to November 2013. In total, 3,230 specimens (throat swabs) were collected from patients with influenza-like illnesses and acute respiratory tract infections. Multiplex real-time RT-PCR was performed to detect eight respiratory viru [rhinovirus, adenovirus, respiratory syncytial virus, human coronavirus, human metapneumovirus, human bocavirus, para-

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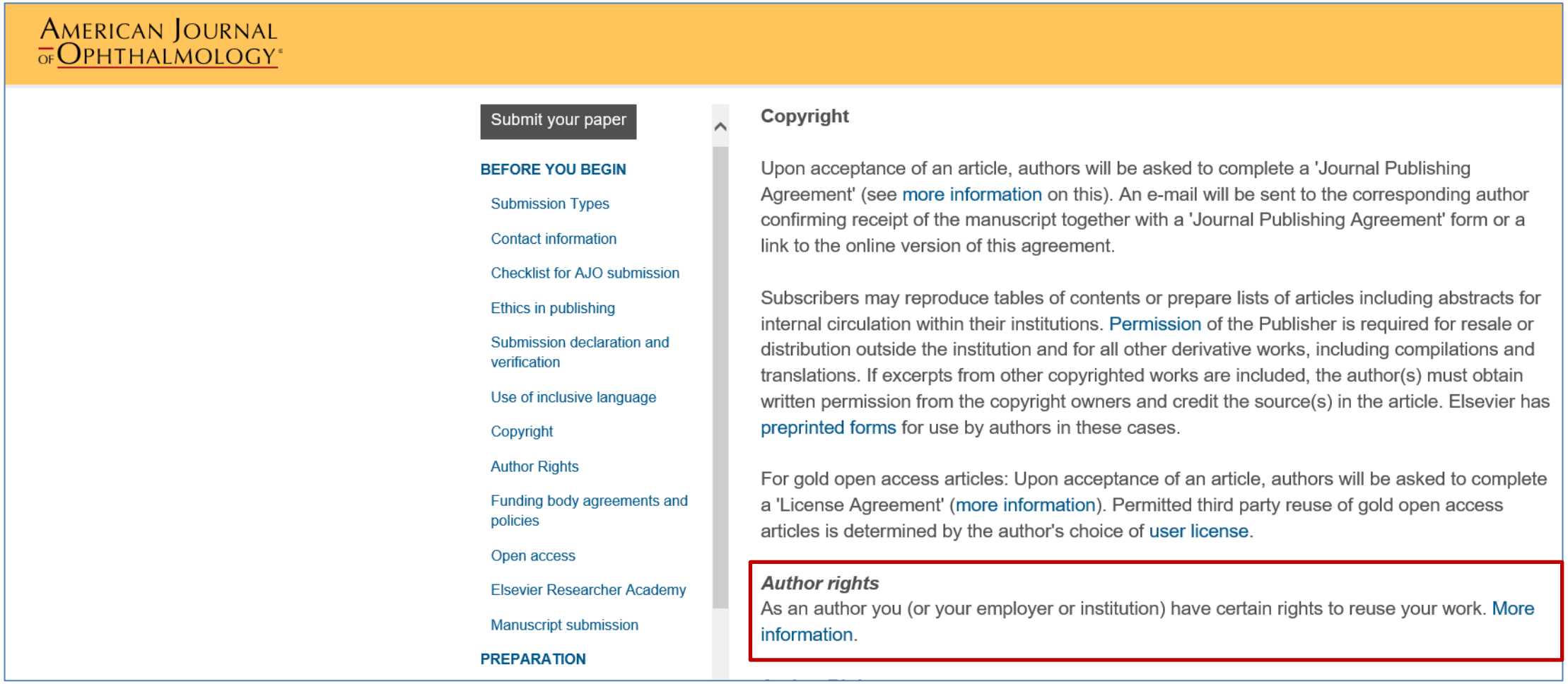

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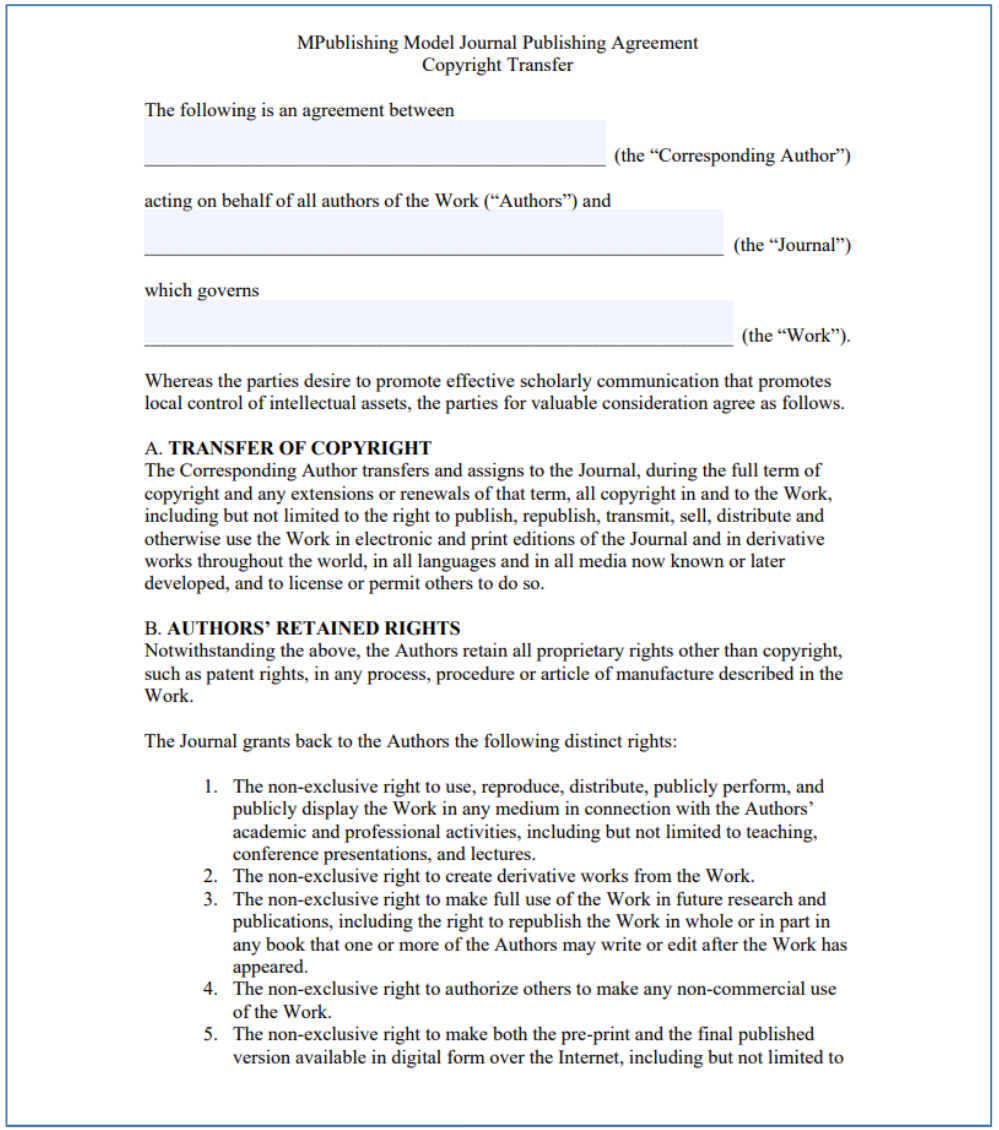

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4. 저자는 저자가 알고 있는 한도에서는 음란한(obscene), 품위 없는(indecent), 비방하는(libellous), 불법적인(unlawful) 내용이나 타인의 권리를 침해하는 내용이 없음을 확인한다.
5. 2인 이상의 저자가 참여한 경우 다른 저자가 본 저작물의 출판에 동의하였으며 공동 저자들도 본 계약서에 동의하였음을 확인한다.
6. 본 저작물에 표시된 처방과 용량은 정확하고, 정상적인 방식으로 투여되는 경우 인체에 해롭지 않음을 확인한다.
7. 본 계약을 위반하여 발생하는 손실에 대하여 편집인, 출판인에게 배상할 것을 약속한다.

의학논문 출판윤리 가이드라인 제3판 2019

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3. 저자됨 관련

1) 저자됨 (Authorship) 이란?

- ICMJE 저자됨의 조건
- 학술적 개념과 계획, 자료의 수집이나 분석에 상당히 지적으로 공헌함
- 연구 수행 모든 과정의 의문점에 대해서도 적절히 설명 가능
- 논문을 작성하거나 중요한 내용을 수정함
- 출간될 원고를 최종적으로 승인함

2) 한국 미성년자 공저자 논문

- 미성년자 공저자 논문: 794편
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- 교수자녀 등 특권층 기득권 대물림
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ACADEMICS IN SOUTH KOREA CAUGHT NAMING KIDS AS CO-AUTHORS

The practice was probably used to improve the children's chances of securing a university place.

Dozens of papers with child authors who did not contribute to the work have been identified.

By Mark Zastrow

The number of South Korean academics accused of naming children as co-authors on research manuscripts – even though the children did not contribute to the research – continues to grow. An and the others had no special relationship to the children. It is thought that in some cases, the children were named on papers to boost their chances of winning university places, for which competition in the country is fierce. The papers the ministry has identified as problematic stretch back at least as far as 2007

Nature vol 575, 2019 Nov

3) 청소년 의학연구 출판참여 관련 윤리준수 권고문

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ICMJE 제시 4가지 기준 불충족 시 기여자 기록

이날 발표를 맡은 배상철 대한의학회 부회장@의협신문

지난해 조국 전 법무부장관 사태로 불거진 청소년의 의학연구 출판윤리 문제에 대해 대한의학회가 가이드라인을 내놨다. 청소년의 연구 참여에 대해 장려하면서도 연구·출판 윤리에 대해서는 일반적인 국제 표준을 준수하라는 권고문이다.

대한의학회는 21일 기자간담회 열고 '청소년 의학연구와 출판참여 관련 윤리 준수 권고문'을 발표했다.

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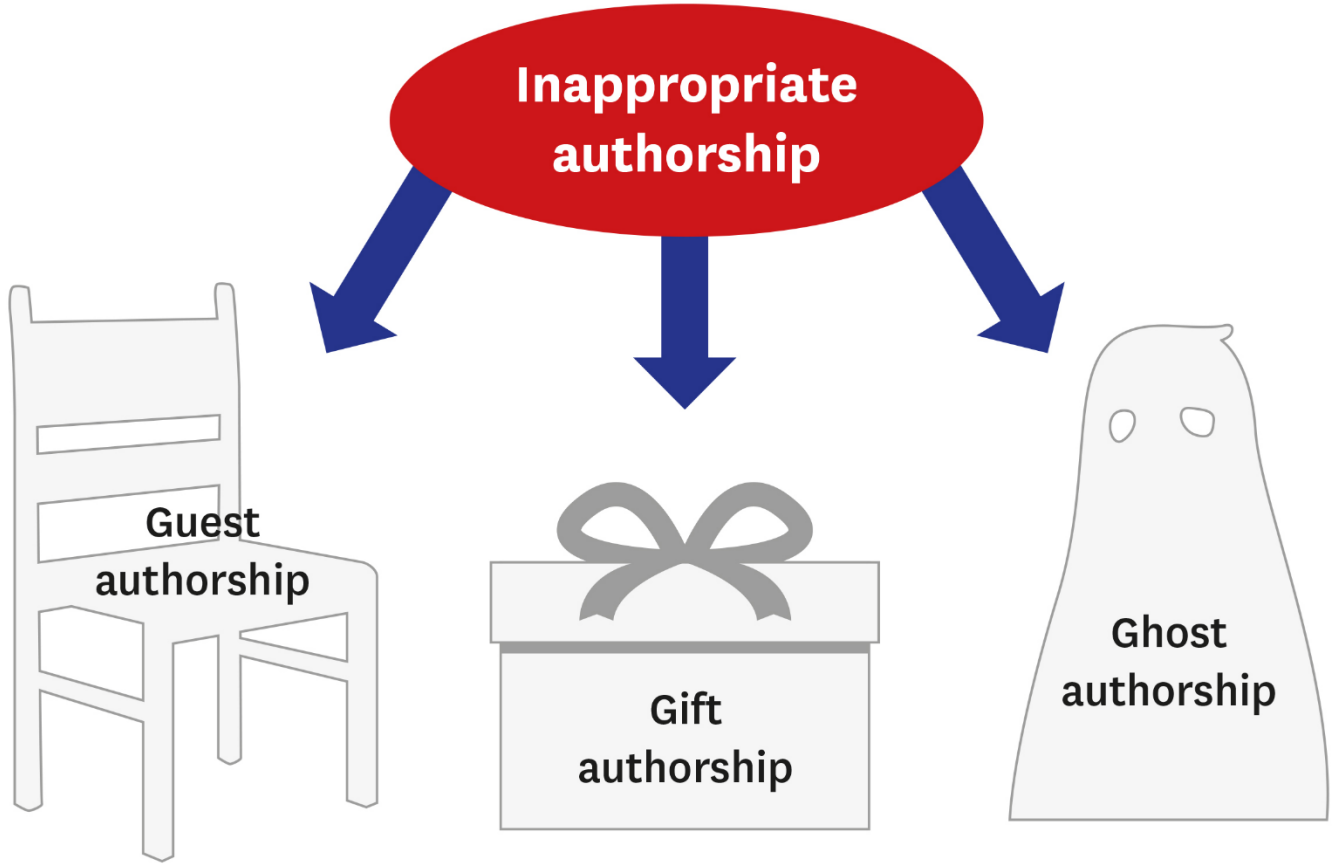
대한의학회 2021.1.21

4) 우리나라 의학논문 저자의 특성

- 저자수가 지나치게 많다
- 역할 없는 공짜저자가 많다
- 부당하게 저자에서 배제되기도 한다
- 자기 이름이 논문에 들어갔는지도 모른다
- 같은 저자의 영문 철자가 논문마다 다르다
- 특정 연구팀 전원은 모든 논문의 공저자이다
- 저자들이 발표 전에 논문을 돌려 읽지 않는다
- 제1저자, 공저자, 책임저자가 연공서열로 결정된다

5) 부당한 저자 표시



Misra DP et al. JKMS 2018;33:e287

6) 기여자 (Contributor)

- 연구에 기여했으나 저자 요건에 불충분
- 감사의 글에 언급할 수 있음
- 기여 부분을 명확히 함

7) 저자됨 관련 흔한 질문들

- 저자의 순서
- 저자에서 제외된 문제
- 제1저자, 교신저자의 수
- 다기관 공동연구 저자 문제
- 투고 중, 심사 중, 출판 후 저자 변경

8) 부당한 저자 표시 징후

- 교신저자 심사 답변 부적절
- 기여자 목록에 역할이 빠져 있음
- 지나치게 많은 논문 작성하는 저자
- 다른 저자에 의해 작성된 유사한 종설, 논평 등
- 저자에 없는 사람이 논문작성, 수정 (Word 문서 작성자 확인)
- 터무니 없이 긴 (짧은) 저자 목록 (증례에 10명, RCT에 1명 저자 등)

9) 부당한 저자됨으로 철회된 논문

JPTM Journal of Pathology and Translational Medicine

Retraction

Journal of Pathology and Translational Medicine 2019; 53(5): 345.
Published online: September 6, 2019
DOI: https://doi.org/10.4132/jptm.2019.09.06

RETRACTION: eNOS Gene Polymorphisms in Perinatal Hypoxic-Ischemic Encephalopathy

Journal of Pathology and Translational Medicine Editors

This retracted the article "eNOS Gene Polymorphisms in Perinatal Hypoxic-Ischemic Encephalopathy." on page 306.

This article [1] has been retracted at the request of the Editors. *Journal of Pathology and Translational Medicine*, formerly known as *Korean Journal of Pathology* (1967 - 2014), requires that Institutional Review Board (IRB) approval is received for all studies on human subjects and that authors follow guidelines for research and publication ethics.

Concerns were raised about unjustified authorship and false statements regarding IRB approval. After evaluating the concerns carefully, we asked the corresponding author to provide an explanation for the concerns. The corresponding author notified the Journal that IRB approval from the author's institution was not obtained for the human subjects research described in the article. In addition, the corresponding author stated that the five co-authors (MC, KSH, DCC, IYC, and MJK) were attributed as authors without having made intellectual contributions to this study, and therefore agreed with changing the five persons' co-authorship to contributorship. In Korea, unjustified authorship is construed as a type of research misconduct (Ministry of Science and Technology, directive No.236, enacted 2007.2.8.).

10) 저자 관련 체크포인트

- 부당한 저자는 없는가?
- 기여자에 허락을 받았는가?
- 포함된 저자는 모두 저자 자격에 합당한가?
- CRediT을 요구하는 경우 합당하게 기술하였는가?

11) 부당한 저자 표시 예방을 위해 CRediT 사용

- CRediT (Contributor Roles Taxonomy)
- 출판물에 기여의 전형적인 형태에 대해 기술
- 저자 역할 구분 및 표시 기준
- Open standard
- http://casrai.org/CRediT

11) CRediT: Contributor roles / Responsibility (14)

(1) Study conception (연구의 개념)

(2) Methodology (방법론)

(3) Computation (계산)

(4) Formal analysis (공식 분석)

(5) Investigation (실험 수행)

(6) Investigation (자료/근거 수집)

(7) Resources (자원)

11) CRediT: Contributor roles / Responsibility (14)

(8) Data curation (데이터 관리)

(9) Writing, Original draft (원고준비, 초안작성)

(10) Writing, Critical review & Revision (논문 수정, 개정)

(11) Writing, Visualization (시각화, 자료제시)

(12) Supervision (감독)

(13) Project administration (프로젝트 관리)

(14) Funding acquisition (자금 조달)

12) *ICUrology* (대한비뇨의학회지) Author Submission Requirement Form

Author Submission Requirement Form

Title: _____

Authors: 1._____ 2._____ 3._____
4._____ 5._____ 6._____
7._____ 8._____ 9._____

1. Authorship Responsibility, Criteria and Contributions

A. By checking the appropriate boxes below, each author certifies that

- ☐ the manuscript represents valid and original work;
- ☐ the manuscript or portions thereof are not under consideration by another journal or electronic publication and have not been previously published except as an abstract;
- ☐ if requested I will provide raw data on which the manuscript is based for examination by the editors and reviewers;
- ☐ if I am the corresponding author I agree to be responsible for indicating the source of extra-institutional funding, in particular that provided by commercial sources, internal review board approval of study, accuracy of the references and all statements made in the work, including changes made by the copy editor, upon review of the proof; or if I am not the corresponding author I agree to assign the aforementioned responsibilities to the corresponding author;
- ☐ I have read and approve the final manuscript; and
- ☐ I have made a substantive contribution to the information or material submitted for publication to take public responsibility

B. To qualify for authorship each author must indicate his/her substantive contribution to the intellectual content of the manuscript by checking a minimum of 1 box.

Author	1.	2.	3.	4.	5.	6.	7.	8.	9.
Conception and design	☐	☐	☐	☐	☐	☐	☐	☐	☐
Data acquisition	☐	☐	☐	☐	☐	☐	☐	☐	☐
Data analysis and interpretation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Drafting the manuscript	☐	☐	☐	☐	☐	☐	☐	☐	☐
Critical revision of the manuscript for scientific and factual content	☐	☐	☐	☐	☐	☐	☐	☐	☐
Statistical analysis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Supervision	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐

5. Acknowledgment Statement

As corresponding author, check the box below that applies:

- ☐ I certify that all individuals named in an Acknowledgment have given me permission to be named
- ☐ I certify that no other persons have made substantial contributions to this manuscript to warrant an Acknowledgement section

12) *ICUrol* 2021;62:399-407

Original Article - Urological Oncology

Investig Clin Urol 2021;62:399-407.
https://doi.org/10.4111/icu.20200399
pISSN 2466-0493 • eISSN 2466-054X

INVESTIGATIVE AND CLINICAL UROLOGY
ICUROLOGY

Expression of phosphorylated p21-activated kinase 4 is associated with aggressive histologic characteristics and poor prognosis in patients with surgically treated renal cell carcinoma

Ho Won Kang[1,*], Xuan-Mei Piao[1,*], Hee Youn Lee[1], Kyeong Kim[1], Sung Pil Seo[1], Yun-Sok Ha[2], Yeong Uk Kim[3], Won Tae Kim[1], Yong-June Kim[1], Sang-Cheol Lee[1], Wun-Jae Kim[1], Eun-Young Shin[4], Eung-Gook Kim[4], Seok Joong Yun[1]

[1]Department of Urology, Chungbuk National University Hospital, College of Medicine, Chungbuk National University, Cheongju, [2]Department of Urology, School of Medicine, Kyungpook National University, Daegu, [3]Department of Urology, School of Medicine, Yeungnam University, Daegu, [4]Department of Biochemistry and Medical Research Center, College of Medicine, Chungbuk National University, Cheongju, Korea

and poor survival. However, our data did not show any association between total PAK4 expression and pathological characteristics and survival. At present, the reason for this disparity is not clear. One possible explanation would be the different study designs; we included diverse subtypes of histology, clear cell RCC, papillary RCC, and the chromophobe RCC. To accurately determine the prognostic role of PAK4 and pPAK4^{S474} in RCC, additional large cohort studies would be helpful. Liu et al. [16] also showed that high PAK4 expression is an adverse prognostic marker in a subgroup of patients with low Fuhrman grade (grade 1–2) and in a subgroup with early T stage (T1–2) disease. In a similar context, we found that pPAK4^{S474} expression functions as an independent predictor of recurrence in a subgroup of patients with localized RCC. Taken together, these findings suggest that expression of PAK4 and pPAK4^{S474} are prognostic markers for early phase RCC progression.

A possible limitation of the present study is the relatively small sample size examined, which may reduce the statistical power. Considering that diverse types of RCC histology are included for evaluation, expanding the sample size is recommended. To better understand the prognostic value of pPAK4, other complementary omics approaches would be worthwhile. Identification of a nuclear target(s) of PAK4 as

ACKNOWLEDGMENTS

This work was supported by the research grant of the Chungbuk National University in 2020.

The specimens used in this study were provided by Chungbuk National University Hospital, a member of the National Biobank of Korea, which is supported by the Ministry of Health, Welfare and Family Affairs. All samples from the National Biobank of Korea were obtained with informed consent under institutional review board-approved protocols. The authors wish to thank Ms. Eun-Ju Shim from the National Biobank of Korea at Chungbuk National University Hospital for sample preparation and technical assistance.

AUTHORS' CONTRIBUTIONS

Research conception and design: Ho Won Kang, Eung-Gook Kim, and Seok Joong Yun. Data acquisition: Hee Youn Lee, Kyeong Kim, and Sung Pil Seo. Statistical analysis: Ho Won Kang, Xuan-Mei Piao, and Won Tae Kim. Data analysis and interpretation: Yun-Sok Ha, Yeong Uk Kim, and Won Tae Kim. Drafting of the manuscript: Ho Won Kang and Xuan-Mei Piao. Critical revision of the manuscript: Yun-Sok Ha, Yeong Uk Kim, Yong-June Kim, Sang-Cheol Lee, Eun-Young Shin, Eung-Gook Kim, and Wun-Jae Kim. Administrative, technical, or material support: Seok Joong Yun and Wun-Jae Kim. Supervision: Yong-June Kim, Sang-Cheol Lee, Seok Joong Yun, Eun-Young Shin, Eung-Gook Kim, and Wun-Jae Kim. Approval of the final manuscript: all authors.

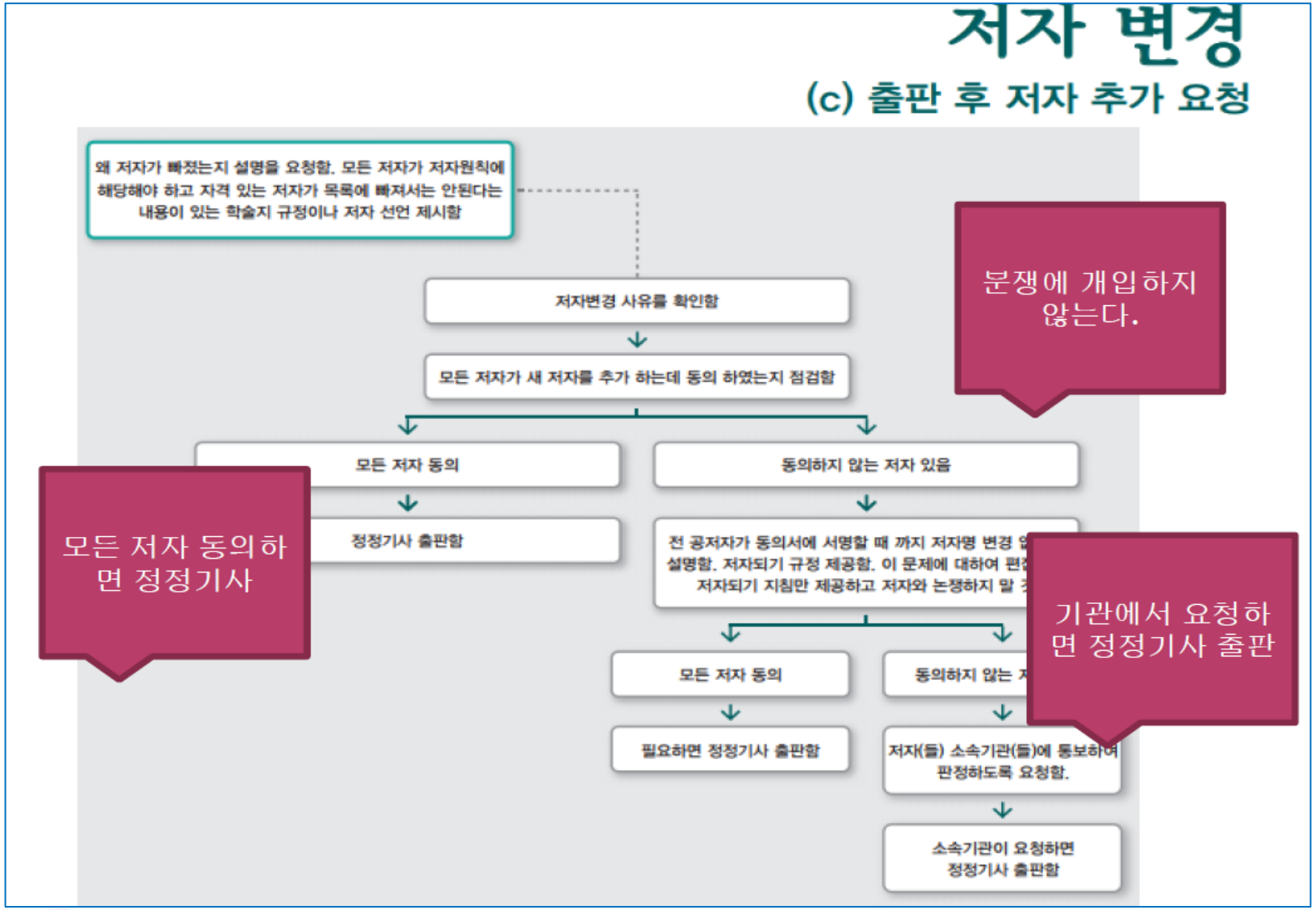
REFERENCES

13) 논문 출판 후 교신저자 추가/변경 에 대한 요청 사례

- 논문 출간 후 제1저자로 부터 교신저자 추가 요청
- 석사학위 논문이며 지도교수를 교신저자로 넣는 것을 몰랐다

- 저자 추가/변경 사유 확인과 모든 저자들이 동의하는지 확인
- 저자 추가/변경에 대한 합리적 사유 판단 시 진행 가능
- 변경 전/후 교신저자의 자격 확인 필요
- 정정기사 출판

14) 출판 후 교신저자가 일부 저자 추가/삭제 요청



15) 저자의 소속 변경 시 표기 질의 (대한성형외과학회지)

- 저자가 A 기관 소속 당시 환자 증례를 B 기관으로 옮긴 후에 논문 출판

- 일반적으로 실제 연구가 진행된 기관을 표기하고
- 표지 하단에 현 소속 기관을 기재
- 저자의 별도 요청 시 존중

16) 연락 두절 교신저자 논문 처리 방침 (*J Movement Disorders*)

- Proofreading 단계에서 교신저자에게 수차례 연락해도 회신이 안오는데
- 저자에게 최종 통보 후 논문 철회 가능한지?
- 아니면, 저자확인 없이도 편집부 권한으로 출판 가능한지?

16) 연락 두절 교신저자 논문 처리에 대한 의편협 답신

- 교신저자와 접촉 -> 답신 없으면 -> 모든 저자들의 소속기관에 접촉 -> 정해진 시간 내 반응 없으면
- 철회하겠다는 내용의 등기우편 혹은 내용증명 발송 -> 우편물 수취 확인 후 진행 권고
- 저자의 최종 확인없이 편집부 권한으로 출판은 피해야 함

- 참고) https://publicationethics.org/case/unable-contact-authors

17) 저자 분쟁의 예방

- CRediT 사용
- ORCID 사용
- 저자실명제 준수
- Clinical trial 등록
- 논문 공저자의 역할 명기
- 투고 시 모든 저자됨 서류에 역할 기술
- 논문 기획 단계에서 참여저자와 순서를 정함

KAMJE
Korean Association of
Medical Journal Editors

4. 중복출판

1) 중복출판 이란?

- 이미 출판된 논문과 상당부분 겹치는 내용을 인용없이 다시 출판
- 심사 및 편집활동, 학술지 공간 등 자원 낭비
- 논문 결과에 대한 부당한 과대평가
- 학술지가 갖는 저작권 침해 가능

2) 중복출판의 유형

- 이중게재 (copy): 두 논문의 표본과 결과가 동일, 동일 논문 투고
- 분절출판 (salami): 동일 표본으로 다른 결과, 논문 쪼개기 수법
- 덧붙이기 (imalas): 대상자를 늘리거나, 결과 추가하여 논문

Von Elm E et al. JAMA 2004;291:974-80

3) 국내 의학논문 출판윤리위반 현황 조사

- KoreaMed 에서 철회 논문 조사 (1996-2016)
- 217,839 논문 중 111개 철회 (0.051%)

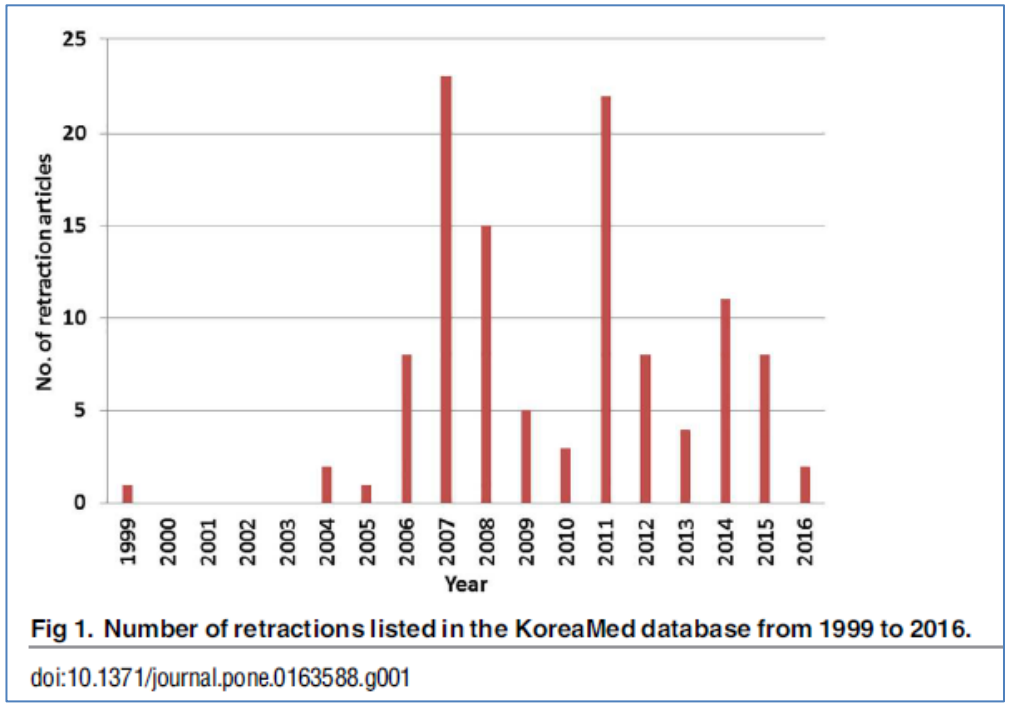


Fig 1. Number of retractions listed in the KoreaMed database from 1999 to 2016.

doi:10.1371/journal.pone.0163588.g001

Huh S et al. PLoS One 2016;11:e0163588

4) 논문 철회 이유 조사

- 중복출판으로 인한 논문 철회율
- 57.9%: KoreaMed retractions
- 17.0%: MEDLINE retractions
- 15.8%: PubMed retractions

Table 2. Reasons for retraction (n = 114).

Reasons	Frequency (%)
Duplicate publication	66 (57.9)
Plagiarism	10 (8.8)
Scientific mistake	5 (4.4)
Author dispute	4 (3.5)
Others	4 (3.5)
Unknown	23 (20.2)

doi:10.1371/journal.pone.0163588.t002

Huh S et al. PLoS One 2016;11:e0163588

5) 중복출판이 발생하는 이유

- 심사자

  - 동시에 두 학술지에 투고한 경우 심사과정에서 발견하기 쉽지 않음

- 연구자

  - 중복출판임을 알면서도 연구비 보고, 승진, 재임용을 위해 투고

  - 분절출판이나 덧붙이기 출판도 중복출판인지 모르는 경우

  - 중복출판이 출판윤리문제가 되는 이유를 모르는 경우

6) 의학논문 중복출판 현황 평가 흐름도

- **중복출판 평가 흐름도**

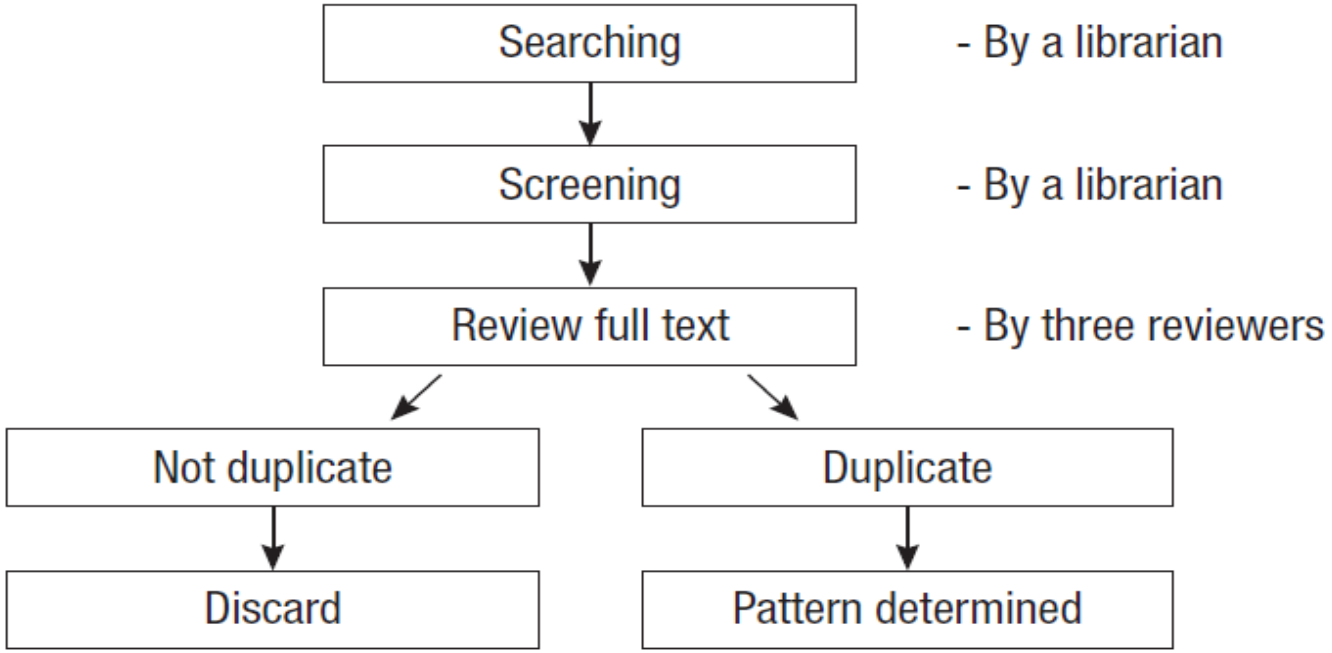


Fig. 1. Flow chart for evaluation of duplicate publications in this study.

Kim SY et al. JKMS 2014;29:172

7) Similarity Index 조사

- 4,050 의학논문 Similarity Index 분포 (2009-2014)
- 8.8% 에서 Similarity Index ≥ 20% (iThenticate®)

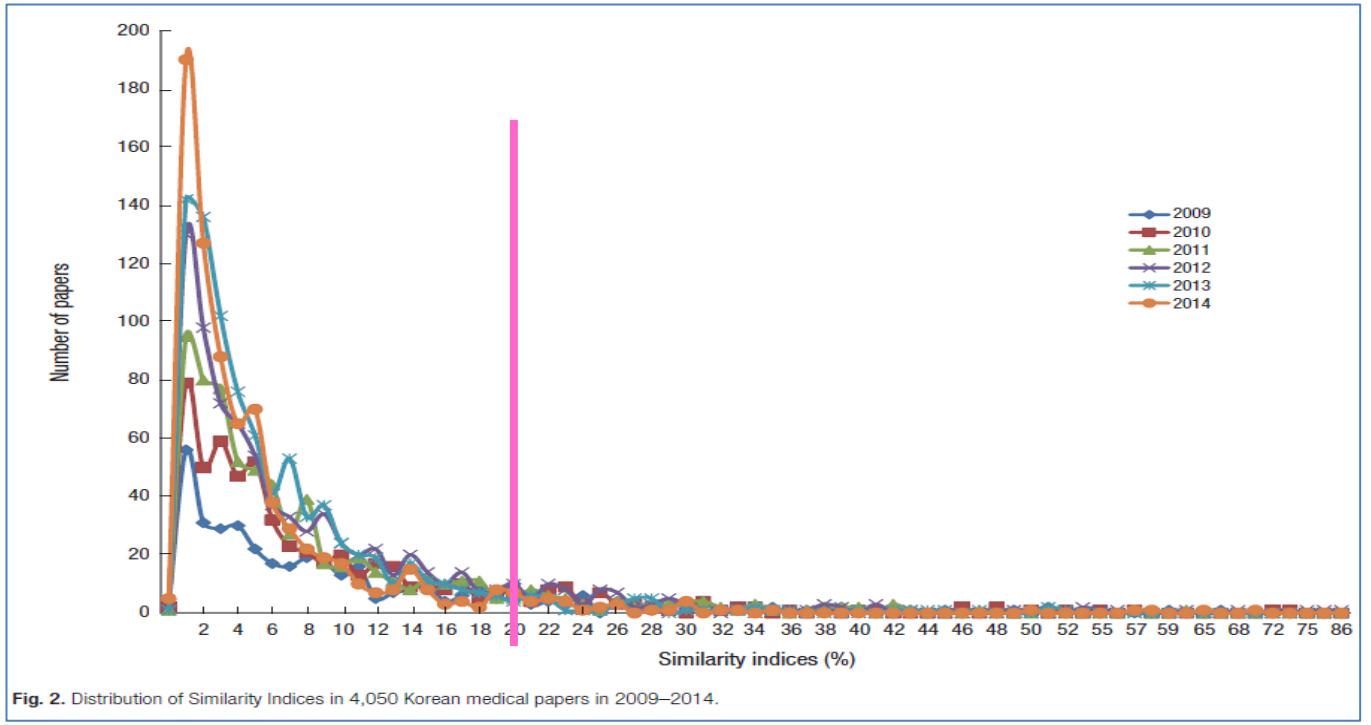


Fig. 2. Distribution of Similarity Indices in 4,050 Korean medical papers in 2009–2014.

Park S et al. JKMS 2017;32:887

8) 의편협 중복출판 입장문 발표, 캠페인, 교육 후 감소

- **캠페인 후 중복출판율 감소**

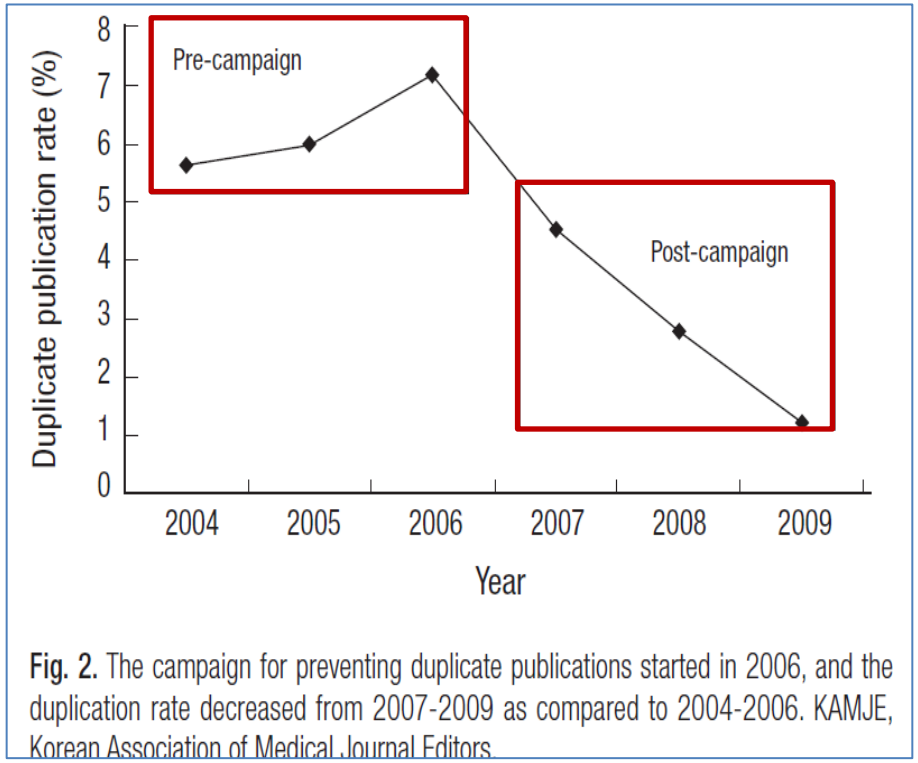


Fig. 2. The campaign for preventing duplicate publications started in 2006, and the duplication rate decreased from 2007-2009 as compared to 2004-2006. KAMJE, Korean Association of Medical Journal Editors.

Table 3. Patterns of duplicate publication in Korean medical journals (2004-2009)

Patterns of duplicate	No. (%) of articles by year						
	2004	2005	2006	2007	2008	2009	Total
Copy	19 (65.5)	18 (64.2)	13 (37.1)	10 (47.6)	6 (42.9)	5 (83.3)	71 (53.4)
Salami	4 (13.8)	5 (17.9)	12 (34.3)	9 (42.9)	6 (42.9)	1 (16.7)	37 (27.8)
Imalas	6 (20.7)	5 (17.9)	10 (28.6)	2 (9.5)	2 (14.2)	0 (0)	25 (18.8)
Total	29 (100)	28 (100)	35 (100)	21 (100)	14 (100)	6 (100)	133 (100)

Kim SY et al. JKMS 2014;29:172

9) 중복출판으로 논문 철회

Retracted article

See the retraction notice

Korean J Radiol. Jul-Sep 2002;3(3):180-8. doi: 10.3348/kjr.2002.3.3.180.

Metabolic alterations in Parkinson's disease after thalamotomy, as revealed by 1H MR spectroscopy

Hyun-Man Baik [1], Bo-Young Choe, Hyoung-Koo Lee, Tae-Suk Suh, Byung-Chul Son, Jae-Mun Lee

Affiliations + expand

PMID: 12271163 PMCID: PMC2713882 DOI: 10.3348/kjr.2002.3.3.180

Free PMC article

Retraction in

Notice of redundant publication.

[No authors listed]

Korean J Radiol. 2007 Mar-Apr;8(2):184. doi: 10.3348/kjr.2007.8.2.184.

PMID: 17420639 Free PMC article. No abstract available.

Abstract

Objective: To determine, using proton magnetic resonance spectroscopy (1H MRS) whether

10) Retraction notice

- Korean Journal of Radiology (2002;3:180-188)
- European Journal of Radiology (2003;47:179-187)

Notice of Redundant Publication

The article "Metabolic Alterations in Parkinson's Disease after Thalamotomy, as Revealed by 1H MR Spectroscopy" by Hyun-Man Baik, Bo-Young Choe, Hyoung-Koo Lee, Tae-Suk Suh, Byung-Chul Son, Jae-Mun Lee, published in Korean Journal of Radiology(2002; 3:180-188) is for the most part identical to an article by Hyun-Man Baik, entitled "Proton MR spectroscopic changes in Parkinson's diseases after thalamotomy" published in *European Journal of Radiology* (2003;47:179-187). The corresponding author (BY Choe) has been contacted and has agreed that the two studies are the same.

Baik HM et al. Korean J Radiol 2002;3:180

11) 중복출판 판정을 위한 6개의 기준

- 중복출판 의혹에 대한 심의

항목	설명
유사한 가설	가설 중 인구집단 관련 독립, 종속 변수가 거의 동일
유사한 표본 수	연구재료, 실험동물, 대상자의 90% 이상이 동일
동일하거나 거의 동일한 방법	자료 수집, 분석, 제시 방법이 같거나 거의 동일
유사한 결과	결과가 양이나 질 측면에서 거의 동일
동일한 저자	최소한 1명의 동일한 저자 포함
새 정보가 거의 없는 경우	새로운 지식이 거의 없는지

Cho BK et al. Ann Thorac Surg 2000;69:663

12) 중복출판 심의 사례 (대한내과학회지)

- *Korean J Intern Med* 에 투고된 두 논문의 중복출판 여부

12) 중복출판 심의 과정 (*Korean J Intern Med*)

	논문 1	논문 2	평가
논문명	Effects of rutin on MTX-induced oxidative lung injury in rats. Biochemical and histopathological evaluation [MTX로 유도된 폐손상 쥐에서 Rutin의 효과. 생화학적, 병리학적 평가], KJIM 투고	Effects of lutein on MTX-induced oxidative lung injury in rats. Biochemical and histopathological evaluation [MTX로 유도된 폐손상 쥐에서 Lutein의 효과. 생화학적, 병리학적 평가], KJIM 투고	두 논문의 제목이 매우 일치하며, 두여 문질만 다른 경우임
저자	Edhem Unver, Hasan Olmez, Mustafa Tosun1, Asli Ozbek Bilgin, Nezahat Kurt4, Ferda Keskin Ç imen5, Durdu Altuner* [Department of Pharmacology, Faculty of Medicine, Erzincan University, Erzincan, 24100, Turkey]	Renad Mammadov*, Bahadir Suleyman, Selcuk Akturan, Ferda Keskin Cimen, Nezahat Kurt4, Zeynep Suleyman, Ismail Malkoc6 [Department of Pharmacology, Faculty of Medicine, Erzincan University, Erzincan, 24100, Turkey]	두 논문의 책임저자*는 다르나 책임저자의 소속 대학과 소속 과는 동일, 2명의 공저자가 동일함
주요어	Methotrexate, Rutin, lung injury, rat	Methotrexate, lung, lutein, rat	논문 1과 논문2의 주요어 4개 중 3개 일치하며 두여한 문질 1종류 이름만 다름
IRB 승인	승 인 (Date: 20/12/2017, Number: 42190979-050.01.04 E.1700353575)	Meeting 22.12.2017, Issue 14, Decision number 183	승인번호는 다르나 승인일은 2일 차이임 논문2의 decision이 승인인지 여부는 알 수 없음
연구대상	24 albino Wistar male rats	18 male albino Wistar rats	

12) 중복출판 심의 과정 *(Korean J Intern Med)*

투여물질	MTX from Med-Ilac-Turkey, thiopental sodium from I.E ULAGAY (Turkey), rutin from Solgar (USA)	lutein from Solgar (USA), methotrexate from Med-Ilac-Turkey, thiopental sodium from I.E Ulagay (Turkey)	동일회사 제품
실험군	3군, 각군 당 6마리씩 Healthy control (C) MTX treated (MTX) MTX+Rutin treated (MTX+R)	3군, 각군 당 6마리씩 Healthy control (C) MTX treated (MTX) MTX+Lutein treated (MTX+L)	3군으로 나눔(동일)
투여방법	MTX 1회 투여 Rutin 5일 투여	MTX 1회 투여 Lutein 5일 투여	투여물질만 다르고 나머지 방법은 동일
관찰항목	Malondialdehyd (MDA), total glutathione(tGSH), TNF-α, NF-κB Lung tissue	Malondialdehyde (MDA), total glutathione (tGSH), myeloperoxidase (MPO), IL-1β, TNF-α Lung tissue	논문2에서 MPO와 IL-1B 추가됨
결과	제시한 수치는 논문2와 다르나 물질 투여군에서 유의하게 감소	제시한 수치는 논문1와 다르나 물질 투여군에서 유의하게 감소	대조군과 MTX군에서 다른 결과값을 제시 -> 동일 농도 투여했는데 단위가 다른 결과가 제시됨
결론	Rutin 투여 후 MTX-induced 산화손상과 염증반응이 호전됨	Lutein 투여 후 MTX-induced 산화손상과 염증반응이 호전됨	두 논문의 결론은 동일
참고문헌	29	37	8개 겹침

12) 중복출판 의혹 심의 답신 *(Korean J Intern Med)*

심사의견

1) 동일 실험 project 에서 나온 결과를 분할하여 접수한 것으로 판단되며, 두 논문은 투여한 물질만 다르고 동물실험방법, 결과제시, 결론 도출면에서 매우 유사함. **또한 Key messages가 두 논문에서 거의 일치함.**

2) Rutin (논문1), Lutein (논문2) 투여 후 MTX 투여에 의한 폐 손상 호전 여부를 관찰한 논문으로 각각 대조군/MTX투여군/실험물질투여군 등 3군으로 나누어 비교함. 결과에서 대조군과 MTX 투여군(질환군)은 동일 농도, 동일 용량으로 처리했는데, 결과값이 두 군에서 서로 상이하여 제시한 결과값에 대한 신뢰성에 의문이 제기됨.

3) 두 논문의 책임저자는 다르지만 같은 대학, 같은 과 소속임. 두 명의 공저자가 겹침.

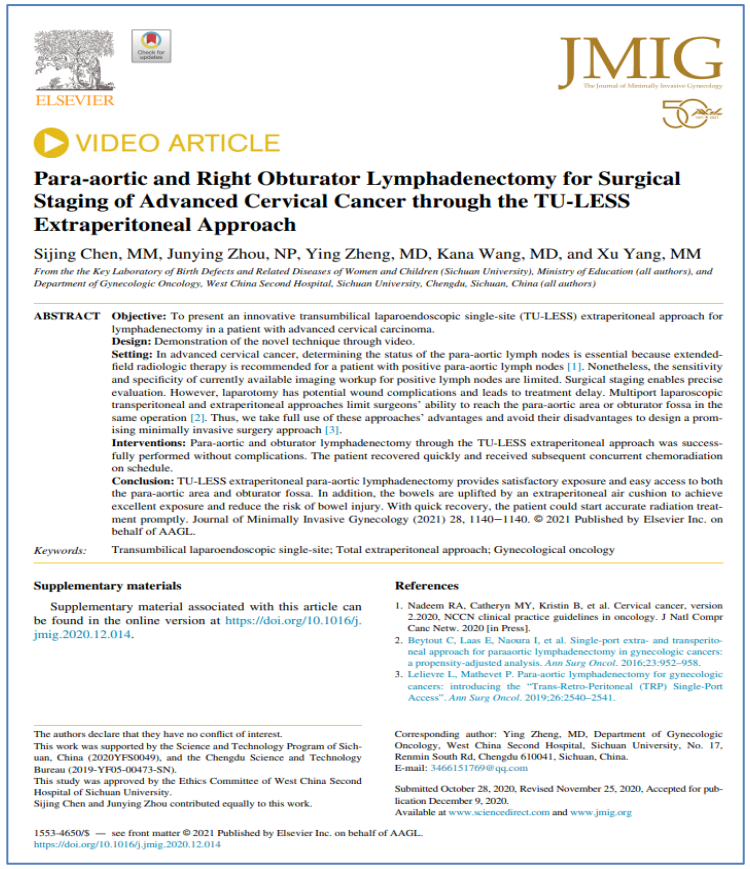
4) 중복 출판 판정의 6가지 요건을 모두 만족함(유사한 가설, 유사한 표본 수, 동일하거나 거의 동일한 방법, 유사한 결과, 최소한 1명의 동일한 저자, 새 정보가 거의 없음)

5) 실험 결과가 워낙 방대하여 실험 초기부터 논문을 분할출판 하고자 하는 목적이 있었다면 저자들은 논문 접수 시에 이러한 사실을 저널 편집인에게 미리 고지하였어야 함. 이러한 고지 없이 방법론적으로 매우 유사한 두 논문이 동시에 접수된 것은 중복 출판(Salami publication) 을 의심할 수 있음.

결론: 두 논문을 비교한 결과, **중대한 중복 출판(분할출판, Salami publication)으로** 판단됩니다. COPE flow에 의하면(의학논문 출판윤리가이드라인 참조), 투고된 논문의 중복 출판이 의심될 경우, 중복 정도를 판정하고, 이 경우처럼 중대한 중복이면, 책임저자에게 서신을 발송하여 저자 답변 및 해명에 따라 게재불가 처리, 상부기관에 통지 등을 결정하도록 되어 있습니다. 책임저자에게 서신 발송 시 사전에 출판하거나 투고하지 않았다고 서명한 cover letter와 중복출판 증거문서를 함께 보내시도록 권유합니다.

13) *J Gynecol Oncol* 편집위원회의 중복출판 우려

- 대한부인종양학회지 (*J Gynecol Oncol*)
- 논문 A)



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JMIG
The Journal of Minimally Invasive Gynecology

VIDEO ARTICLE

Para-aortic and Right Obturator Lymphadenectomy for Surgical Staging of Advanced Cervical Cancer through the TU-LESS Extraperitoneal Approach

Sijing Chen, MM, Junying Zhou, NP, Ying Zheng, MD, Kana Wang, MD, and Xu Yang, MM

From the the Key Laboratory of Birth Defects and Related Diseases of Women and Children (Sichuan University), Ministry of Education (all authors), and Department of Gynecologic Oncology, West China Second Hospital, Sichuan University, Chengdu, Sichuan, China (all authors)

ABSTRACT **Objective:** To present an innovative transumbilical laparoendoscopic single-site (TU-LESS) extraperitoneal approach for lymphadenectomy in a patient with advanced cervical carcinoma.
Design: Demonstration of the novel technique through video.
Setting: In advanced cervical cancer, determining the status of the para-aortic lymph nodes is essential because extended-field radiologic therapy is recommended for a patient with positive para-aortic lymph nodes [1]. Nonetheless, the sensitivity and specificity of currently available imaging workup for positive lymph nodes are limited. Surgical staging enables precise evaluation. However, laparotomy has potential wound complications and leads to treatment delay. Multiport laparoscopic transperitoneal and extraperitoneal approaches limit surgeons' ability to reach the para-aortic area or obturator fossa in the same operation [2]. Thus, we take full use of these approaches' advantages and avoid their disadvantages to design a promising minimally invasive surgery approach [3].
Interventions: Para-aortic and obturator lymphadenectomy through the TU-LESS extraperitoneal approach was successfully performed without complications. The patient recovered quickly and received subsequent concurrent chemoradiation on schedule.
Conclusion: TU-LESS extraperitoneal para-aortic lymphadenectomy provides satisfactory exposure and easy access to both the para-aortic area and obturator fossa. In addition, the bowels are uplifted by an extraperitoneal air cushion to achieve excellent exposure and reduce the risk of bowel injury. With quick recovery, the patient could start accurate radiation treatment promptly. Journal of Minimally Invasive Gynecology (2021) 28, 1140–1140. © 2021 Published by Elsevier Inc. on behalf of AAGL.

Keywords: Transumbilical laparoendoscopic single-site; Total extraperitoneal approach; Gynecological oncology

Supplementary materials

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.jmig.2020.12.014.

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The authors declare that they have no conflict of interest.
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This study was approved by the Ethics Committee of West China Second Hospital of Sichuan University.
Sijing Chen and Junying Zhou contributed equally to this work.

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Video Article

Transumbilical laparoendoscopic single-site surgery (TU-LESS) extraperitoneal approach for lymphadenectomy: an innovative method

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ABSTRACT

Objective: In gynecological oncology surgery, pelvic lymphadenectomy and para-aortic lymphadenectomy is a critical surgical staging procedure. Multiple methods have been used to perform lymphadenectomy. Compared with multiport laparoscopy, the central incision of transumbilical laparoendoscopic single-site surgery (TU-LESS) provides equal access to the para-aortic and bilateral obturator region [1]. And it is accepted that extraperitoneal approach is ideal for lymphadenectomy, which avoids intestinal disturbance and reduce intra-abdominal adhesion [2]. Therefore, we developed TU-LESS extraperitoneal approach for lymphadenectomy, which combined the benefits of these aforementioned methods.
Methods: This study was approved by the Ethics Committee of West China Second University Hospital of Sichuan University (No. 150). A video is applied to demonstrate each steps for this specific technique.Step 1: Create TU-LESS intraperitoneal approach.Step 2: Pinpoint the peritoneal position.Step 3: Insert the port and create retroperitoneal pneumonia. Step 4: Remove lymph nodes through TU-LESS extraperitoneal approach.Step 5: Operate intraperitoneal surgery.
Results: This micro-invasive approach reduces the risk of direct bowel injury, adhesion formation, wound complications. For gynecologic cancer patients, especially for the advanced cervical cancer, this micro-invasive approach not only provide accurate staging but also achieve enhanced recovery following surgery, thus patients could receive subsequent adjuvant radio/chemotherapy on time.
Conclusion: TU-LESS extraperitoneal approach is an innovative method for lymphadenectomy.

Keywords: Endoscopy; Extraperitoneal; Lymphadenectomy; Gynecologic Surgery

VIDEO CLIP

Demonstration of the transumbilical single-site extraperitoneal approach for para-aortic lymphadenectomy (Fig. 1). Video can be found with this article online at https://ejgo.org/src/sm/jgo-32-e69-e001.mp4.

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Fig. 1. Establishing the transumbilical laparoendoscopic single-site extraperitoneal approach.

13) *JGO* 편집위원회의 중복출판 우려 표명에 대한 저자의 반응

- 의심내용

  - 두 논문이 주요 아이디어, 내용, 결론이 같고

  - 논문 B에서 선행논문을 인용하지 않음

- 저자의 해명

  - 경험부족으로 인용을 하지 못함

  - 두 논문의 환자는 완전 다른 사람

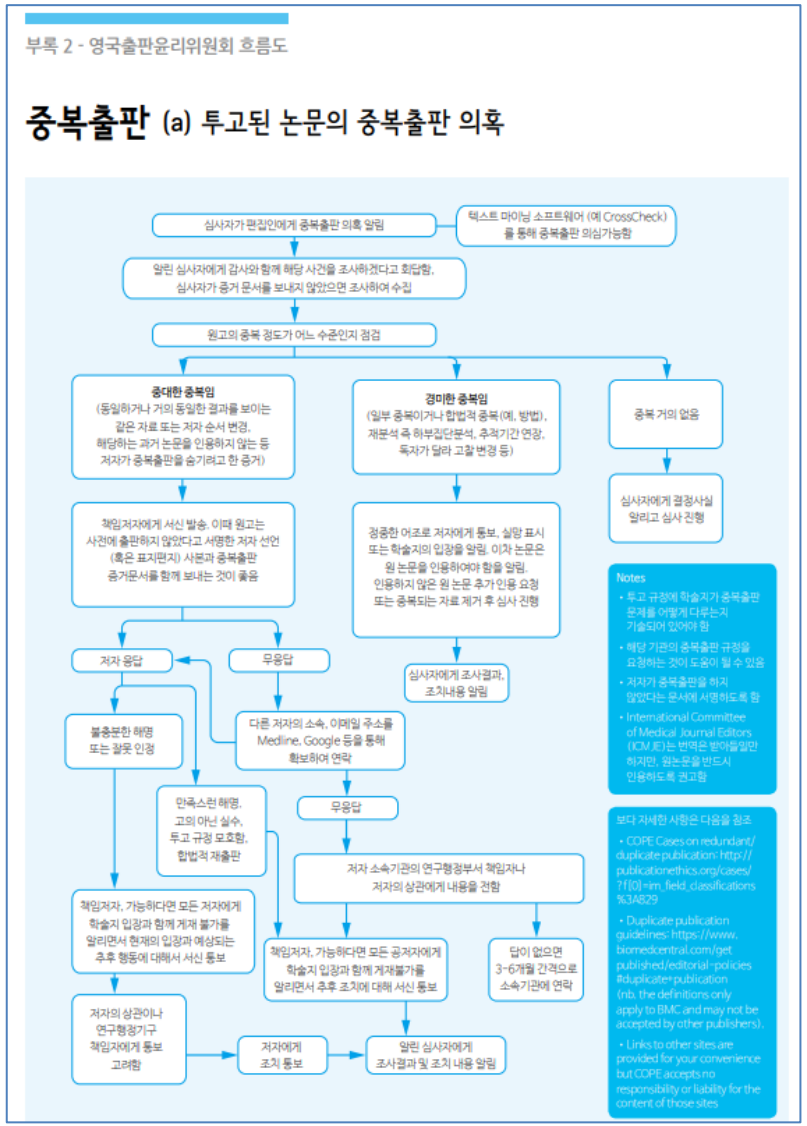
13) *JGO* 중복출판 의심에 대한 의편협의 답신

- 선행논문 미인용: 과거 유사 경험 있어서 경험 부족으로 볼 수 없음
- 두 논문의 저자 일부 중복

- 출간 여부는 *JGO*에서 결정하되, 독자에게 새로운 지식을 전달할 수 있어서
- 출간의 가치가 있는지 여부를 판단하여야 할 것임

14) COPE 흐름도: 투고된 논문의 중복출판 의혹

- COPE Flowchart



2019 의학논문 출판윤리 가이드라인 제3판 부록 103쪽

15) 투고된 논문의 중복출판 의혹 추후조치

- 경미한 중복 -> 저자에게 인용추가 요청
- 중대한 중복 -> 교신저자에게 해명 요청

    1) 충분한 해명 (단순 실수, 모호한 투고규정, 초보 연구자 등)

        -> 모든 저자에게 알리고 -> 게재불가로 처리

    2) 불충분한 해명, 무응답 -> 게재불가 -> 추가적 징계 논의

16) 이미 출판된 중복출판 의심 추후조치

- 경미한 중복 -> 저자에게 인용추가 요청
- 중대한 중복 -> 교신저자에게 해명 요청

    1) 충분한 해명 (단순 실수, 모호한 투고규정, 초보 연구자 등)

        -> 모든 저자에게 알리고 -> 게재취소로 처리 (retraction)

    2) 불충분한 해명, 무응답 -> 게재취소 -> 추가적 징계 논의

17) 중복출판 예방 권고

- 완전 다른 가설이라면 -> 별개의 논문으로 작성이 바람직
- 매우 유사한 결과라면 -> 하나의 논문으로 묶어서 출간이 바람직

- 투고 시 다른 저널에서 출판을 고려 중이지 않다는 것을 책임저자가 사인
- 저작권 이양 동의서, 출판계약서에 책임저자 사인 후 제출, 이전에 출판된 적이 없음을 증명

- 편집인은 투고규정에 중복출판에 대한 예방과 처리 정책을 명시

18) *ICUrology* 투고규정에 중복출판 처리정책 명시

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The editorial board should monitor and guard publication ethics about all papers submitted to ICUrology. All manuscripts submitted to the ICUrology may be screened, using the iThenticate tool (Similarity Check), for textual similarity to other previously published works. The Editorial Board of ICUrology will immediately reject a submitting manuscript which has a high similarity index to other papers in the Similarity Check. When malpractices are found in the submitted article to ICUrology, ICUrology will follow the flowchart by the Committee on Publication Ethics (COPE, http://publicationethics.org/resources/flowcharts) for settlement of any misconduct. The editorial board of ICUrology is always willing to publish corrections, clarifications, retractions when needed.

19) 이차출판 (Secondary publication)

- 중요한 정보의 전달을 위해 중복출판 중에 허용되는 경우
- 허용 조건

  - 두 저널 편집인이 모두 승인

  - 1차 출판 저널에 우선권 인정

  - 2차 출판물은 1차와 다른 독자층일 경우

  - 2차 출판물의 표지, 각주에 '이차출판' 임을 표시

  - 문구표시 (재출판, 요약재출판, 완역, 요약번역 등)

20) 학회 발표 초록의 이차출판 문의 사례

- 저널 A에 투고 후 심사중인 논문으로

- 다른 학회 (B)에서 구연을 하게 되었는데
- 구연발표 초록이 학회지 (B)에 supplement로 실림
- 혹시 중복투고가 아닌지요?

20) 학회 발표 초록의 이차출판 심의 답변

- 학위논문, 초록 등은 원칙적으로 이차출판이 가능합니다.

- 하지만, 초록집에 DOI 가 부여되는 경우에는 CrossCheck 로 중복내용이 보이게 됩니다.

- 저자) A 학술지 편집인에게 투고 원고가 B 학술지 초록집에 투고된 적이 있음을 알리고 진행
- 편집인) B 학술지 초록집에 발표된 사실을 명시

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Endorectal Advancement Flap With Muscular Plication in Anovaginal and Anterior Perineal Fistulas

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INTRODUCTION

Anovaginal fistula (AVF) is defined by an abnormal connection, frequently epithelialized, between the anorectum and the vagina. It must not be confused with the anterior perineal fistula (APF) defined as an anal fistula with an external opening located between 11 and 1 hour (anal-clock system). APF and AVF share the same etiologies and must be treated accordingly [1].

Treatment is difficult, nonconsensual, and often yields poor-quality results. Most of the time, surgery is required due to lack of spontaneous healing [1] and to significant impairment in quality of life. "Classical" endorectal flap is an available option but requires a section of the internal anal sphincter and thus can lead to impairment of anal continence [2].

In 2011, our department described a new "sphincter-sparing" technique using an exclusively mucosal and submucosal flap not requiring section of the internal anal sphincter combined with plication of the rectal muscular layer. This modified endorectal advancement flap procedure was found easy to perform and cured 15 of the 23 patients (65.2%) in our early series without any obvious deterioration of anal continence [2].

The aim of this retrospective study of the procedure using new

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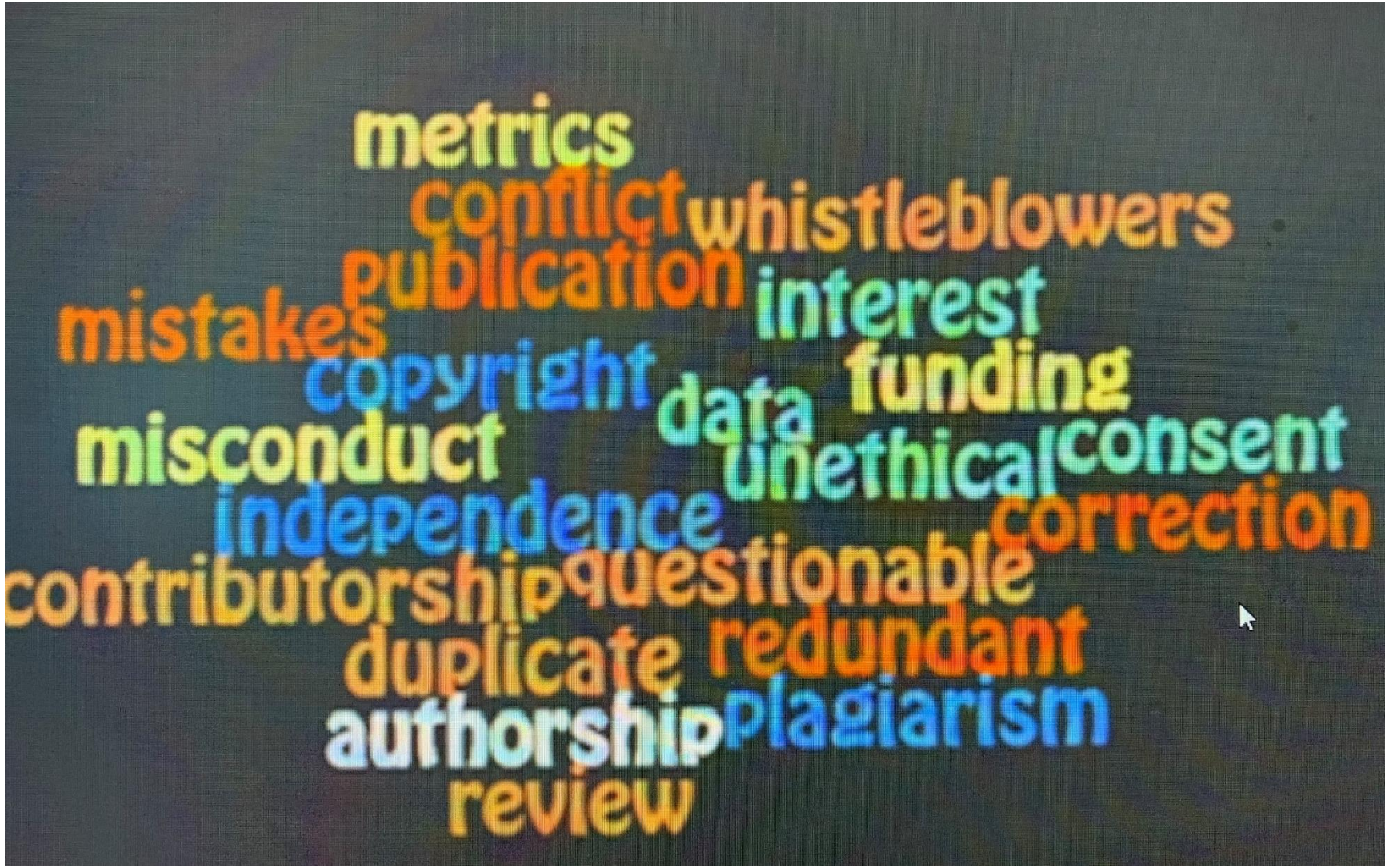
5. 맺음말

1) 아직 남아있는 출판윤리 문제들



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2) 맺음말

- 연구출판윤리는 연구결과물 출간에 있어서
- 연구자, 심사자, 편집인 모두가 지켜야 할 최소한의 윤리
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