

**Keep TEN Tips** for your fancy writing!

# TEN Tips of Writing Medical Articles



## **Sung-Tae Hong, MD**

Editor, Journal of Korean Medical Science

Seoul National University, Korea

# Why TEN Tips?

SUNG-TAE HONG



Seoul National University

- 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 &  
to understand**

**Keep  
TEN Tips**

**More Cites**

# TEN Tips 1



## Keep Design of Articles:

➔ ***Focus on design of article contents and structure before writing***

- Scientific contents: Tables and Figures
- Conclusion: Novel
- Target journal: Factors considered
  - Scope, JIF, Publication feasibility, Expense
- Authors in Order and Contributors
- References

# TEN Tips 2



## ➔ **Keep Formatting Requirements of Target Journal**

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

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

CÉSAR HENRÍQUEZ, JUAN CARLOS HINOJOSA, PALMIRA VENTOSILLA, BERONICA INFANTE, JENNY MERELLO,  
VANIA MALLQUI, MANUELA VERASTEGUI, AND CIRO MAGUIÑA

*Instituto de Medicina Tropical Alexander von Humboldt, Lima, Peru; Departamento de Patología y Departamento de Microbiología,  
Universidad Peruana Cayetano Heredia, Lima, Peru; Departamento de Enfermedades Transmisibles y Dermatológicas, Hospital  
Nacional Cayetano Heredia, Lima, Peru*

**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.<sup>1</sup>

### INTRODUCTION

Carrion's disease (bartonellosis) is an infectious disease that is endemic in some regions of Peru, Colombia, and Ecuador.<sup>1</sup> 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.<sup>2</sup> 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).<sup>4</sup> An immunoblot serum test result for IgG was also positive.<sup>5</sup> After two weeks, colonies morphologically consistent with *B. bacilliformis* were

## REFERENCES

1. Maguina C, Garcia P, Gotuzzo E, Spach D, 2001. Bartonellosis (Carrion's disease) in the modern era. *Clin Infect Dis* 33: 772-779.
2. Chamberlin J, Laughlin L, Romero S, Solorzano N, Gordon S, Andre R, Pachas P, Friedman H, Ponce C, Watts D, 2002. Epidemiology of endemic *Bartonella bacilliformis*: a prospective cohort study in a Peruvian mountain valley community. *J Infect Dis* 186: 983-990.
3. Karem K, 2000. Immune aspects of *Bartonella*. *Crit Rev Microb* 26: 133-145.
4. Henriquez C, Infante B, Merello J, Gallino M, Santivañez L, Maguiña C, Guerra H, Birtles R, Ventosilla P, 2002. Identificación de *Bartonella bacilliformis* por métodos moleculares. *Rev Med Hered* 13: 58-63.
5. Mallqui V, Speelman E, Verastegui M, Gillman R, 2000. Sonicated diagnostic immunoblot for bartonellosis. *Clin Diagn Lab Immunol* 7: 1-5.
6. Benson L, Kar S, McLaughlin G, Ihler G, 1986. Entry of *Bartonella bacilliformis* into erythrocytes. *Infect Immun* 54: 347-353.
7. Sobraques M, Maurin M, Birtles R, Raoult D, 1999. *In vitro* susceptibilities of four *Bartonella bacilliformis* strains to 30 antibiotic compounds. *Antimicrob Agents Chemother* 43: 2090-2092.
8. Reynafarje C, Ramos J, 1961. The hemolytic anemia of human bartonellosis. *Blood* 17: 562-578.
9. Jandl JH, 1996. The spleen and hypersplenism. Strangis JT, ed. *Blood: Textbook of Hematology*. Second edition. Philadelphia: Lippincott Williams & Wilkins, 577-603.
10. Chotivanich K, Udomsangpetch R, McGready R, Proux S, Newton P, Pukrittayakamee S, Looareesuwan S, White N, 2002. Central role of the spleen in malaria parasite clearance. *J Infect Dis* 185: 1538-1541.

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 region; lane 3, DNA from the patient and primers for the ITS region; lane 4, positive control using the synthase gene; lane 5, DNA from the patient and primers for the synthase gene; lane 6, negative control.

common infecting organisms in patients with OPSI: *S. pneumoniae*, *H. influenzae* type b, and *Capnocytophaga* spp.<sup>1</sup> Although splenectomy in splenectomized patients, most of whom do not receive adequate advice or intervention regarding OPSI.<sup>12</sup> Preventive measures in returning to endemic areas for *Bartonella*, splenectomy can be effective to avoid underlying

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

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

K. J. Fellis and G. W. Esch

Department of Biology, Wake Forest University, Winston-Salem, North Carolina 27109. e-mail: fellk01g@wfu.edu

**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 infracommunities; 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 infracommunities 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 long-standing 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 Huguény, 1994; Zelmer and Arai, 1998; Fiorillo and Font, 1999), species (Fiorillo and Font, 1996), behavior (Wilson et al., 1996), and habitat (Wilson et al.,

fishes from Charlie's Pond, North Carolina. 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 northeast 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.

### LITERATURE CITED

- ASPINALL, T. V., E. C. GUY, K. E. ROBERTS, D. H. M. JOYNSON, J. E. HYDE, AND P. F. E. SIMS. 2003. Molecular evidence for multiple *Toxoplasma gondii* infections in individual patients in England and Wales: Public health implications. *International Journal for Parasitology* **33**: 97–103.
- BRILLHART, D. B., L. B. FOX, J. P. DUBEY, AND S. J. UPTON. 1994. Seroprevalence of *Toxoplasma gondii* in wild mammals in Kansas. *Journal of the Helminthological Society of Washington* **61**: 117–121.
- BRISCOE, N., J. G. HUMPHREYS, AND J. P. DUBEY. 1993. Prevalence of *Toxoplasma gondii* infections in Pennsylvania black bears, *Ursus americanus*. *Journal of Wildlife Diseases* **29**: 599–601.
- COLE, R. A., D. S. LINDSAY, D. K. HOWE, C. L. RODERICK, J. P. DUBEY, N. J. THOMAS, AND L. A. BAETEN. 2000. Biological and molecular characterizations of *Toxoplasma gondii* strains obtained from southern sea otters (*Enhydra lutris nereis*). *Journal of Parasitology* **86**: 526–530.
- DUBEY, J. P. 1994. Toxoplasmosis. *Journal of the American Veterinary Medical Association* **205**: 1593–1598.
- . 1995. Duration of immunity to shedding of *Toxoplasma gondii* oocysts by cats. *Journal of Parasitology* **81**: 410–415.
- . 1998. Refinement of pepsin digestion method for isolation of *Toxoplasma gondii* from infected tissues. *Veterinary Parasitology* **74**: 75–77.
- , AND C. P. BEATTIE. 1988. *Toxoplasmosis of animals and man*. CRC Press, Boca Raton, Florida, 220 p.
- , AND G. DESMONTS. 1987. Serological responses of equids fed *Toxoplasma gondii* oocysts. *Equine Veterinary Journal* **19**: 337–339.
- , H. R. GAMBLE, D. HILL, C. SREEKUMAR, S. ROMAND, AND P. THULLIEZ. 2002. High prevalence of viable *Toxoplasma gondii* in
- HOWE, D. K., S. HONORÉ, F. DEROUIN, AND L. D. SIBLEY. 1999. Minimization of genotypes of *Toxoplasma gondii* strains isolated from patients with toxoplasmosis. *Journal of Clinical Microbiology* **37**: 1411–1414.
- , AND L. D. SIBLEY. 1995. *Toxoplasma gondii* comprises multiple clonal lineages: Correlation of parasite genotype with human disease. *Journal of Infectious Diseases* **172**: 1561–1566.
- HUMPHREYS, J. G., R. L. STEWART, AND J. P. DUBEY. 1995. Prevalence of *Toxoplasma gondii* antibodies in sera of hunter-killed and trapped white-tailed deer in Pennsylvania. *American Journal of Veterinary Research* **56**: 172–173.
- JUNGERSEN, G., L. JENSEN, M. R. RASK, AND P. LIND. 2002. Natural infection parameters in mice separate sheep type II *Toxoplasma gondii* isolates by virulence. *Comparative Immunology, Microbiology and Infectious Diseases* **25**: 187–195.
- LABELLE, P., J. P. DUBEY, I. MIKAELIAN, N. BLANCHETTE, R. LAFONT, M. ONGE, AND D. MARTINEAU. 2001. Seroprevalence of antibodies to *Toxoplasma gondii* in lynx (*Lynx canadensis*) and bobcats (*Lynx baileyi*) from Québec, Canada. *Journal of Parasitology* **87**: 1194–1199.
- LEHMANN, T., C. R. BLACKSTON, S. F. PARMLEY, J. S. REMINGTON, AND J. P. DUBEY. 2000. Strain typing of *Toxoplasma gondii*: Correlation of antigen-coding and house-keeping genes. *Journal of Parasitology* **86**: 960–971.
- , D. H. GRAHAM, E. DAHL, C. SREEKUMAR, F. LAUNER, J. I. HERRERA, H. R. GAMBLE, AND J. P. DUBEY. 2003. Transmission dynamics of *Toxoplasma gondii* on a pig farm. *Infection, Genetics and Evolution* **3**: 135–141.
- LINDSAY, D. S., B. L. BLAGBURN, J. P. DUBEY, AND W. H. MASLO. 1997. Prevalence and isolation of *Toxoplasma gondii* from white-tailed deer in Alabama. *Journal of Parasitology* **77**: 62–64.
- MILLER, N. L., J. K. FRENKEL, AND J. P. DUBEY. 1972. Oral infection with *Toxoplasma* cysts and oocysts in felines, other mammals, and in birds. *Journal of Parasitology* **58**: 928–937.
- MITCHELL, M. A., J. I. HUNGERFORD, C. NIXON,

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).

## REFERENCES

1. **Ascioglu, S., J. H. Rex, B. de Pauw, J. E. Bennett, J. Bille, F. Crokaert, D. W. Denning, J. P. Donnelly, J. E. Edwards, Z. Erjavec, D. Fiere, O. Lortholary, J. Maertens, J. F. Meis, T. F. Patterson, J. Ritter, D. Selleslag, P. M. Shah, D. A. Stevens, and T. J. Walsh.** 2002. Defining opportunistic invasive fungal infections in immunocompromised patients with cancer and hematopoietic stem cell transplants: an international consensus. *Clin. Infect. Dis.* 34:7-14. [[PubMed](#)]
2. **Boutboul, F., C. Alberti, T. Leblanc, A. Sulahian, E. Gluckman, F. Derouin, and P. Ribaud.** 2002. Invasive aspergillosis in allogeneic stem cell transplant recipients: increasing antigenemia is associated with progressive disease. *Clin. Infect. Dis.* 43:939-943.
3. **Bretagne, S., A. Marmorat-Khvang, M. Kventz, J. P. Latgé, E. Bart-Delabasse, and C. Cordonnier.** 1997. Serum *Aspergillus* galactomannan antigen testing by sandwich ELISA: a practical use in neutropenic patients. *J. Infect. Dis.* 35:7-15.
4. **Del Palacio, A., M. S. Cuétara, and J. Pontón.** 2003. La aspergilosis invasora. *Rev. Iberoam. Micol.* 20:77-78. [[PubMed](#)]
5. **Del Palacio, A., M. S. Cuétara, and J. Pontón.** 2003. El diagnóstico de laboratorio de la aspergilosis invasora. *Rev. Iberoam. Micol.* 20:90-98. [[PubMed](#)]

## ***INTRODUCTION***

Invasive aspergillosis (IA) is an increasingly common infection among hematological cancer patients receiving cytotoxic chemotherapy (7, 34). Steroid-treated allogenic 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).

## **REFERENCES**

1. [Ascioglu, S., J. H. Rex, B. de Pauw, J. E. Bennett, J. Bille, F. Crokaert, D. W. Denning, J. P. Donnelly, J. E. Edwards, Z. Erjavec, D. Fiere, O. Lortholary, J. Maertens, J. F. Meis, T. F. Patterson, J. Ritter, D. Selleslag, P. M. Shah, D. A. Stevens, and T. J. Walsh.](#) 2002. Defining opportunistic invasive fungal infections in immunocompromised patients with cancer and hematopoietic stem cell transplants: an international consensus. *Clin. Infect. Dis.* 34:7-14. [PubMed]
2. [Boutboul, F., C. Alberti, T. Leblanc, A. Sulahian, E. Gluckman, F. Derovin, and P. Ribaud.](#) 2002. Invasive aspergillosis in allogeneic stem cell transplant recipients: increasing antigenemia is associated with progressive disease. *Clin. Infect. Dis.* 43:939-943.
3. [Bretagne, S., A. Marmorat-Khvong, M. Kventz, J. P. Latge, E. Bart-Delabasse, and C. Cordonnier.](#) 1997. Serum *Aspergillus* galactomannan antigen testing by sandwich ELISA: a practical use in neutropenic patients. *J. Infect. Dis.* 35:7-15.
4. [Del Palacio, A., M. S. Cuetara, and J. Ponton.](#) 2003. La aspergilosis invasora. *Rev. Iberoam. Micol.* 20:77-78. [PubMed]
5. [Del Palacio, A., M. S. Cuetara, and J. Ponton.](#) 2003. El diagnostico de laboratorio de la aspergilosis invasora. *Rev. Iberoam. Micol.* 20:90-98. [PubMed]

# TEN Tips 3



## ➔ **Keep Consistency:**

*Ensure consistent flow in the same order of concepts or ideas and words throughout the manuscript!*

- Title
- Abstract
- Text
- Keywords

# TEN Tips 4



## ➔ **Keep Scientific Confidence:**

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

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

# Confidence on Conclusion: Example

SUNG-TAE HONG



Seoul National University

Our results indicate that combination of [18F]-FDG-PET/CT and [124I]-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 Tips 5



SUNG-TAE HONG

Seoul National University

## ➔ **Keep Your Story:**

One article must make **own story (stories)**  
**of interest and novelty!**

**The most important single factor to be  
accepted!**

# TEN Tips 6



## ➔ **KESS** Keep Sentences Simple:

*Make sentences short within 30 words in a sentence!*

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

# TEN Tips 6: Example



SUNG-TAE HONG

Seoul National University

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.

# TEN Tips 6: Example

SUNG-TAE HONG



Seoul National University

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.

# TEN Tips 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!

# Rule of Ten 1



- Titles must be attractive to readers: Professional
- Simple, Clear, Specific → **SEXY!**
- Combination of keywords
- Important one first
- Informative and specific enough
- Web DB friendly
- Titles describing results or methods

# Principles of Title Writing

SUNG-TAE HONG



Seoul National University

- **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**

# Writing Tips for Titles



- **Clear expression**

- **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 ....



# Title Examples 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**

# Title Examples 2



- **Clinical analysis** of 67 atypical pneumonia cases in an epidemic occurrence in Seoul in 2004
- **Epidemiological characteristics** 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

# 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

# Title and Citation Results

SUNG-TAE HONG



Seoul National University

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

Paiva et al, 2012

# Title and Citation Results

SUNG-TAE HONG



Seoul National University

Cite indices	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

Paiva et al, 2012

# Title and Citation Results

SUNG-TAE HONG



Seoul National University

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

Paiva et al, 2012

# Tips for Title-Subtitle



- **Commonly adequate for long titles with several prepositions**
- Use hyphen or colon between title and subtitle
- Main concepts or important words in the main title, minor supportive words in subtitle
- Clear expression
- Less prepositions

# Principles of Sentence Title

SUNG-TAE HONG



Seoul National University

- Strong confidence
- Present tense
- Ordinary sentence: question? negative?
- Same as 'Conclusion'



# 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

# Tips for Sentence Title

SUNG-TAE HONG



Seoul National University

## DO

- Use ordinary sentence
- Present tense
- Same as conclusion

## DO NOT

- Use auxiliary verb
- Make a negative sentence
- Use a question mark

# Title Exercise 1

SUNG-TAE HONG



Seoul National University

- 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

# Title Exercise 2

SUNG-TAE HONG



Seoul National University

- 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](#)

# Title-Subtitle Examples

SUNG-TAE HONG



Seoul National University

- 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

# TEN Tips 8



## ➔ **Keep Rule of Ten 2:**

*Only 10% of abstract readers read the text. Finally only 1% of title readers read the text....*

- Good abstract is important.
- **Attractive title and good abstract** may call citation. We should try to raise the readers' proportion over the 1%.

# Rule of Ten 2



## Writing Good Abstract

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

# Abstract Writing Tip 1

SUNG-TAE HONG



Seoul National University

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



# Abstract Writing Tip 2

SUNG-TAE HONG



Seoul National University

## 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

# 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
- Mention anything which is not in the text

## **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.

## *Example of Structured Abstract: JAMA*

### 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

## *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.

# Abstract Exercise 1

## **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. **D)** 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.

# Abstract Exercise 1

## **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. **D)** 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.

결론이 없음. 현재형 결론을 만들 수 없는 논문.



## **Abstract Exercise 2**

*Opisthorchis viverrini* (Ov) infection is known to cause cholangiocarcinomas in humans, but the mechanism is not clearly understood. To clarify the effects of Ov excretory–secretory products on bile duct epithelial cells, we investigated their effects on the human cell line in vitro. In embryonic kidney epithelial HEK293T cells, when ESP of Ov and DMN (Dimethylnitrosamine) were treated, cell proliferation was increased as compared with that of control. In addition, the level of E2F1 and Cdk2 was noticed. Among several cancer cell markers, COX-2 was upregulated by the addition of ESP and DMN.

## Abstract Exercise 2

*Opisthorchis viverrini* (Ov) infection is known to cause cholangiocarcinomas in humans, but the mechanism is not clearly understood. To clarify the effects of Ov excretory–secretory products on bile duct epithelial cells, we investigated their effects on the human cell line in vitro. In embryonic kidney epithelial HEK293T cells, when ESP of Ov and DMN (Dimethylnitrosamine) were treated, cell proliferation was increased as compared with that of control. In addition, the level of E2F1 and Cdk2 was noticed. Among several cancer cell markers, COX-2 was upregulated by the addition of ESP and DMN.

자료를 수치로 제시하지 않음. 약어설명 오류, 결론이 없음.

# Abstract Exercise 3

**Purpose :** To investigate the feature of the range of measles in 2000, we studied epidemics of the measles in western Kyungnam District. **Methods :** Among 489 patients under 15 years of age who visited or were admitted to in our hospital from January to December in 2000, we selected 344 patients whose measles IgM antibody was positive. We investigated age, monthly incidence, clinical features, vaccination history, and measles IgG antibody.

**Results :** Patients under 12 months of age occupied the largest proportion(36.9%). Patients firstly occurred in May and geometrically increased from October. Fever, cough and rashes were observed in all patients but conjunctivitis in 54.9%, Koplik spot in 23.8%. The first vaccination ratio was 41.8%. Compared with the number of patients and the first vaccination ratio, the first vaccination ratio was the lowest under 12 months of age. After that age group, the number of patients was decreased as the first vaccination ratio was increased. Among 152 patients sampled for measles IgG antibody, 35 patients had received the first vaccination and 6 patients had received the second vaccination. Among 35 patients who received the first vaccination, 22(62.9%) patients were negative of measles IgG antibody. Among 6 patients who received the second vaccination, 3(50%) patients were negative. **Conclusions :** Measles patients under 12 months still dominated. Therefore, routine vaccination of single measles vaccine, is currently done at 6 month when measles are prevalent, should be considered. High first vaccination failure suggests problems of vaccines itself, transport and storage rather than vaccination methods. Therefore a thorough investigation should be made.

# Abstract Exercise 3

**Purpose :** To investigate the feature of the range of measles in 2000, we studied epidemics of the measles in western Kyungnam District. **Methods :** Among 489 patients under 15 years of age who visited or were admitted to in our hospital from January to December in 2000, we selected 344 patients whose measles IgM antibody was positive. We investigated age, monthly incidence, clinical features, vaccination history, and measles IgG antibody. **Results :** Patients under 12 months of age occupied the largest proportion(36.9%). Patients firstly occurred in May and geometrically increased from October. Fever, cough and rashes were observed in all patients but conjunctivitis in 54.9%, Koplik spot in 23.8%. The first vaccination ratio was 41.8%. Compared with the number of patients and the first vaccination ratio, the first vaccination ratio was the lowest under 12 months of age. After that age group, the number of patients was decreased as the first vaccination ratio was increased. Among 152 patients sampled for measles IgG antibody, 35 patients had received the first vaccination and 6 patients had received the second vaccination. Among 35 patients who received the first vaccination, 22(62.9%) patients were negative of measles IgG antibody. Among 6 patients who received the second vaccination, 3(50%) patients were negative. **Conclusions :** Measles patients under 12 months still dominated. Therefore, routine vaccination of single measles vaccine, is currently done at 6 month when measles are prevalent, should be considered. High first vaccination failure suggests problems of vaccines itself, transport and storage rather than vaccination methods. Therefore a thorough investigation should be made.

목적과 다른 결론

# Abstract Exercise 4

**Purpose :** Cerebral palsies are the most common and severe motor disabilities in childhood. There is currently increased interest in their occurrence and patterns of likely cause for a variety of reasons. Therefore, a retrospective study was carried out to understand the clinical features of cerebral palsy.

**Methods :** A retrospective chart review was conducted of all children with cerebral palsy who were diagnosed at AAA Hospital between March 1999 and March 2001.

**Results :** Cerebral palsy patients were classified into 6 major groups. Of six groups, spastic diplegia is the most common type of cerebral palsy(55.3%). The risk factors of cerebral palsy were placenta previa(1 case), placenta abruption(1 case), cytomegalovirus infection(1 case), prematurity (53 cases), neonatal asphyxia(12 cases), dystocia(2 cases), breech delivery(1 case), multiple birth(5 cases), head trauma(3 cases), meningitis(2 cases) and unknown(26 cases). Among the 59 in the preterm group, 37 patients showed MR or CT images of periventricular leukomalacia. Among the 44 in the term group, 15 patients showed MR or CT images of atrophy. Among 103 patients, 29 patients(28.2%) had a seizure disorder.

**Conclusion :** It is very important to understand the clinical features and risk factors of cerebral palsy for physicians to diagnose and manage cerebral palsy patient.

# Abstract Exercise 4

**Purpose :** Cerebral palsies are the most common and severe motor disabilities in childhood. There is currently increased interest in their occurrence and patterns of likely cause for a variety of reasons. Therefore, a retrospective study was carried out to understand the clinical features of cerebral palsy.

**Methods :** A retrospective chart review was conducted of all children with cerebral palsy who were diagnosed at AAA Hospital between March 1999 and March 2001.

**Results :** Cerebral palsy patients were classified into 6 major groups. Of six groups, spastic diplegia is the most common type of cerebral palsy(55.3%). The risk factors of cerebral palsy were placenta previa(1 case), placenta abruption(1 case), cytomegalovirus infection(1 case), prematurity (53 cases), neonatal asphyxia(12 cases), dystocia(2 cases), breech delivery(1 case), multiple birth(5 cases), head trauma(3 cases), meningitis(2 cases) and unknown(26 cases).

Among the 59 in the preterm group, 37 patients showed MR or CT images of periventricular leukomalacia. Among the 44 in the term group, 15 patients showed MR or CT images of atrophy. Among 103 patients, 29 patients(28.2%) had a seizure disorder.

**Conclusion :** It is very important to understand the clinical features and risk factors of cerebral palsy for physicians to diagnose and manage cerebral palsy patient.

교과서적인 결론은 원저논문으로 가치가 없음.

# Abstract Exercise 5

## A granulomatous drug eruption induced by entecavir

### Abstract

Entecavir (Baraclude®), Bristol-Myers Squibb) is a potent and selective antiviral agent that has demonstrated efficacy in patients with hepatitis B e antigen (HBeAg)–negative chronic hepatitis B. The most frequent adverse events attributed to entecavir include increased alanine aminotransferase, upper respiratory tract infection, headache, abdominal pain, cough, pyrexia, fatigue, and diarrhea. Though quite a few randomized, double-blind studies including adverse events along with these general symptoms have been reported, few cases on the cutaneous adverse events have been described in detail. We demonstrate a case of granulomatous drug eruption as a cutaneous adverse event induced by entecavir.

# Abstract Exercise 5

## A granulomatous drug eruption induced by entecavir

### Abstract

Entecavir (Baraclude®; Bristol-Myers Squibb) is a potent and selective antiviral agent that has demonstrated efficacy in patients with hepatitis B e antigen (HBeAg)–negative chronic hepatitis B. The most frequent adverse events attributed to entecavir include increased alanine aminotransferase, upper respiratory tract infection, headache, abdominal pain, cough, pyrexia, fatigue, and diarrhea. Though quite a few randomized, double-blind studies including adverse events along with these general symptoms have been reported, few cases on the cutaneous adverse events have been described in detail. We demonstrate a case of granulomatous drug eruption as a cutaneous adverse event induced by entecavir.

초록에 보고하는 증례에 대한 소개내용이 없음.



# TEN Tips 9



## ➔ **Keep Rule of First & Last:**

*Organize text structure by Topic at the first and Conclusion at the last.*

Open and close individual issues or items and the whole text for better understanding!

- Topic Paragraph & Conclusion Paragraph
- Topic Sentence & Resolution Sentence in a paragraph

# Scheme of Text Structure 1

SUNG-TAE HONG



Seoul National University

- **IMRAD Text**
- **Paragraph Scheme of Introduction**
  - 2-3 Paragraphs
  - First: **Topic paragraph** to open
  - Middle: **Extension paragraph** to challenge
  - Last: **Resolution paragraph** to close

# Structure of Introduction

SUNG-TAE HONG



Seoul National University

## Topic Paragraph

Introduce audience to the article by explaining known facts.

## Extension Paragraph

Challenge from known to unknown.

## Resolution Paragraph

Summarize what authors did.

# Structure of Discussion

SUNG-TAE HONG



Seoul National University

## Topic Paragraph to Open

Characterize core results or answer the question.

## Extension Paragraphs to Challenge & Act

Explain core results one by one with literature review.  
Concentrate supporting data for conclusion.

## Describe Limitations

Describe limitations.

## Conclusion Paragraph to Close

Describe scientific conclusion in present tense by summarizing resolution sentences of each paragraph.

# Sentence Structure

SUNG-TAE HONG



Seoul National University

- **Sentences in a Paragraph**
  - More than 2 sentences in a paragraph
  - First: **Topic sentence** to open
  - Middle: **Extension sentences** to challenge
  - Last: **Conclusion sentence** to close

# TEN Tips 10

SUNG-TAE HONG



Seoul National University

## ➔ **Keep Connecting Words:**

*Link sentences by repeating common keywords within a paragraph. That keeps fluent flow of reading and easy understanding.*

# 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.<sup>1</sup> 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.<sup>2-3</sup>

# Writing by Rapid Drafting & Slow Cooking

SUNG-TAE HONG



Seoul National University

- Writing the first draft as soon as possible!
- Cooking the draft slowly:  
*Internal & external review and revision*
- Trim manuscripts more attractive following TEN Tips!
  - KESS
  - Rule of Ten 1
  - Rule of Ten 2
  - Rule of First and Last
  - Connecting Words



# Recommended Writing Order

SUNG-TAE HONG



Seoul National University

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

# Manuscript

SUNG-TAE HONG



Seoul National University

- **Cover letter**
- **Title page**
- **Abstract**
- **Text & References**
- **Tables**
- **Figures**

# Cover Letter

SUNG-TAE HONG



Seoul National University

- **Submission to publish**
- **Brief introduction of article: academic value & interesting story**
- **Keeping publication ethics**
- **Authorship and contribution**
- **Agreement of all authors**

# Title Page



- **Title**
- **Running title**
- **Authors' name**
- **Authors' affiliations**
- **Corresponding author: name, address, contact phone & e-mail**
- **Acknowledgements: funding, registration, other notice**

# Additional Tips from Editor's Vault

SUNG-TAE HONG



Seoul National University

- Prepare manuscripts using MS word, double space, 11 point, Times New Roman font
- Prepare the manuscript **reader friendly**
- Prepare the manuscript **journal friendly**
- Language review by an original speaker
- Back up the file
- Keep research and publication ethics through all procedure

# References



홍성태. 의학논문 매력있게 쓰자. 서울대학교출판문화원, 2012, 서울.

AMA. AMA Manual of Style, 10<sup>th</sup> Ed. Oxford University Press, 2007, New York.

Schimmel J. Writing Science. Oxford University Press, 2012, New York.

Paiva CE, Lima JPSN, Paiva BSR. Articles with short titles describing the results are cited more often. *CLINICS* 2012;67:509-513.

## TEN Tips for your fancy writing!



Seoul National University

# TIPS TO WRITE ATTRACTIVE MEDICAL ARTICLES

영어논문 작성 매뉴얼

## 의학논문 매력 있게 쓰자

홍성태 지음

서울대학교출판문화원

*Thanks for your  
attention!*