



출판윤리가이드라인 update 1: 중복출판과 Preprints

2025년 동계 의편협 논문작성워크숍 2025. 1. 25 (토)

대한의학학술지편집인협의회 국제협력위원장, 고려의대 소아청소년과 유 영

The slide features decorative geometric patterns in the top-left and bottom-right corners. These patterns consist of various colored triangles (blue, orange, red, green, yellow, and pink) arranged in a faceted, crystalline style.

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1. 중복출판 (Duplication) 이란?

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

1-1) 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

1-2) 중복출판으로 논문 철회

- KoreaMed 에서 철회된 논문 217,839 조사 -> 111개 철회 (0.051%)
- KoreaMed 중복출판으로 철회 (57.9%), PubMed (15.8%)

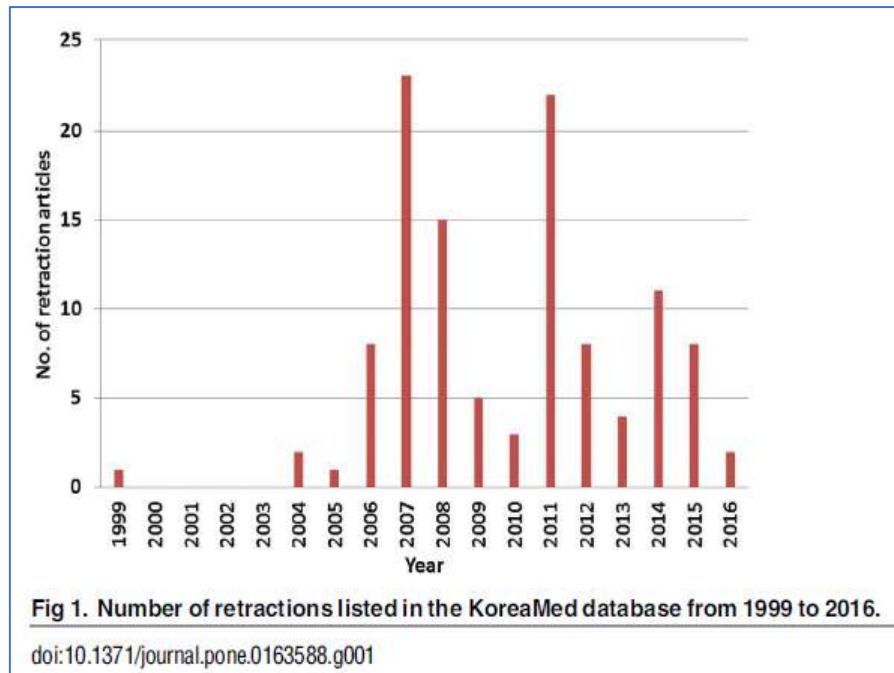


Table 2. Reasons for retraction (n = 114).

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

1-3) 중복출판이 발생하는 이유

- 심사자
 - 저자가 동시에 두 학술지에 투고한 경우 심사과정에서 발견하기 쉽지 않음
- 연구자
 - 중복출판임을 알면서도 연구비 보고, 승진, 재임용을 위해 투고
 - 분절출판, 덧붙이기 출판도 중복출판인지 모르는 경우
 - 중복출판이 출판윤리문제가 되는 이유를 모르는 경우

1-4) 투고원고가 이미 출판된 논문과 많은 부분을 포함한다면

- 저자
 - 투고 편지에 이 사실을 알리고 관련 문헌을 제공해야 함
- 편집인
 - 학술지 투고규정에 중복출판의 예방과 처리에 대한 정책을 명시

1-5) 의편협에서 의학논문 중복출판 현황 조사

■ 중복출판 평가 흐름도

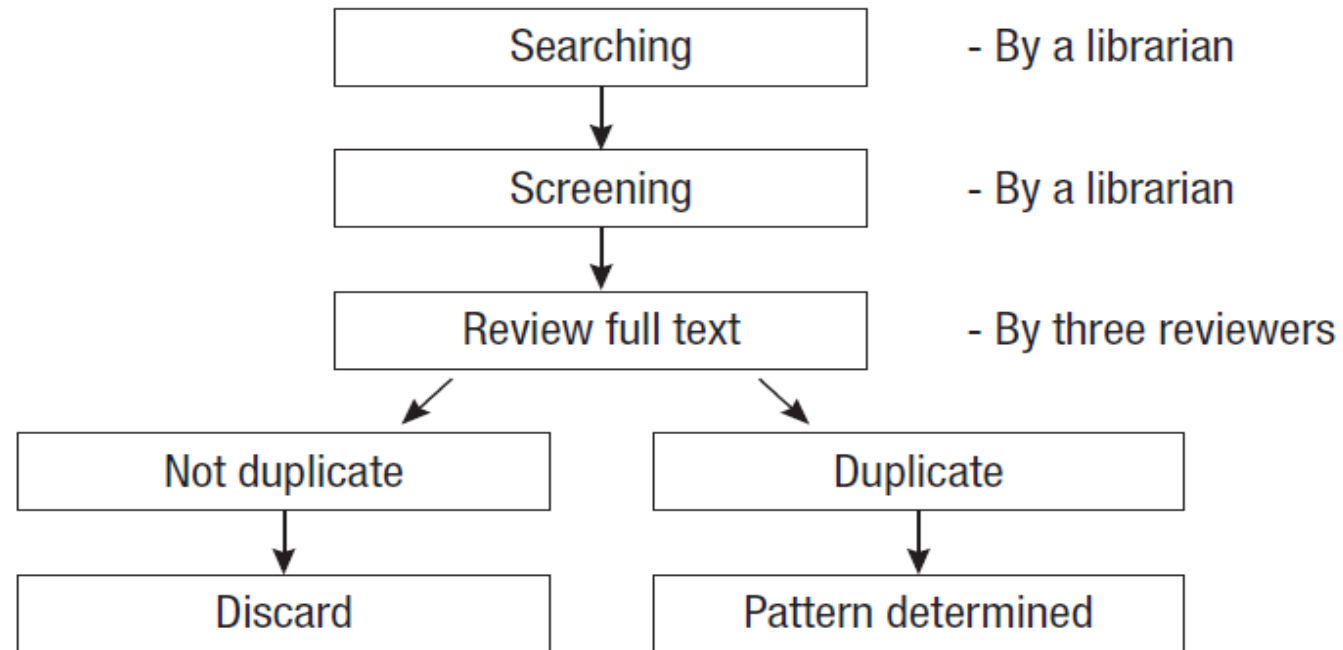
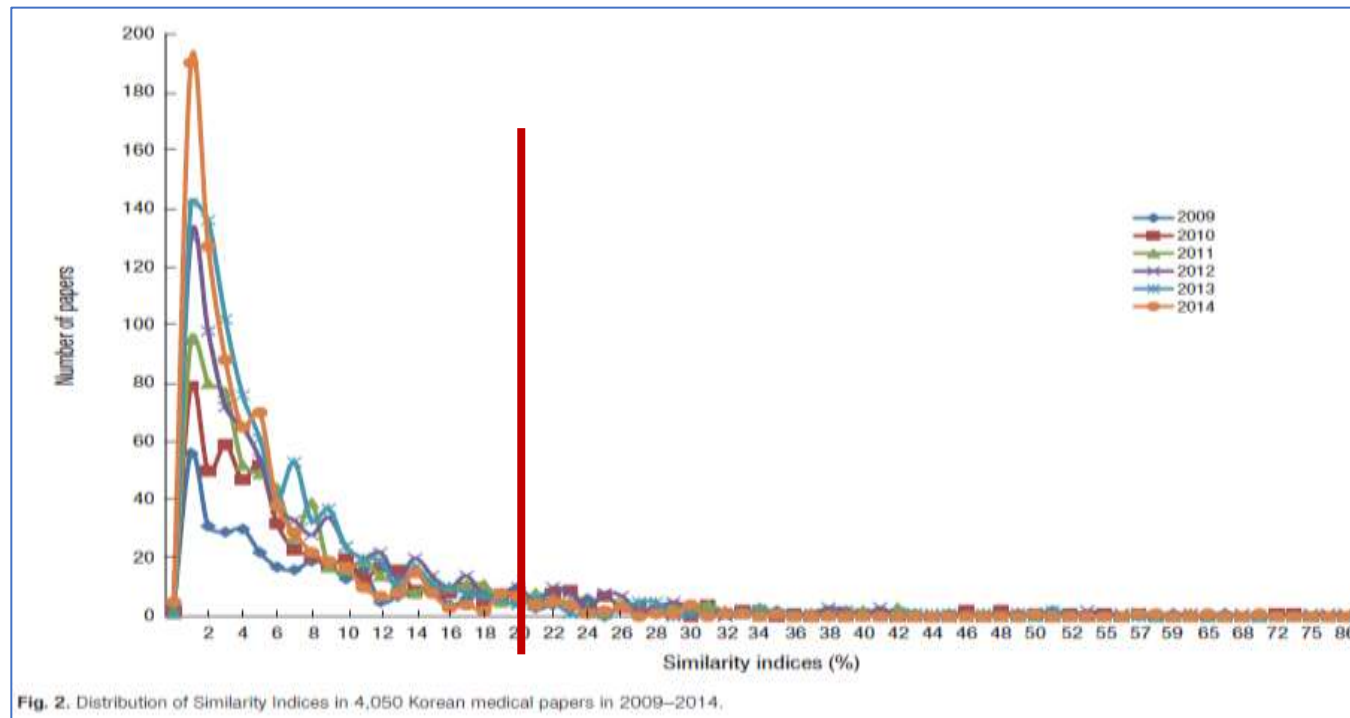


Fig. 1. Flow chart for evaluation of duplicate publications in this study.

1-6) Similarity Index 조사

- 4,050 의학논문 similarity index 분포
- 8.8% 에서 similarity index $\geq 20\%$ (iThenticate®)



1-7) 중복출판으로 retraction

Retracted article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

1-8) 중복출판 판정을 위한 6개 기준

항목	설명
1) 유사한 가설	가설 중 인구집단 관련, 독립, 종속 변수가 거의 동일
2) 유사한 표본 수	연구 재료, 실험동물, 대상자의 90% 이상이 동일
3) 동일하거나 거의 동일한 방법	자료수집, 분석 제시 방법이 거의 유사
4) 유사한 결과	결과가 양, 질 측면에서 거의 동일
5) 동일한 저자	최소한 1명의 동일한 저자
6) 새 정보가 거의 없는 경우	새로운 지식이 거의 추가되지 않음

1-9) 중복출판 의혹 문의 사례 (*J Cardiovasc Imaging*, 심초음파학회지)

- *J Cardiovasc Imaging (JCVI)*, 심초음파학회지)에 accept 되어 출판 준비중인 논문이 *Int J Heart Fail* 에 게재된 논문과 중복출판 의혹에 대한 질의
- 질의 내용: *IJHF*에 게재된 논문의 데이터 일부가 인용없이 *JCVI*에 사용

1-10) 중복출판 의혹 심의 과정 (*J Cardiovasc Imaging*)

	논문 1 (JHF)	논문 2 (JCVI)	평가
논문명			Perirenal Fat Vs Clinical parameter 를 포함하여 강조, reduced ejection fraction 이 있는 환자로 특정
저자			저자 중 4 인이 일치 1 인이 적음
주요어	Heart failure; Kidney; Adipose tissue	heart failure, kidney function, adipose tissue	매우 유사
IRB 승인번호 IRB 승인기관	This study was approved by the ethics committee of our institution.	This study was approved by the ethics committee of our institution (institutional review board number: SEUMC 2022-06-036).	승인가관은 동일한 것으로 보임, 번호 동일여부는 확인안됨
자료수집기간	between February 2019 and April 2022	between February 2019 and May 2022	논문 2 가 1 개월 더 많음

연구대상자	<p>포함조건: patients hospitalized with ADHF.</p> <p>(분석방법중에 HF was categorized according to left ventricular (LV) ejection fraction (EF) as follows: HF with preserved EF (HFrEF), LVEF $\geq 50\%$; HF with reduced EF (HFrEF), LVEF $\leq 40\%$; and HF with mildly reduced EF (HFmrEF), LVEF 41–49%.)</p> <p>배제조건: acute myocardial infarction, aborted sudden cardiac death, hypertrophic cardiomyopathy, peripartum cardiomyopathy, active infective endocarditis, significant organic valvular heart disease, prosthetic heart valves, isolated right ventricular failure, single kidney, history of kidney transplantation, and known chronic kidney disease, defined as glomerular filtration rate (GFR) < 60 mL/min/1.73 m² for 3 months or more prior to the index admission. Among the 365 patients with ADHF without known CKD, 99 who lacked CT data covering fields at the kidney level within 6 months of index admission were also excluded.</p>	<p>포함조건: data of patients hospitalized for acute decompensated HFrEF. HFrEF was defined as heart failure with left ventricular (LV) ejection fraction (EF) $< 40\%$.</p> <p>배제조건: acute myocardial infarction, aborted sudden cardiac death, hypertrophic cardiomyopathy, peripartum cardiomyopathy, active infective endocarditis, significant organic valvular heart diseases, prosthetic heart valves, isolated right ventricular failure, single kidney, history of kidney transplantation, and known chronic kidney disease, defined as glomerular filtration rate (GFR) < 60 mL/min/1.73 m² for 3 months or more prior to the index admission. Those without computed tomography (CT) data covering fields at the kidney level within 6 months of index admission were also excluded.</p>	<p>포함조건: 논문 2 의 포함조건이 더 구체적임.</p> <p>참고: ADHF Vs acute decompensated HFrEF. (left ventricular (LV) ejection fraction (EF) $< 40\%$.)</p> <p>배제조건: 동일</p>
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1-11) 중복출판 의혹 심의 과정 (*J Cardiovasc Imaging*)

연구대상자수	<p>266 명 Ultimately, 266 patients hospitalized with ADHF were included in the final analysis.</p> <p>Patients were divided into 2 groups according to the GFR at admission (preserved kidney function [GFR ≥ 60 mL/min/1.73 m²] and reduced kidney function [GFR < 60 mL/min/1.73 m²] groups).</p>	<p>131 명 A total of 131 patients hospitalized with acute decompensated HFrEF were included in the final analysis.</p> <p>Patients were divided into two groups according to the GFR at admission: preserved kidney function (GFR ≥ 60 mL/min/1.73 m²) and reduced kidney function (GFR < 60 mL/min/1.73 m²). Patients with reduced kidney function were further divided into two groups according to the peak GFR during hospitalization: recovered kidney dysfunction (peak GFR ≥ 60 mL/min/1.73 m²) and persistent kidney dysfunction (peak GFR < 60 mL/min/1.73 m²).</p>	<p>다름, 논문 2 의 대상자가 논문 1 의 대상자의 일부를 포함할 수도 있을 것으로 보임.</p>
목적	<p>The current study investigated the association of perirenal fat thickness with kidney dysfunction in patients with acute decompensated heart failure (ADHF).</p>	<p>to identify clinical and imaging parameters associated with impaired kidney function in patients with acute decompensated heart failure with reduced ejection fraction (HFrEF).</p>	<p>유사하지만 연구 대상이 더 좁음.</p>

측정변수 및 도구	<p>Clinical variables Data regarding the presence of hypertension, diabetes mellitus, coronary artery disease, and atrial fibrillation were retrieved from medical records.</p> <p>Medication history before index admission was obtained regarding angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor antagonist (ARB), angiotensin receptor neprilysin inhibitor (ARNI), and diuretics. Height, weight, and blood pressure (BP) were measured during admission, and the first value after admission was used in the analysis. Body mass index (BMI) was calculated using height and weight.</p> <p>Laboratory tests, including hemoglobin, creatinine, aspartate transaminase, alanine transaminase, and N-terminal pro-B-type natriuretic peptide (NT-proBNP) levels, were obtained at admission.</p>	<p>Clinical variables Data regarding the presence of hypertension, diabetes mellitus, coronary artery disease, and atrial fibrillation were retrieved from medical records.</p> <p>Height, weight, and blood pressure (BP) were measured during admission, and the first value after admission was used in the analysis. Body mass index (BMI) was calculated using height and weight.</p> <p>Laboratory tests, including creatinine and N-terminal pro-B-type natriuretic peptide (NT-proBNP) levels, were performed at admission.</p>	<p>논문 2 가 더 적음.</p>
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1-12) 중복출판 의혹 심의 과정 (*J Cardiovasc Imaging*)

측정변수 및 도구 2.	<p>LV end-diastolic dimension (EDD) and LV end-systolic dimension (ESD) were measured from 2-dimensional images. LVEF was calculated using the LV end-diastolic and end-systolic volumes. LV mass was calculated using a formula proposed by the American Society of Echocardiography guidelines.¹²⁾ The LV mass index was defined as the LV mass indexed to body surface area. Left atrial volume was calculated using the biplane area-length method. According to the guidelines, 2-dimensional volumetric measurements were based on left atrial area measurements using tracings of the blood-tissue interface and left atrial lengths on apical 4- and 2-chamber views.¹²⁾ Left atrial volume index (LAVI) was defined as the left atrial volume indexed to body surface area.</p>	<p>The LV end-diastolic dimension (EDD) and end-systolic dimension (ESD) were measured from two-dimensional echocardiographic images. LV EF was calculated using the LV end-diastolic and end-systolic volumes. LV mass was calculated using a formula proposed by the American Society of Echocardiography guidelines.¹⁵⁾ The LV mass index was defined as the LV mass divided by the body surface area. Left atrial volume was calculated using the biplane method of disks, in which two-dimensional volumetric measurements were based on left atrial area measurements using tracings of the blood-tissue interface on apical four- and two-chamber views.¹⁵⁾ Left atrial volume index (LAVI) was defined as the left atrial volume divided by the body surface area.</p>	이동일
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연구 결론	<p>In conclusion, a thick perirenal fat pad was independently associated with deterioration of kidney function in patients hospitalized with ADHF and the association was more prominent in subgroups of patients over 70 years and those with the evidence of congestion.</p> <p>The measurement of posterior perirenal fat thickness may be a novel surrogate marker for identifying patients with ADHF who are prone to kidney function deterioration.</p>	<p>A thick perirenal fat pad was independently associated with kidney dysfunction in patients hospitalized with acute decompensated HFrEF.</p> <p>Measurement of perirenal fat thickness may be a promising imaging marker for the detection of HFrEF patients who are more susceptible to kidney dysfunction.</p> <p>Distinct features of HFrEF patients with transient kidney dysfunction at the time of heart failure presentation were high RA pressure and thick perirenal fat pads.</p>	유사, 논문 2 의 연구대상이 더 좁음.
iThenticate 일치도			논문 2 과 논문 1: 33%, (결과와 고찰 만을 대상으로 검토하였을때, 25%).
참고문헌	31	23	논문 2 는 논문 1 을 citation 하지 않음.
연구비 지원기관 지원번호			
Submission 날짜	Nov 28, 2022	2023.1.5	논문 1 이 리뷰중에 논문 2 가 submission 됨.
Accept 날짜	Jan 30, 2023	2023.3.29	논문 2 의 accept 결정 전에 논문 1 이 출간됨.
Publish 날짜	Jan 31, 2023		

1-13) 중복출판 의혹 심의 답변 (*J Cardiovasc Imaging*)

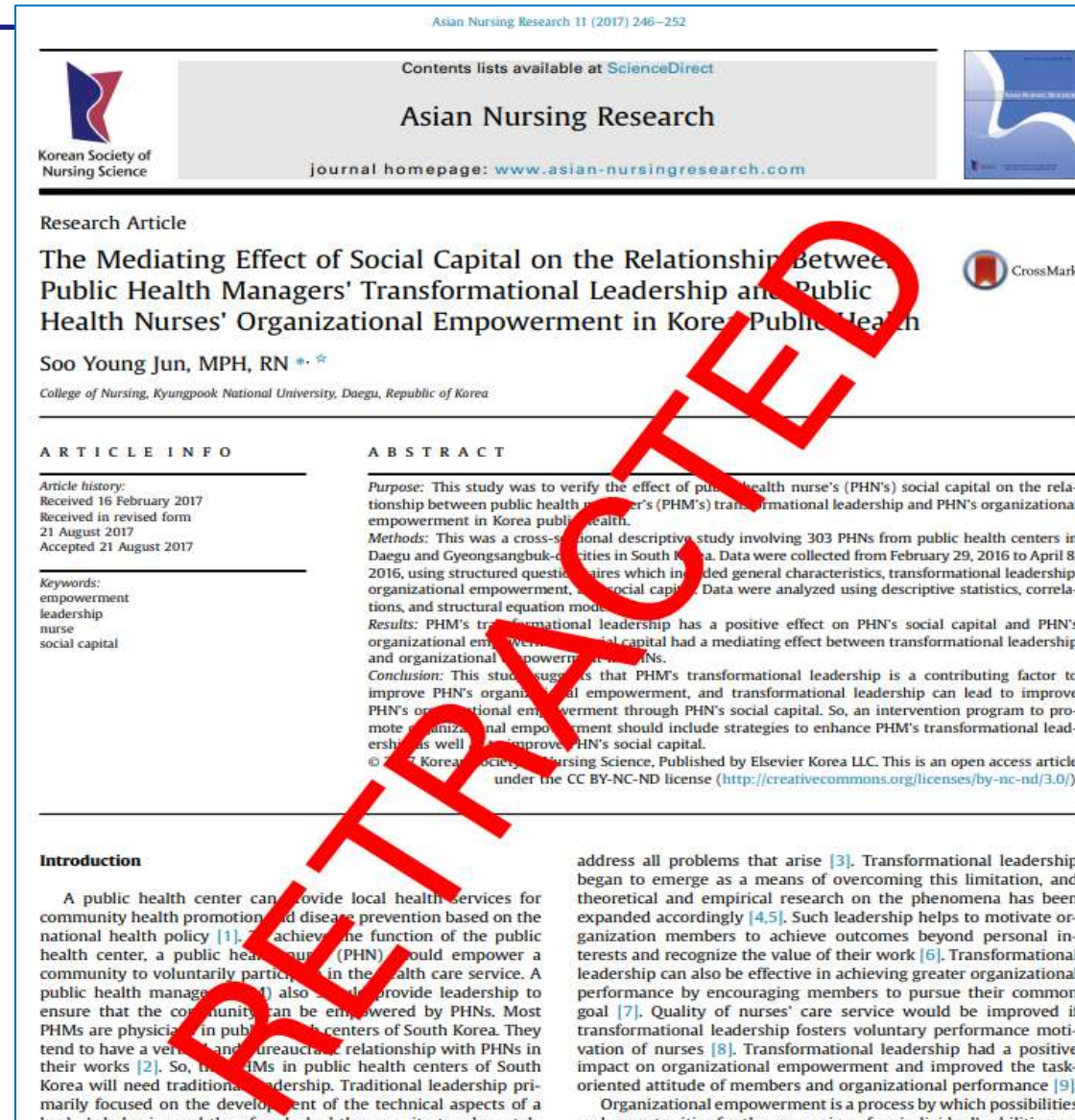
3. 심의 결과 ↵

논문 1 과 논문 2 는 데이터 일부가 중복되며, 저자의 일부가 동일하고, 자료수집기간이나 대상자의 일부가 중복되는 것으로 보입니다. 그러나, 논문 2 에서 일부 데이터나 대상자가 중복되었다 하더라도 논문 2 에서 새로운 내용이 있어 출판의 가치와 의미가 있다면 편집인의 판단에 따라 출판이 가능할 수 있습니다. 의학논문출판윤리 가이드라인 제 3 판 103 쪽 <투고된 논문의 중복출판 의혹>의 흐름도에 따라 책임저자에 해명을 요청하는 학술지의 입장을 전달하여 그 결과에 따라 진행하시되, 귀 편집위원회에서 독자들에게 새로운 내용을 제공하여 출판의 가치가 있다고 판단되면 앞선 논문 1(IJHF) 를 인용하고, 2 차분석이라는 점을 명시하여 출판하도록 권고하는 것이 바람직할 것입니다. ↵

1-15) 중복출판 추후 조치

- 심사중인 / 출간 후 논문의 중복 의혹
 - 경미한 중복: 저자에게 인용추가 요청
 - 중대한 중복: 교신저자에게 해명 요청
 - 충분한 해명 (단순실수, 모호한 투고규정, 초보 연구자 등)
 - 모든 저자에게 알리고 -> 게재불가 / 게재취소 처리
 - 불충분한 해명, 무응답 -> 게재불가 / 게재취소 -> 추가적 징계 논의

1-16) 중복출판으로 논문 철회



1-17) 중복출판 예방 권고

- 완전 다른 가설이라면 -> 별개의 논문으로 작성이 바람직
- 매우 유사한 결과라면 -> 하나의 논문으로 묶어서 출간이 바람직
- 투고시 다른 학술지에서 출판을 고려 중이지 않다는 것을 교신저자가 사인
- 저작권 이양 동의서, 출판계약서에 교신저자 사인 후 제출
- 이전에 출판된 적이 없음을 증명
- 편집인은 투고규정에 중복출판에 대한 예방과 처리 정책을 명시

1-18) *J Digest Can Res (JDCR)* 의 중복출판 처리 정책

JOURNAL OF DIGESTIVE CANCER RESEARCH


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For issues not addressed in these instructions, the author is referred to the International Committee of Medical Journal Editors (ICMJE) “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals” (<http://www.icmje.org>). Cases that require editorial expressions of concern or retraction shall follow the COPE flowcharts available from: <http://publicationethics.org/resources/flowcharts>. If correction is needed, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html>.

5. Principles on overlapping publication

- ① The Society do not accept any manuscripts that are identical or significantly similar to studies already published or going to be published in other journals.
- ② It is not allowed for authors to publish their articles already appeared in JDCR without permission from the board. Multiple or duplicate publication is only limited to the cases specified in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med 1997;126:36-47). This does not apply to the publication of abstracts or posters.
- ③ Authors are subject to penalties and/or unfavorable outcomes if unauthorized duplicate publication is discovered.

Journal Info



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Instruction for Authors
>

1-19) *KCJ*의 중복출판 처리 정책



KCJ takes all cases of publication misconduct seriously. All reviewers share a responsibility to report any suspected issues with the manuscript to the editor.

If a reviewer or editor raises a concern about suspected cases of research and publication misconduct, such as a redundant publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interests, or an ethical problem, that person should be informed that the Journal editors will perform an investigation. The investigation process will follow the flowchart provided by the Committee on Publication Ethics [COPE] (<https://publicationethics.org/resources/flowcharts>).

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1-20) 허용되는 이차출판 (Secondary publication)

- 중요한 정보의 광범위한 전달을 위해 중복출판 중에 허용되는 경우
- 허용 조건
 - 두 학술지 편집인이 모두 승인
 - 1차 출판 학술지에 우선권 인정
 - 2차 출판물은 1차와 다른 독자층을 대상
 - 1차 출판물의 저자, 자료, 해석을 그대로 반영
 - 2차 출판물의 표지, 각주에 ‘이차출판’임을 명시
 - 문구표시 (재출판, 요약재출판, 완역, 요약번역 등)

1-21) 이차출판 (Secondary publication)의 예

AARD

Allergy Asthma Respir Dis 18(1):33-39, January 2022 <https://doi.org/10.4168/aard.2022.18.1.33>

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ORIGINAL ARTICLE

소아 천식 환자에서 몰입형 가상현실을 이용한 환경관리 교육

김승현,¹ 박상현,² 강민준,² 송유열,² 임재훈,² 문원석,^{1,2} 유 영^{3,4}

¹고려대학교 일대초기면역연구소, ²고려대학교 안암병원 소아청소년과, ³고려대학교 안암병원 천식관리센터

Environmental management education using immersive virtual reality in asthmatic children

Seung Hyun Kim,¹ Sang Hyun Park,² Minjun Kang,² Yoonsung Song,² Jaehoon Lim,² Wonsuck Moon,^{1,2} Young Yoo^{3,4}

¹Allergy Immunology Center, Korea University, Seoul; ²Department of Pediatrics, Korea University Medical College, Seoul; ³Environmental Health Center, Korea University Anam Hospital, Seoul, Korea

Purpose: Awareness of environmental control is considered a major influence on the performance of asthma self-management behaviors that are involved in maintaining effective control of asthma. The aim of this study was to investigate whether immersive virtual reality (VR) education is effective in environmental control education for asthmatic children.

Methods: Thirty asthmatic children aged 9 to 13 years with aeroallergen sensitization were enrolled. Environmental control education for asthmatic subjects were performed using either immersive VR (VR group) or conventional leaflets provided by asthma specialists (control group). Five questionnaires, such as awareness of environmental control, memory, assessment of intent to act, satisfaction test, and asthma control test (ACT) questionnaires were used for estimating the effects of education.

Results: Awareness of environmental control, memory, and intent to act scores were significantly increased after education in both groups and the scores were maintained high until 4 weeks after education. In both group, ACT scores were maintained high scores before and 4 weeks after education. Satisfaction scores were very high in the VR group.

Conclusion: The increased scores in awareness of environmental control and intent to act indicate that the environmental control education using VR is worthy of attention as an effective educational tool for asthma management. Application of further developed techniques, including active environmental intervention by participants in VR, could be applied to effective asthma management. (Allergy Asthma Respir Dis 2022;18:33-39)

Keywords: Asthma, Education, Environmental control, Virtual reality

서론

천식은 반복되는 천명, 기침, 호흡곤란이나 가슴 답답함 등을 특징으로 하는 소아청소년에서 가장 흔한 만성질환 중 하나이다¹을 특징으로 하며, 환경적인 요인도 천식의 발병과 조짐에 중요한 역할을 한다². 지난 수십년간 우리나라를 비롯한 전세계적으로

천식 환자의 유병률이 증가하고 있으며, 이는 환경의 변화에 의한 것으로 해석할 수 있다³. 천식을 유발하는 주요 환경 관련 요인은 집먼저진드기, 반려동물털, 바퀴, 곰팡이, 꽃가루 등과 같은 알레르겐에 노출을 들 수 있다. 천식은 만성적이고 재발성 경과를 보이기 때문에 환자의 증상을 조절하고 악화를 예방하기 위해 천식 알레르겐의 노출을 최소화하는 일상생활에서의 환경관리가 필

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* This study was supported in part by a grant of the Environmental Health Center for Childhood Asthma, Ministry of Environmental (2019-2020), and by a grant of the Allergy Immunology Center, Korea University. Received: July 11, 2021; Revised: August 24, 2021; Accepted: August 24, 2021

1-22) 이차출판 (Secondary publication) 의 예



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This is a secondary publication of an article published in the Allergy Asthma & Respiratory Disease 2020;10(1):33-39, <https://doi.org/10.4168/aard.2022.10.1.33>, with the approval of the editor (Young Joo Cho) and the authors. The articles are identical. Either citation can be used when citing this article.

1-23) ChiKD 의 중복출판/이차출판 처리 정책

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1-24) 학회발표 초록의 이차출판 문의

- 저널 (A)에 투고 후 심사중인 논문으로
- 다른 학회 (B)에서 구연을 하게 되었는데
- 구연발표 초록은 학회지 (B)에 supplement로 실림
- 혹시 중복출판이 아닌지요?

1-25) 학회발표 초록의 이차출판 심의 답변

- 학위논문, 초록 등은 원칙적으로 중복출판으로 간주하지 않음
- 하지만, 초록집에 DOI 가 부여되는 경우에는
- CrossCheck 로 중복내용이 보이게 됩니다.
- (A) 학술지 편집인에게 투고된 원고가 이전에 (B) 학술지 초록집에 투고된 적이 있음을 알리고 진행
- 편집인은 투고규정에 이차출판 등의 원칙에 대해 명시 필요

1-26) *Ann Coloproctol* 초록발표이력 표시

Original Article

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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 be-

tween 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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* This manuscript has been a poster meeting presentation (Journées Francophones d'Hépatologie-Gastroentérologie et d'Oncologie Digestive, 22-25 March 2018, Paris, France).

1-27) *YMJ* 초록발표 이력 표시

Original Article

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Yonsei Medical Journal
YMJ

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Hyperpolarized [1-¹³C]pyruvate Magnetic Resonance Spectroscopy Shows That Agmatine Increased Lactate Production in the Brain of Type 2 Diabetic Mice

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Purpose: Type 2 diabetes mellitus (T2DM) is associated with a 2-fold increased risk of developing Alzheimer's disease. In earlier research, agmatine has been demonstrated to alleviate diabetes symptoms and increase cognitive performance. However, it is unclear whether the improvement of cognitive function is attributable to the reduction of diabetic symptoms or its direct influence on brain metabolism. Using hyperpolarized (HP) [1-¹³C]pyruvate magnetic resonance spectroscopy (MRS), this study intends to evaluate the influence of agmatine on brain metabolism.

Materials and Methods: ICR mice were fed a high-fat diet and injected with streptozotocin to develop a T2DM animal model. During a 2-week period, T2DM mice were treated with normal saline or 100 mg/kg of agmatine, and brain HP [1-¹³C]pyruvate MRS was performed. The effect of agmatine on lactate generation and NADH/NAD⁺ redox state was investigated using C6 and neuro-2a (N2a) cells.

Results: As a perfusion marker, the total ¹³C signals in the brain of T2DM mice ($p=0.07$) and agmatine-treated mice ($p<0.05$) were reduced. The conversion constant (K_{cat}) from [1-¹³C]pyruvate to [1-¹³C]lactate was not distinguishable in the brains of T2DM mice but was significantly increased in the brains of agmatine-treated T2DM mice. Treating C6 and N2a cells with agmatine increased NADH/NAD⁺ ratio and lactate generation.

Conclusion: Agmatine influences the NADH/NAD⁺ redox state in the brains of T2DM mice, which may be connected with enhanced cognitive performance and increased conversion of HP [1-¹³C]pyruvate to HP [1-¹³C]lactate.

Key Words: Alzheimer's disease, hyperpolarized ¹³C, magnetic resonance spectroscopy, agmatine, lactate

INTRODUCTION

The involvement of metabolic abnormalities in the onset of

dementia is the subject of a growing body of research. An epidemiological study reported the frequency of dementia in patients among diabetic patients.¹ Since type 2 diabetes mellitus

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The research paper entitled "Hyperpolarized [1-¹³C]pyruvate magnetic resonance spectroscopy indicates that agmatine augments lactate production in the brain of type 2 diabetic mice" was presented as a poster by Ho-Taek Song during the European Molecular Imaging Meeting in 2023, held from March 12th to 15th.

1-28) 지침서, 평가보고서 중복출판 여부 문의

- 정부기관이나 단체에서 작성한 지침서, 의료기술 평가기관, 의료기기 규제기관 등이 출판한 평가 보고서 등은
- 일반적으로 중복출판으로 간주하지 않는다.

1-29) 두 학회에서 공동 가이드라인 출판 문의

- ‘대한재활의학회’와 ‘대한연하장애학회’ 에서 공동으로 ‘임상진료지침’ 발간 예정으로 문의

- 아 래 -

- 1) 공동게재 시 두 학회에서 발행하는 저널의 발행 간기가 달라 1개월의 시차가 생길 경우 문제가 없는지요?
- 2) 공동게재시 표기해야 하는 표준 문구가 있는지요?
- 3) 공동게재의 경우 저작권/상업적 사용에 대한 허가/ 사용료 지불 등은 어떻게 규정되는지요?
- 4) 의편협의 '출판윤리 가이드라인: Q&A 사례분석'에 따르면 공동게재 시 '서지 사항' 이 같아야 한다는 것의 의미가 무엇인지요? (저널명 및 권호수는 달라질텐데 저자 및 논문명이 동일해야 한다는 의미인지요?) 끝.

1-30) 두 학회에서 공동 가이드라인 출판 문의

- ‘대한재활의학회’와 ‘대한연하장애학회’ 에서 ‘공동 임상진료지침’ 발간 예정 문의에 대한 답신
 - 1) 발행 간기 시차: 이차출판
 - 2) 표준 표기 문구: 일차 출판 논문의 서지 정보에 기초한 것
 - 3) 저작권, 사용료: 두 학회의 협의 또는 출판사
 - 4) 동일 서지사향: 학술지명은 다르더라도 저자순서, 교신저자 동일

1-31) 동일 자료 기반 원고 출판

- Public database를 이용하여 체계적 문헌고찰, 메타분석의 경우,
- 분석방법이나 결론이 다르고, 동등하게 학술적 가치가 있다면,
- 동일 자료에 의한 복수 논문을 출판할 수도 있다.

1-32) 동일 자료 기반 원고 출판

- 대규모 임상시험에서 세부연구결과를 등록된 연구계획에 정의된 것이라면
- ClinicalTrials.gov에 등록된 한가지 임상시험번호 사용
- 세부연구를 별도로 등록한 경우에는 각각의 연구에
- 고유한 임상시험번호를 부여받아 사용한다.

1-33) 동시 발행 원고

- 한 논문을 동시에 합동으로 게재하는 것이 공중보전에 최선이라고 판단한 경우
- 동시 발행도 가능하다.
- 그러나,
- 미국 국립의학도서관은 동시 게재된 모든 출판물을 별도로 색인하므로
- 편집인은 동시출판이라는 점을 명확히 고지해야 한다.

1-34) 중복출판 의혹을 피하기 위한 글쓰기

- **(중복투고)** 투고하는 원고가 이미 출판된 논문의 많은 내용을 포함, 다른 학술지에 투고중인 경우
저자는 편집인에게 이와 같은 사실을 밝혀야 함
- **(초록이나 포스터)** 예비보고를 완성시켜 보고하는 논문은 중복출판으로 간주하지 않음
- **(사전공개)** 대중에게 알려야 할 중대질환의 경우 게재승인은 되었으나 아직 출판되지 않은
논문의 내용을 사전공개한 경우 정당화될 수 있음
- **(동시발행)** 여러 학술지 편집인이 한 논문을 합동으로 게재하는 경우 동시출판이라는 점을 명확히 고지
- **(동일자료기반원고)** 동일한 자료를 이용한 분석은 방법 결론이 다르다면 독립된 원고로 간주
- **(이차출판)** 특정한 이유로 이차출판이 필요한 경우 6가지 조건 충족 후 가능함

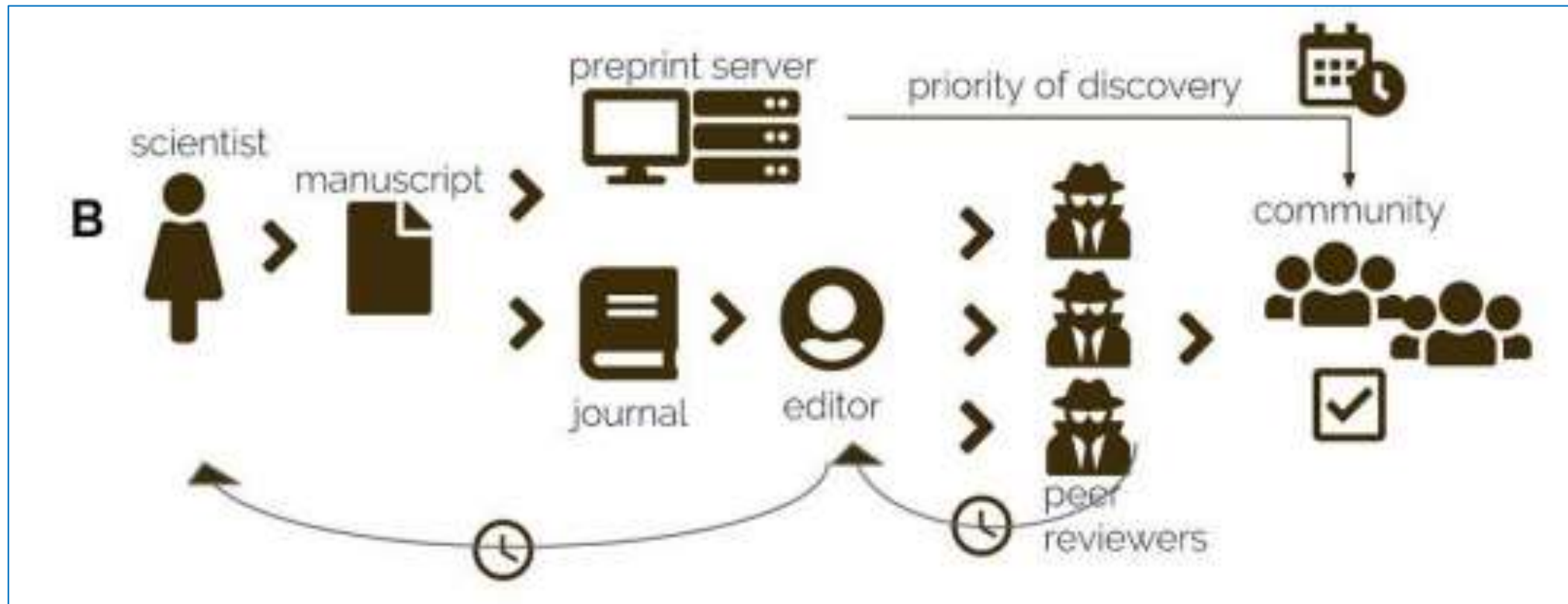
The slide features decorative geometric patterns in the top-left and bottom-right corners. These patterns consist of overlapping triangles in various colors including blue, orange, red, green, and yellow. The word "CONTENTS" is centered below the top-left pattern.

CONTENTS

1. 중복출판
2. Preprints
3. Q & A

2. Preprint process

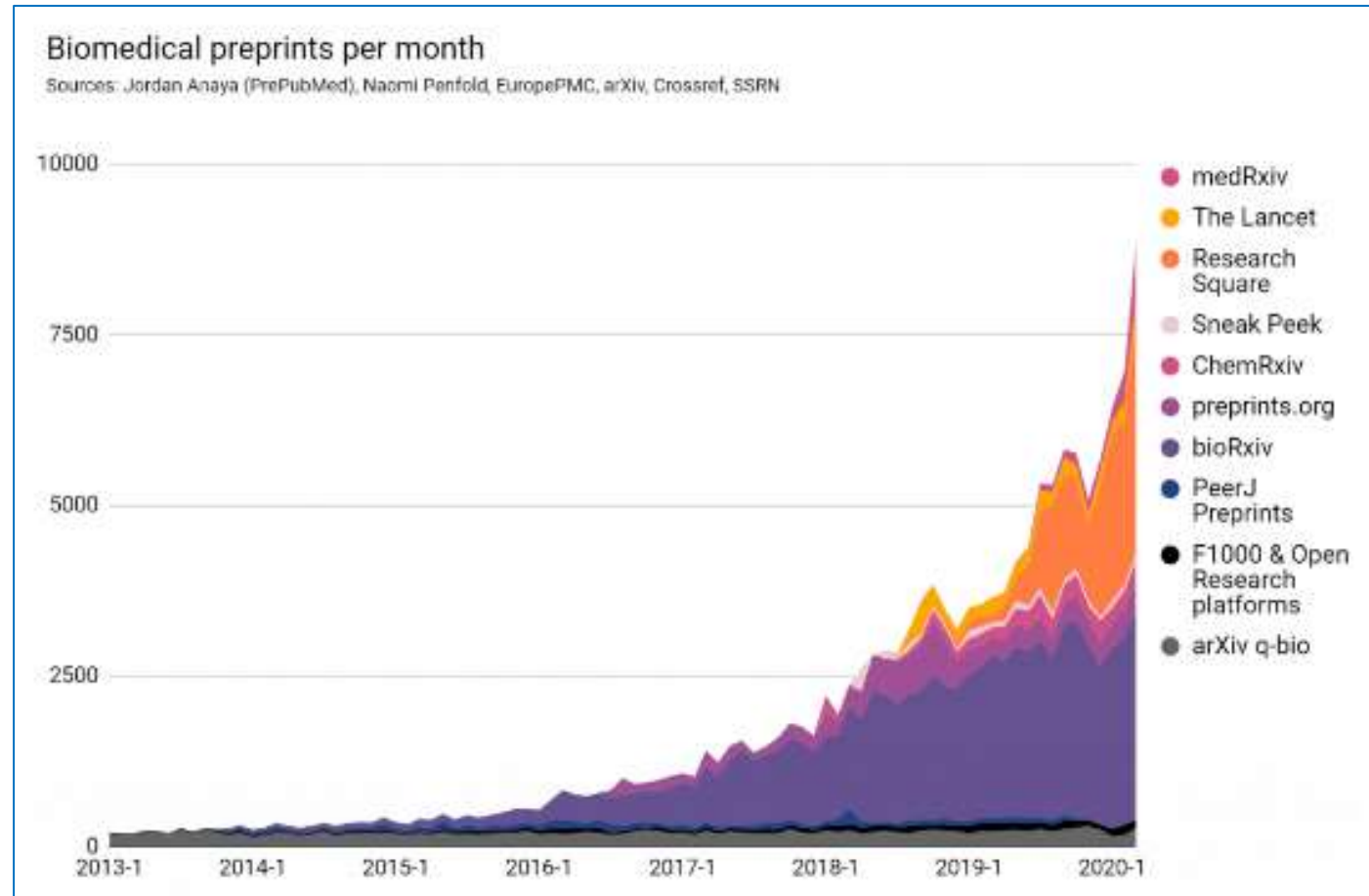
- Peer review를 거치지 않고, 저자가 직접 서버에 게시



2-1) Preprint server

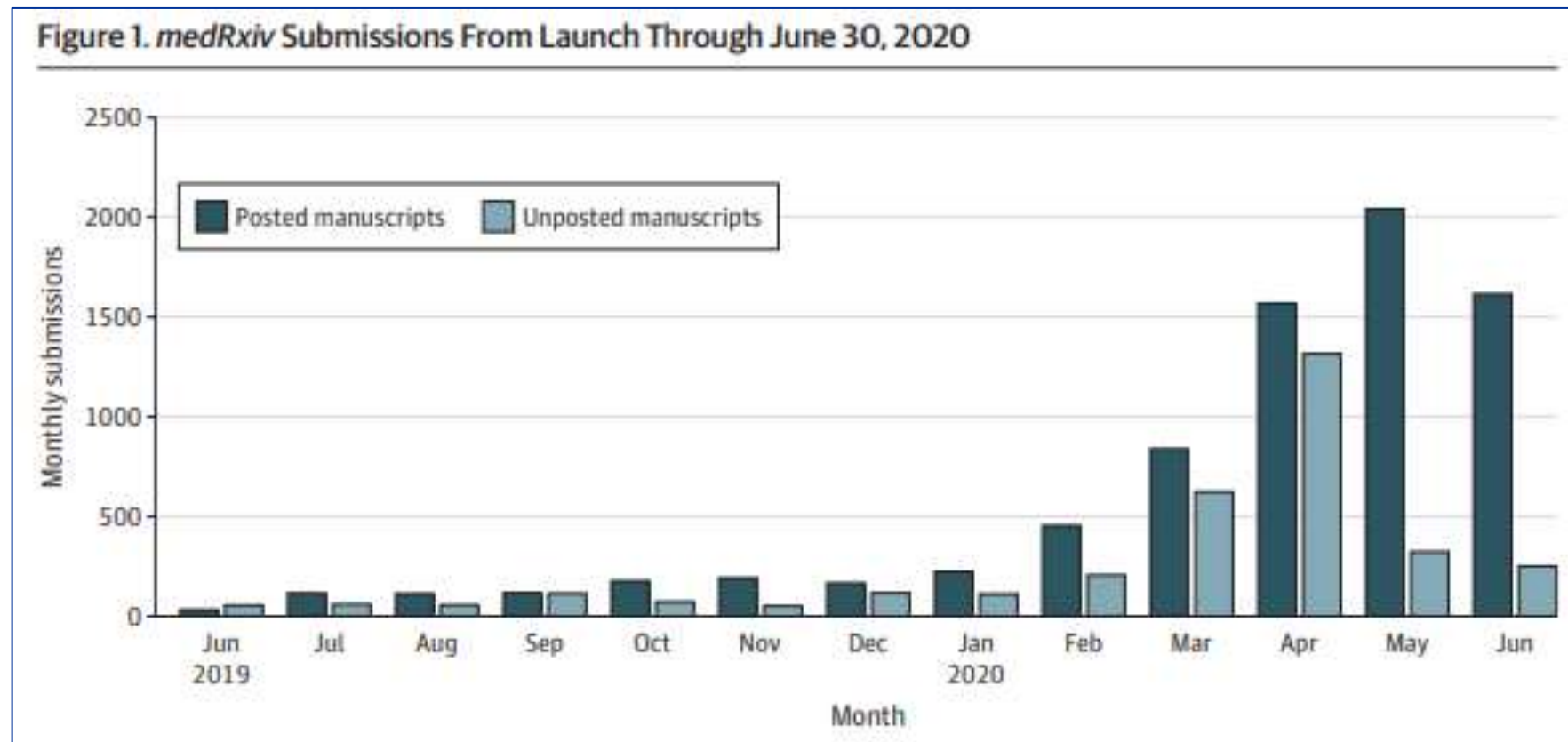
- Open online platform for scholarly papers
 - 저자에 의해, 동료심사를 거치지 않은 연구결과물 게시
 - 6 major preprint servers
arXiv, medRxiv, ChemRxiv, bioRxiv, SSRN, Preprints with The Lancet
- Biomedical 분야
medRxiv, Research Square, F1000Research 등

2-2) 근래 Biomedical 관련물 preprint server 에 게시물 급증



2-3) medRxiv

- 2019.6 도입 후 의학관련물 게시 증가



2-4) Preprints 장점/단점

- Benefits (저자측면)

다수로부터 신속하게 피드백 받아 수정 후 원하는 학술지에 투고 가능

IT 시대의 정보의 신속성과 양이 중요

- Benefits (편집인 측면)

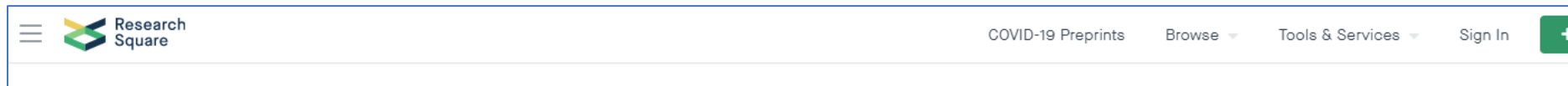
좋은 논문 자기 학술지에 투고 권유, easy submission 편의 제공

- Risks

오류 가능, 저작권, 미검증 정보 오용 가능

2-5) Preprint 게시물의 이중투고 여부 질의

- Research Square 게재 논문의 이중투고 여부 (대한치주과학회)



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> Yun-Jeong Kim, Ji-Man Park, Hyun-Jae Cho, Young Ku

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Abstract

Background. Recently, direct intraoral scanning and superimposing methods have been applied to measure the dimensions of periodontal tissues. The aim of this study was to analyze various correlations between labial gingival thickness and underlying alveolar bone thickness as well as clinical parameters among the three tooth types (central incisors, lateral incisors, and canines) using the digital method.

Methods. In 20 periodontally healthy subjects, cone-beam computed tomography (CB-CT) images and intraoral scanned files were obtained. Measurements of labial alveolar bone and gingival thickness at the central incisors, lateral incisors, and canines were performed at 0–5 mm points from the alveolar crest on the superimposed images. Clinical parameters including the crown width/crown length ratio (CW/CL), gingival width (GW), gingival scallop (SC), and transparency of the

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Effects of a DPP-4 inhibitor and RAS blockade on clinical outcomes of patients with diabetes and COVID-19

 Sang Youl Rhee, Jeongwoo Lee, Hyewon Nam, Dae-Sung Kyoung,  Dae Jung Kim
 doi: <https://doi.org/10.1101/2020.05.20.20108555>

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Abstract

Background Dipeptidyl peptidase-4 inhibitor (DPP-4i) and renin-angiotensin system (RAS) blockade are reported to affect the clinical course of coronavirus disease 2019 (COVID-19) in patients with diabetes mellitus (DM). However, the effectiveness of these drugs in large populations is unclear.

COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv

Subject Area

Endocrinology (including Diabetes Mellitus and Metabolic Disease)

2-7) Preprint 게시물의 이중투고 여부 질의

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Effects of a DPP-4 inhibitor and RAS blockade on clinical outcomes of patients with diabetes and COVID-19

Posted May 23, 2020.

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

Abstract

Background Dipeptidyl peptidase-4 inhibitor (DPP-4i) and renin-angiotensin system (RAS) blockade are reported to affect the clinical course of coronavirus disease 2019 (COVID-19) in patients with diabetes mellitus (DM). However, the effectiveness of these drugs in large populations is unclear.

COVID-19 SARS-CoV-2 preprints from medRxiv and bioRxiv

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- 저자에게 연구비 출처를 표시하도록 요구,
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- 본문에도 preprints 임을 명시
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 - 저자 수정 가능하며 수정 이력 공개
 - 저작권 유형 명확하게 기술 필요
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- Preprint 게시물의 JKMS 투고허용 정책 명시 (23rd Revision, 2024.3.12)



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2-19) JKNS 투고규정에 preprints 여부 개별 논문에 명시

- 2021년 5월호에 preprints 정책 언급

JKNS JOURNAL OF KOREAN NEUROSURGICAL SOCIETY
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pISSN : 2005-3711 | eISSN : 2005-3729

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Journal of Korean Neurosurgical Society > Volume 64(3); 2021 > Article

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Special Article
Others

Journal of Korean Neurosurgical Society 2021; 64(3): 321-325.

Other problems

In some cases, submitted clinical studies were found not to have IRB approval during the review process. After notifying the author that acquisition of the IRB is required for clinical studies, the studies were rejected. In some cases, patient consent was not received for photos of suspected personal information leakage. The editorial committee was consulted for each of those cases, and the committee asked the author to rectify the issue when the photos in the manuscript could violate patient rights. There were many ways to solve the issue, that is, to receive consent from the patient, to exclude photos containing the patient's physical characteristics from the paper, and to replace the photos with illustrations.

Problems with the preprint have emerged recently. As a way to share new research results more quickly, there are cases in which papers are preprinted before they have been peer-reviewed. In general, preprints are not regarded as redundant publications, so the editorial committee of the JKNS has also made rules for this, wherein the authors are required to indicate in their manuscript whether a version of a preprint exists.

- 2022년 5월호 부터 preprint 이력 공개

Laboratory Investigation
J Korean Neurosurg Soc 45 (5) : 445-479, 2022
<https://doi.org/10.3346/jkns.2021.0101>
pISSN 2005-3711 | eISSN 1598-7876

Phosphodiesterase-5 Inhibitor Attenuates Anxious Phenotypes and Movement Disorder Induced by Mild Ischemic Stroke in Rats

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groups (Fig. 5A and B). A spontaneous alternation assay using Y-maze task has been used for measuring working memory, like short-term memory in a new environment, in rodents²⁰). However, contrary to the objectives of the experiment, the MCAo rat models showed a preference for the left direction, the ipsilateral side of MCAo in the left hemisphere of the brain, in the open-field and Y-maze test (Fig. 5). Notably, preference for the left direction of the MCAo30 rats in the Y-maze test was alleviated by sildenafil treatment (Fig. 5F), and the MCAo30+SL-post group showed a normal level of direction preference similar to that of the naïve controls (Fig. 5F). Thus, our findings indicate that motor deficits following mild ischemic stroke in rats can be improved by sildenafil treatment.

Altered theta-frequency oscillations in the hippocampus are associated with anxiety disorder in rodents^{14,20,21}. Enhanced hippocampal theta rhythm was observed during fear responses and anxiogenic states, supporting the involvement of hippocampal theta rhythm in the anxiety^{1,2,14,20}. Based on our anxiety-related behavioral assays, sildenafil treatment alleviated alteration of theta-frequency oscillations induced by MCAo30 (Fig. 6). These findings suggest a possible role of sildenafil, a selective PDE5i, in the improvement of theta signal and phenotype anxiety and therefore improvement of anxiety disorder and movement deficits induced by mild ischemic stroke in rats.

CONCLUSION

Our findings in the present study suggest sildenafil as an ef-

AUTHORS' DECLARATION

Conflicts of interest
No potential conflict of interest relevant to this article was reported.

Informed consent
This type of study does not require informed consent.

Author contributions
Conceptualization : YHY, SWK, JK, ISO, DSK; Data curation : YHY, SWK, JK; Formal analysis : YS, HI, SJK, DYY; Funding acquisition : ISO, DSK; Methodology : MRL, DKP; Project administration : ISO, DSK; Visualization : YHY, SWK, JK; Writing - original draft : YHY, SWK, JK, ISO, DSK; Writing - review & editing : YHY, SWK, JK, YS, HI, SJK, DYY, MRL, DKP, ISO, DSK

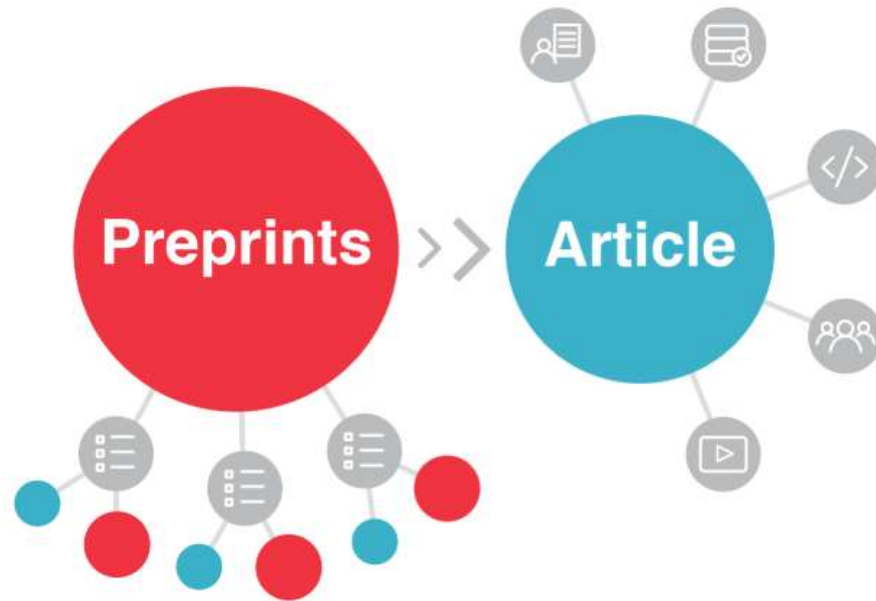
Data sharing
None

Preprint
None

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2-20) Crossref metadata for preprints



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- Post-publication open peer review
- EU 이외 국가들로도 확대 계획

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