의학학술지 평가

대한의학학술지편집인협의회
기획평가위원장
오 세 정

목 적

- 학술지 평가를 통하여
- 국내 의학학술지의 질을 국제적인 수준으로 향상시키고,
- 국내 의학논문의 데이터베이스 (KoreaMed, Synapse) 구축과 논문검색을 제공하고,
- 등재 학술지의 문헌정보에 대한 기술지원 (서지정보, DOI, XML, CrossCheck, CrossMark 등)

종 류

- 의편협 가입을 위한 학술지 평가
- 의학회 가입을 위한 학술지 평가
- KoreaMed 등재를 위한 학술지 평가
- KoreaMed 등재학술지의 재평가(등재 후 7년 주기)

의편협/의학회 가입을 위한 일단계 평가

- 과학성: 학술적 논리에 따라 기술되었는지 여부
  (IMRaD 구조를 갖추고 있는가?)
- 학술성: 종설, 원저를 포함하여 년간 8편 이상
  게재하는지 여부
- 객관성: 투고논문의 전문가심의 여부
- 윤리성: 연구 및 출판윤리 준수 여부
- 정시성: 발행간기를 준수하는지 여부
  (일단계 평가에서 통과된 이후 KoreaMed
  등재를 위한 평가를 받을 때까지)

KoreaMed 등재를 위한 평가

1. 자체평가 항목:
   편집위 운영에 관한 사항 9개항
2. 실물 평가 항목:
   학술지의 구성과 내용 13개항
3. 협의회 조사 항목:
   정시발간, 참고문헌 관리, Impact factor 등
   학술지 관리와 관련한 사항 7개항
4. 각항 총점 5.0, 평균 3.0 이상이면 등재

잘못된 주소
→ http://www.wma.net

불필요

1. 원고는 국문 혹은 영문으로 작...으며, 원고의 종류는 증설, 원저, 증례보고, 임상화보 등으로 ...다. 단, 증설은 간행위원회에서 청탁한 원고에 한... 따라 특별기고를 게재할 수 있다.

2. 윤리성: 사람을 대상으로 연구한 논문인 경우에 헬싱키선언(1964년 발표, 2004년 개정, www.wma.net/e/policy/b3.htm) 에 합당하게 연구를 수행하였으며, 기관의 윤리위원회 또는 임상시험심사위원회(IRB)의 승인을 받고, 필요한 경우에 연구대상자의 동의서를 받았음을 명시해야 한다. 동물실험의 경우, 실험동물의 사육과 사용 등 실험이 행하여진 기관의 윤리위원회 승인을 받았거나, 해당 연구기관의 윤리위원회 규정 또는 NIH Guide for the Care and Use of Laboratory Animals (1996, ILAR [Institute of Laboratory Animal Resources] Committee on NRC, National Academic Press pp125, www.nap.edu/readingroom/books/labrats/index.html)에 저촉되지 않았음을 기술하여야 한다. 저자들은 논문작성에 사용한 실험자료 원본을 논문출간 시점으로부터 적어도 1년간 보관하고 있어야 하고, 간행위원회의 요청이 있는 경우에 이를 제시하여야 한다. 연구윤리와 관련된 ...편집인협의회 출판윤리위원회에서 제정한 '의학논문 출판윤리 가이드라인(http:/... 따른다.

http://www.icmje.org

3. 저작권: 원칙적으로 타 학술지에 이미 발표되었거나 게재가 예정된 원고의 내용과 ...는 유사한 원고는 게재할 수 없으며, 본지에 발표된 원고를 임의로 타 학술지에 게재할 수 없다. 단, 독자층이 다른 ...로 된 학술지에 게재하기 위해서는 양측 편집장으로부터 중복 출판 여부를 허락받고, 중복출판임을 원고에 각주로 표시하는 등 Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med 1997;126:36-47)에서 규정한 요건을 갖춘 경우에만 가능하다. 원고의 저자들은 모두 논문내용에 대해 의미 있는 기여를 했고, 책임을 지며, 게재승인으로 저작권이 대한갑상선학회지에 이양되는 내용을 포함한 동의서에 자필 서명하여야 한다.

4. 이해관계 명시(Disclosure of conflict of interest): 연구에 소요된 연구비 수혜내용은 표지하단에 필히 기입하여야 하며, 연구에 관계된 자문료, 주식 등 이해 관계가 있는 모든 것은 논문표지하단이나 감사의 글 등에 밝혀져야 하고, 원고의 저자 전원의 자필서명이 있어야 한다.

집명(.) Proceedings of 학술대회명(;) 개최년 월 일(;)개최장소(.) 회보집 출판사명(;) 발행년도(.) p(.)첫 쪽-끝 쪽
(예) Virolainen A, Saxen H, Leinonen N. *Antibody response to pneumolysin in children with acute otitis media. In: Lim DJ, Bluestone CD,Klein JO, Nelson JD, Ogura PL, editors. Recent advances in otitis media. Proceedings of the 5th International Symposium on Recent Advances in Otitis Media; 1991 May 20-24; Ft. Lauderdale, Florida. Hamilton: Decker Periodicals; 1993. p.205-6.*

(5) 학위논문인 경우: 저자(.) 논문제목 (학위종류)(.) 장소(:) 학교(;) 연도(.)
(예) Kaplan SJ. *Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.*

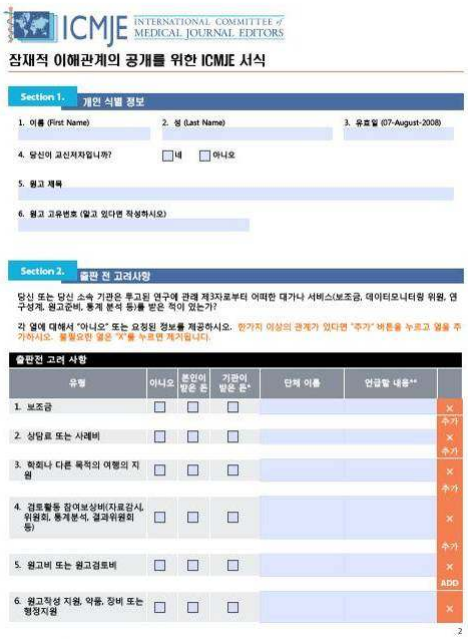
(6) 아직 출간... 논문의 경우: 저자명(.) 논문제목(.) 학술지명(.) In press 연도(.)
(예) Leshn... *lecular mechanisms of cocai...*

(7) 전자...
A. 전...
(예) ...
Mar...
B. 전...
(예) ... *...eves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd. Version 2.0. San Die... 95.*
C. 컴퓨터파일
(예) Hemodynamics III: the ups and downs of he... *...amics[computer program]*. Version 2.2. Orlando (FL): Computerized Educational Syst... 1993.

학위논문은 참고문헌으로 부적절 (독자가 접근하기 불가능)

Citing Medicine: NLM Style Guide for Authors, Editors, and Publishers (http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed)

(8) 기타 예시되지 않은 형태의 기재형식: Uniform requirements for manuscripts submitted to biomedical journals(Ann Intern Med 1997;126:36-47, http://www.acponline.org/journals/01jan97/unifreqr.htm) 에 따른다.



ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

잠재적 이해관계의 공개를 위한 ICMJE 서식

Section 1. 개인 식별 정보

1. 이름 (First Name)　2. 성 (Last Name)　3. 유효일 (07-August-2008)

4. 당신이 교신저자입니까?　☐ 네　☐ 아니오

5. 원고 제목

6. 원고 고유번호 (알고 있다면 작성하시오)

Section 2. 출판 전 고려사항

당신 또는 당신 소속 기관은 투고된 연구에 관련 제3자로부터 어떠한 대가나 서비스(보조금, 데이터모니터링 위원, 연구설계, 원고준비, 통계 분석 등)를 받은 적이 있는가?

각 열에 대해서 "아니오" 또는 요청된 정보를 제공하시오. 한가지 이상의 관계가 있다면 "추가" 버튼을 누르고 열을 추가하시오. 불필요한 열은 "X"를 누르면 제거됩니다.

출판전 고려 사항

유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급할 내용**	
1. 보조금	☐	☐	☐			× 추가
2. 상담료 또는 사례비	☐	☐	☐			× 추가
3. 학회나 다른 목적의 여행의 지원	☐	☐	☐			× 추가
4. 검토활동 참여보상비(자료감시, 위원회, 통계분석, 결과위원회 등)	☐	☐	☐			× 추가
5. 원고비 또는 원고검토비	☐	☐	☐			× ADD
6. 원고작성 지원, 약품, 장비 또는 행정지원	☐	☐	☐			×

2

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

잠재적 이해관계의 공개를 위한 ICMJE 서식

출판전 고려 사항

유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급할 내용**	
7. 기타	☐	☐	☐			추가 × 추가

* 이것은 이 연구에 관하여 당신의 노력에 대해 기관이 받은 돈을 의미한다.
** 추가적인 설명이 필요하면 이 부분을 이용하시오.

Section 3. 투고된 연구 이외의 관련 재정적 활동.

서술된 기관에 대하여 재정적 관련성(이득의 양과 관계없이)이 있으면 해당되는 네모 칸에 표시하시오. 각 단체별로 하나씩 사용하시오. 줄이 더 필요하면 "추가 +"를 눌러 줄을 추가하세요. 투고 36개월 전까지의 관련 사항을 보고해야 한다.

각각의 열에 대해서 "아니오" 또는 요청된 정보를 제공하시오. 하나 이상의 관계가 있는 경우, "추가" 버튼을 누르고 열을 추가하시오. 필요없는 열은 "X"를 누르면 제거된다.

투고된 연구 이외의 관련 재정적 활동

관계 유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급 할 내용	
1. 이사회	☐	☐	☐			× 추가
2. 자문	☐	☐	☐			× 추가
3. 고용	☐	☐	☐			× 추가
4. 전문가 증언	☐	☐	☐			× 추가
5. 보조금/처리 중 보조금	☐	☐	☐			× 추가
6. 강연자 사무국의 서비스를 포함한 강연비	☐	☐	☐			× 추가
7. 원고 준비 지급	☐	☐	☐			×

3

Misoprostol as an adjunct to standard uterotonics for treatment of post-partum haemorrhage: a multicentre, double-blind randomised trial

Mariana Widmer, Jennifer Blum, G Justus Hofmeyr, Guillermo Carroli, Hany Abdel-Aleem, Pisake Lumbiganon, Nguyen Thi Nhu Ngoc, Daniel Wojdyla, Jadsada Thinkhamrop, Mandisa Singata, Luciano E Mignini, Mahmoud Ahmad Abdel-Aleem, Tran Son Thach, Beverly Winikoff

Lancet 2010; 375: 1808–13
See Comment page 1762

UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, Department of Reproductive Health and Research, WHO, Geneva, Switzerland (M Widmer MSc); Gynuity Health Projects, New York, NY, USA (J Blum MPH, B Winikoff MD); Effective Care Research Unit, Eastern Cape Department of Health, Universities of the Witwatersrand and Fort Hare, Eastern Cape, South Africa (G J Hofmeyr MD, M Singata RN/RM); Centro Rosarino de Estudios Perinatales, Rosario, Santa Fe, Argentina (G Carroli MD, D Wojdyla MSc, L E Mignini MD); Department of Obstetrics and Gynaecology, Assiut University Hospital, Assiut, Egypt (Prof H Abdel-Aleem MD, M A Abdel-Aleem MD); Department of Obstetrics and

Summary

Background Post-partum haemorrhage is a leading cause of global maternal morbidity and mortality. Misoprostol, a prostaglandin analogue with uterotonic activity, is an attractive option for treatment because it is stable, active orally, and inexpensive. We aimed to assess the effectiveness of misoprostol as an adjunct to standard uterotonics compared with standard uterotonics alone for treatment of post-partum haemorrhage.

Methods Women delivering vaginally who had clinically diagnosed post-partum haemorrhage due to uterine atony were enrolled from participating hospitals in Argentina, Egypt, South Africa, Thailand, and Vietnam between July, 2005, and August, 2008. Computer-generated randomisation was used to assign women to receive 600 µg misoprostol or matching placebo sublingually; both groups were also given routine injectable uterotonics. Allocation was concealed by distribution of sealed and sequentially numbered treatment packs in the order that women were enrolled. Providers and women were masked to treatment assignment. The primary outcome was blood loss of 500 mL or more within 60 min after randomisation. Analysis was by intention to treat. This study is registered, number ISRCTN34455240.

Findings 1422 women were assigned to receive misoprostol (n=705) or placebo (n=717). The proportion of women with blood loss of 500 mL or more within 60 min was similar between the misoprostol group (100 [14%]) and the placebo group (100 [14%]; relative risk 1·02, 95% CI 0·79–1·32). In the first 60 min, an increased proportion of women on misoprostol versus placebo, had shivering (455/704 [65%] *vs* 230/717 [32%]; 2·01, 1·79–2·27) and body temperature of 38°C or higher (303/704 [43%] *vs* 107/717 [15%]; 2·88, 2·37–2·50).

Interpretation Findings from this study do not support clinical use of 600 µg sublingual misoprostol in addition to standard injectable uterotonics for treatment of post-partum haemorrhage.

Funding Bill & Melinda Gates Foundation, and UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

BMJ

RESEARCH

Cost effectiveness of home ultraviolet B phototherapy for psoriasis: economic evaluation of a randomised controlled trial (PLUTO study)

Mayke B G Koek, epidemiologist, medical doctor,[1] Vigfús Sigurdsson, dermatologist,[1] Huib van Weelden, investigator photodermatology,[1] Paul H A Steegmans, dermatologist,[2] Carla A F M Bruijnzeel-Koomen, professor of dermatology/allergology,[1] Erik Buskens, professor of medical technology assessment[3,4]

[1]Department of Dermatology/Allergology (G02.124), University Medical Center Utrecht, Heidelberglaan 100, 3584 CX Utrecht, Netherlands
[2]Department of Dermatology, St Antonius Hospital, Koekoekslaan 1, 3435 CM Nieuwegein, Netherlands
[3]Department of Epidemiology, University Medical Center Groningen, University of Groningen, Hanzeplein 1, 9713 GZ Groningen, Netherlands
[4]Julius Centre for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht
Correspondence to: M B G Koek author@koek.com

Cite this as: *BMJ* 2010;340:c490
doi:10.1136/bmj.c490

ABSTRACT

Objective To assess the costs and cost effectiveness of phototherapy with ultraviolet B light provided at home compared with outpatient ultraviolet B phototherapy for psoriasis.

Design Cost utility, cost effectiveness, and cost minimisation analyses performed alongside a pragmatic randomised clinical trial (the PLUTO study) at the end of phototherapy (mean 17.6 weeks) and at one year after the end of phototherapy (mean 68.4 weeks).

Setting Secondary care, provided by a dermatologist in the Netherlands.

Participants 196 adults with psoriasis who were clinically eligible for narrowband (TL-01) ultraviolet B phototherapy were recruited from the dermatology departments of 14 hospitals and were followed until the end of phototherapy. From the end of phototherapy onwards, follow-up was continued for an unselected, consecutive group of 105 patients for one year after end of phototherapy.

Interventions Ultraviolet B phototherapy provided at home (intervention) and conventional outpatient ultraviolet B phototherapy (control) in a setting reflecting routine practice in the Netherlands. Both treatments used narrowband ultraviolet B lamps (TL-01).

Main outcome measures Total costs to society, quality 0.291 QALY (home *v* outpatient) by the end of phototherapy (difference 0.0052, −0.0244 to 0.0348) and 1.153 versus 1.126 QALY by one year after the end of phototherapy (difference 0.0267, −0.024 to 0.078). Incremental costs per QALY gained were €9276 and €4646 respectively, both amounts well below the normally accepted standard of €20 000 per QALY. Cost effectiveness analyses indicated that the mean number of days with a relevant treatment effect was 42.4 versus 55.3 by the end of phototherapy (difference −12.9, −23.4 to −2.4). By one year after the end of phototherapy the number of days with a relevant treatment effect were 216.5 and 210.4 respectively (6.1, −41.1 to 53.2), yielding an incremental cost of €20 per additional day with a relevant treatment effect.

Conclusions Home ultraviolet B phototherapy for psoriasis is not more expensive than phototherapy in an outpatient setting and proved to be cost effective. As both treatments are at least equally effective and patients express a preference for home treatment, the authors conclude that home phototherapy should be the primary treatment option for patients who are eligible for phototherapy with ultraviolet B light.

Trial registration Current Controlled Trials ISRCTN83025173 and Clinicaltrials.gov NCT00150930

Funding: This study was supported by grant 945-02-017 from the Netherlands Organisation for Health Research and Development (ZonMW). ZonMW had no role in the study design; collection, analysis, and interpretation of data; production of the manuscript; or the decision to submit the article for publication. The researchers are independent from the funders.

Competing interests: None declared.

Ethical approval: The institutional review board of the University Medical Center Utrecht approved the study (02/090-O).

1 An appraisal of narrowband (TL-01) UVB phototherapy. British Photodermatology Group Workshop Report (April 1996). *Br J Dermatol* 1997;137:327-30.
2 Ibbotson SH, Bilsland D, Cox NH, Dawe RS, Diffey B, Edwards C, et al. An update and guidance on narrowband ultraviolet B phototherapy: a British Photodermatology Group workshop report. *Br J Dermatol* 2004;151:283-97.
3 Naldi L, Griffiths CE. Traditional therapies in the management of moderate to severe chronic plaque psoriasis: an assessment of the benefits and risks. *Br J Dermatol* 2005;152:597-615.
4 Barbagallo J, Spann CT, Tutrone WD, Weinberg JM. Narrowband UVB phototherapy for the treatment of psoriasis: a review and update. *Cutis* 2001;68:345-7.
5 [Task Force on Psoriasis of the Netherlands Society for Dermatology and Venereology (NVDV). Guideline: photo(chemo)therapy and systemic therapy in severe chronic plaque type psoriasis] [Dutch]. 2004. www.cbo.nl/Downloads/376/rl_psoriasis_2005.pdf.
6 Feldman SR, Garton R, Averett W, Balkrishnan R, Vallee L. Strategy to designed to settle the discussion. The PLUTO study. *BMC Med Res Methodol* 2006;6:39.
22 Van Roijen L, Essink-Bot ML, Koopmanschap MA, Bonsel G, Rutten FF. Labor and health status in economic evaluation of health care. The health and labor questionnaire. *Int J Technol Assess Health Care* 1996;12:405-15.
23 Oostenbrink JB, Bouwmans CAM, Koopmanschap MA, Rutten FFH. [Manual for costing: methods and standard costs for economic evaluations in healthcare] [Dutch]. College voor Zorgverzekeringen, 2004.
24 [Statistics Netherlands (CBS)]. Zorgrekeningen; kemcijfers en uitgaven conform diverse classificaties. [Dutch] 2006. http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=37494&D1=14-15,18&D2=(l-2)-l&VW=T.
25 [Dutch Health Care Insurance Board (CVZ). Medication guide 2003] [Dutch]. Bohn Stafleu van Loghum, 2003.
26 [Royal Dutch Association for the Advancement of Pharmacy (KNMP). The price- and the reimbursement system for medicines and its history] [Dutch]. 2006. www.knmp.nl/leden/pers/extra.asp?mID=4776&rID=1405&inhoud=1.
27 Jacob-Tacken KH, Koopmanschap MA, Meerding WJ, Severens JL. Correcting for compensating mechanisms related to productivity costs in economic evaluations of health care programmes. *Health Econ* 2005;14:435-43.
28 Severens JL, Laheij RJ, Jansen JB, Van der Lisdonk EH, Verbeek AL. Estimating the cost of lost productivity in dyspepsia. *Aliment Pharmacol Ther* 1998;12:919-23.
29 Fredriksson T, Pettersson U. Severe psoriasis—oral therapy with a new retinoid. *Dermatologica* 1978;157:238-44.

국명은 끊지 않음.
→ Korean

KOR J ROBOT SURGERY

고령환자군의 비파두과에 대한 관내 수술의 치료결과

신당대학교 의과대학 [1]상경병과학교실, [2]성상학과교실
홍길동[1] · 조인성[1,2] · 신승훈[1] · 이병헌[2]

학위 누락

Clinical Outcome of Endoluminal Treatment of Unruptured Fistula in Elderly Patients

Dong Kil Hong, M.D. · In Sung Cho, M.D. · Seung Hun Sheen, M.D. · Byung-Heon Lee
Department of Veterans, Department of Diagnology College of Medicine, Pookyung University, Gangsan, Korea

소속기관 누락

강내 섬유를 이용하여 제작된 뇌경색 백서 모델의 만성기 관찰 양상

의과학대학교 차재의학교실, [1]서울병원 차재과
홍길동 · 박지성[1] · 주유소

한글제목과 영문제목이 일치하지 않음.

Establishing Chronic Stroke Rat Models by MCA Occlusion Using Intraluminal Filament

Kil Dong Hong, M.D., Ph.D., Ji Seong Park, M.D.[1], and You [illegible]loo, M.D., Ph.D.

제목에 약어를 사용한 것은 부적절

한 학술지 내에서 체재가 통일되어 있지 않음

ABSTRACT

Background : The prevalence of intracranial aneurysms in the elderly is increasing. However, most treatment strategies for the elderly is controversial and related research in the elderly has been insufficient. **Methods** : Eighty-four patients > 65 years of age with intracranial aneurysms who received definitive treatment at our hospital between March 2007 and June 2010 were subjected to this study. Thirty-seven patients who had undergone endovascular treatment (EVT) were categorized into group I, while 47 patients who had undergone microsurgical treatment (MST) were categorized into group II. **Results** : When the Glasgow Outcome Scale (GOS), which was independent to rupture, was evaluated at the time of discharge there was a trend of acquiring favorable outcomes (GOS≥4) when the Hunt-Hess grade (HHG) is good (HHG≤2) and the size of the aneurysm is small (<10 mm) [HHG] and p=0.000 [aneurysm size]). In the two groups in which EVT and MST were performed, the average values of the GOS scores by Student's t-test displayed a significant difference (4.54 [EVT] and 4.13 [MST], respectively, p=0.046). However, univariate and multivariate analyses were not statistically significant. **Conclusion** : If the clinical results are similar in the EVT and MST for intracranial aneurysms, then EVT is less invasive with less

투고규정에는 Objective

약어해설을 하지 않음

투고규정에는 Results

중심단어로 약어는 부적절

Objective : Distal anterior cerebral artery (DACA) aneurysms are rare. Surgical management presents some unique technical difficulties. We retrospectively reviewed our experience with DACA aneurysm cases, their clinical features and treatment outcomes to assess the characteristics and treatment outcomes of DACA aneurysms. **Materials and Methods** : The medical records of 33 patients with 35 ruptured and unruptured DACA aneurysms were reviewed. Of these, 29 had undergone surgery and four were treated by ICH embolization at our institution between September 1992 and January 2010. The clinical presentation, radiologic features and surgical and endovascular treatment outcomes were analyzed. **Result** : In our series, the incidence of DACA aneurysms was 35 of 1106 (3.1%) aneurysms. The most common location of these 35 aneurysms was the associated vascular anomalies such as azygous anterior cerebral artery and Moyamoya disease were found in six patients (18%). Ninety four percent of the aneurysms were <10 mm in diameter. Twenty nine patients were treated by surgical clipping to the aneurysmal surgery or endovascular treatment was observed. **Conclusion** : DACA aneurysms have a tendency to rupture before becoming large or giant. Favorable outcomes (modified Rankin Scale <4) in 29 of the 33 patients with a tailored surgical approach and coil embolization. Therefore, DACA aneurysms should be treated aggressively even if they are <10 mm in diameter and early surgery can reduce the rate of rebleeding.

KEY WORDS : Intracranial Aneurysm · Anterior Cerebral Artery · DACA

한 학술지 내에서 체재가 통일되어 있지 않음

Patients and Methods

투고규정에는 Materials and Methods

Between March 2007 and June 2010, 101 patients ≥ 65 years of age were hospitalized with ruptured or unruptured intracranial aneurysms at our [illegible]. Seventeen patients with incomplete data, those with multiple aneurysms discovered when both [illegible] same patient, were excluded. In all circumstances, both the neuroradiologist and neurosurgeon jointly assessed the aneurysm primarily for complete occlusion. The standard

aneurysms (HHG < III), with the exception of those with unruptured aneurysms (20 [54.05%]), while there were 9 patients (24.32%) with high-grade aneurysms (HHG > III). The main associated risk factors and pre-existing illnesses included arterial hypertension, cardiac disorders and diabetes. Arterial hypertension was present in 12 patients (48%), cardiac disorders in 5 patients (20%) and diabetes in 4 patients (16%). Other factors were smoking and gastrointestinal disorders. Thirty-three aneurysms (89.19%) were in the anterior circulation and 4 aneurysms (10.81%) were in

In this report, we present detailed angiographic findings and treatment outcomes of 33 patients diagnosed with DACA aneurysms.

Materials and Methods

Thirty-three patients with DACA aneurysms underwent surgery or endovascular treatment at our institution between September 1992 and January 2010. We performed a review of the clinical and radiologic records of all patients with DACA aneurysms.

recanalization 6 months postoperatively.

mRS was used to assess the clinical outcomes for all patients at the time of discharge and at 6 months post-operatively.

Results

1. Clinical characteristics

We identified 33 patients (3.1%) with 35 DACA aneurysms from 1106 surgically treated aneurysm patients. There were 19 women (57%) and 14 men (43%) and the

한 학술지 내에서 체재가 통일되어 있지 않음

were properly dissected, the extracranial venous package was ligated by tying, and the emissary communicating vein was coagulated using a bipolar coagulator.

Conclusion

SP is a rare vascular malforma... Although it is rare, diagnosis is possible based on its u... clinical features. Moreover, because SP may caus... cations and cosmetic problems, e... cular management is required. H... successful surgical treatment of a patient with spontaneous SP.

투곡규정에는 Conclusion이 없음

REFERENCES

1) Alexander EJ, Ball MR. *Sinus pericranii. In: Wilkins RH, Rengachary SS, eds. Neurosurgery Update II; Vascular, Spinal, Pediatric, and Functional Neurosurgery. New York: McGraw-Hill, 1991, pp 70-2.*
2) Bollar A, Allut AG, Prieto A, Gelabert M, Becerra E. *Sinus pericranii: radiological and etiolopathological considerations. J Neurosurg 77:469-72, 1992.*

the fluid-blood level is located around a hematoma with significant peri-hematoma edema, the fluid-blood level could merely indicate bleeding of recent origin. The fluid-blood level could also be due to coagulopathy when it is located in the center of a hematoma with less peri-hematoma edema. Patients with occult pathology have a poor prognosis and require special treatment. Thus, an ICH with a fluid-blood level should prompt a thorough search for occult pathology.

REFERENCES

1) Dublin AB, Norman D. *Fluid-fluid level in cystic cerebral metastatic melanoma. J Comput Assist Tomogr 3:650-2, 1979*
2) Gebel JM, Brott TG, Sila CA, Tomsick TA, Jauch E, Salisbury S et al. *Decreased perihematomal edema in thrombolysis-related intracerebral hemorrhage compared with spontaneous intracerebral hemorrhage. Stroke 31:596-600, 2000*
3) Iplikçioğlu AC, Bayar MA, Kökes F, Yildiz B, Gökçek C, Buharali Z. *A fluid level in an acute extradural haematoma. Neuroradiology 36:31-2, 1994*
4) Livoni JP, McGahan JP. *Intracranial fluid-blood levels in the anticoagulated patient. Neuroradiology 25:335-7, 1983*

반영하지 못한 채, 수 십년 전에 만들어진 기준들을 계속 사용해왔다. 이에 현재까지 밝혀진 최신지견을 충분히 반영하는 기준의 필요성이 지속적으로 제기되었으며, 드디어 조기진단과 임상적 접근성을 강조한 새로운 진단기준들이 만들어지게 되었다. 새로운 진단기준들은 기존의 기준들보다 우수하다고 알려졌지만, 보다 많은 연구들을 통해 타당성을 증명하는 것이 필요하고, 나아가 질환들에 대한 새로운 지식들을 지속적으로 반영할 수 있도록 개정 및 보완하는 작업이 필요할 것으로 ... 료된다.

참고문헌

1) Wolfe F. The natural ...tory of rheumatoid arthritis. J Rheumatol 1996;Supp... 44:13-22.
2) Hag Jae Chung, Sung Hwa Hong, Hoong Zae Joo. A Clinical Study of Abdominal Trauma. J Korean Surg Soc 1985;29(1):593-602.
3) Wolfe F, Smythe ... Yunus MB, Bennett RM, Bombardier C, Goldenberg D... ...llege of Rheumatology 19... ...of fibro...
11) Bennett PH, ...ulation studies of the rheumatic dise... Medica, 1968, pp 477-478.
12) Arnett FC, Edwo... Shane DJ, Fries JF, Cooper NS. The American Rhe... ism Association 1987 revised criteria for the classification o... rheumatoid arthritis Arthritis and Rheumatism 1988;31:315-9.
13) Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO 3rd, Birnbaum NS, Burmester GR, Bykerk VP, Cohen MD,Combe B, Costenbader KH, Dougados M, Emery P, Ferraccioli G, Hazes JM, Hobbs K, Huizinga TW, Kavanaugh A, Kay J, Kvien TK, Laing T, Mease P, Menard HA, Moreland LW, Naden RL, Pincus T, Smolen JS, Stanislawska-Biernat E, Symmons D, Tak PP, Upchurch KS, Vencovsky J, Wolfe F, Hawker G. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis Rheum. 2010;62:2569-2581.
14) Wittmann J, Jackson. microRNAs in rheumatoid arthritis: midget RNAs with a giant impact. Ann Rheum Dis. 70 Suppl 2011;1:92-6.
15) Tilleman K, ...force D. Proteomics in rheumatology. Expert Rev Proteomics. ...;5:755-759.
16) de Vries RR, ...he Genetics of ...

구두점이 누락됨.

쪽수를 모두 쓰지 않음.

저자명 표기가 투고규정과 다름.

투고규정과 달리 호수를 기재.

서지사항 기재 방식이 투고규정과 다름.

각주에 약어 해설이 없음.

Table 3. ASAS classification criteria for axial spondylarthritis

(in patients with back pain ≥3 months and age at onset <45 years)		
Sacroiliitis on imaging*	or	HLA-B27
+ ≥1 SpA feature**		+ ≥2 other SpA features**
** SpA features: Inflammatory back pain Arthritis Enthesitis (heel) Uveitis Dactylitis Psoriasis Crohn's disease/ulcerative colitis Good response to NSAIDs Family history ofr SpA HLA-B27 Elevated CRP		* Sacroiliitis on imaging Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA or Definite radiographic sacroiliitis according to mod. New York criteria

표 가운데 세로줄이 있음.

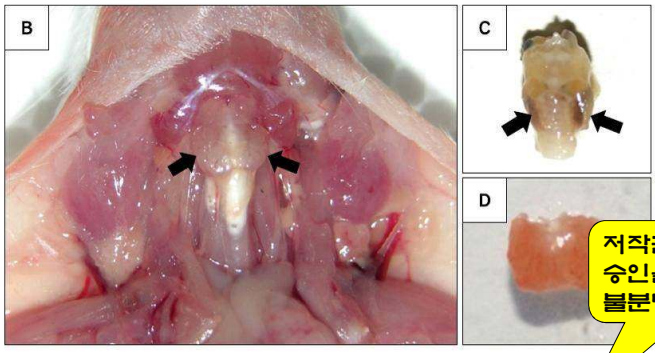
Sensitivity 82.9%, specificity 84.4%; n=649 patients with chronic back pain and age at onset<45 years. Imaging arm (sacroiliitis) alone has a sensitivity of 66.2% and a specificity of 97.3%. **Note: Elevated CRP is considered a SpA feature in the context of chronic back pain

Table 1. Demographics and clinical risk factors (N = 116)

표 가운데 가로줄이 있음.

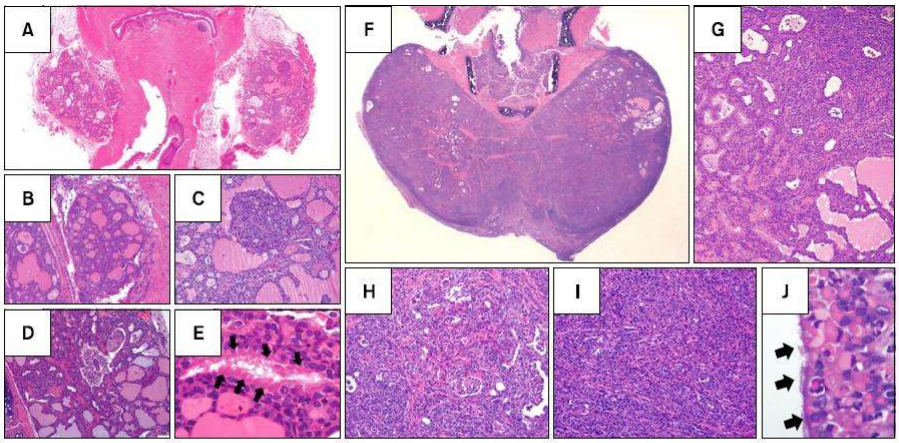
Demographics	tion
Age (years)	
Height (cm)	155.3 ± 6.2
Weight (kg)	56.2 ± 9.4
Clinical risk factor	**Numbers (percent)**
Previous fracture	18 (15.5%)
History of hip fracture in parents	6 (5.2%)
Current smoking	2 (1.7%)
Glucocorticoid ≥ 3 months	0 (0%)
Rheumatoid arthritis	0 (0%)
Secondary osteoporosis (type 1 DM)	5 (4.3%)
Alcohol 3 or more units/day	2 (1.7%)

DM, diabetes mellitus



저작권자의 인용 승인을 받았는지 불분명함.

Fig. 1. (A) Map of the Tg-BRAF transgene. A Spe I/Sal I fragment containing the bovine thyroglobulin promoter, rabbit h-globin intron 2, and the myc-tagged BRAFT1799A cDNA containing the endogenous human BRAF polyadenylation signal was used for injection. Upper arrow, transcription start site; blue boxes, 5′ untranslated regions (Adopted from Cancer Res 2005;65(10):4238-4245). (B) Gross inspection of thyroid glands derived from 27 week old thyroid specific $BRAF^{V600E}$ transgenic mouse. Removal of the central compartment of neck including skin and strap muscle exposes the trachea and thyroid gland. Thyroid glands are located on each side of trachea (arrows). (C) Gross inspection of thyroid gland extracted from a wild type FVB/N mouse. Thyroid glands consist of two obvious lobes without an isthmus (arrows). (D) Gross inspection of thyroid gland extracted from 39 week old thyroid specific $BRAF^{V600E}$ transgenic mouse. Thyroid glands are noticeably lager than wile type



염색법, 배율이 누락됨.

Fig. 4. Representative figures of thyroid glands from 39 and 44 week old $BRAF^{V600E}$ transgenic mice. (A~E) Thyroid glands of 39 weeks old mice. (A) One lobe of thyroid gland measures about 3.5 mm in length. Both lobes of thyroid gland fuse in the midline of trachea. (B) The[illegible]asis to the lymph node, parathyroid gland and surrounding skeletal muscle. (C) Thyroid gland cons[illegible]regular shaped follicles. Thyroid follicular cells focally grow as a solid mass of cells. (D) Follicular ce[illegible]ped and sized cell. (E) Cilia-like structures of follicular cell are more prominent (arrows). (F~K) Thyroid[illegible] mice. (F) Thyroid gland measures about 5 mm in the largest length. Thyroid gland is a large solid ma[illegible]~I) Thyroid follicular cells nearly entirely grow as a solid mass. Irregular shaped follicles are rarely founded among so[illegible]portion. There is a infiltate of inflammatory cells in follicules. (J) Follicular cells with cilia-like structures are noted. ( )

서지정보의 관리

- 제호가 바뀌었거나 (영문학술지로 전환한 경우도 포함), 온라인판을 새로 만들었거나, 복수의 학술지가 합본한 경우 등 서지정보의 변동이 발생한 경우 ISSN를 새로 받아 서지정보를 갱신해야 하고,
- 변경된 서지정보를 학술지와 NLM catalog에 반영해야 함.

정시 발행

- 정시 발행은 독자와의 약속인 동시에, 충분한 논문투고가 지속되고 있어야 정시에 학술지를 발행할 수 있는 것이므로, 학술지의 정시발행 여부는 그 학술지가 지속적으로 발행될 수 있다는 것을 보여주는 지표가 된다.

발행 지연 학술지 처리 지침

- 1차 조치: 발행일을 3개월 이상 초과하여 발행 일자를 지키지 못하는 학술지에 대해 경고
- 2차 조치: 경고를 받은 학술지의 간기가 다시 3개월 이상 지연되는 경우 KoreaMed, KoMCI 등재 목록에서 삭제 (신규 논문 등록이 중단됨)
- 삭제 후 조치: DB에서 탈락된 학술지가 2년간 정시 발행을 지키면 기획평가위의 검토를 거쳐 운영위에서 재등재 여부를 결정

공동발행 학술지 인정기준(의학회)

- 발행처를 공동으로 기재하거나 공동으로 발행하는 공식 학술지임을 명기
- 섹션별 편집위원 또는 편집위원의 균형적인 참여:
  참여학회의 수가 N일 경우, 전체편집위원수 X $\frac{1}{2N}$, 최소 1인 이상
- 논문편수의 고른 분포:
  섹션별 편집과 각 참여학회 해당 논문이 최소 연 8편(종설, 원저) 이상 게재

의편협과 과총의 평가방식 비교

	의편협	과총
대상	의학학술지	과학학술지
평가항목	1단계 평가: 기본요건 충족 평가 2단계 평가: 자체평가 - 9항목 실물평가 - 13항목 협의회 조사항목 - 8항목	국내학술지 - 1단계 요건심사(5항목) 2단계 종합심사 국제학술지 - 1단계 요건심사 2단계 전공심사 3단계 종합심사
평가결과	1단계: 모든 항목 충족 2단계: 평점 3.0 이상일 때 승인 승인 후 KoreaMed 등재 가능	총점을 계산하여 고득점 순으로 학술지 발간 지원금을 지원함.

2014년 과총 국내학술지 평가항목

No	Category	Item	Score		비고
			전	후	
필수요건	정시성	발간일을 지킴	10		
	표지 및 판권란	ISSN (print), ISSN (online) 표지와 판권란 2곳 모두 표기	2		온라인 학술지인 경우 ISSN (online) 으로 충족
	온라인	Digital object identifier (DOI)	5		
	판권란	Fund support	1		
1	표지	학술지명, 제호(journal title)/권, 호(volume, issue) /발행연도, 월(year, Month)	3	3	온라인 학술지인 경우 권과 발행 연도만 표시
2	판권란	Aims and scope	1	1	
3	판권란	ISO abbreviation of journal title	2	2	
4	판권란	Year of launching (history)	2	2	
5	판권란	Availability of the full-text in the web, URL address	1	2	

6	판권란	Subscription info	2	2	open access 온라인 학술지인 경우는 없어도 무방
7	판권란	Copyright statement	2	2	
8	판권란	Contact info, The name and address of the publisher	2	2	
9	판권란	The frequency of publication (monthly, bi-monthly, quarterly, etc.)	1	1	온라인학술지는 생략
10	판권란	All bibliographical indexes and databases where the journal is listed	5	5	
11	편집위	Editorial board 1)Editor-in-chief: name of chief editor(s) 2)Manuscript editor 또는 managing editor 기술 3)Editorial board: names	1	1	
12	편집위	▪ 과편협/의편협/기타 국제편집인모임 가입 **1점** ▪ 편집인 훈련과정 참여 **(8시간당 1점 16시간 이상 2점)** ▪ 편집위개최 **(3회이상 – 3점 2회 –2점 1회 – 1점)** ▪ 편집인 편집위원 orcid 등록 **2점**	2	**8**	
13	편집위	최근 10년간 편집인 교체 회수	5	5	
14	기사	서지정보(제호, 발행연도, 권, 호, 페이지)	1	1	

15	기사	책임저자, 소속 및 연락처 (corresponding author, the institutional affiliation and contact information)	2	2	학위나 직위 기술은 권장하지 않음
16	기사	표와 그림(tables and figures in English)	5	5	
17	기사	참고문헌(references in English)	5	5	
18	기사	논문 제목(article title in English), 초록(English abstract) * keywords 포함	5	5	
19	투고규정	참고문헌 작성 양식 기술	1	1	
20	투고규정	연구출판윤리 기술	1	1	국제표준출판윤리따른다는 기술(http://publicationethics.org/international-standards-editors-and-authors) or ICMJE(for biomedical journals))
21	투고규정	전문가심사(peer review) 과정 기술	1	**3**	
22	투고규정	출판 유형(publication type)기술	1	1	review, original, case 등
23	투고규정	게재료 또는 논문출판경비(page charge or article processing charge)	1	1	
24	투고규정	저자 점검표(author's check list)	1	1	1년에 1회는 책에 명시하되 나머지는 온라인에 있는 경우 주소표기

25	투고규정	저작권이양 동의서 또는 출판라이센스 동의서(copyright transfer form or licence to publish)	1	3	1년에 1회는 책에 명시하되 나머지는 온라인에 있는 경우 주소표기
26	투고규정	원고 투고 및 문의처(address to submit, contact info on inquiry)	1	1	
27	온라인	온라인 투고관리시스템(manuscript management system, online system for submission and peer review)	1	1	
28	온라인	영문학술지 누리집 사용자 편의성 ▪ aims and scope, editorial board, instructions to authors , article processing charge (page charge), contact info **5점** ▪ archiving from launching issue **5점**	5	10	
29	온라인	Full text JATS XML 과총에 제출(science central참여)	3	5	
30	온라인	Open access/free access	15	15	발행즉시 공개하면 open/free access, 6개월이나 1년 후 공개인 경우 5점 부여
31	온라인	▪ crosscheck 활용한 표절검사 시행 및 reference hyperlink, cited-by 적용 **2점** ▪ **crossmark, fundref, orcid 적용 1점**	3	3	
	계		100	100	