

표지, 제목, 초록 다듬기



건국대학교병원 소화기내과
이 선 영

표지



1. 제목
2. 저자
3. 소속
4. 교신저자
5. 연락처

저널마다 요구사항이 다르므로 저널 홈페이지의 안내문을
참조하여 작성

- 간추린 제목
- 글자수

Original Article**Abdominal Obesity is Inversely Related to the Size of Colorectal Cancer**

Taek Gun Jeong¹, Sun-Young Lee¹, Hee Sun Park², Young Baek Kim¹, Hye Seung Han³ and Dae Yong Hwang⁴

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Running title: Obesity and colorectal cancer

Word counts: 1,856 words

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Disclosures of Potential Conflicts of Interest: None.

저널의 요구사항

1



편지 (cover letter)



- 믿을 수 있는 저자임을 증명
- 저널 홈페이지를 보고 원하는 서약 내용을 편지에 기술
- 주제가 왜 흥미로운지를 기술
- **영어 검토** 후에 발송

제목



확인해야 할 내용:

- 연구 주제나 가설이나 결론과 연관성이 있는지
- 문법, 오자
- 애매한 용어, 웃긴 용어, 약어 금지
- 저널에 따라 글자수 제한
- 일부 저널은 문장형 금지

거부감을 유발하는 제목:

- A study of, A case of, Analysis of, etc
- Investigation, Study, Novel, New, etc

제목을 만드는 요령



1. 연구유형이나 환자군 언급 (흥미 유발형)

The origin of non-*H. pylori*-related positive Giemsa staining in human gastric biopsy specimens: **A prospective study.**

2. 가설 응용 (질문형)

Can endoscopic resection be applied for early staged ampulla of Vater cancer?

3. 결론 언급 (답변형)

Microsatellite alterations at selected tetranucleotide repeats **are** associated with morphologies of colorectal neoplasias.

제목 - 연구 유형을 언급한 예



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Endoscopy. 2014 Sep;46(9):747-53. doi: 10.1055/s-0034-1365811. Epub 2014 Jul 14.

Endoscopic flushing with pronase improves the quantity and quality of gastric biopsy: a prospective study.

Lee SY¹, Han HS², Cha JM³, Cho YK⁴, Kim GH⁵, Chung IK⁶.

Author information

Study design

Abstract

BACKGROUND AND STUDY AIMS: Pronase, a proteolytic enzyme, is known to improve mucosal visibility during esophagogastroduodenoscopy (EGD), but little is known about its effects on gastric biopsy. This study assessed whether endoscopic flushing with pronase improves the quality of gastric biopsy.

PATIENTS AND METHODS: Consecutive patients who underwent EGD were randomly assigned to either the control group or the pronase group in a prospective setting. The first biopsy of the identified lesion was performed during endoscopy. Endoscopic flushing with either 50 mL of water and dimethylpolysiloxane (DMPs; control group) or 50 mL of water, pronase, sodium bicarbonate, and DMPs (pronase group) was then applied to the lesion. After 5 minutes, the second biopsy was performed 2-3 mm away from the first biopsy site. The thickness of mucus, depth of the specimen, overall diagnostic adequacy, anatomical orientation, and crush artifact were measured to assess the quality of the biopsy.

RESULTS: Of the 208 patients, 10 were not analyzed due to the absence of an identifiable lesion. Compared with the control group, the pronase group showed significantly decreased thickness of mucus ($P < 0.001$), increased depth of biopsy ($P < 0.001$), improved anatomical orientation ($P = 0.010$), and improved overall diagnostic assessment ($P = 0.011$) in the second biopsied specimen following endoscopic flushing. The crush artifact and hemorrhage did not differ between the groups.

CONCLUSIONS: Endoscopic flushing with pronase not only improved the depth of biopsy but also the anatomical orientation and overall diagnostic adequacy. Pronase can be recommended for flushing during EGD to improve the quantity and quality of biopsy.

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PMID: 25019968 [PubMed - in process]

제목 - 질문형



J Gastroenterol Hepatol. 2010 Feb;25(2):270-6. doi: 10.1111/j.1440-1746.2009.06029.x. Epub 2009 Nov 24.

Does a small biopsied gastric specimen limit the usage of two directional transnasal esophagogastroduodenoscopy?

Question

Rhee KH, Han HS, Lee SY, Seo TH, Ko SY, Kim BK, Sung IK, Jin CJ, Min YJ.

Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea.

Abstract

BACKGROUND AND AIMS: It is difficult to approach certain gastric regions due to the limited bending ability of transnasal esophagogastroduodenoscopy (TN-EGD). We analyzed the TN-EGD biopsied specimens according to where they were obtained inside the stomach.

METHODS: Two hundred and eighty-nine gastric biopsy specimens were obtained during diagnostic TN-EGD. The gastric biopsied specimens were quantified according to their diameter and depth in micrometers, and depth in layers (superficial mucosa, deep mucosa, muscularis mucosa and submucosa). The quality was measured by the degrees of anatomical orientation (good, intermediate and poor), presence of crush artifact (none to minimal, mild and moderate) and overall diagnostic adequacy (adequate, suboptimal and inadequate).

RESULTS: Poor orientation, presence of crush and overall diagnostic inadequacy were present in 33 (11.4%), 26 (9.0%) and 37 (12.8%) of the 289 specimens, respectively. Deep mucosa was present in 211 specimens (73.0%), while muscularis mucosa was present in only 75 specimens (26.0%). Specimens taken from the posterior aspect of the cardia exhibited the shallowest depth ($P = 0.011$), poorest orientation ($P < 0.001$) and poorest diagnostic adequacy ($P < 0.001$). Fluoroscopic findings demonstrated that the posterior aspect of the cardia was difficult to approach closely and perpendicularly because of the anatomical configuration of the stomach in nature.

CONCLUSION: TN-EGD biopsied specimens obtained from the posterior aspect of the cardia exhibit limitations in both quality and quantity. When performing a biopsy using two directional TN-EGD, special attention should be paid to gastric lesions located on the posterior aspect of the cardia.

제목 - 답안형



Gastric Cancer. 2013 Apr;16(2):185-92. doi: 10.1007/s10120-012-0165-2. Epub 2012 Jun 13.

Gastric cancers with microsatellite instability exhibit high fluorodeoxyglucose uptake on positron emission tomography.

Chung HW¹, Lee SY, Han HS, Park HS, Yang JH, Lee HH, So Y.

Answer

Ⓜ Author information

Abstract

BACKGROUND: Gastric cancers exhibit various degrees of (18)F-fluorodeoxyglucose (FDG) uptakes on positron emission tomography/computed tomography (PET/CT) imaging. The aim of this study was to evaluate whether FDG uptake in gastric cancer varies according to the microsatellite instability (MSI) status.

METHODS: Consecutive gastric cancer patients who underwent PET/CT imaging and MSI analysis were included in the study. The maximum standardized uptake value (SUVmax) of gastric cancer was assessed using PET/CT imaging.

RESULTS: Of 131 gastric cancers, 16 exhibited a high incidence of MSI (MSI-H) and 3 exhibited a low incidence of MSI (MSI-L). In 29 subjects who showed no uptake on PET/CT imaging the gastric cancers were all microsatellite stable (MSS). Gastric cancers with MSI were related to age older than 60 years ($p = 0.002$), cancer volume larger than 10 cm³ ($p = 0.015$), and the presence of FDG uptake on PET/CT imaging ($p = 0.001$). A higher SUVmax of gastric cancer was linked to the presence of MSI ($p < 0.001$).

CONCLUSION: The presence of MSI is related to FDG uptake in gastric cancer. Care should be taken with MSS gastric cancers, because they show lower SUVmax on PET/CT imaging than MSI gastric cancers.

Comment in

How can research fields be integrated with PET imaging? [Gastric Cancer. 2013]

PMID: 22692466 [PubMed - indexed for MEDLINE]

초록



확인해야 할 내용:

1. 배경에서 목적이 누락되지는 않았는지
2. 방법에서 주요기법만 기술했는지
3. 결과에서 구체적인 숫자와 p -value로 나열했는지
4. 결론에서 가장 영향력이 있는 내용만 강조했는지

- 본문의 내용과 차이가 없는지
- 단어 수 제한은 지켰는지
- 참고문헌, 그림, 표 등에 대한 언급은 없는지

원저의 초록 형식



- **Background (현재형) / Aims (과거형)** – what is already known and why you did it
- **Methods** – how you did it
- **Results** – what you found
- **Conclusions** – what it means (일부 저널은 과거형 인정)

흔한 네 단락의 예



J Gastroenterol Hepatol. 2014 Apr;29(4):730-5. doi: 10.1111/jgh.12455.

Recurrence of gastroesophageal reflux disease correlated with a short dinner-to-bedtime interval.

Yang JH¹, Kang HS, Lee SY, Kim JH, Sung JK, Park HS, Shim CS, Jin CJ.

⊕ Author information

Abstract

BACKGROUND AND AIM: Gastroesophageal reflux disease (GERD) can be classified into erosive reflux disease (ERD) and nonerosive gastroesophageal reflux disease (NERD). We aimed to compare the recurrence rates of ERD and NERD and determine the risk factors related to the recurrence.

METHODS: This prospective study comprised 337 consecutive adults who completed questionnaires on their GERD symptoms, height, weight, sleeping position, dinner time, and bedtime. During upper gastrointestinal endoscopy, the presence of a hiatal hernia and mucosal breaks in the low esophagus, esophageal length (the distance between the Z-line and the incisors), and the esophageal length-to-height ratio were recorded. Recurrence was diagnosed when the patient required additional proton pump inhibitor medication after initial recovery with 4-8 weeks of treatment.

RESULTS: Recurrence was experienced by 47 (26.0%) of 181 GERD patients. The recurrence rate did not differ between the 48 ERD (27.1%) and 133 NERD (25.6%) patients ($P = 0.849$). Of the various factors studied, recurrence was found to be correlated with a dinner-to-bedtime interval of less than 3 h ($P = 0.002$), globus sensation ($P = 0.031$), and old age ($P = 0.047$). Logistic regression analysis revealed that a short interval between dinner and bedtime was the only factor significantly related to the recurrence ($P = 0.002$).

CONCLUSION: Both ERD and NERD patients who sleep within 3 h after eating have a higher risk of GERD recurrence. Our findings highlight the impact of a short dinner-to-bedtime interval on the recurrence of GERD (ClinicalTrials.gov ID: KCT0000134).

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KEYWORDS: erosive esophagitis; gastroesophageal reflux disease; nonerosive gastroesophageal reflux disease; recurrence

PMID: 24224689 [PubMed - in process]

배경이 생략된 예



J Dig Dis. 2014 Jun;15(6):293-8. doi: 10.1111/1751-2980.12144.

Combining the serum pepsinogen level and Helicobacter pylori antibody test for predicting the histology of gastric neoplasm.

Choi HS¹, Lee SY, Kim JH, Sung IK, Park HS, Shim CS, Jin CJ.

Author information

Abstract

OBJECTIVE: To determine whether the combination test of serum pepsinogen (PG) levels and Helicobacter pylori (H. pylori) antibody was effective for predicting the incidence and histology of gastric neoplasms.

METHODS: This study included asymptomatic Korean adults who underwent esophagogastroduodenoscopy with blood tests for PG levels and H. pylori immunoglobulin G antibody test on the same day. Participants with extragastric malignancy, history of H. pylori eradication or gastric neoplasms, or recent antacid medication were excluded. Gastric atrophy was defined as a serum PG I/II ratio ≤ 3.0 and PG I ≤ 70 ng/mL. The participants were classified into four groups according to the presence (+) or absence (-) of gastric atrophy and H. pylori infection.

RESULTS: Of the 3328 included participants, 17 were incidentally diagnosed as having either gastric adenoma or carcinoma. The incidence of gastric neoplasm was highest in the gastric atrophy (+)/H. pylori (-) group (4.17%; OR 25.8, P=0.009), but the neoplasm exhibited the least advanced histology. The gastric atrophy (-)/H. pylori (-) group exhibited the lowest incidence of gastric neoplasm (0.17%) but the most advanced histology.

CONCLUSION: A combination of serum PG levels and H. pylori antibody test is useful for detecting gastric neoplasms based on the slow gastric carcinogenesis pathway progressing from gastric adenoma to Lauren's intestinal-type gastric cancer, but not for those with advanced histology such as Lauren's diffuse-type gastric cancer.

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KEYWORDS: Helicobacter pylori; atrophy; pepsinogen; screening; stomach neoplasm

PMID: 24602176 [PubMed - in process]

한 단락으로 연결된 예



J Korean Med Sci. 2007 Oct;22(5):851-4.

Irritable bowel syndrome is more common in women regardless of the menstrual phase: a Rome II-based survey.

Lee SY, Kim JH, Sung IK, Park HS, Jin CJ, Choe WH, Kwon SY, Lee CH, Choi KW.

Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea.

Abstract

Background

Aim

Functional gastrointestinal disorders are more common in women in relation to the fluctuations of female sex hormones. We tried to know the gender-related differences in the prevalence of irritable bowel syndrome and gastrointestinal symptoms according to the menstrual phase. A total of 253 women before menopause and 252 men below age 50 were examined by a gastroenterologist after completing the questionnaire.

Results

Methods

endoscopic procedures, and imaging studies were done, if needed. The participants were classified into three groups according to their menstrual phase: menstrual phase, proliferative phase, and secretory phase. Finally, 179 men and 193 women were analyzed. Irritable bowel syndrome was more frequently noticed in women than in men (p=0.01). The diarrhea-dominant type was more common in men, while constipation-dominant or alternating types were more common in women (p<0.001). Of 193 women, there was no significant difference in their gastrointestinal symptoms according to their menstrual phase. Regardless of the menstrual phase, gastrointestinal symptoms are more frequent in women. Physicians should consider different symptomatic management for men and women should be considered when evaluating functional gastrointestinal disorders.

Conclusion

초록 - 배경/목적



- 2-3 문장
- 기존에 알려진 내용을 연구배경으로 먼저 언급
- 어떤 궁금증을 해결하려고 하는지를 연구목적으로 언급
- 정말로 중요한 내용만 언급

금기:

- 다른 논문에서 그대로 인용
- 제목을 그대로 반복
- 다들 아는 상식을 기술
- 용어를 사전처럼 자세히 설명

초록 - 방법



- 3-4 문장
- 어떤 주요 기법을 사용하였는지를 설명
- 기존 논문 그대로 베끼지 않기
- 새로운 기술이 있으면 강조

금기:

- 잘 알려진 실험기법에 대한 자세한 내용
- 윤리위원회 승인서, 환자 동의서 언급
- 흔한 통계기법 설명

초록 - 결과



- 3-4 문장
- 주요 결과를 구체적인 숫자와 p -value로 나열

금지:

- 애매한 용어 - very, little, etc
- 표
- 그림

초록 - 결론



- 1-3 문장
- 가장 많이 읽히는 부분이므로, 간결하게 설명
- 제한점이 있다면 'might', 'seem', 'could' 등을 사용

금지:

- 결과와 무관한 내용
- 다른 사람의 연구 결과
- 토의사항
- 참고문헌

알아두면 유용한 것



- 단위가 없으면 10 미만의 수는 글로 풀어서 쓴다.

In group two there were **seven** students.

- 10이 넘으면 글이 아닌 숫자로 쓴다.

In group two there were **11** students.

- 숫자가 문장 처음에 나오면 글로 풀어서 쓴다.

Twenty students participated in the activity.

- "Data"는 항상 복수로 취급한다.

The data **were** collected.

- **게재된 논문에도 틀린 것이 많으니, 원칙을 알고 지킨다.**

| 미국식 영어 | 영국식 영어 |
|---|--|
| Color | Colour |
| Center, Titer... | Centre, Titre... |
| Organization, Recognize, Analyze | Organisation, Recognise, Analyse... |
| Defence | Defense |
| Dialog | Dialogue |
| Traveling | Travelling |
| A,B, and (or) C | A,B and (or) C |
| Learned, burned, dreamed, kneeled, leaned, leaped, spelled, spilled, spoiled... | Learnt, burnt, dreamt, kneelt, leant, leapt, spelt, spilt, spoilt... |

논문에 쓰면 안 되는 것



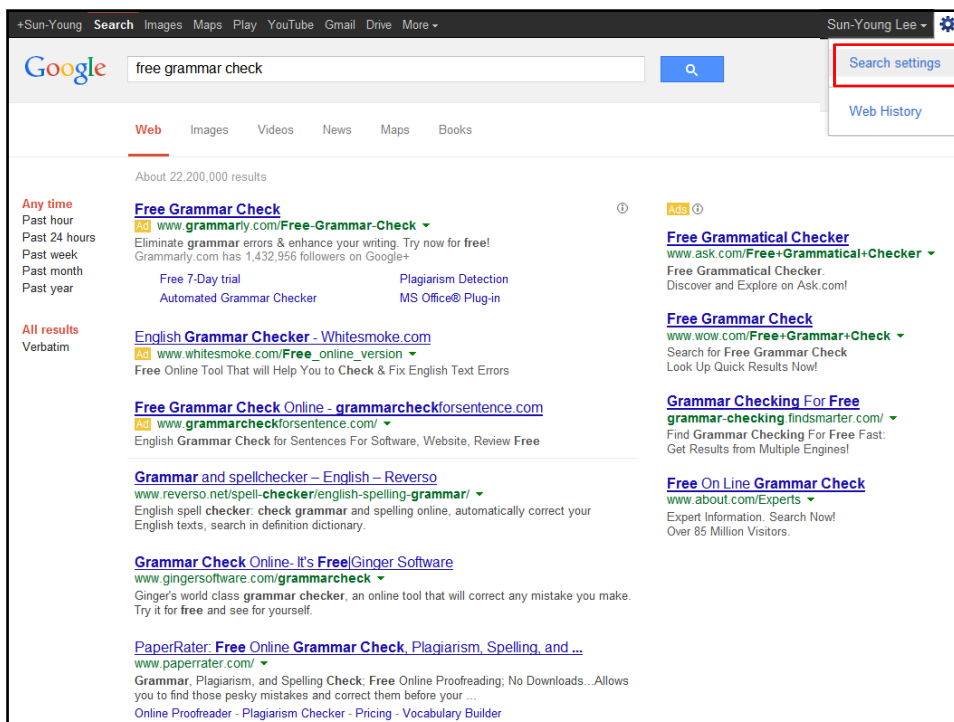
- 요약체 - **didn't, haven't, I'm**
- 느낌표 !
- **And, But, Also**로 시작하는 문장
- **Never ever** 등의 반복어
- **“works”, “received”, “predict”, “extract”**

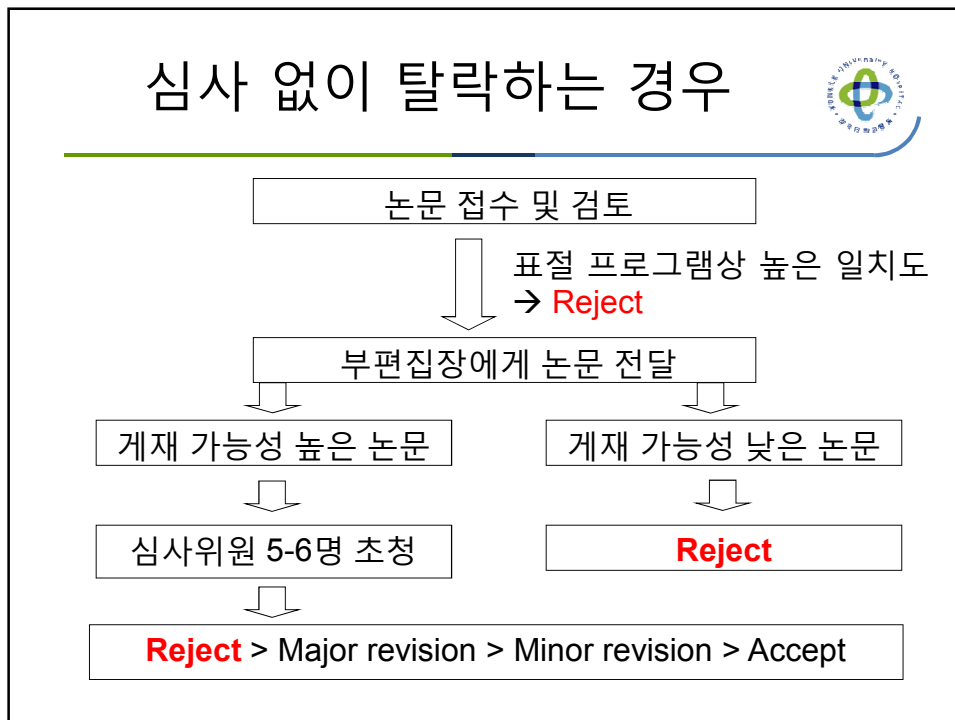
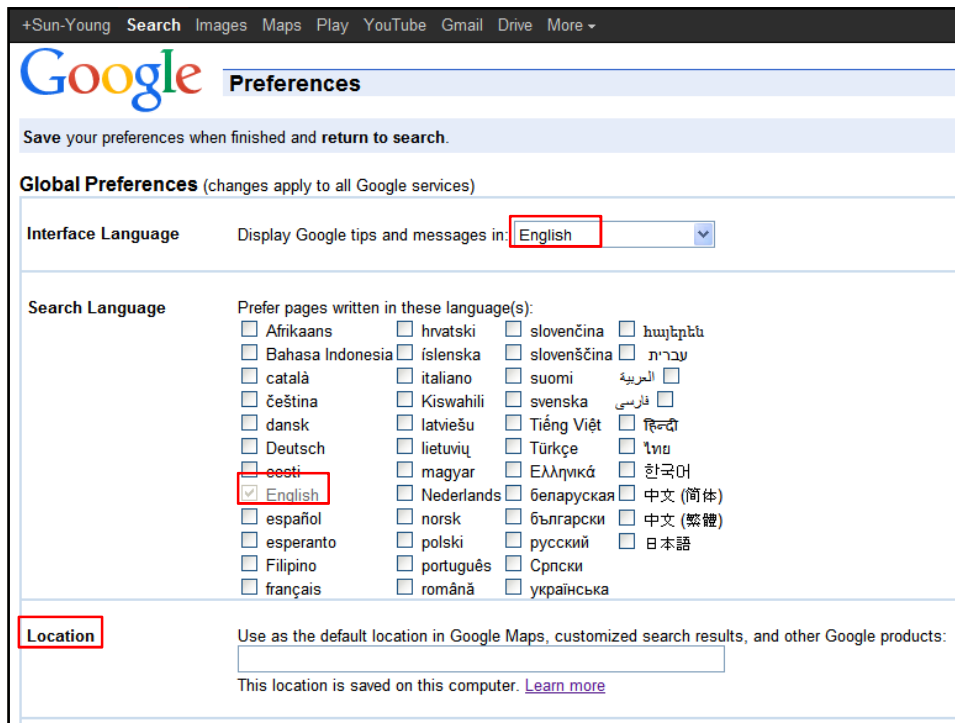
In these **works** → **papers**

We **received** → obtained

(received = 남이 의도적으로 주지 않은 이상 금기)

| | |
|------------|------------------------------------|
| A | The |
| Indefinite | Definite (know which one) |





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표절 방지 프로그램



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27 articles included 740,949 words included

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| 2 | CrossCheck | 102 words | 1% |
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| 4 | Internet | 27 words | 1% |
| 5 | Internet | 21 words | 1% |
| 6 | CrossCheck | 81 words | 1% |
| 7 | CrossCheck | 81 words | 1% |
| 8 | CrossCheck | 61 words | 1% |
| 9 | CrossCheck | 54 words | 1% |
| 10 | CrossCheck | 51 words | 1% |

Prognosis of nodular gastritis in adults

Background/Aims: Nodular gastritis (NG) is strongly associated with the presence of *Helicobacter pylori* infection. This study analyzed the factors that is related to the nodule regression in adults diagnosed as NG.

Methods: Of the 1,475 subjects who were diagnosed with NG during esophagogastroduodenoscopy (EGD) at our center since August 2005, Korean adults who underwent EGD at the 12-24 months follow-up after the initial diagnosis were included in the study. Changes in the size and location of the nodules, symptoms, hemorrhagic spots, and pathological findings were analyzed.

Results: None of the 137 NG patients progressed to gastric malignancy during the follow-up

심사하지 않는 경우

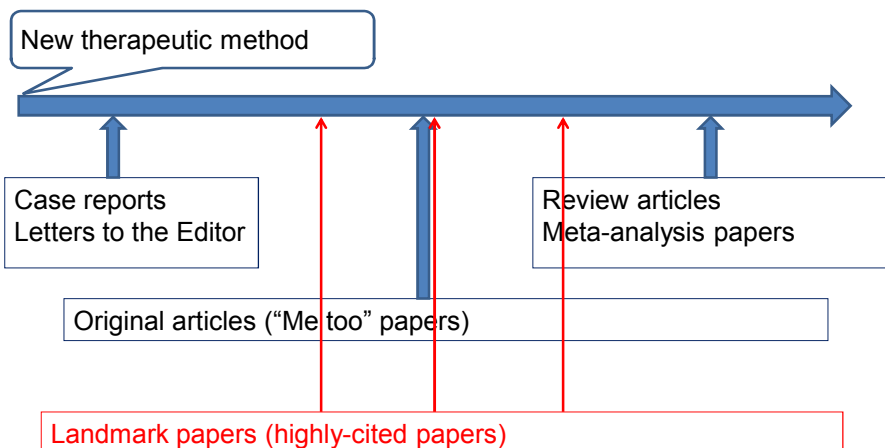


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- **편집인이 심사를 보내지 않고 rejection하는 경우**
 - 희귀한 경우가 아닌 증례
 - 해당 분야의 원저가 적은 저자의 증설
 - 인용될 가능성이 적은 원저

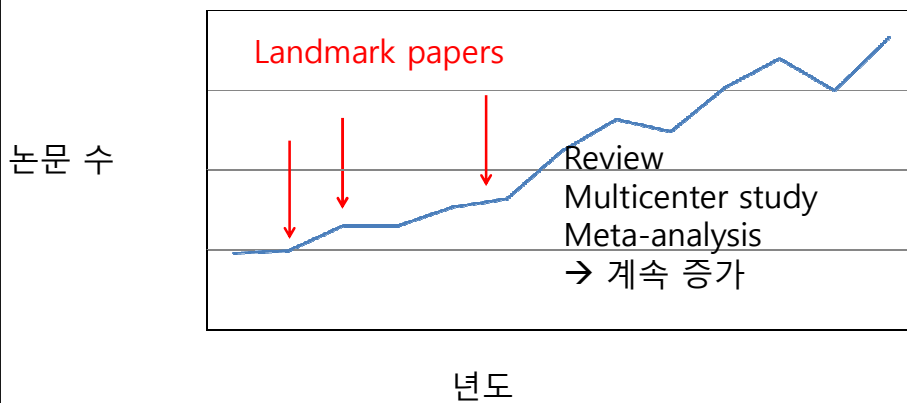
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증설, 원저, 증례

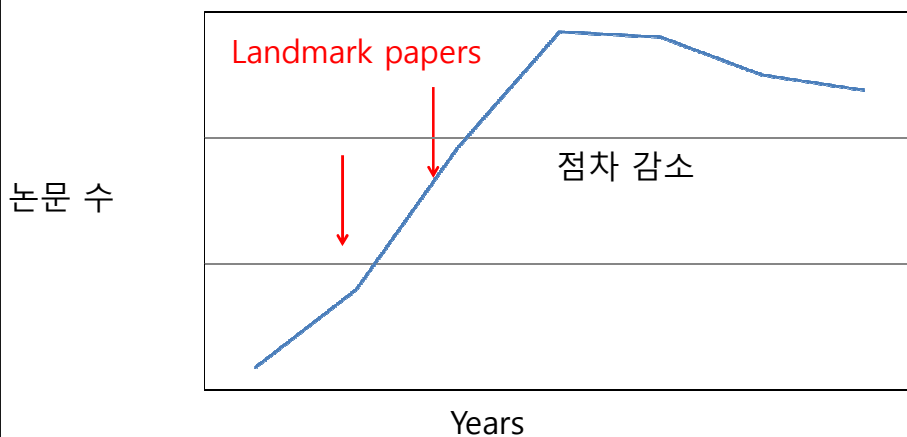
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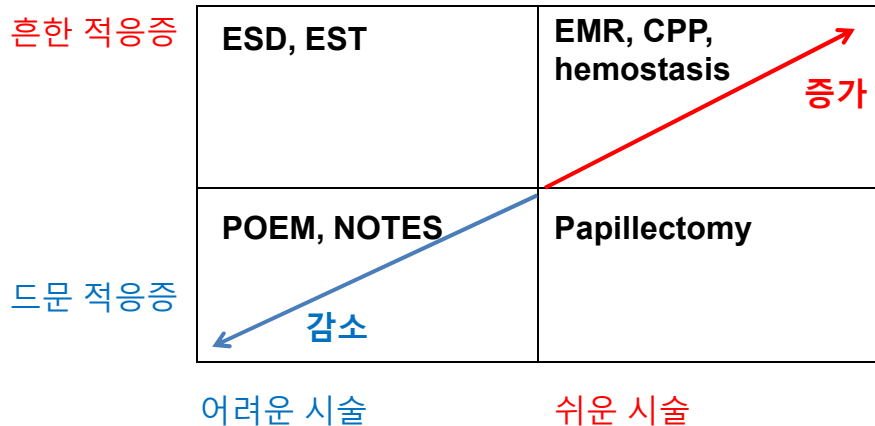
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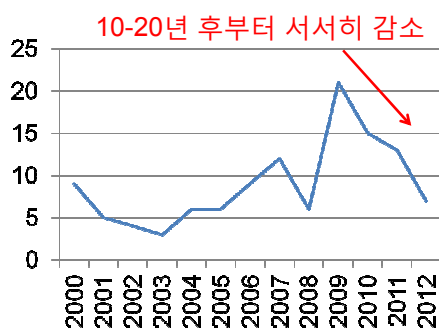
적응증이 적은 시술



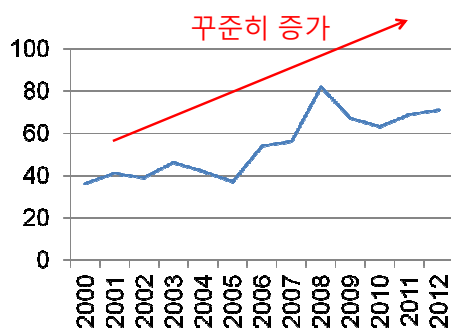
적응증과 난이도에 따른 논문 수



게재 국가와 저널 수에 따른 추세



유두부절제술
(일부 저널과 국가에 국한)



대장용종절제술
(다양한 저널과 국가에서 게재)

게재 경향 **증가** 예측 인자



1. 흔한 적응증
2. 쉬운 술기
3. 다양한 국가에서 게재
4. 다양한 저널에 게재

→ 종설, 다기관 연구, 메타분석 논문 등 증가

→ 해당 분야의 논문 인용 증가

종설



- Unstructured (only one phrase)
- Explain why the topic is important
- Usually 200-250 word counts
- **Background (summary) + conclusion**

Future candidates for indications of *Helicobacter pylori* eradication: Do the indications need to be revised?

Sun-Young Lee

Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea

Key words

consensus, eradication, guideline, *Helicobacter pylori*, indication.

Accepted for publication 6 October 2011.

Correspondence

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Conclusion

Abstract

Since the discovery of *Helicobacter pylori* in 1982, the development of several treatment guidelines has allowed a consensus on the indications for *H. pylori* eradication. Beyond these currently accepted indications, including various upper gastrointestinal disorders and extragastric diseases, a significant amount of new information regarding *H. pylori* eradication is emerging. Certain types of acute gastritis, such as nodular gastritis, hypertrophic gastritis, Ménétrier's disease, hemorrhagic gastritis, and granulomatous gastritis are reversible after *H. pylori* eradication. Further, for chronic gastritis, closed-type atrophic gastritis and complete-type intestinal metaplasia appear to be more reversible after *H. pylori* eradication than open-type atrophic gastritis and incomplete-type intestinal metaplasia. Eradication can also be considered in subjects younger than 40 years who have a family history of gastric cancer and in subjects with long-term medications that might lead to bleeding (antiplatelet agents) or atrophy (proton pump inhibitors). Emerging evidence indicates that *H. pylori* eradication could be an effective treatment for some extragastric diseases that are unresponsive to conventional therapy. In such conditions, routine screening for eradication of *H. pylori* has not previously been recommended; a "test-and-treat" approach is suggested in the aforementioned situations. Given that *H. pylori* eradication is effective when the gastritis is reversible, future indications should be expanded to include acute gastric lesions that show marked improvement upon *H. pylori* eradication rather than just focusing on chronic gastric lesions. Future indications for *H. pylori* eradication should focus more on reversible lesions before preneoplastic conditions develop.

Background

증례



- Unstructured (only one phrase)
- Lower word counts (100-150 words)
- Should contain what is **unique**
- Extract the lesson from the case
- **Background + case description**

Torus Hyperplasia of the Pyloric Antrum

Background

Primary or idiopathic hypertrophy of the pyloric muscle in adult, so called torus hyperplasia, is an infrequent but an established entity. It is caused by a circular muscle hypertrophy affecting the lesser curvature near the pylorus. Since most of the lesions are difficult to differentiate from tumor, distal gastrectomy is usually performed to rule out most causes of pyloric lesions including neoplastic ones through a pathological study. A 56-yr-old man with a family history of gastric cancer presented with abdominal discomfort of 1 month duration. Upper gastrointestinal endoscopy showed a 1.0 cm sized irregular submucosal lesion proximal to the pylorus to the distal antrum on the lesser curvature. On colonoscopy examination, a 1.5 cm sized protruding mass was noticed on the appendiceal orifice. Gastrectomy and cecectomy were done, and histological section revealed marked hypertrophy of the distal circular pyloric musculature and an appendiceal mucocele. To the best of our knowledge, this is the first case of torus hyperplasia with appendiceal mucocele which is found incidentally.

Key Words : Hyperplasia; Antrum; Pyloric; Appendix; Mucocele

Case

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The type of the patient should be considered on discontinuation of anticoagulant and antiplatelet therapy

I read with interest the recent guideline by Veitch *et al.* (*Gut* 2008;57:1322-9). These authors present an interesting review on risk stratification of endoscopic procedures based on American Society of Gastrointestinal Endoscopy guideline on the management of

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1. Eisen GM, Baron TH, Dominitz JA, *et al.* Guideline on the management of anticoagulation and antiplatelet therapy for endoscopic procedures. *Gastrointest Endosc* 2002;55:775-9.
2. Lee SY, Tang SJ, Rockey DC, *et al.* Managing anticoagulation and antiplatelet medications in GI endoscopy: a survey comparing the East and the West. *Gastrointest Endosc* 2008;67:1076-81.

are avoided.⁶ Such differences seem to come from the difference in warfarin metabolism between the Easterners and Westerners. Japanese patients receiving warfarin therapy had a significantly greater body weight-normalised plasma unbound clearance of S-warfarin than white patients.⁷⁻⁹ In addition, Japanese possessing the wild-type promoter and coding sequences had significantly greater CYP2C9 activity than white patients with the corresponding genotype.⁹

It should also be emphasised that Asians may be predisposed to different forms of

Authors' response

We are grateful to Dr Lee for highlighting differences in practice between Eastern and Western endoscopists with regard to anticoagulant and antiplatelet therapy, and the difference in responses of Eastern and Western patients to the pharmacological agents.¹ Unfortunately, this study was published after submission of our guideline for publication, and has therefore not been cited. As Dr Lee states, there are no randomised controlled trials regarding the

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LETTER TO THE EDITOR

A guideline to fill the gap between endoscopists and physicians who prescribe anticoagulant and/or antiplatelet agents

Sun-Young Lee

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The recent original article written by Ono et al. [1] on the patient to cease taking the aspirin directly, without management of anticoagulant and antiplatelet agents for engaging in any consultation, since there is no prescribing

논문의 중요성



1. 의학은 과학이며, 과학은 빠른 속도로 진보하고 있다.
2. 지금 알고 지식이 몇 년 후에는 사실이 아닐 수 있다.
3. 따라서 최신지견 습득을 게을리하면 안 된다.

그런데..

- 대부분의 최신지견은 영어로 공지된다.
- 영어논문을 제대로 읽기 위해서는 쓰는 과정을 통한 훈련이 필요하다.
- 따라서 의사로서 살아가는 한, 영어논문을 읽고 쓰려는 노력은 지속되어야 한다.