Clinical and Experimental Otorhinolaryngology

-SCI(E) 등재 경험-

Chung-Hwan Baek, MD
Editor-In-Chief
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Samsung Medical Center

준비 진행 상황 개요

2006.4 대한이비인후과학회 정기이사회:
이 철 희 차기이사장 제안 및 발의

2006.9.12. 영문 이비인후과 학술지 발간:
준비위원회 구성 및 1차 회의, 실무위원회 구성

2006.10.19 - 2007.2.21 6차 실무위원회 개최

2007.1.27. 영문학술지 발간 준비를 위한 Workshop

준비위원회 및 실무위원회 구성

고문 : 대한이비인후과학회 이사장 장혁순
준비위원장 : 대한이비인후과학회 차기이사장 이철희

준비 위원 : 각 분과 학회 회장 및 총무
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대한이비인후과학회 총무이사

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실무위원: 오승하, 채성원, 윤주헌,
이재서, 최은창, 김상윤,
간 사 : 정연훈, 노종렬, 정한신

추진 현황

1) 영문 이비인후과 학술지 명칭 선정

이비인후과 회원을 대상으로 명칭을 공모
공모작과 실무위원회 추천 명칭을 종합 검토
최종적으로 선정:
Clinical and Experimental Otorhinolaryngology

*C*linical and

*E*xperimental

*O*torhinolaryngology

Clinical and Experimental Otorhinolaryngology: CEO,(Clin Exp ORL)

Scope

an international peer-reviewed periodical article on recent developme in treatment of otorhinolaryngology-head and neck surgery and dedicated to the advancement of patient care in ear, nose, throat, head and neck disorders.

Vision

최단 기간내 국제적인 데이터베이스 등재
(PubMed Central, Medline, SCI, SCOPUS, EMBASE)

추진 현황

1) Editorial policy 완성: 2007.2

2) Homepage, Online submission & review system: 2007.4 오픈 예정

M2com과 계약 체결 및 Web-based system의 개발 진행 중:
http://www.clinexporl.com

추진 현황

*3) 국내 Editorial Board Member 선정 (*2007.1)

각 분과별로 SCI 등재 편수가 10편 이상인 10명씩 선정

이 과: 이정구, 김종선, 여상원, 정학현, 이상흔, 이광선, 이원상, 박기현, 홍성화, 오승하

비 과: 민양기, 이철희, 이상학, 윤주헌, 동헌종, 이정권, 이흥만, 김경수, 이재서, 노환중

두경부: 김광현, 최은창, 김상윤, 성명훈, 최홍식, 정광윤, 왕수건, 홍기환, 정필상, 노종렬

Peer reviewer pool 구축:

SCI 5편 이상인 이비인후과 전문의 포함

추진 현황

4) International Editorial Board Member: 2007.3

각 분과학회로부터 국제적으로 인지도 높은 후보의 명단 (분과별 10~15명)을 확보함: 현재 30명 승인
감사 편지 발송 완료

5) 출판사의 선정: 2007.2

아카데미아 출판사 선정
(모든 논문 저작권은 대한이비인후과학회에 귀속)

6) Copy editor 선정: 2007.3

7) 영문교정: BioMed Proofreading, Harrisco 중 택일

추진 현황

8) 영문 이비인후과 학술지 준비를 위한 Workshop 개최 (2007.1.27), 67명 참석

장소: 서울대병원 암 연구소 이건희 홀
대상: 이비인후과 봉직의
국제적인 영문 학술지의 필요성과 최단 기간내 국제적인 학술지로 발돋움 할 수 있다는 성공 의식 고취.
이를 이루기 위한 학회 회원의 희생과 필요 충분 조건에 관한 열띤 토의가 있었음.

창간 당시 원고 확보 전략

- *투고 요청 공문 발송 예정* (2007.3) 및 홍보
- *SCI 다등재 회원에게 투고 개별 요청 및*
  해외 학술지 투고 예정 원고의 CEO 투고 권유
- *학회 우수상 선정 논문 및 우수 원고:*
  영문 개작 권유
- *학회 우수 구연 연제 투고 권유*

Citation 을 위한 전략

- New Journals
  - Has the past work of authors and editorial advisory board members received citations?
- Self Citations
  - 80% of all journals listed in the JCR Science Edition have self-citation rates of less than 20%.
  - Excessive self-citation weakens the integrity of the Impact Factor.

◆국내외 editorial board member 들에게 잡지 발송하여 SCI 등재 및 국내 논문 투고시 CEO 논문 인용 격려
◆Journal Homepage에 논문 제공
◆SCI 다등재 저자에 인용 격려
◆매년 CEO 다인용 저자에 포상

등재 목표

- *2008, PubMed Cetral 등재*
- *2009, Medline 등재*
- *2010-2011, SCI-E 등재*

향후 계획

년 4회, 2007년 가을 창간호 발간 목표

- 양질의 논문 확보를 위한 대한이비인후과학회 차원의 대승적 논의가 필수적임
- 국내 회원으로부터 양질의 논문 확보 방안:
  2-4회분의 논문 확보 후 창간호 발행 가능
- 국외 의사의 논문 확보 방안:
  국제적 인지도 높은 해외 인사의 Review article 등 친한파에 논문 의뢰
- 등재 대상 데이터베이스별 장단기 전략 수립:
  논문 특성화

Clinical and Experimental Otorhinolaryngology

Clinical and Experimental Otorhinolaryngology (CEO) is an international peer-reviewed periodical articles on recent developments in the treatment of otorhinolaryngology-head and neck surgery and dedicated to the advancement of patient care in ear, nose, throat, head, and neck disorders. This journal publishes original articles relating to both clinical and basic researches, reviews, clinical trials, and case reports, encompassing the whole topics of otorhinolaryngology-head and neck surgery.

All published papers containing research data are subject to peer-review. It is a condition of publication that manuscripts submitted to this journal have not been published and will not be simultaneously submitted or published elsewhere.

This journal is published in English four times per year by the Korean Society of Otorhinolaryngology-Head and Neck Surgery. The Journal aims at publishing evidence-based, scientifically written articles from different disciplines of otorhinolaryngology field.

Editorial policy

Clinical and Experimental Otorhinolaryngology (CEO), the official English language journal of the Korean Society of Otorhinolaryngology-Head and Neck Surgery publishes original contributions valuable to the advancement of medical diagnosis and treatment.

Published four times per year in March, June, September and December, the journal reports clinical and other investigations relating to radiology and its allied sciences, publishing full-length original papers, reviews, pictorial essays, case reports, and letters to the editor.

The *CEO* has on online submission and peer review system. Manuscripts should be submitted online at http://www.clinexporl.com and the instructions on the site should be closely followed. Authors may submit manuscripts and tract their progress to final decision. Reviewers can download manuscripts and submit their reports to the Editors.

Authors who are unable to submit online should contact the Editorial Office:

* Editor-in-Chief: Chung-Hwan Baek, MD, ph D
E-mail: chbaek@skku.edu

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Categories of publications

The *CEO* publishes original articles, reviews, case reports, correspondence and abstracts of the original articles awarded by the Korean Society of Otorhinolaryngology.

Original articles are papers containing results of basic and clinical investigations, which are sufficiently well documented to be acceptable to critical readers. Maximum length of manuscript is 3500 words (exclusive of the title page and abstract), 30 references and a total 10 images.

Review articles are usually solicited by the Editor-in-Chief and describe concise review on subjects of importance to medical researchers. Maximum length of manuscript is 4500 words. The review articles are accepted after editorial evaluation.

Case reports as well as brief communications deal with issues of importance to medical researchers. Maximum length of manuscript is 1200 words, 5 references, and a total 2 images (up to four published pages).

Correspondence is a comment from readers for a published article and a reply from the authors. All correspondence should be not longer than two pages in length.

Editorial is an invited perspective in otorhinolaryngology-head and neck surgery, dealing on very active areas of research, fresh insights and debates.

Abstracts of the original articles, awarded by affiliated societies of the Korean Society of Otorhinolaryngology-Head and Neck Surgery are attached to the end of each volume whether or not published in other journals.

Editorial Policies for Authors

Authorship

As stated in the Uniform Requirements, credit for authorship requires substantial contributions to (a) the conception and design or analysis and interpretation of the data, and (b) the drafting of the article or critical revision for important intellectual content. Any change in authorship after submission must be approved in writing by all authors.

Conflict of interest

A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships that could inappropriately influence (or bias) the author's decisions, work, or manuscript.
Corresponding author of an article is asked to let the Editor-in-Chief know potential conflict of interest possibly influencing their interpretation of data. Potential conflict of interest is applied even when the authors are confident that their judgments have not been influenced in the manuscript. Such conflicts may be financial supports or connections to pharmaceutical companies, political pressure from interest groups, or academic problems.
The Editor-in-Chief will decide whether the information of the conflict should be included in the published paper. Before publishing such information, the Editor-in-Chief will consult with the corresponding author.
In particular, all sources of funding for a research should be explicitly stated. *CEO* asks referees to let its Editor-in-Chief know of any conflict of interest before reviewing a particular manuscript.

Ethics

For clinical trials, details of ethical committee approval and the type of informed consent should be stated. Patients' and volunteers' names, initials, and hospital numbers should not be used. We endorse the principles embodied in the Declaration of Helsinki and expect that all investigations involving human materials have been performed in accordance with these principles. For animal experiment, "the Guiding Principles in the Care and Use of Animals" approved by the American Physiological Society have to be observed.

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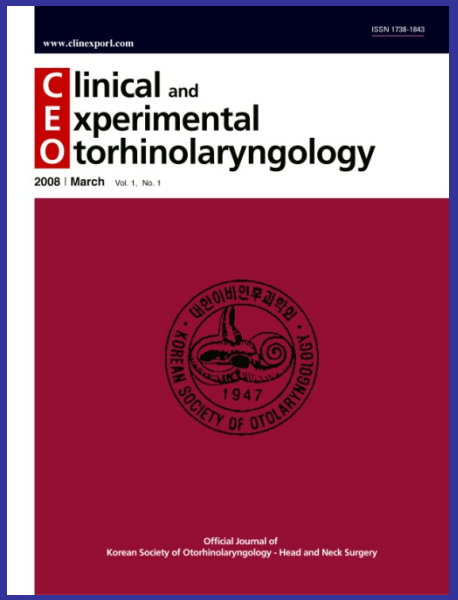
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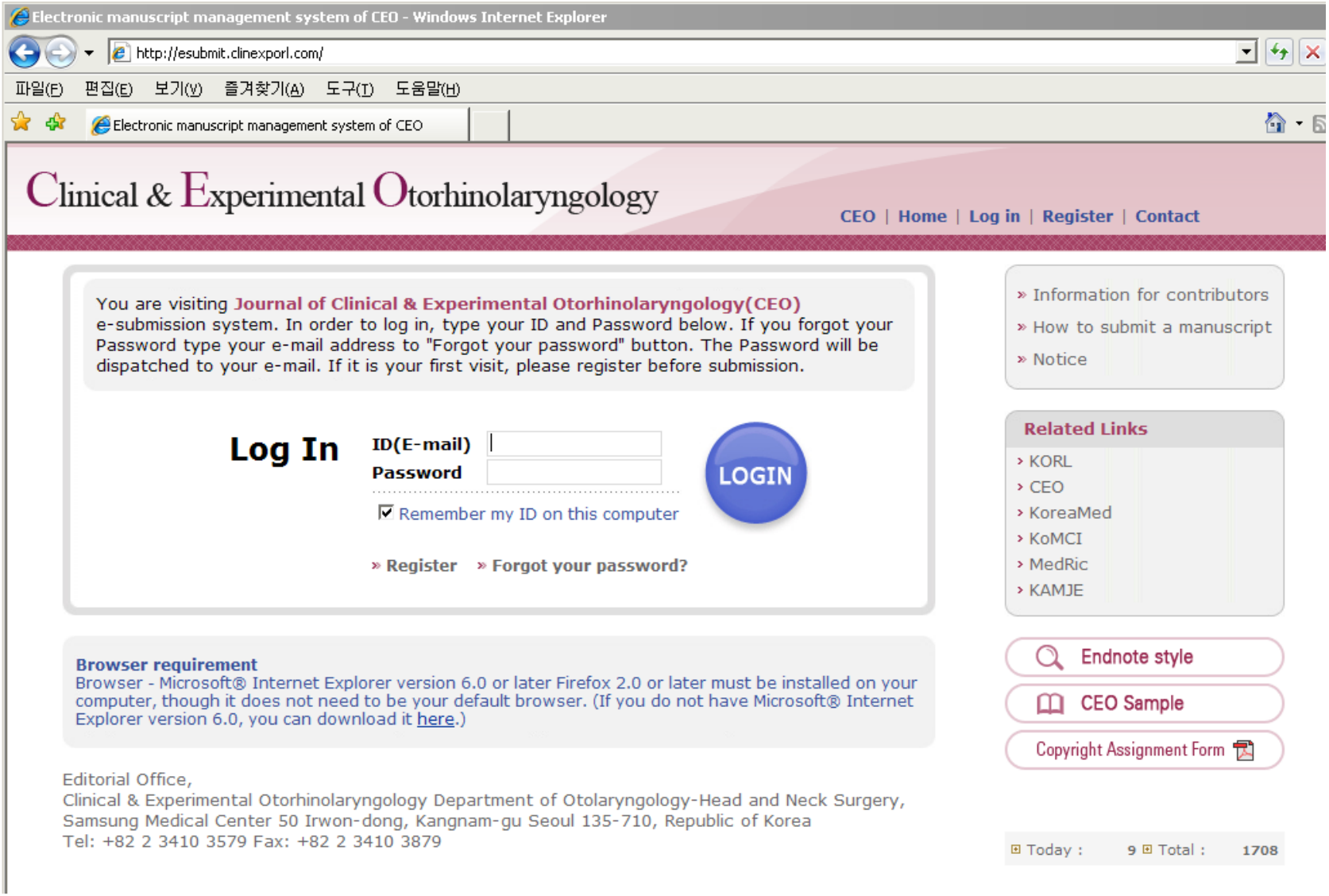

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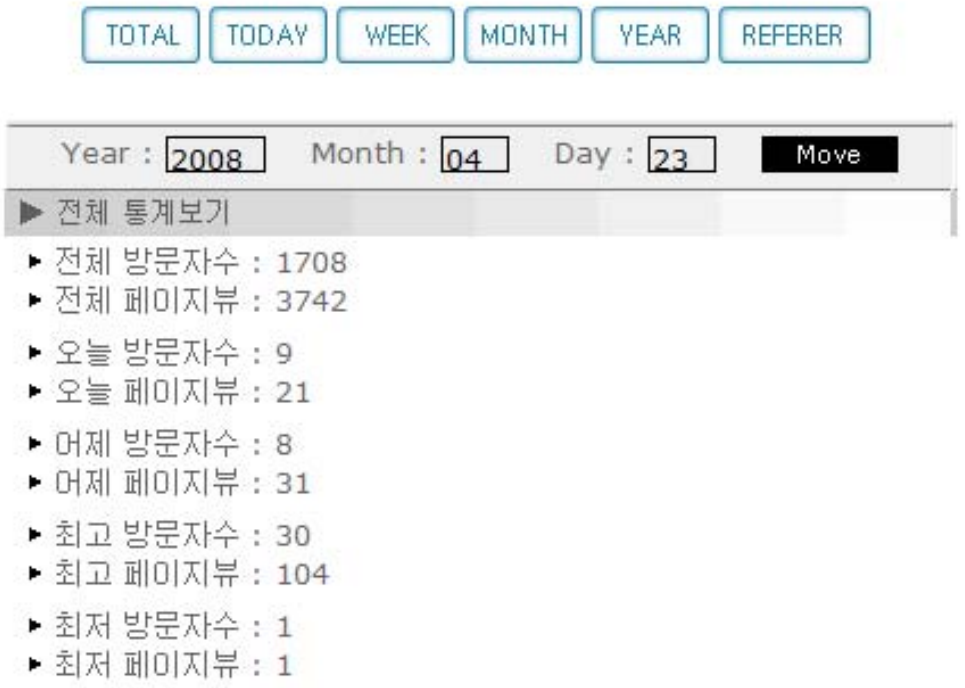

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Review

Nasal Reconstruction in the 21st Century-A Contemporary Review

Stephen S. Park, MD

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Nasal restoration in the 21st century has reached a new milestone that has brought together centuries of experiences, lessons, errors, and rewards. The bar has been set and it is nothing less than a restoration of normal function and complete social acceptance. The aesthetic expectations of both minor and major nasal repair include symmetry, natural contour, excellent color and texture match, and a final product that remains inconspicuous to the casual observer. The major tenets that have been realized today include the wide application of the subunit principle, liberal and nonanatomic cartilage grafting (for form and function), and addressing each of the three layers of the nose independently. Anticipating resultant scars and vectors of tension during wound healing are the subtle nuances of nasal reconstruction that ensure a pleasing result. The robust nature of the forehead flap has proven to be a workhorse for major nasal resurfacing.

Key Words. Nasal Reconstruction, Forehead Flap, Mohs Defect

Reconstructive rhinoplasty can be traced back to antiquity with early writings from India as long ago as 600BC (1). This field began because amputations of the nose was a common form of punishment and a way of stigmatizing individuals, thus giving rise to large demand for nasal reconstruction. Today, the etiology of nasal defects has changed, primarily being related to cutaneous malignancies or external trauma such as motor vehicle accidents, altercations, or dog bites. Nevertheless, some of the principles have stood this test of time. More recently, however, significant advances have been made which have taken us to a higher standard of care. Contemporary nasal reconstruction embraces concepts of aesthetic units, a robust forehead flap, liberal structural grafting, and a diligent and meticulous repair of all internal lining deficits. The bar for nasal reconstruction has been raised to a new level where patients can realistically hope for an aesthetic outcome that becomes inconspicuous to the general public and a functional result that is normal and taken for granted. Perhaps the area that has taken the most significant leap forward is the repair of large and complex defects of the nose, especially those that are full thickness. Despite the long history of this procedure, the last several decades has brought on an exciting dimension to this challenging and rewarding endeavor. This review will highlight these concepts along with new ideas in resurfacing techniques and ways to maximally camouflage the final result.

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RESURFACING

Cutaneous defects of the nose are common and vary significantly. The dimension, precise location, depth, and border shape, all contribute to the therapeutic planning. Many shallow defects on concave surfaces are optimally addressed with second intention healing as they lead excellent cosmesis and do not jeopardize function. Grafts and local flaps are equally considered for smaller cutaneous defects and have a role in the algorithm for reconstructive rhinoplasty (2). In addition to the limited tissue availability, however, another disadvantage with local flaps is that they are generally designed with little regard to the nasal aesthetic subunits.

The principle of *aesthetic unit*is has been popularized only recently but is now incorporated as a fundamental step in preoperative planning (3). This principle behind this concept is that the human eye captures images only as a series of blocks rather than a set of confluent lines. These snap shots are then put together into a unified picture, providing a single image. When scanning a horizontal nasal defect. The midline forehead flap, aggressively thinned to the subcutaneous plane and tapered to a narrow unilateral pedicle, maintains excellent vascularity and consistent dependability (6) (Fig. 3).

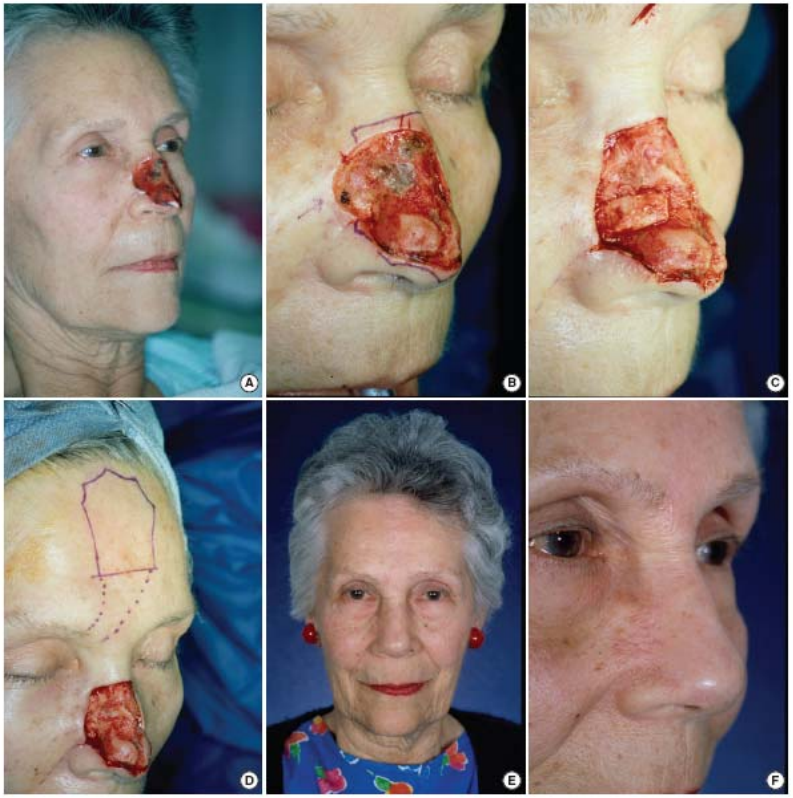

Fig. 3. Large nasal defect following excision of skin cancer (A). Aesthetic units of nose and cheek (B). Aesthetic units completed with lateral wall batten graft for support (C). Forehead flap outlined (D). One year post-op, frontal (E) and close up oblique (F).

On occasion, the pedicle can be deepithelialized from its overlying skin and tunneled under the intact glabellar skin. In this way, the interpolated forehead flap is converted to an "island" flap and completed in a single stage (Fig. 4). There are obvious advantages to this design as it obviates the second stage pedicle division and allows people to reintegrate into society/employment much sooner. There can be a fullness at the glabellar area which will subside after a few months. This aggressive design does compromise the vascularity of the forehead flap and should be performed on select cases only.

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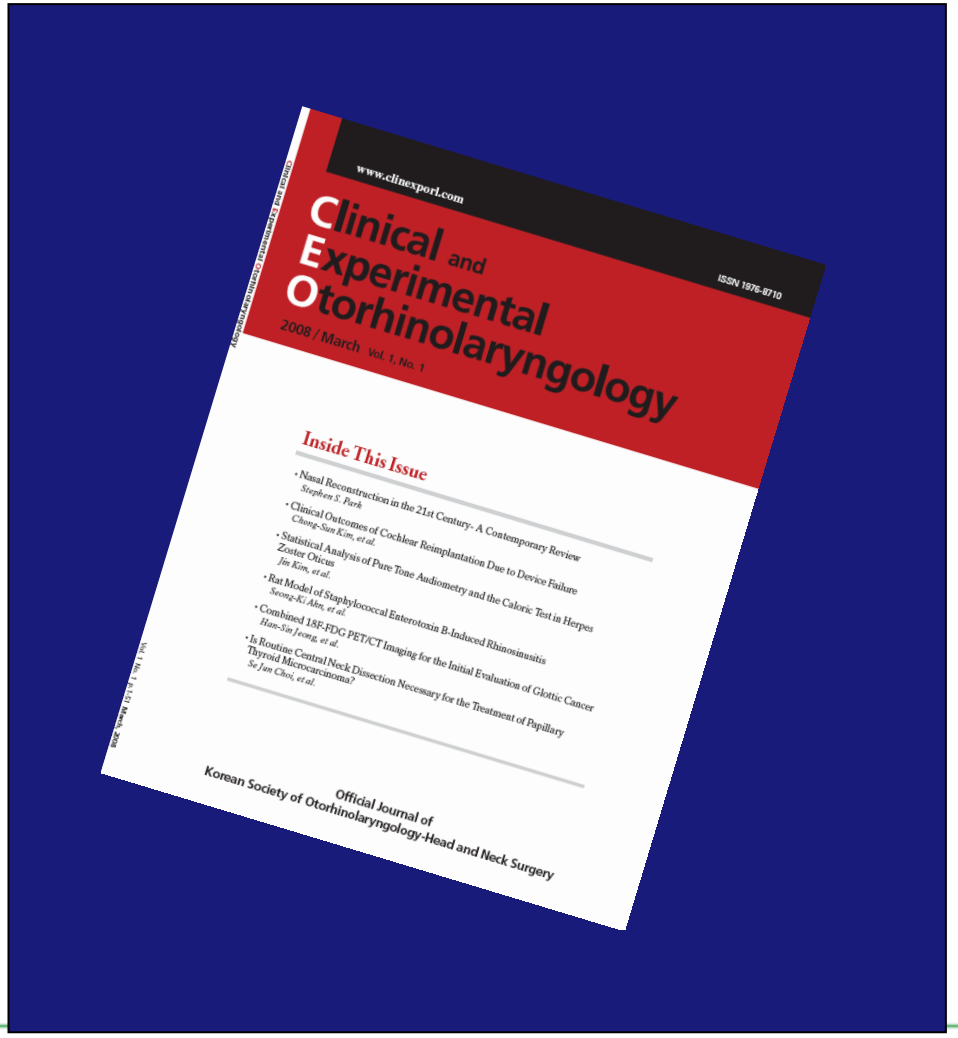

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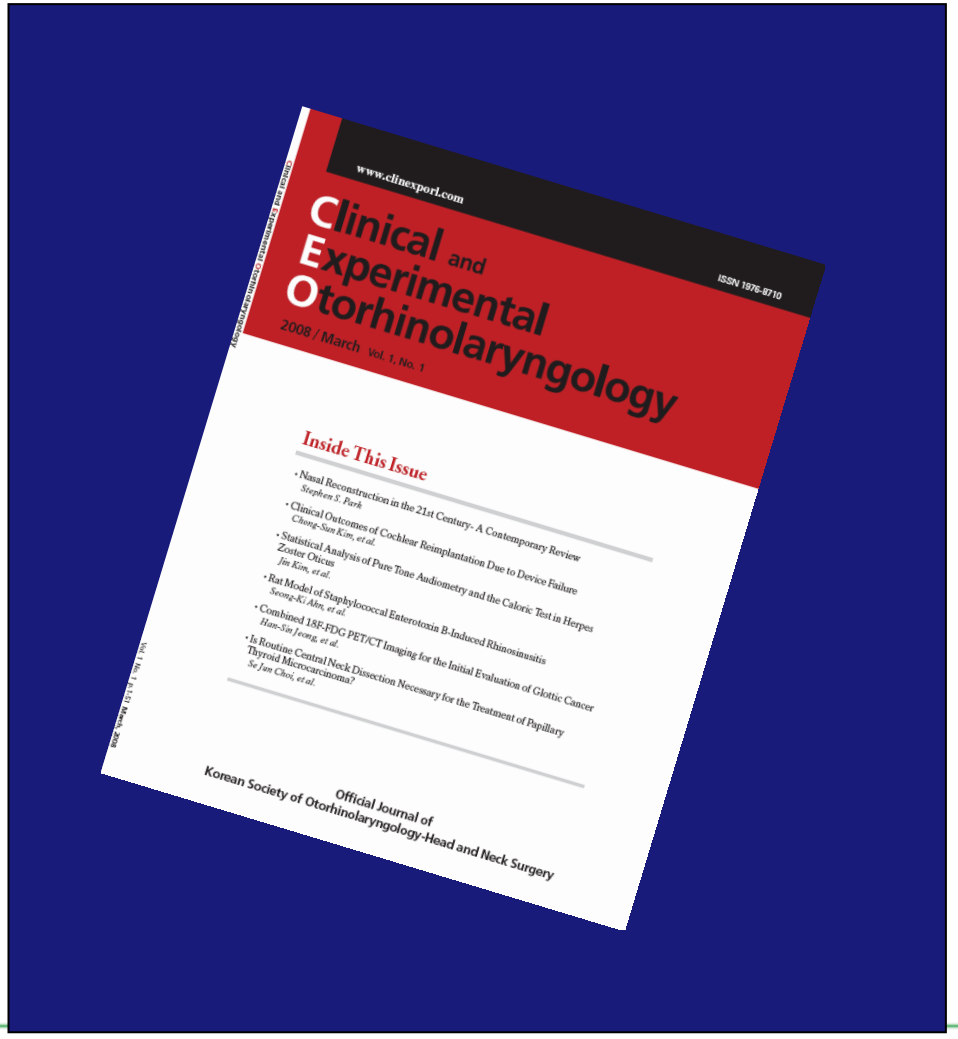

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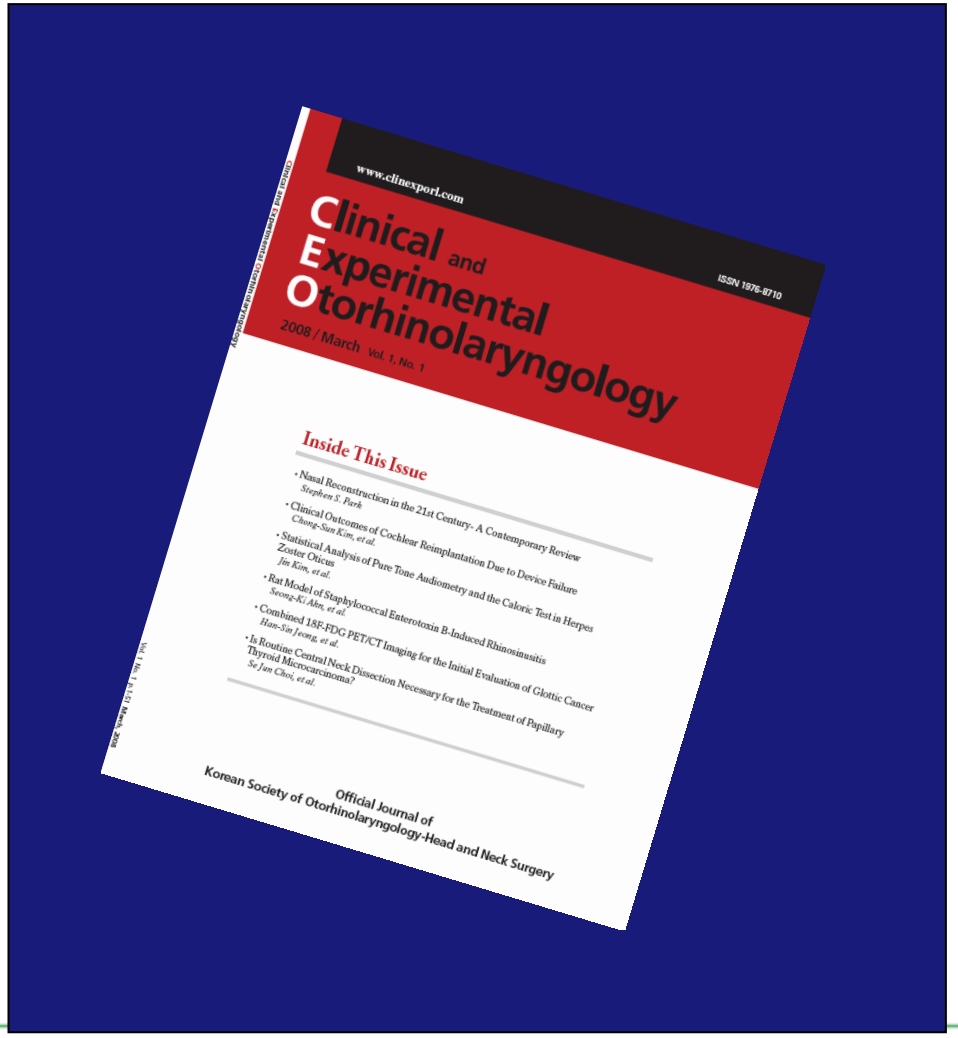

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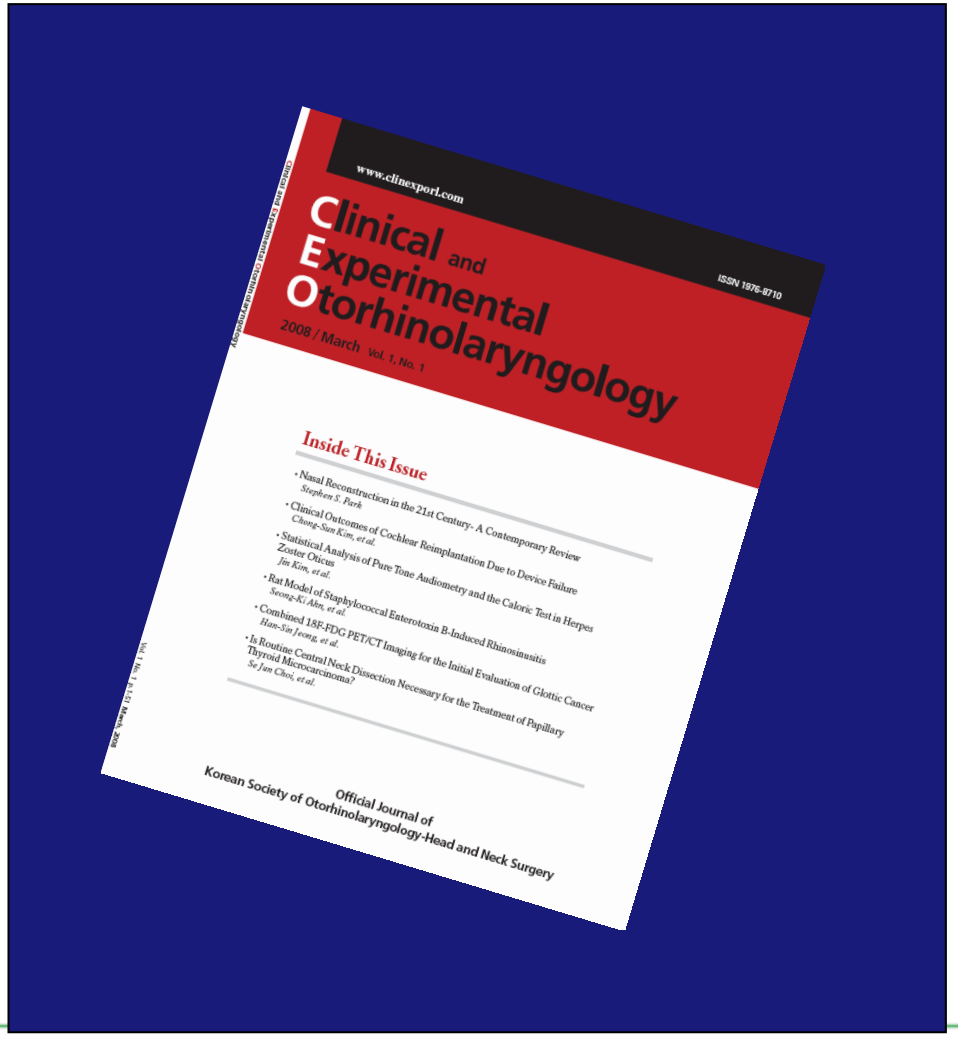

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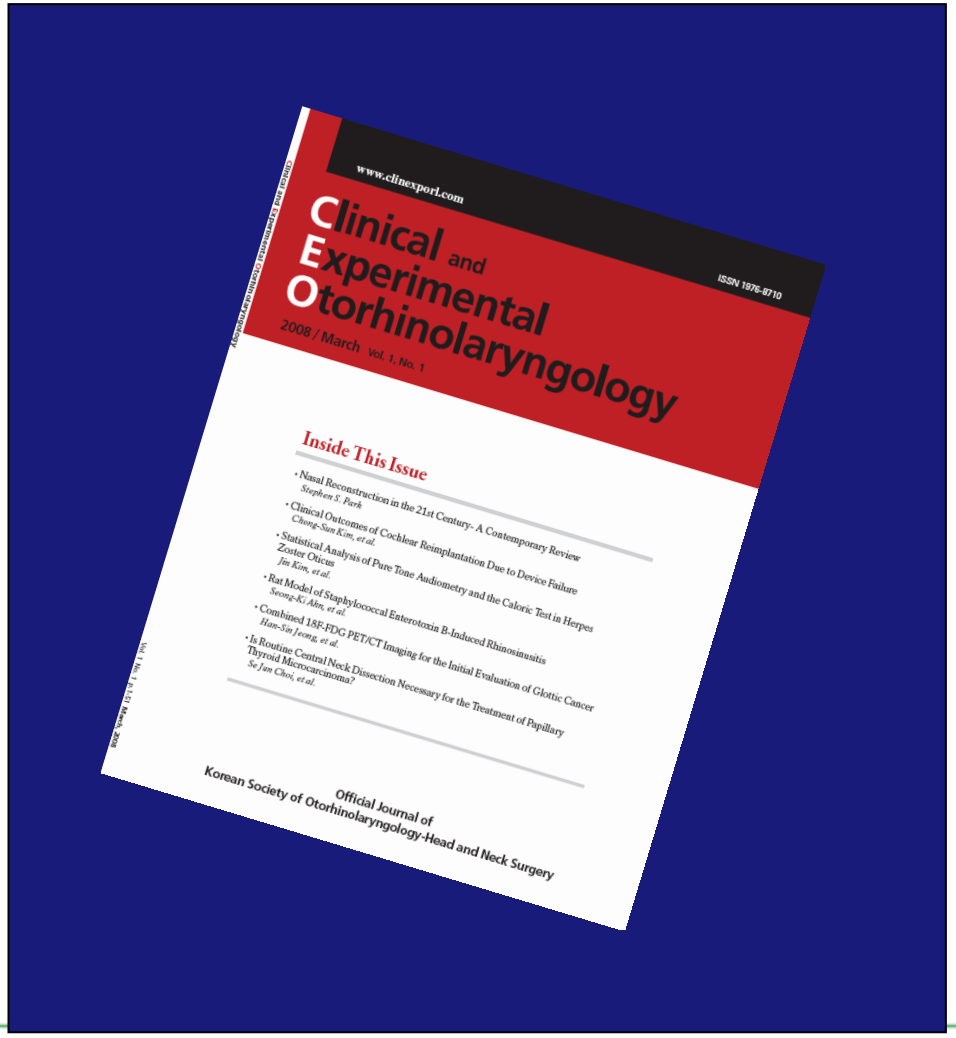

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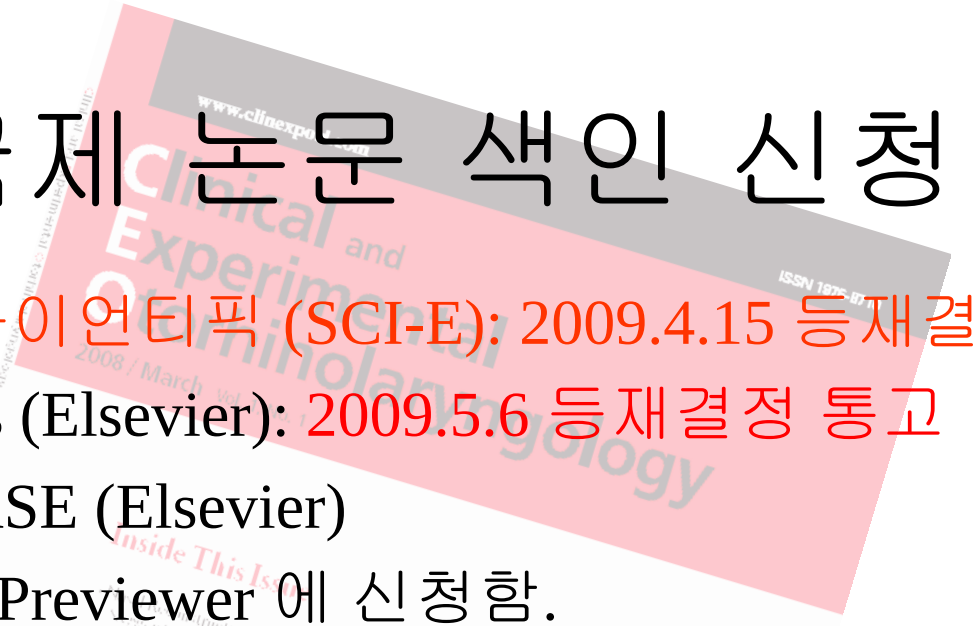

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Antioxidant and Anti-Apoptotic Effect of Melatonin on the Vestibular Hair Cells of Rat Utricles

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Abstract

Objectives

Aminoglycosides are commonly used antibiotic agents, and they are known to generate free oxygen radicals within the inner ear and to cause vestibulo-cochlear toxicity and permanent damage to the sensory hair cells and neurons. Melatonin, a pineal secretory product, has the properties of being a powerful direct and indirect antioxidant. The aim of the present study was to prove the antioxidant effect of melatonin against gentamicin-induced ototoxicty.

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The result of this study showed that gentamicin induced the loss of utricular hair cells, and this loss of hair cells was significantly attenuated by co-administration of melatonin. Melatonin reduced ROS production and caspase-3 activation in the gentamicin treated utricular hair cells.

Conclusion

Our findings conclusively reveal that melatonin has protective effects against gentamicin-induced hair cell loss in the utricles of rat by inhibiting both ROS production and caspase-3 activity.

Keywords: Melatonin, Ototoxicity, Antioxidants, Utricle.

References

1. Priuska EM, Schacht J. Formation of free radicals by gentamicin and iron and evidence for an iron/gentamicin complex. Biochem Pharmacol 1995 Nov 27;50(11):1749–1752.
PubMed CrossRef

2. Forge A, Li L. Apoptotic death of hair cells in mammalian vestibular sensory epithelia. Hear Res 2000 Jan;139(1-2):97–115.
PubMed CrossRef

3. Forge A, Schacht J. Aminoglycoside antibiotics. Audiol Neurootol 2000 01-02;5(1):3–22.
PubMed CrossRef

4. Kroemer G, Petit P, Zamzami N, Vayssiere JL, Mignotte B. The biochemistry of programmed cell death. FASEB J 1995 Oct;9(13):1277–1287.
PubMed

5. Hardeland R. Antioxidative protection by melatonin: multiplicity of mechanisms from radical detoxification to radical avoidance. Endocrine 2005 Jul;27(2):119–130.
PubMed CrossRef

6. Marshall KA, Reiter RJ, Poeggeler B, Aruoma OI, Halliwell B. Evaluation of the antioxidant activity of melatonin in vitro. Free Radic Biol Med 1996;21(3):307–315.
PubMed CrossRef

7. Costa EJ, Lopes RH, Lamy-Freund MT. Permeability of pure lipid bilayers to melatonin. J Pineal Res 1995 Oct;19(3):123–126.
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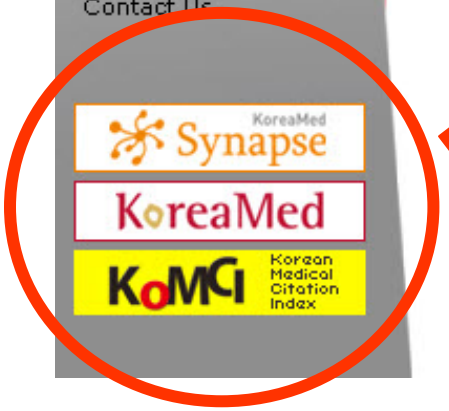

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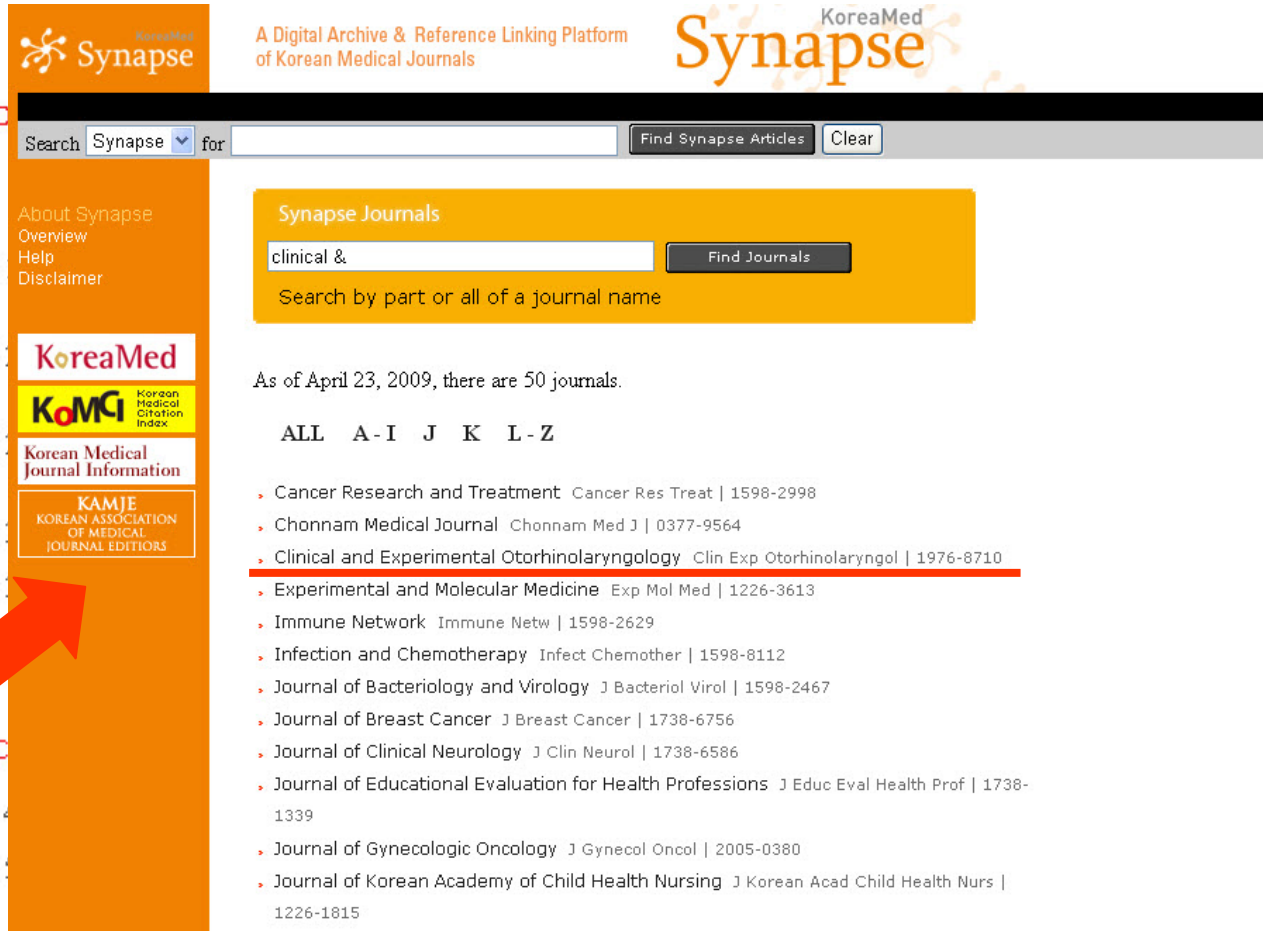

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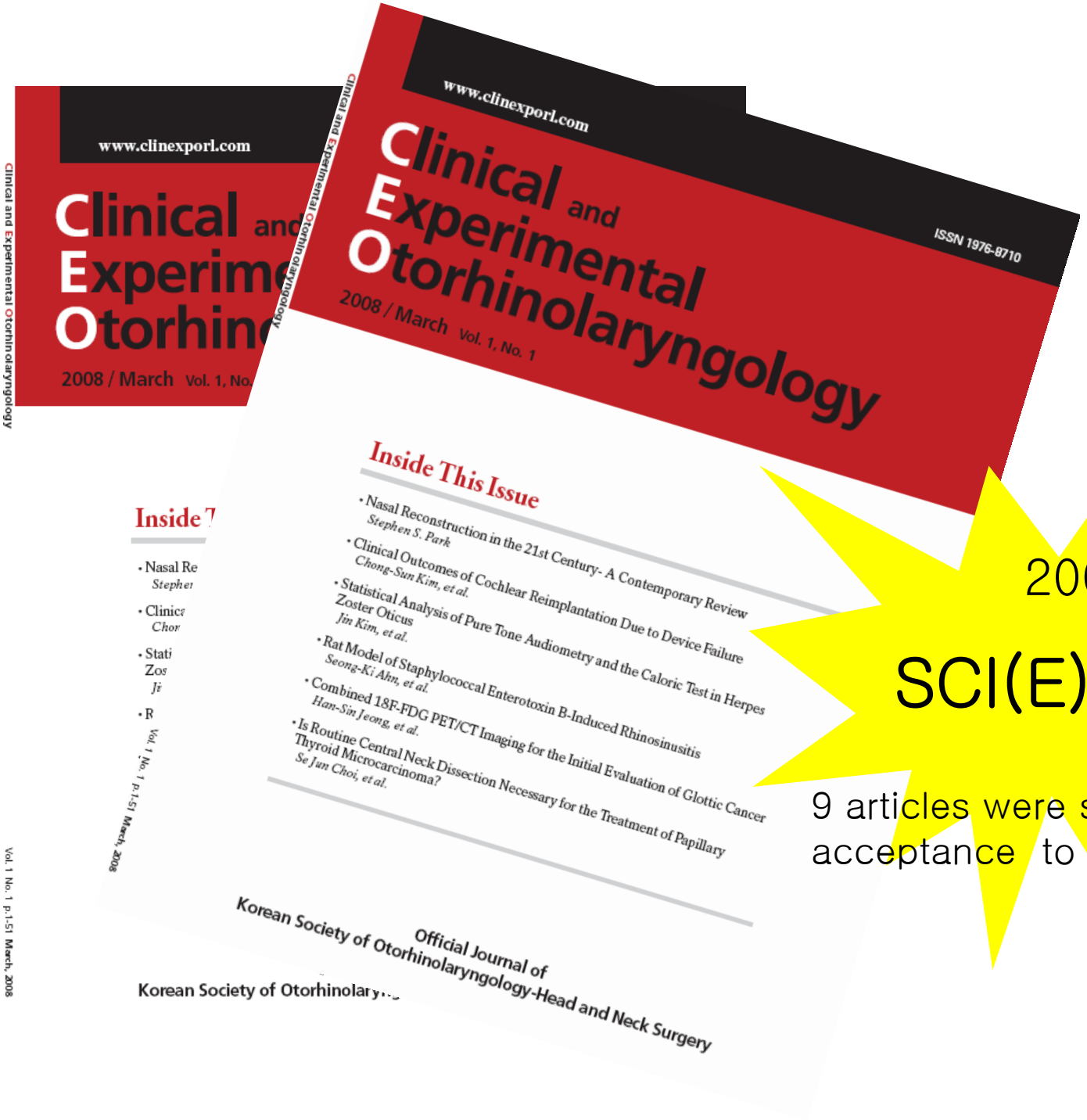

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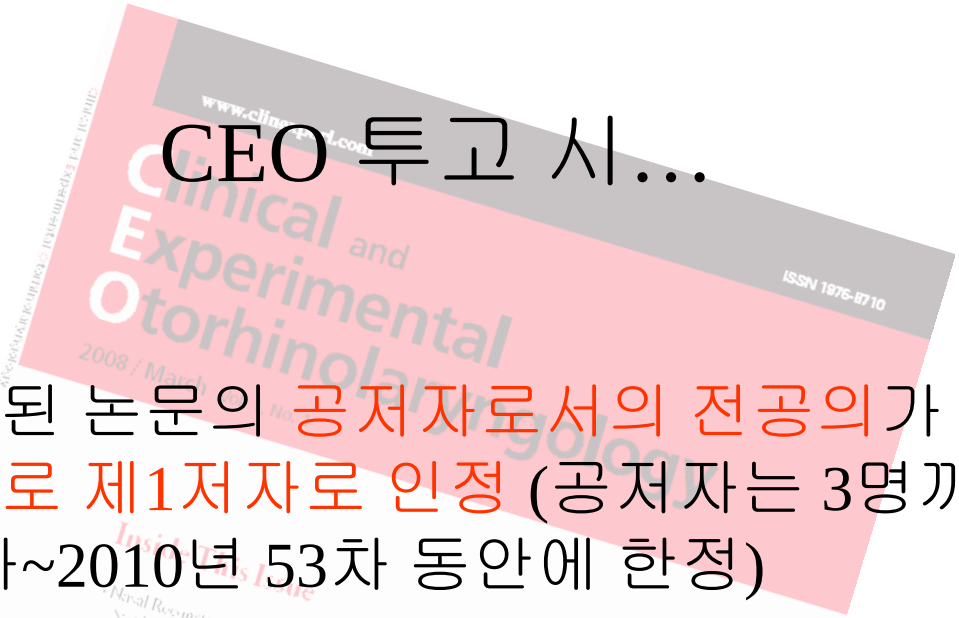

- CEO에 게재된 논문의 공저자로서의 전공의가 있는 경우 이를 한시적으로 제1저자로 인정 (공저자는 3명까지 인정) (2009년 52차~2010년 53차 동안에 한정)

- 전문의시험 자격요건에서 고시관련하여서 CEO는 년도 규정(1년에 3개의 논문을 제출할 수 없음)에서 제외 (2009년 52차~2010년 53차 동안에 한정)

- 석당학술상 선정, CEO 최다 인용상을 신설.
- 논문 투고료 및 영어 교정 (칼라 별쇄본 인쇄 시만 저자 부담)

Review Articles

- 창간호:
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- 제 2호:
  - 내시경두개저수술. Brent Senior (Univ. of North Carolina)
  - Nystagmus. Toshiaki Yagi (Nippon Medical School)
- 제 3호:
  - 중이염의 염증매개인자. Steven K. Juhn (Univ. of Minnesota)
- 제 4호:
  - 비 용종의 유전자 발현. D.Y. Wang (National Univ. of Singapore)
- 제 5호:
  - 안면 마비의 치료. R.P. Mehta (Univ. of Calif. San Diego)

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Review

Nasal Reconstruction in the 21st Century-A Contemporary Review

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Nasal restoration in the 21st century has reached a new milestone that has brought together centuries of experiences, lessons, errors, and rewards. The bar has been set and it is nothing less than a restoration of normal function and complete social acceptance. The aesthetic expectations of both minor and major nasal repair include symmetry, natural contour, excellent color and texture match, and a final product that remains inconspicuous to the casual observer. The major tenets that have been realized today include the wide application of the subunit principle, liberal and nonanatomic cartilage grafting (for form and function), and addressing each of the three layers of the nose independently. Anticipating resultant scars and vectors of tension during wound healing are the subtle nuances of nasal reconstruction that ensure a pleasing result. The robust nature of the forehead flap has proven to be a workhorse for major nasal resurfacing.

Key Words. Nasal Reconstruction, Forehead Flap, Mohs Defect

Reconstructive rhinoplasty can be traced back to antiquity with early writings from India as long ago as 600BC (1). This field began because amputations of the nose was a common form of punishment and a way of stigmatizing individuals, thus giving rise to large demand for nasal reconstruction. Today, the etiology of nasal defects has changed, primarily being related to cutaneous malignancies or external trauma such as motor vehicle accidents, altercations, or dog bites. Nevertheless, some of the principles have stood this test of time. More recently, however, significant advances have been made which have taken us to a higher standard of care. Contemporary nasal reconstruction embraces concepts of aesthetic units, a robust forehead flap, liberal structural grafting, and a diligent and meticulous repair of all internal lining deficits. The bar for nasal reconstruction has been raised to a new level where patients can realistically hope for an aesthetic outcome that becomes inconspicuous to the general public and a functional result that is normal and taken for granted. Perhaps the area that has taken the most significant leap forward is the repair of large and complex defects of the nose, especially those that are full thickness. Despite the long history of this procedure, the last several decades has brought on an exciting dimension to this challenging and rewarding endeavor. This review will highlight these concepts along with new ideas in resurfacing techniques and ways to maximally camouflage the final result.

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RESURFACING

Cutaneous defects of the nose are common and vary significantly. The dimension, precise location, depth, and border shape, all contribute to the therapeutic planning. Many shallow defects on concave surfaces are optimally addressed with second intention healing as they lead excellent cosmesis and do not jeopardize function. Grafts and local flaps are equally considered for smaller cutaneous defects and have a role in the algorithm for reconstructive rhinoplasty (2). In addition to the limited tissue availability, however, another disadvantage with local flaps is that they are generally designed with little regard to the nasal aesthetic subunits.

The principle of *aesthetic units* has been popularized only recently but is now incorporated as a fundamental step in preoperative planning (3). This principle behind this concept is that the human eye captures images only as a series of blocks rather than a set of confluent lines. These snap shots are then put together into a unified picture, providing a single image. When scanning a horizontal nasal defect. The midline forehead flap, aggressively thinned to the subcutaneous plane and tapered to a narrow unilateral pedicle, maintains excellent vascularity and consistent dependability (6) (Fig. 3).

On occasion, the pedicle can be deepithelialized from its overlying skin and tunneled under the intact glabellar skin. In this way, the interpolated forehead flap is converted to an "island" flap and completed in a single stage (Fig. 4). There are obvious advantages to this design as it obviates the second stage pedicle division and allows people to reintegrate into society/employment much sooner. There can be a fullness at the glabellar area which will subside after a few months. This aggressive design does compromise the vascularity of the forehead flap and should be performed on select cases only.

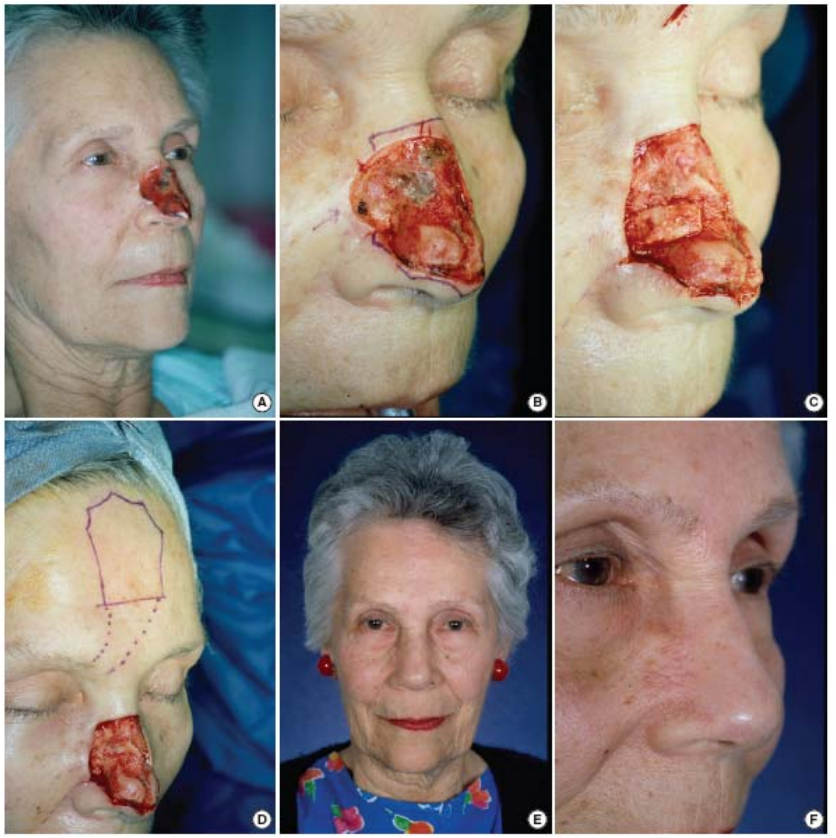
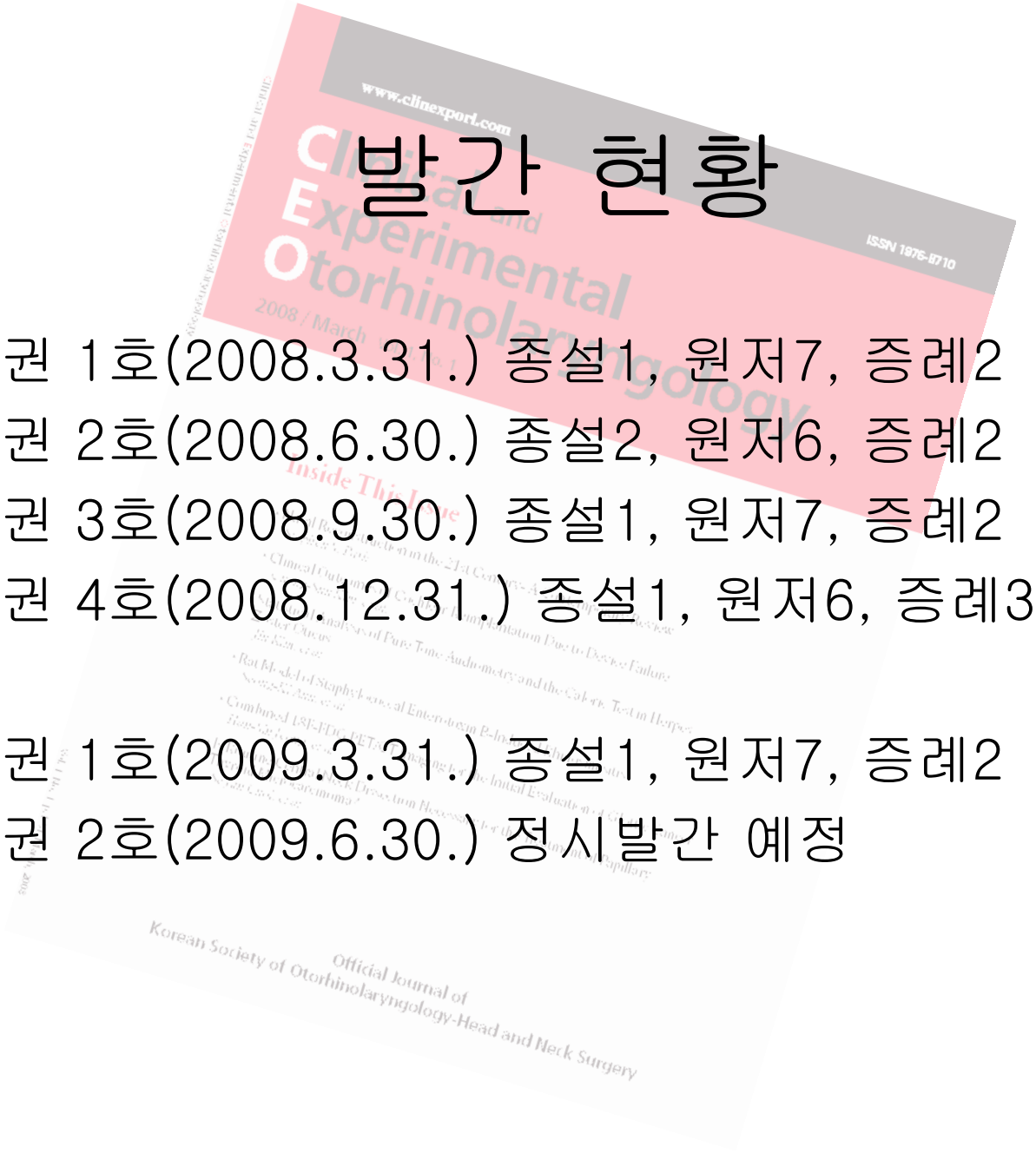


Fig. 3. Large nasal defect following excision of skin cancer (A). Aesthetic units of nose and cheek (B). Aesthetic units completed with lateral wall batten graft for support (C). Forehead flap outlined (D). One year post-op, frontal (E) and close up oblique (F).

발간 현황



- 제 1권 1호(2008.3.31.) 종설1, 원저7, 증례2
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- 제 1권 3호(2008.9.30.) 종설1, 원저7, 증례2
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- 제 2권 1호(2009.3.31.) 종설1, 원저7, 증례2
- 제 2권 2호(2009.6.30.) 정시발간 예정

제 1호-6호(2권 2호) 정리
(6호 심사 논문 까지)

- 서울대 (8편) 김종선1, 김광현1, 이철희2, 이재서1, 김정훈1, 하정훈2
- 울산대 (8편) 이광선1,김상윤2, 정종우2, 정유삼1, 노종렬1, 안중호1
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- 아주대 (3편) 박기현2, 정영훈1
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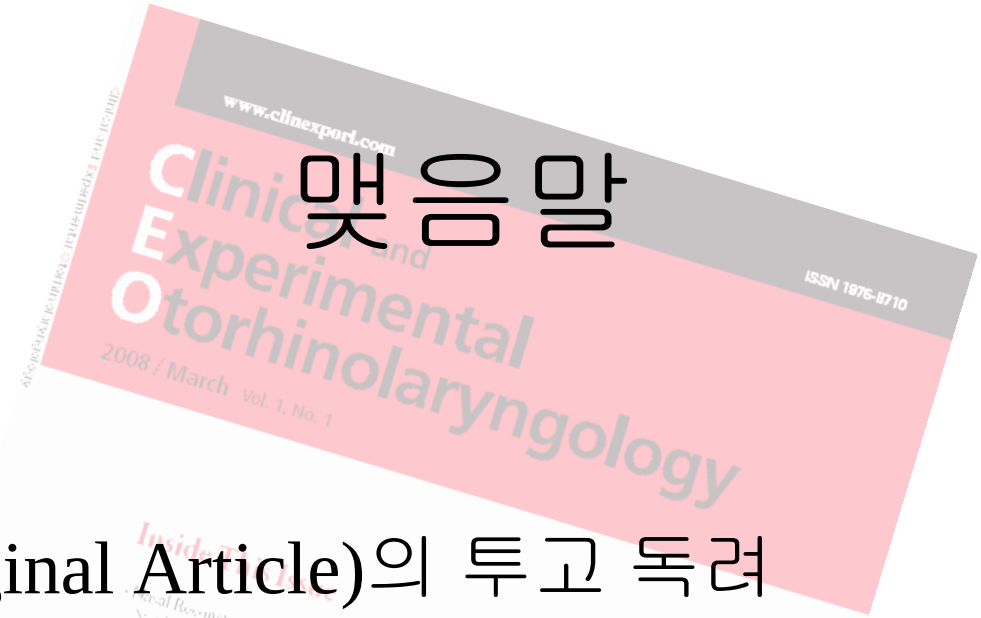
- 한림대 (3편) 노영수1, 이헌석1, 주형로1
- 조선대 (2편) 조성일1, 최지윤1
- 1편 투고: 건국대,경상대,경희대,계명대,고려대,부산대,충북대,순천향대, 한양대,부산메리놀,대구파티마,국립의료원
- 해외: University of Louisville Health Care Center (USA), Dept. of Radiodiagnosis, JNMCH, AMU Aligarh (India)

맺음말



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