

표지, 제목, 초록 다듬기



건국대학교병원 소화기내과
이 선 영

투고시 pdf 파일 정렬 순서

1. 표지 (제목, 소속 등)
2. 저자 편지
3. 초록
4. 논문 원본 (서론, 방법, 결과, 고찰)
5. 표
6. 그림
7. 추가 자료 (supplement)

표지

1. 제목
2. 저자
3. 소속
4. 교신저자 및 연락처
5. 간추린 제목
6. 글자수
7. 기타: 저자들의 역할, 사사, 연구비 지원 등
저널마다 다르므로 홈페이지 참조



편지 (cover letter)

- 편집장 이름으로 시작
- 해당 저널명을 기술
- 연구 내용에 대해 언급
- 저널 홈페이지를 보고 원하는 서약 내용을 편지에 기술
- 영어 검토 후에 발송



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편지 예시 1

Dear Dr. 편집장 이름,

Enclosed is our manuscript “제목” which we are submitting for your consideration for publication in 저널명.

Our findings confirm that 결과1. We also found that 결과2. We believe these findings have significance in the future for 결론.

This manuscript has not yet been published and is not under consideration elsewhere. Thank you for your time and consideration.

Warmest regards,



편지 예시 2

Dear Dr. 편집장 이름,

My co-authors and I are pleased to submit an original research article entitled, “제목” to 저널명. We found that 결과.

This study was supported by 기관명, and 저자명 is supported by 업체명. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy.

This article is not under consideration for publication elsewhere. There are no conflicts of interest to disclose. Thank you in advance for your consideration.

With warmest regards,



편지 예시 3

Dear Dr. 편집장 이름,

Enclosed please find a manuscript entitled, “제목” by 저자명 submitted as an original article to 저널명. This study exhibits presumably novel findings: 결과.

All authors agree with submission of this paper to this journal. This paper has not been previously published. This paper is being submitted first to 저널명, and has not been submitted to any other scientific journal. The authors list their conflicts of interest in the title page. This paper was approved by the IRB of 기관명, and was funded by 기관명.

Thank you for considering this paper for this prestigious journal. We will gladly perform revisions necessary for publication in 저널명.

Sincerely,



제목

- 연구 주제나 가설이나 결론과 연관
- 글자수 제한하거나 문장형을 금지하는 저널도 있으므로 주의

거부감을 유발하는 제목:

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

제목을 만드는 요령

1. 연구유형이나 환자군 언급

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

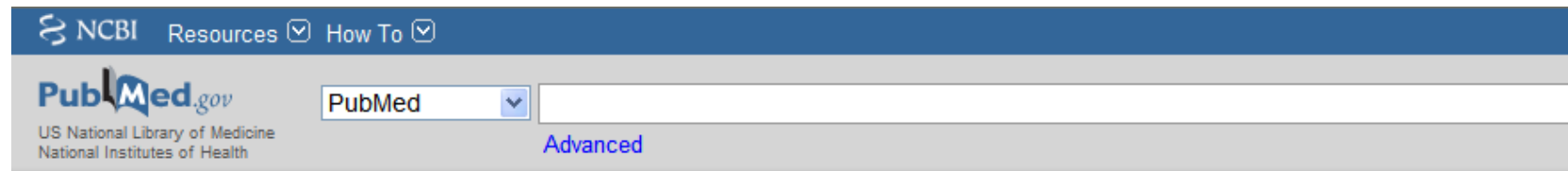
2. 가설 응용 (질문형)

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

3. 결론 언급 (문장형)

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](#)

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 50mL of water and dimethylpolysiloxane (DMPS; control group) or 50mL of water, pronase, sodium bicarbonate, and DMPS (pronase group) was then applied to the lesion. After 5 minutes, the second biopsy was performed 2-3mm 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]

Study design



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 KH¹, Han HS, Lee SY, Seo TH, Ko SY, Kim BK, Sung IK, Jin CJ, Min YI.

Author information

¹Department 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.

PMID: 19968748 [PubMed - indexed for MEDLINE]



제목 - 문장형

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.

⊕ 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]



Answer

인용횟수가 높은 2015년 논문 제목

1. Sofosbuvir and Ribavirin Prevent Recurrence of HCV Infection After Liver Transplantation: [An Open-Label Study](#)
2. Comparative Effectiveness of Immunosuppressants and Biologics for Inducing and Maintaining Remission in Crohn's Disease: [A Network Meta-analysis](#)
3. Fecal Microbiota Transplantation Induces Remission in Patients With Active Ulcerative Colitis in [a Randomized Controlled Trial](#)
4. Molecular Markers **Identify** Subtypes of Stage III Colon Cancer Associated With Patient Outcomes
5. Nonalcoholic Steatohepatitis **Is** the Second Leading Etiology of Liver Disease Among Adults Awaiting Liver Transplantation in the United States
6. Higher proportion of viral basal core promoter mutant **increases** the risk of liver cirrhosis in hepatitis B carriers
7. Diets that differ in their FODMAP content **alter** the colonic luminal microenvironment
8. Global **incidence of** esophageal cancer by histological subtype in 2012
9. **Association Between** Molecular Subtypes of Colorectal Cancer and Patient Survival
10. **Efficacy of** Obeticholic Acid in Patients With Primary Biliary Cirrhosis and Inadequate Response to Ursodeoxycholic Acid



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 IK, Park HS, Shim CS, Jin CJ.

Author information

¹Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea.

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).

© 2013 Journal of Gastroenterology and Hepatology Foundation and Wiley Publishing Asia Pty Ltd.

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

PMID: 24224689 [PubMed - indexed for MEDLINE]



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 HS](#)¹, [Lee SY](#), [Kim JH](#), [Sung IK](#), [Park HS](#), [Shim CS](#), [Jin CJ](#).

Author information

¹Department of Internal Medicine, Konkuk University School of Medicine, Seoul, Korea.

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.



한 문단으로 이어진 예

[J Med Microbiol.](#) 2015 May;64(Pt 5):513-8. doi: 10.1099/jmm.0.000050. Epub 2015 Mar 9.

Validation of western *Helicobacter pylori* IgG antibody assays in Korean adults.

[Lee SY](#)¹, [Moon HW](#)², [Hur M](#)³, [Yun YM](#)³.

⊕ Author information

Abstract

배경/목적 → *Helicobacter pylori* infection is endemic in Korea, and serology testing is widely performed. The aim of this study was to validate and compare the diagnostic accuracy of Korean and Western serological assays for *H. pylori* detection in Korean adults.

방법 → The 114 Korean adults who visited our centre over a 6-month period for the evaluation of *H. pylori* infection using the urea breath test (UBT) were enrolled in this prospective study. Anti-*H. pylori* IgG was measured using three commercially available immunoassays: Genedia *H. pylori* ELISA (Green Cross Medical Science), Chorus helicobacter IgG (DIESSE Diagnostica Senese) and Vidas *H. pylori* IgG (bioMérieux).

결과 → Positive UBT findings were obtained in 40.6% of included subjects. The sensitivities and the specificities of Vidas, Chorus and Genedia were 89.7%, 100% and 100% and 85.5%, 75.4% and 80.7%, respectively. We found no differences in sensitivity between the Vidas and Chorus ($P=0.125$), Chorus and Genedia ($P=0.125$) and Vidas and Genedia ($P=1.000$) assays. There were also no differences in specificity between the Vidas and Chorus ($P=0.070$), Chorus and Genedia ($P=0.508$) and Vidas and Genedia ($P=0.549$) assays.

결론 → In Korean adults, the Genedia *H. pylori* ELISA, Chorus helicobacter IgG and Vidas *H. pylori* IgG assays exhibited a high concurrence rate with similar diagnostic accuracy. Thus, both the Korean and Western non-invasive assays are reliable for serodiagnosis of *H. pylori* in Korean individuals.

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PMID: 25752852 [PubMed - indexed for MEDLINE]

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종설의 초록

Gastroenterol Clin North Am. 2015 Sep;44(3):537-63. doi: 10.1016/j.gtc.2015.05.003. Epub 2015 Jun 19.

How to Effectively Use Bismuth Quadruple Therapy: The Good, the Bad, and the Ugly.

Graham DY¹, Lee SY².

+ Author information

Abstract

Bismuth triple therapy was the first effective *Helicobacter pylori* eradication therapy. The addition of a proton pump inhibitor helped overcome metronidazole resistance. Its primary indication is penicillin allergy or when clarithromycin and metronidazole resistance are both common. Resistance to the primary first-line therapy have centered on complexity and difficulties with compliance. Understanding regional differences in effectiveness remains unexplained because of the lack of studies including susceptibility testing and adherence data. We discuss regimen variations including substitutions of doxycycline, amoxicillin, and twice a day therapy and provide suggestions regarding what is needed to rationally and effectively use bismuth quadruple therapy.

Published by Elsevier Inc.

KEYWORDS: Adherence; Bismuth; *Helicobacter pylori*; Metronidazole; Proton pump inhibitors; Side effects; Tetracycline; Therapy



초록 - 배경/목적

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

첨가:

- 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

완성본 예시

Helicobacter. 2015 Feb;20(1):49-55. doi: 10.1111/hel.12173. Epub 2014 Sep 25.

Correlation between *Helicobacter pylori* infection, IgE hypersensitivity, and allergic disease in Korean adults.

Lee SP¹, Lee SY, Kim JH, Sung IK, Park HS, Shim CS, Moon HW.

⊕ Author information

Abstract

배경/목적

BACKGROUND: The correlation between allergic disease and *Helicobacter pylori* infection is still controversial in endemic areas. The aim of this study was to determine whether *H. pylori* infection is related to allergic disease and/or immunoglobulin E (IgE) hypersensitivity in Korean adults.

방법

MATERIALS AND METHODS: Consecutive Korean adults who visited our center for a routine checkup were enrolled. All subjects completed a questionnaire that was designed to ascertain their medical history pertaining to physician-diagnosed allergic disease, allergy treatments, and *H. pylori* eradication therapy. Blood was sampled for serum anti-*H. pylori* IgG antibody. IgE hypersensitivity was measured using a commercially available ImmunoCAP(®) Phadiatop (Phadia AB, Uppsala, Sweden).

결과

RESULTS: Of the 3376 Korean adults who were enrolled, 62 did not answer to the questionnaires adequately and were thus excluded. The proportion of noninfected subjects ($p < .001$) and the prevalence of IgE-related allergic disease ($p < .001$) were both highest among those aged <40 years, while the prevalence of non-IgE-related allergic disease was highest among those aged ≥ 70 years ($p < .001$). Logistic regression analysis revealed that being younger than 40 years was significantly related to the absence of *H. pylori* infection (OR = 2.507, 95% CI = 1.621-3.878, $p < .001$).

결론

CONCLUSIONS: The statuses of *H. pylori* infection, IgE hypersensitivity, and allergic diseases differ with age group, there being a higher prevalence of IgE-related allergic disease and a lower *H. pylori* infection rate among young adults. The hygiene hypothesis might explain these findings in young Koreans, due to the rapid development and improvements in sanitation in Korea.

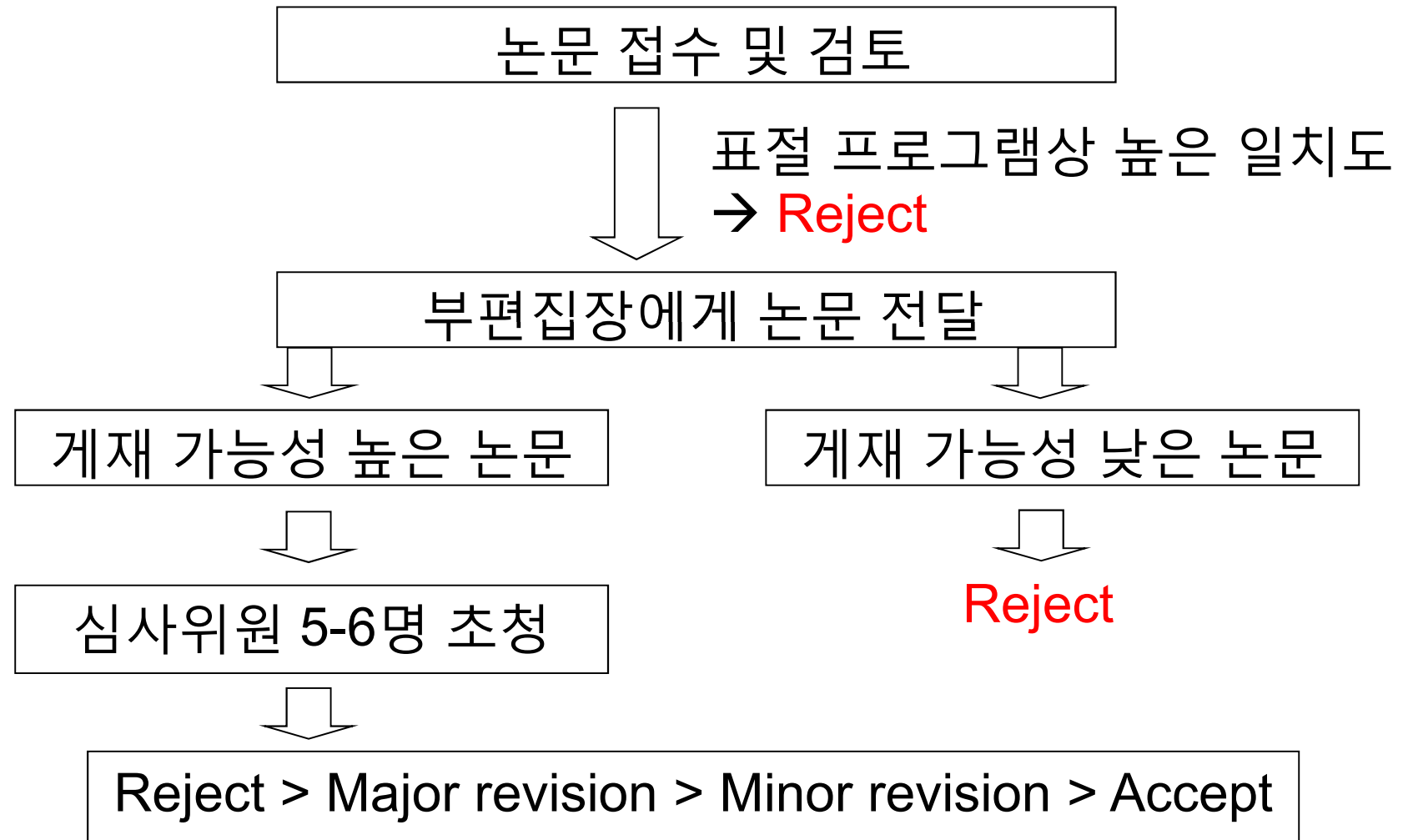
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KEYWORDS: *Helicobacter pylori*; IgE hypersensitivity; Phadiatop; allergy; eradication

PMID: 25257099 [PubMed - indexed for MEDLINE]



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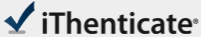


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Prognosis of nodular gastritis in adults

Background/Aims: Nodular gastritis (NG) ⁵ 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 ¹⁰⁸ during the follow-up

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표지부터 참고문헌까지

Original article

Does the Antibody Production Ability Affect the Serum Anti-*Helicobacter pylori* Immunoglobulin G titer?

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Word counts: 1,633 words

Running title: Serum anti-*H. pylori* IgG titer

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