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# What's New in the 11th Edition of *AMA Manual of Style*

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# INTRODUCTION

- **AMA Manual of Style**

- 미국의학협회(American Medical Association, AMA)의 style guide

- JAMA (Journal of the American Medical Association) 및

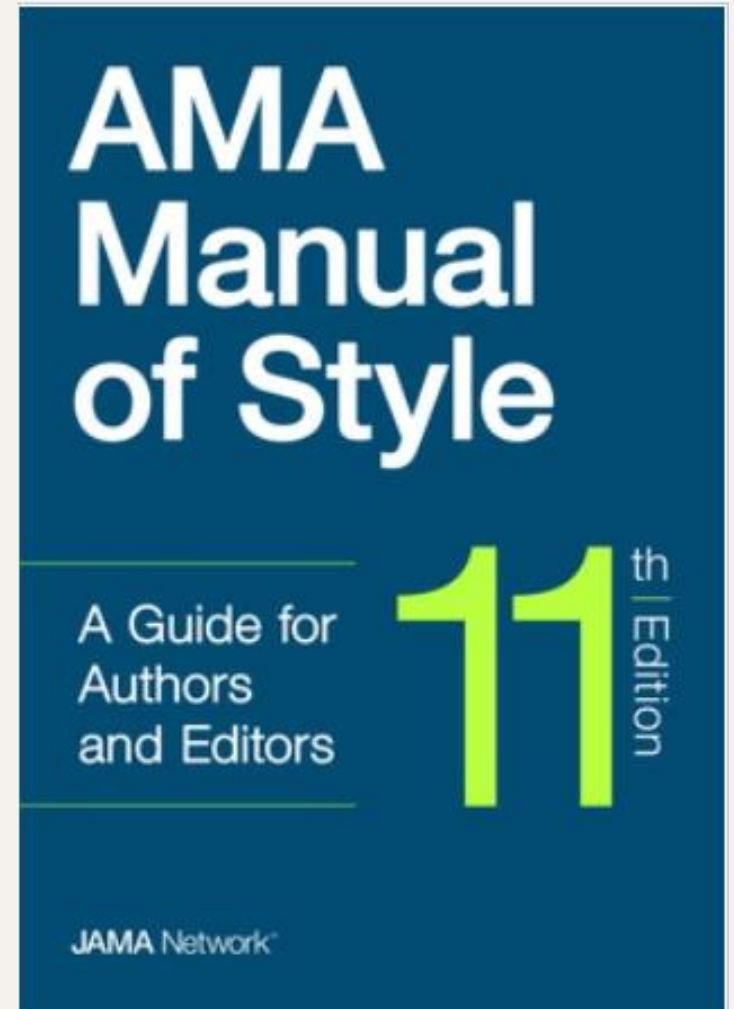
- JAMA Network journals의 editor들이 집필

- 출판사: Oxford University Press에서 출판

- 최초 출판: 1962년

- The 10th edition: **2007년**

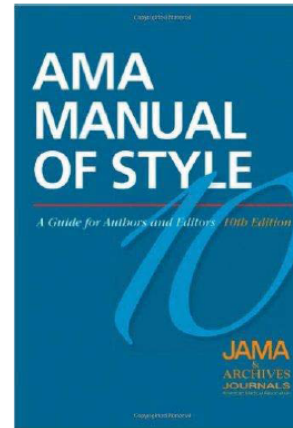
- The 11th edition: **2020년**



# ACKNOWLEDGMENTS

- Cheryl Iverson, Stacy Christiansen, Annette Flanagin;  
AMA Manual of Style Committee Members.  
*What's New in AMA Style: Implemented Updates.*  
Abstract in AMWA Annual Conference on  
November 3, 2018.  
([https://cdn.ymaws.com/www.amwa.org/resource/resmgr/NewAMAStyle\\_Session.pdf](https://cdn.ymaws.com/www.amwa.org/resource/resmgr/NewAMAStyle_Session.pdf))

## What's New in AMA Style



**Implemented  
Updates**

**11<sup>th</sup> Edition  
(to come!)**

Cheryl Iverson, Stacy Christiansen, and Annette Flanagin,  
AMA Manual of Style Committee Members

AMWA Annual Conference  
November 3, 2018

# CHANGES & UPDATES

## Manuscript Preparation

- e-mail → email (각 단어 대문자 title 혹은 문장 시작에서는 "Email")  
이를 제외한 "e-" 결합어에는 하이픈 삽입(각 단어 대문자인 제목에서는 "e-" 다음 철자를 대문자로)
  - ☞ e-cigarette, e-book
  - ☞ In title: State Restrictions on e-Cigarette Use
- 온라인 관련 용어 대소문자 변경
  - Internet → internet / Website → website (webcam, webcast, webpage, the web)
- 바이라인의 저자명에 고인을 표시하는 † 기호 사용 중지(논문 말미에 Additional information으로 제시)
  - ☞ Additional Information: Coauthor John Doe, MD, died January 30, 2018.
- Correct and preferred usage: dataset → data set / healthcare or health-care → health care

# CHANGES & UPDATES

## References

- 출판사 위치 정보 기재 X: 다국적 출판이나 온라인 출판 증가/published location이 참고문헌 검색에 필수 정보 X
  - ☞ Iverson C, Christiansen S, Flanagin A, et al. AMA Manual of Style: A Guide for Authors and Editors. 11th ed. **New York, NY:** Oxford University Press; 2019.
- 참고문헌에 DOI 기재 시 마침표 생략: 온라인 링크 오류 발생 방지 목적
  - ☞ 1. Cassel CK. Can retail clinics transform health care? JAMA.  
Published online April 12, 2018. doi:10.1001/jama.2018.2172.
- 웹 인용 시 URL을 가장 뒤에 기재, 마침표는 생략
  - ☞ 2. Centers for Disease Control and Prevention. Million Hearts: meaningful progress 2012-2016.  
Published May 2017. Accessed August 9, 2018. <https://millionhearts.hhs.gov/files/MH-meaningfulprogress.pdf>

# CHANGES & UPDATES

## References

- Social media 참고문헌 인용 추가

- 유동적 & 일시적인 특성이 있는 만큼 정확한 인용이 필요함

- ☞ Facebook

1. Mayo Clinic Sports Medicine **Facebook page**. #Rotator Cuff tears are among the most common shoulder injuries, particularly in individuals who engage in activities that require repetitive arm motions. Discover the possible treatment options for a torn rotator cuff: <https://mayocl.in/2H6AR3P>. **Accessed** March 4, 2019. <https://www.facebook.com/mayoclinicsportsmedicine>

- ☞ Blog

2. Gray T. Advice after mischief is like medicine after death. AMA Style Insider **blog**. **February 11, 2019**. **Accessed** March 10, 2019. <https://amastyleinsider.com/2019/02/11/advice-after-mischief-is-like-medicine-after-death/>

# CHANGES & UPDATES

## References

- Social media 참고문헌 인용 추가

- ☞ YouTube

- 3. Khan Academy health and medicine [YouTube page](#). Accessed February 10, 2016.

- <https://www.youtube.com/user/khanacademymedicine>

- ☞ Twitter

- 4. @AMAManual. Double negatives can be used to express a positive, but this yields a weaker affirmative than the simpler positive and may be confusing. "Our results are not inconsistent with the prior hypothesis." "That won't do you no good."

- And the classic: "I can't get no satisfaction." March 7, 2019. Accessed March 10, 2019.

- <https://twitter.com/AMAManual/status/1103678998327017483>

이와 같이 title 대신  
entire post가 기재되기도 함



# CHANGES & UPDATES

## References

- Digital 자료 참고문헌 인용 추가

- ☞ Podcast & Audio Materials

1. Livingston EH. Editor's audio summary. JAMA. **March 26, 2014. Accessed** October 4, 2016.

<https://jamanetwork.com/learning/audio-player/6514262>

- ☞ Apps & Interactive Games

2. Davis's Drug Guide With Updates & Calculators **app. Version** 1.18. Unbound Medicine Inc. **Updated** September 25, 2015.

3. *That Dragon, Cancer*. Numinous **Games**. 2016. **Accessed** August 17, 2016. <http://www.thatdragoncancer.com/>

# CHANGES & UPDATES

## References

- Database의 인용: 아래 요소들을 포함할 것(if applicable/최대한 출판 직전에 링크 가용성 확인)
  - Author. Title of the database. Publisher (or database owner or host). Year of publication and/or version number.  
Updated dated. Accessed date. URL
- ☞ 1. HUGO Gene Nomenclature Committee (HGNC). Human Gene Nomenclature database search engine.  
Accessed March 14, 2018. <http://www.genenames.org>

# CHANGES & UPDATES

## Tables

**Table 4.1-4.** Omitted Heading for First Column

**Table.** Baseline Characteristics of Study Participants by Ferritin Level

	Low ferritin ( $\leq 26$ ng/mL)		Higher ferritin ( $> 26$ ng/mL)	
	Iron (n = 51)	No iron (n = 50)	Iron (n = 60)	No iron (n = 54)
Women, No. (%)	33 (64.7)	31 (62.0)	38 (63.3)	34 (63.0)
Age $\geq 60$ y, No. (%)	12 (23.5)	11 (22.0)	17 (28.3)	12 (22.2)
Age, mean (SD), y	47.5 (15.5)	45.9 (15.7)	49.3 (14.6)	48.1 (14.6)
Weight, mean (SD), kg	75.9 (16.4)	76.8 (15.8)	81.5 (16.4)	77.9 (16.2)
Hemoglobin, mean (SD), g/dL	13.2 (1.0)	13.7 (1.3)	14.1 (1.0)	14.3 (1.2)
Ferritin, mean (SD), ng/mL	14.9 (5.8)	15.2 (6.0)	54.0 (24.3)	58.9 (32.9)
sTfR, mean (SD), mg/L	4.0 (1.33)	3.9 (1.19)	3.1 (0.65)	3.1 (0.62)
Estimated blood volume, mean (SD), L	4.59 (0.8)	4.66 (0.91)	4.79 (0.84)	4.64 (0.84)

Table 각 요소(행·열 제목 등)를 sentence style로 표기 (첫 단어 첫 자만 대문자)

First column heading의 생략 허용

각 열은 앞정렬

(AMA, 11th ed. p. 118.)

# CHANGES & UPDATES

## Tables

Table 7. Percent Change in Age-Standardized Summary Exposure Values for the Leading 10 Risk Factors for the United States

	% (95% Uncertainty Interval)					
	High body-mass Index	Smoking	High fasting plasma glucose	High systolic blood pressure	Drug use	Alcohol use
United States	53.2 (41.5 to 67.2)	-42.8 (-47.1 to -37.2)	76.0 (44.4 to 144.2)	-13.3 (-13.9 to -12.6)	10.1 (7.5 to 12.8)	6.0 (-24.2 to 42.1)
Alabama	66.7 (48.0 to 94.3)	-24.3 (-33.0 to -15.2)	123.2 (53.3 to 289.8)	-12.7 (-15.8 to -9.7)	9.1 (5.6 to 11.8)	4.7 (-51.0 to 99.5)
Alaska	32.2 (19.0 to 49.3)	-32.0 (-41.2 to -22.9)	36.4 (7.8 to 101.6)	-12.0 (-14.8 to -9.1)	39.2 (26.5 to 53.5)	12.0 (-50.8 to 139.6)
Arizona	60.7 (40.6 to 88.9)	-48.4 (-54.5 to -40.8)	61.7 (22.9 to 164.9)	-12.6 (-15.4 to -9.6)	6.5 (3.2 to 9.3)	7.5 (-48.7 to 120.4)
Arkansas	56.0 (36.8 to 80.3)	-27.3 (-34.6 to -19.4)	78.6 (30.1 to 205.2)	-12.7 (-15.7 to -9.7)	-0.9 (-4.3 to 1.8)	3.1 (-49.8 to 103.7)
California	54.4 (36.6 to 75.6)	-60.5 (-67.2 to -51.3)	42.6 (16.3 to 117.8)	-12.9 (-15.8 to -9.7)	11.3 (8.4 to 14.5)	10.6 (-43.1 to 124.6)

Column heading도  
앞정렬

# CHANGES & UPDATES

## Tables

- 자료에 따라 다양한 형태의 table 가용(shading, color 등 활용)

**Table 4.1-2.** Matrix That Is Presented as a Figure

**Figure.** Paired Grading Class Comparison for Paravalvular Regurgitation (PVR)

PVR at 30 d	PVR at 1 y						Total
	None	Trace	Mild	Mild to moderate	Moderate	Severe	
None	267	57	26	2	0	0	352
Trace	112	150	56	5	0	0	323
Mild	55	96	207	45	4	0	407
Mild to moderate	1	7	34	49	7	0	98
Moderate	0	3	6	14	7	1	31
Moderate to severe	0	0	0	1	1	0	2
Total	435	313	329	116	19	1	1213

■ Worse ■ Better ■ Same

# CHANGES & UPDATES

## Figures

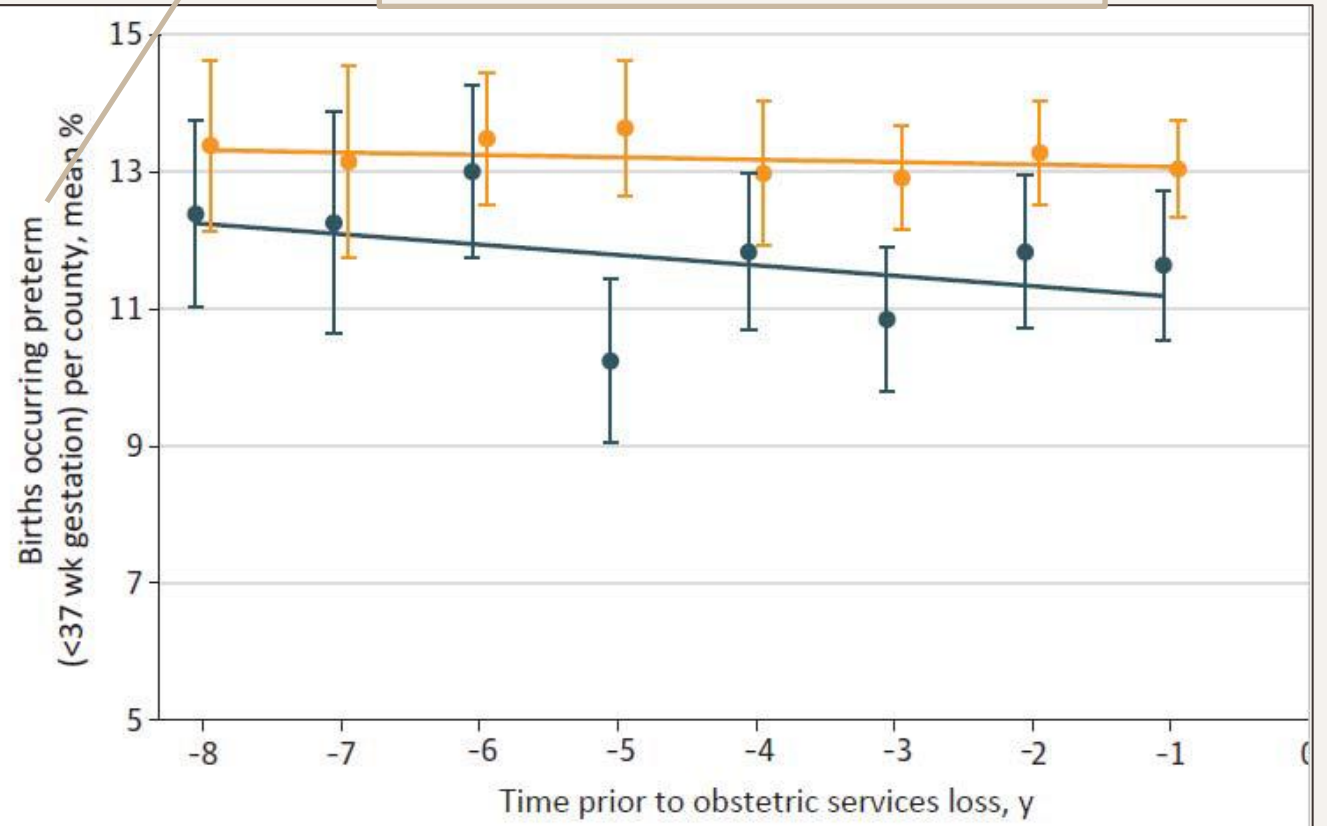
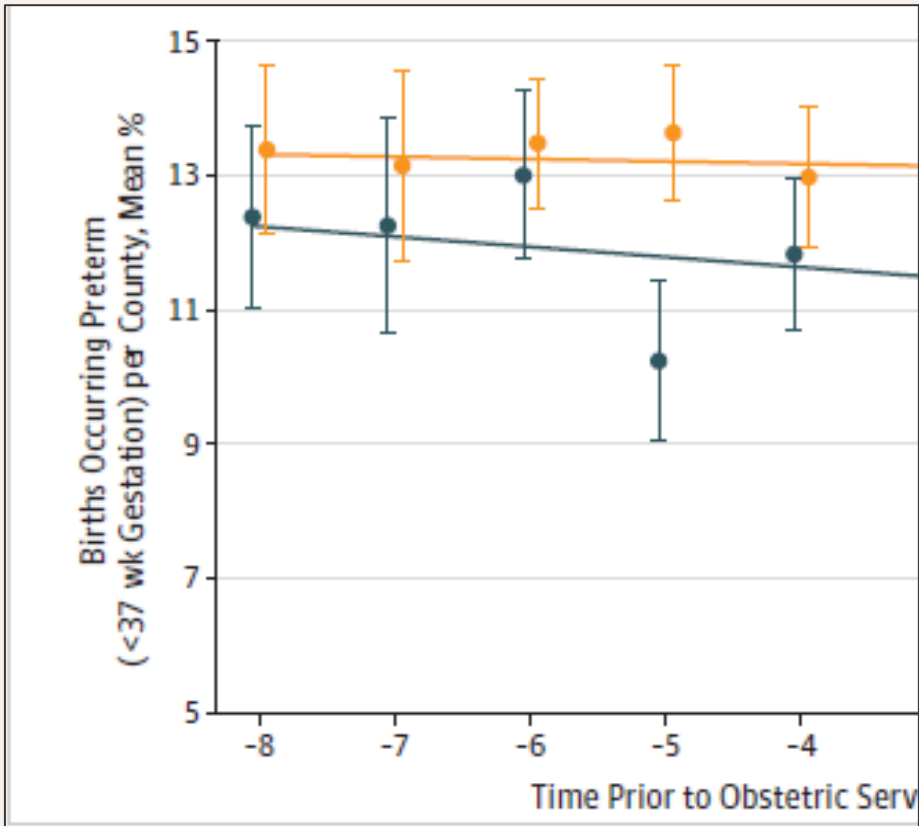


Figure 각 요소(축 제목 등)를 sentence style로 표기 (첫 단어 첫 자만 대문자)

# CHANGES & UPDATES

## Grammar

- 대상자의 identity 보호 및 sex/gender bias 방지를 위한 용어 사용
  - Sex-neutral terms: man, woman → person / fireman → firefighter  
manpower → employees, human resources, work force, workers, etc
  - he/she or s/he → “he or she” 혹은 “they” 권장
  - 필요할 경우, 복수 대명사 “they”의 단수 사용 허용

☞ Everyone should cite **their** sources.  
(단수)                      (singular “they”)

※필요 여부를 잘 판단하여 적절히 적용/ 과도한 적용으로 어색해지거나 불분명해지지 않도록 주의 필요

# CHANGES & UPDATES

## Punctuation

- Nonhyphenated terms의 확장

- 문자 1개나 숫자가 2번째 요소인 수식어구

- ☞ type 1 diabetes / phase 2 study

- Hyphen 없이 사용되는 단어 조합

- ☞ amino acid levels

- lower extremity amputation

- bone marrow biopsy

- medical school students

- deep venous thrombosis

- open access journal

- health care system



# CHANGES & UPDATES

## Abbreviation

- 새로운 약어 목록 추가
  - ☞ CKD (chronic kidney disease), GWAS (genome-wide association study),  
**LGBTQ** (lesbian, gay, bisexual, transgender, and queer),  
**MERS** (Middle East respiratory syndrome),  
**SARS-CoV-2** (severe acute respiratory syndrome coronavirus 2; 2020. 3 추가; without expansion [2021. 2/19]),  
**COVID-19** (coronavirus disease 2019; 2020. 3 추가; without expansion [2021. 2/19])
- 풀이 필요 없는 약어의 추가
  - CI (confidence interval), IQR (interquartile range; added in 2022. 2/24), etc

# CHANGES & UPDATES

## Abbreviation

- Fellowship, 명예학위, 직위, 작위 등은 표기 X
  - FACP, FACS, FRCP, FRCS, FRCPC, PhD[Hon], etc
  - Academic degree만 기재(doctoral or master's)

# CHANGES & UPDATES

## Terms

- Socioeconomic status에 따른 낙인(labeling) 지양
  - ☞ the poor, the unemployed, first world/third world, developed/developing country
    - **replace with** low income, limited-income, no income, resource-limited, resource-poor, transitional, etc.
- Addiction 관련 용어
  - ☞ alcoholic, addict, user, abuser, etc
    - **replace with** "she was addicted," "people with opiate addiction," "he abused alcohol," "alcohol misuse disorder"

# CHANGES & UPDATES

## Nomenclature

- 장비, 장치, 시약, 소프트웨어의 제조사 위치 기재 X
  - 온라인에서 쉽게 검색되므로 no longer requested
- ☞ The 9-valent HPV vaccine (**Gardasil 9, Merck & Co**) was administered to 5 vaccination cohorts.
- ☞ The active medication was 1 mL of triamcinolone (**purchased from Bristol-Myers Squibb**).
- ☞ The statistical analyses were performed using **SAS statistical software, version 9.3 (SAS Institute Inc.)**.

# CHANGES & UPDATES

## Nomenclature

- 유전자명은 정식 기호로 사용(별칭, 닉네임 등 사용 지양)

☞ (Li-Fraumeni syndrome의 원인 유전자) p53 → *TP53*

- 별칭(alias)이 더 잘 알려진 경우 dual report 사용

☞ *ERBB2* (previously *HER2/neu*)

- mutation (돌연변이), polymorphism (다형성) 등의 용어 지양

→ sequence variant (서열 변이), sequence variation (서열 변형), alteration, allelic variant (대립 유전자 변이)

∴ single-nucleotide polymorphism (단일염기다형성, SNP) → single-nucleotide variation (단일염기변이, SNV)

☞ "...SNV (formerly SNP)..."

# CHANGES & UPDATES

## Unit

- Currencies 추가(including African denominations)
  - Ethiopian birr (ብር), Ghana cedi (GH¢), Malawi kwacha (MK), Nigeria naira (₦), Uganda shilling (USh), Zimbabwe dollar (\$)
- 섭씨 기호(Celsius scale, °C) 띄어쓰기 변경
  - ☞ temperature of 37.5 °C
  - 화씨(Fahrenheit, °F)는 섭씨로 환산하여 표기

※ Angle, percent는 붙여 씀(45°, 8.0%)

Range 표기: 8.0%-9.2% (단위 반복)

37.5-37.9 °C (단위 반복 X)

# CHANGES & UPDATES

## Statistics & Mathematics

- *multivariable* ≠ *multivariate*
  - multivariable (다변수): 단일 결과(종속변수)에 대한 여러 개의 독립변수
  - multivariate (다변량): 여러 결과에 대한 하나 이상의 독립변수→ 대부분의 임상연구는 multivariable approach (단일 결과에 대한 다변수 접근)
- 혼란을 막기 위해 통계분석 표기에 첨자 사용 지양
  - ☞  $P_{\text{interaction}} < .001 \rightarrow$  (Better)  $P < .001$  for interaction
  - $P_{\text{trend}} \rightarrow P$  for trend
- 동사 및 접속사의 의미로 사용되는 수학 기호 앞뒤 thin space (em dash의 1/5 혹은 1/6 너비)
  - ±, =, <, >, ≤, ≥, +, −, ÷, ×, ;, ≈, ~, ∩, ∫, ∏, Σ, and |.※ 형용사적 용법으로 쓰일 때는 붙여 씀(−2 °C, ≥20 mm)

# CHANGES & UPDATES

## Editing, Proofreading, Tagging, Display

- 기존 인쇄본 중심의 조판(typography), proofreading, 출판(publication) 관련 내용에서 XML tagging을 포함한 전자 편집(electronic editing), proofreading, display procedure에 대한 내용으로 업데이트

## Guidelines

- Resources 챕터의 guidelines 전면 업데이트
  - Committee on Publication Ethics (COPE). <https://www.publicationethics.org>
  - Declaration of Helsinki. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>
  - EQUATOR Network. <https://www.equator-network.org>
  - Good Publication Practice for Communication Company-Sponsored Medical Research: GPP3. Ann Intern Med. 2015;163(6):461-464. doi:10.7326/M15-0288
  - International Committee of Medical Journal Editors (ICMJE) Uniform Requirements. <https://www.icmje.org>
  - World Association of Medical Editors (WAME) Policy Statements. <http://www.wame.org/policies-and-resources>



# CHANGES & UPDATES

## Glossary

- Technological updates를 반영하기 위한 용어의 추가 및 삭제
  - 삭제: CD-ROM, CPU, DOS, elite type, fax, hard disk, internet, keyboard, LAN, mainframe, mouse, page proof, password, PC, program, RTF, storage
  - 추가: cloud, ghost writer, IP address, JATS, landscape, NISO, open access, scholar's margin, stylesheet, STM (scientific, technical, and medical fields), thin space, Unicode

# CHANGES & UPDATES

## NEW OPTION!!!

- Retraction 중 21%가 비윤리적 행위가 아닌 오류 때문에 발생한다는 조사 결과
- 의도하지 않은 오류가 있으나 과학성이 인정될 경우 “철회 및 대체”로 처리

원문 수정 후 Acknowledgments에 변경 사항과 날짜 고지

✉ Correction: This article was corrected on May 20, 2014 to fix a typographical error in the abstract and on July 3, 2014, to fix a numerical error in the Secondary Outcomes subsection in the Results section.

Type	Definition	Publication Response
사소한 오류	중요하지 않은 오류(예: 오해를 유발할 수 있는 인쇄상의 오류)	온라인 상의 논문 수정: html과 pdf에 수정 사항 및 날짜를 article information으로 고지
중대한 오류	Correction notice가 필요한 오류(예: 저자명 스펠 오류, 숫자 오류, 중요 정보 누락)	위와 동일한 처리 + 정정기사(Correction notice) 발행(정정기사와 원문 사이에 상호 링크)
광범위한(pervasive) 오류	초록, 텍스트, 표 및 그림에 걸쳐 중요하거나 많은 데이터를 수정해야 하는, 의도하지 않은 오류(예: 코딩 오류)	A. Letter and Correction: 결론, 해석, 통계적 결과에 유의한 변화가 없다면 저자의 letter로 정정기사 발행(정정기사와 원문 사이에 상호 링크) B. <b>Retraction and Replacement</b> : 결론, 해석, 결과에 중대한 변경이 있으나 과학성은 유효하다면 원문을 (철회 및 대체 사실을 잘 표시한) 수정 논문으로 대체 + 오류에 강조 표시한 수정 전 원문과 수정 부분에 강조 표시한 대체 논문 pdf를 온라인 부록으로 게시 + 저자의 letter로 철회 및 대체 기사를 발행 C. Retraction: 결론, 해석, 결과에 중대한 변경이 있고 과학성도 유효하지 않다면 철회 및 철회 기사 발행
과학적 또는 연구 부정행위 or 수정하거나 대체하면 안 되는 광범위한 오류	조작, 변조 또는 표절 or 결과, 해석, 결론 및 기저의 science 자체를 무효화하는 광범위한 오류	A. Retraction: 사실 확인이 된 경우→저자의 Letter나 편집인의 Editorial로 철회 기사 게재 + 원문에 눈에 잘 띄는 공지와 워터마크로 철회 사실 명시(철회기사와 원문 사이에 상호 링크) B. Expression of Concern: 저자나 기관, funder로부터 공식적으로 확인되지 않았으나 과학적 또는 연구 부정행위의 증거가 상당한 경우 편집인이 Editorial로 Notice of Expression of Concern 발행 + 원문에 눈에 잘 띄는 공지로 우려표명 기사 발행 사실 명시(우려표명 기사와 원문 사이에 상호 링크)

(다음 논문의 Table 번역 및 요약: Christiansen and Flanagin. Correcting the medical literature: “to err is human, to correct divine.” JAMA 2017;318:804-805. doi:10.1001/jama.2017.11833)



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### Original Investigation

January 2018

# Association of Cataract Surgery With Mortality in Older Women

## Findings from the Women's Health Initiative

Victoria L. Tseng, MD, PhD<sup>1</sup>; Rowan T. Chlebowski, MD, PhD<sup>2</sup>; Fei Yu, PhD<sup>1,3</sup>; et al

[Author Affiliations](#) | [Article Information](#)

JAMA Ophthalmol. 2018;136(1):3-10. doi:10.1001/jamaophthalmol.2017.4512



CONTENTS



FIGURES / TABLES



SUPPLEMENTAL CONTENT



REFERENCES



RELATED

Initiative (WHI) and Medicare Databases

**eTable 5.** Baseline Characteristics of Patients With Cataract Initiative from 1993-2013 (n=74 044)

**eTable 6.** Source of Diagnosis for Selected Systemic Conditions in the Women's Health Initiative (WHI) and Medicare Databases



### Supplement 2.

Retracted article with errors highlighted



### Supplement 3.

Replacement article with corrections highlighted

### Article Information

**Retraction and Replacement:** This article was retracted and replaced on August 23, 2018, to fix errors throughout the article and tables (see [Supplement 2](#) or the retracted article with errors highlighted and [Supplement 3](#) for the replacement article with corrections highlighted).

JAMA Ophthalmology | Original Investigation

## Association of Cataract Surgery With Mortality in Older Women

### Findings From the Women's Health Initiative

Victoria L. Tseng, MD, PhD; Rowan T. Chlebowski, MD, PhD; Fei Yu, PhD; Jane A. Cauley, DrPH; Wenjun Li, PhD; Fridtjof Thomas, PhD; Beth A. Virmig, PhD; Anne L. Coleman, MD, PhD

**IMPORTANCE** Previous studies have suggested an association between cataract surgery and decreased risk for all-cause mortality potentially through a mechanism of improved health status and functional independence, but the association between cataract surgery and cause-specific mortality has not been previously studied and is not well understood.

**OBJECTIVE** To examine the association between cataract surgery and total and cause-specific mortality in older women with cataract.

**DESIGN, SETTING, AND PARTICIPANTS** This prospective cohort study included nationwide data collected from the Women's Health Initiative (WHI) clinical trial and observational study linked with the Medicare claims database. Participants in the present study were 65 years or older with a diagnosis of cataract in the linked Medicare claims database. The WHI data were collected from January 1, 1993, through December 31, 2015. Data were analyzed for the present study from July 1, 2014, through September 1, 2017.

**EXPOSURES** Cataract surgery as determined by Medicare claims codes.

**MAIN OUTCOMES AND MEASURES** The outcomes of interest included all-cause mortality and mortality attributed to vascular, cancer, accidental, neurologic, pulmonary, and infectious causes. Mortality rates were compared by cataract surgery status using the log-rank test and Cox **proportional hazards** regression models adjusting for demographics, systemic and ocular comorbidities, smoking, alcohol use, body mass index, and physical activity.

**RESULTS** A total of 74 044 women with cataract in the WHI included 41 735 who underwent cataract surgery. Mean (SD) age was 70.5 (4.6) years; the most common ethnicity was white (64 430 [87.0%]), followed by black (5293 [7.1%]) and Hispanic (1723 [2.3%]). The mortality rate was 2.56 per 100 person-years in **both groups**. In covariate-adjusted Cox models, cataract surgery was associated with **lower** all-cause mortality (adjusted hazards ratio [AHR], **0.40; 95% CI, 0.39-0.42**) as well as **lower** mortality specific to vascular (AHR, **0.42; 95% CI, 0.39-0.46**), cancer (AHR, **0.31; 95% CI, 0.29-0.34**), accidental (AHR, **0.44; 95% CI, 0.33-0.58**), neurologic (AHR, **0.43; 95% CI, 0.36-0.53**), pulmonary (AHR, **0.63; 95% CI, 0.52-0.78**), and infectious (AHR, **0.44; 95% CI, 0.36-0.54**) diseases.

**CONCLUSIONS AND RELEVANCE** In older women with cataract in the WHI, cataract surgery **is** associated with **lower** risk for total and cause-specific mortality, **although whether this association is explained by the intervention of cataract surgery is unclear**. Further study of the interplay of cataract surgery, systemic disease, and disease-related mortality would be informative for improved patient care.

← Invited Commentary page 10

⊕ Supplemental content

**Author Affiliations:** Author affiliations are listed at the end of this article.

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JAMA Ophthalmol. 2018;36(11-12):10. doi:10.1001/jamaophthalmol.2017.4512  
Published online October 26, 2017.

JAMA Ophthalmology | Original Investigation

## Association of Cataract Surgery With Mortality in Older Women

### Findings from the Women's Health Initiative

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**IMPORTANCE** Previous studies have suggested an association between cataract surgery and decreased risk for all-cause mortality potentially through a mechanism of improved health status and functional independence, but the association between cataract surgery and cause-specific mortality has not been previously studied and is not well understood.

**OBJECTIVE** To examine the association between cataract surgery and total and cause-specific mortality in older women with cataract.

**DESIGN, SETTING, AND PARTICIPANTS** This prospective cohort study included nationwide data collected from the Women's Health Initiative (WHI) clinical trial and observational study linked with the Medicare claims database. Participants in the present study were 65 years or older with a diagnosis of cataract in the linked Medicare claims database. The WHI data were collected from January 1, 1993, through December 31, 2015. Data were analyzed for the present study from July 1, 2014, through September 1, 2017.

**EXPOSURES** Cataract surgery as determined by Medicare claims codes.

**MAIN OUTCOMES AND MEASURES** The outcomes of interest included all-cause mortality and mortality attributed to vascular, cancer, accidental, neurologic, pulmonary, and infectious causes. Mortality rates were compared by cataract surgery status using the log-rank test and Cox regression models **with time-varying covariate cataract surgery status** adjusting for demographics, systemic and ocular comorbidities, smoking, alcohol use, body mass index, and physical activity.

**RESULTS** A total of 74 044 women with cataract in the WHI included 41 735 who underwent cataract surgery. Mean (SD) age was 70.5 (4.6) years; the most common ethnicity was white (64 430 [87.0%]), followed by black (5293 [7.1%]) and Hispanic (1723 [2.3%]). The mortality rate was 2.56 per 100 person-years in **the cataract surgery group and 1.45 per 100 person-years in the cataract diagnosis group**. In covariate-adjusted Cox models, cataract surgery was associated with **higher** all-cause mortality (adjusted hazards ratio [AHR], **1.07; 95% CI, 1.02-1.11**) as well as **higher** mortality specific to vascular (AHR, **1.36; 95% CI, 1.26-1.46**), cancer (AHR, **1.27; 95% CI, 1.18-1.38**), accidental (AHR, **1.36; 95% CI, 1.05-1.76**), pulmonary (AHR, **1.96; 95% CI, 1.62-2.37**), and infectious (AHR, **1.37; 95% CI, 1.14-1.65**) diseases. **Neurologic death causes were not associated with cataract surgery (AHR, 0.96; 95% CI, 0.83-1.17).**

**CONCLUSIONS AND RELEVANCE** In older women with cataract in the WHI, cataract surgery **was** associated with **higher** risk for total and cause-specific mortality **(except for neurologic causes)**. Further study of the interplay of cataract surgery, systemic disease, disease-related mortality, **and the best timing of when to undergo cataract surgery** would be informative for improved patient care.

This article was retracted and replaced on August 23, 2018. See supplemental content for versions that show errors and corrections.

← Invited Commentary page 10

⊕ Supplemental content

**Author Affiliations:** Author affiliations are listed at the end of this article.

**Corresponding Author:** Anne L. Coleman, MD, PhD, Stein Eye Institute, David Geffen School of Medicine, UCLA, 100 Stein Plaza, Room 2-118, Los Angeles, CA 90095 (colemans@sei.ucla.edu).

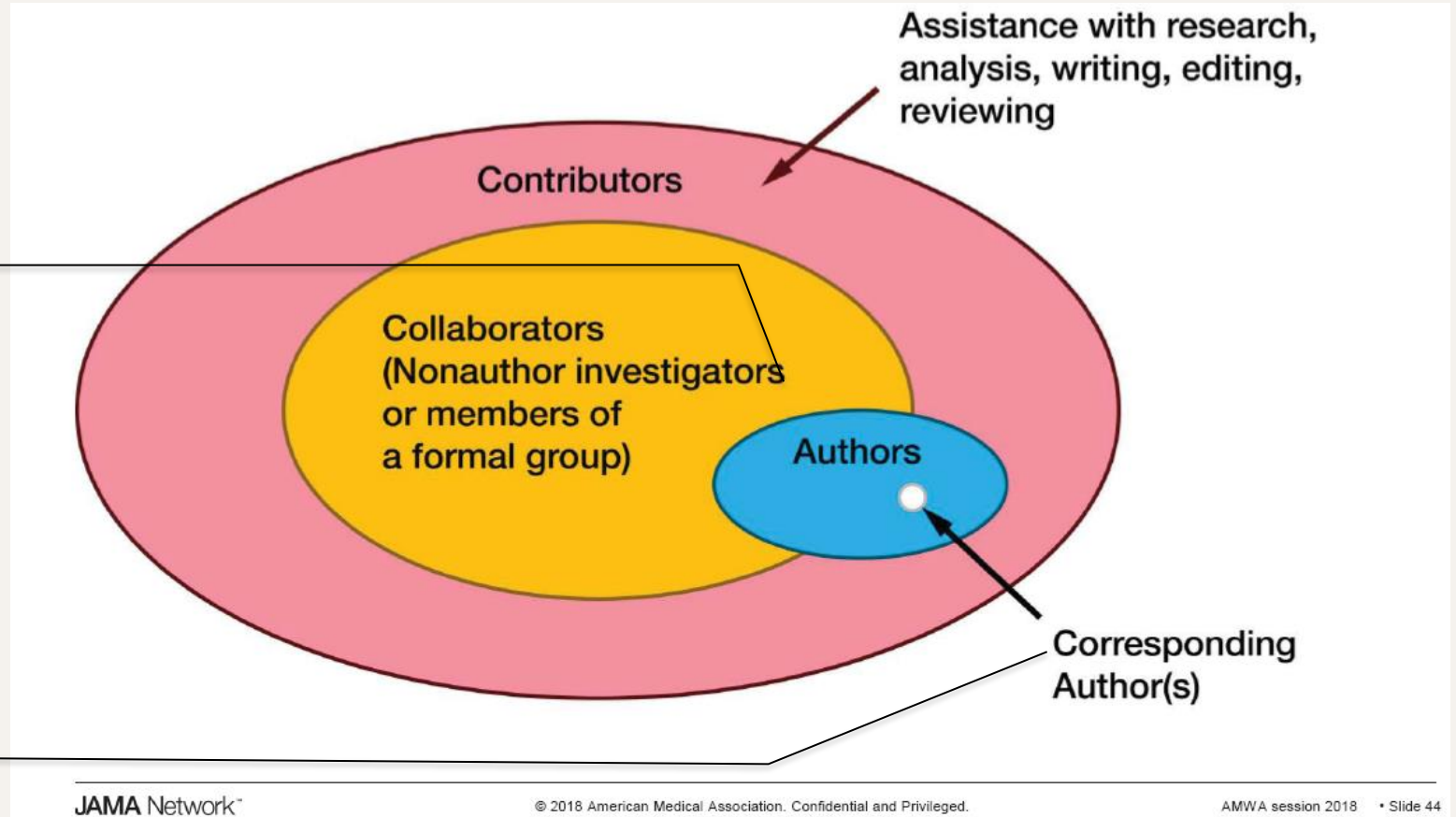
JAMA Ophthalmol. 2018;36(11-12):10. doi:10.1001/jamaophthalmol.2017.4512  
Published online October 26, 2017. Retracted and replaced on August 23, 2018.

# CHANGES & UPDATES

## Authorship

- ICJME criteria 4가지 충족하고 authorship form 작성 제출
- Co-first author, co-senior author 허용 (2명까지만)

- Co-corresponding author (2명까지 허용 + 제1 교신저자를 지정해야 함)



# CHANGES & UPDATES

## Authorship

### 공동 교신저자 표기법

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# CHANGES & UPDATES

## Data Sharing

- ICMJE 회원 학술지는 clinical trials에 대해 data sharing statements를 함께 제출하도록 요구 (타 유형 논문은 optional)

### 연구 데이터 공유 가능 여부

예  아니요 (불가 이유)

### 사용 가능 데이터 종류

익명화된 대상자 데이터  
식별되는 대상자 데이터  
데이터 사전  
기타

데이터 접근 방법(URL, 개인 이메일 주소 등)

데이터 사용 가능 날짜(시작일~종료일)

## Data

**Will the data collected for your study, including individual patient data and a data dictionary defining each field in the data set, be made available to others?**

Yes or No. (If no, authors may explain why data are not available.)

**List all data that will be made available:**

Deidentified participant data

Participant data with identifiers

Data dictionary

Other (please specify)

**List where to access these data.** Provide complete URL if data will be available in a repository or website, or provide complete email address if request for data must be sent to an individual.

**List the beginning date and end date (if applicable) when these data will be available.** If the beginning date of data availability will be when the article is published, please indicate “with publication.”

With publication

At a date different from publication

Beginning date

End date (if applicable)

## Data Sharing Statement

*JAMA Example*

Phelps. Effects of *myo*-inositol on type 1 retinopathy of prematurity among preterm infants <28 weeks' gestational age: a randomized clinical trial. *JAMA*. Published October 23-30, 2018 doi:10.1001/jama.2018.14996

### Data

**Data available:** Yes

**Data types:** Deidentified participant data

**How to access data:** Data can be shared by accessing the following link, <https://neonatal.rti.org/index.cfm?fuseaction=DataRequest.Home>

**When available:** With publication

### Supporting Documents

**Document types:** None

### Additional Information

**Who can access the data:** Researchers whose proposed use of the data has been approved following the NIH data sharing policies.

**Types of analyses:** Analysis of those approved proposals. Mechanisms of data availability: After approval and with a data use agreement.



# CHANGES & UPDATES

## Public access & Open access

### Differences between public and open access

Public Access	Open Access
Free to read	Free to read, reuse, modify without permission
No author fee	Author processing charge (APC)
Delayed access (6, 12, 24 months after publication)	Immediate access with publication
Transfer of copyright or publication license to journal	Use of CC license; author retains copyright
Required by NIH	Required by some funders, eg, Gates, Wellcome Trust

# CHANGES & UPDATES

## Public access & Open access

- **Gold OA journal:** 모든 논문 OA (with/without APC)
  - PLOS journals, BMC journals, JAMA Network Open
- **Hybrid journal:** 유료 저널이지만 delayed public access / APC 지불하면 OA로 출판
  - JAMA Internal Medicine, Clinical Infectious Diseases
- **Mega journal:** APC를 지불하면 technical soundness만 검토 후 OA로 출판(게재율이 높고 다수의 논문이 출판됨)
  - PLOS ONE, Scientific Reports

# GENERAL REVIEW

- Digital 시대의 저자, 편집인, 발행인이 알아야 할 내용
- Reference citation에 대한 광범위한 업데이트
  - 디지털 출판물, preprint, database, data repository, podcast, app or game, social media 등
- 새로운 유형의 graphic presentation, table, figure 형식 지침 업데이트 및 풀컬러 예제
- Authorship, conflict of interest, scientific misconduct, 지적재산권, open/public access, correction 등 윤리적·법적 내용 심화
- 개인의 특정 질병이나 컨디션, 다양한 사회경제적, 인종적/민족적, 성적 취향을 나타내는 용어 선택에 대한 최신 매뉴얼로 개정
- 다양한 분야의 명명법(nomenclature) 확충 및 선호되는 표기 안내
- 숫자, SI 단위, 수학 기호 등에 대한 지침 업데이트 / 통계 및 연구 설계에 대한 섹션이 크게 확장됨

(Amazon의 AMA Manual of Style, 11th ed에 대한 안내 자료 번역 요약)

# FOR MORE INFORMATION

- **Updates to the Manual**

: 11판 발행 이후로도 지속적인 변경 내용 업데이트

<https://academic.oup.com/amamanualofstyle/pages/about/updates-to-the-manual>

- **AMA Style Insider blog**

: AMA 매뉴얼 관련 고찰, 업데이트, 퀴즈, 인터뷰 등 다양한 내용 게시

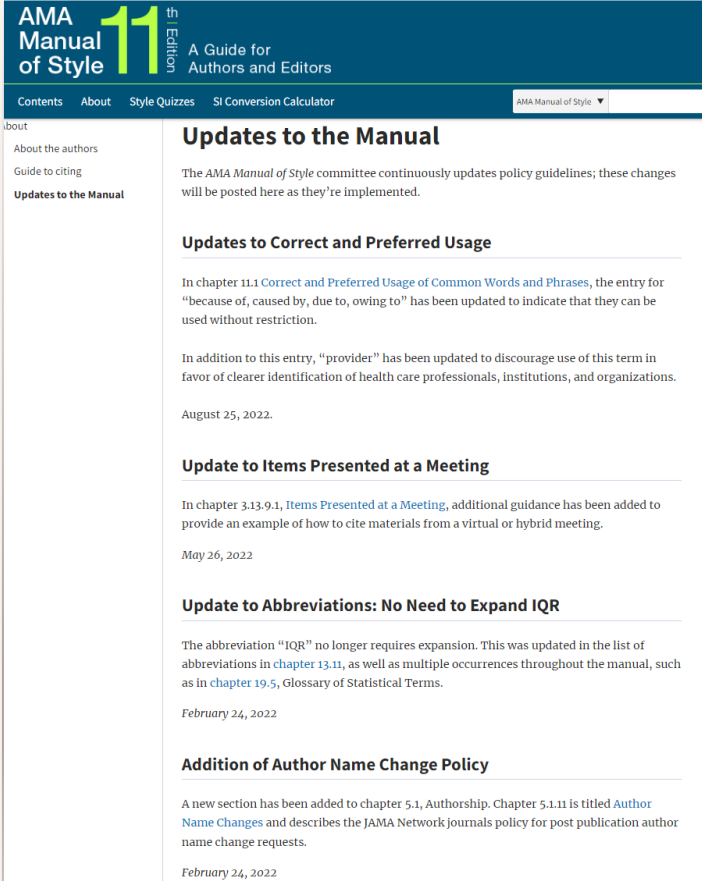
<https://amastyleinsider.com/>

- **Style Quizzes**

: 업데이트된 내용에 따라 기존 Style Quizzes 변경 & 추가(답도 제공)

<https://academic.oup.com/amamanualofstyle/pages/style-quizzes?login=false>

→ 모두 Login이나 회원 가입 없이 열람 가능



The screenshot displays the 'Updates to the Manual' page from the AMA Manual of Style 11th Edition website. The page header includes the title 'AMA Manual of Style 11th Edition' and the subtitle 'A Guide for Authors and Editors'. The main content area lists several updates:

- Updates to the Manual**: The AMA Manual of Style committee continuously updates policy guidelines; these changes will be posted here as they're implemented.
- Updates to Correct and Preferred Usage**: In chapter 11.1 *Correct and Preferred Usage of Common Words and Phrases*, the entry for "because of, caused by, due to, owing to" has been updated to indicate that they can be used without restriction. In addition to this entry, "provider" has been updated to discourage use of this term in favor of clearer identification of health care professionals, institutions, and organizations. August 25, 2022.
- Update to Items Presented at a Meeting**: In chapter 3.13.9.1, *Items Presented at a Meeting*, additional guidance has been added to provide an example of how to cite materials from a virtual or hybrid meeting. May 26, 2022.
- Update to Abbreviations: No Need to Expand IQR**: The abbreviation "IQR" no longer requires expansion. This was updated in the list of abbreviations in chapter 13.11, as well as multiple occurrences throughout the manual, such as in chapter 19.5, *Glossary of Statistical Terms*. February 24, 2022.
- Addition of Author Name Change Policy**: A new section has been added to chapter 5.1, *Authorship*. Chapter 5.1.11 is titled *Author Name Changes* and describes the JAMA Network journals policy for post publication author name change requests. February 24, 2022.

THANK YOU

경청해 주셔서 감사합니다.

**Any Question?**

[seo@infolumi.co.kr](mailto:seo@infolumi.co.kr)