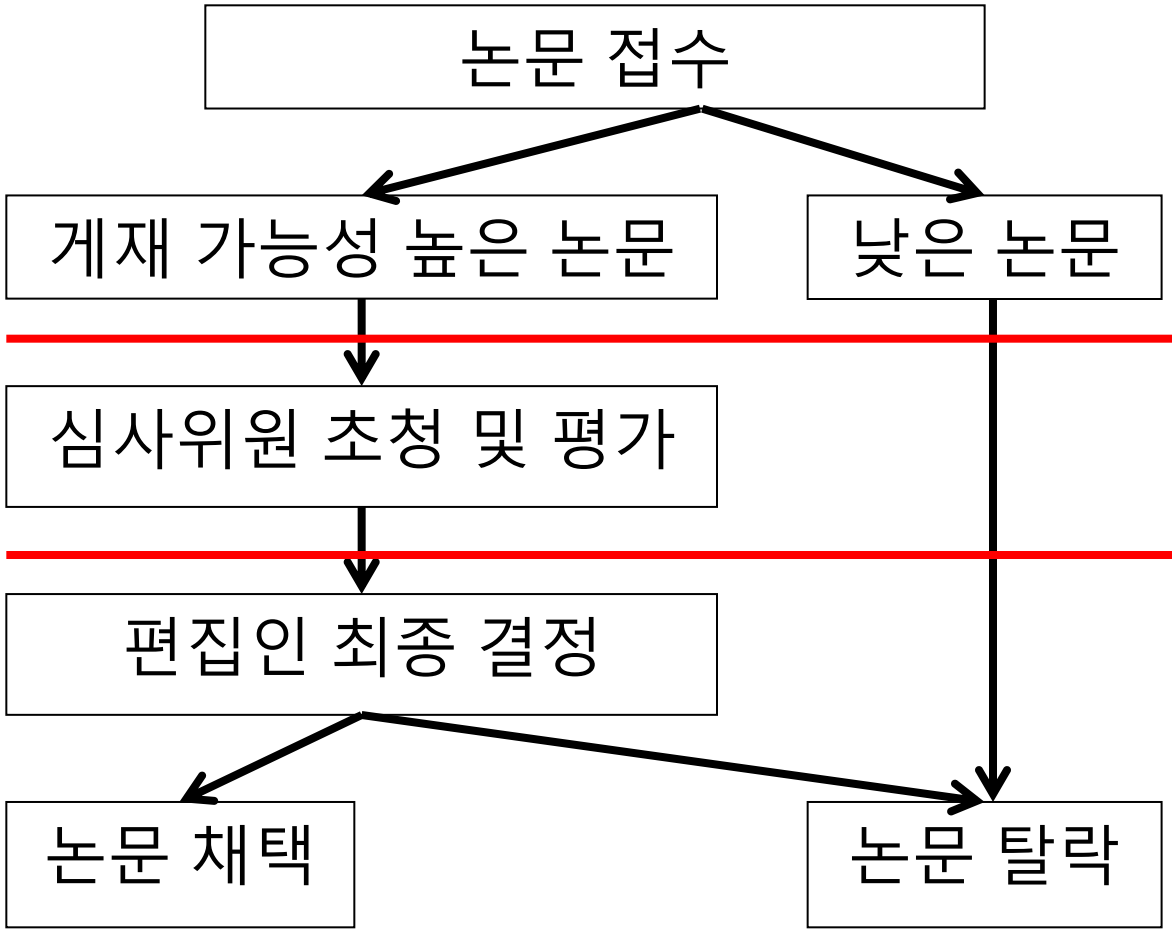
2017년 12월 9일 09:05-09:35분

편집인으로서 주의해야 할 학술 논문의 단계별 오류

건국대학교병원 소화기내과
이 선 영

단계별 오류



1. 심사 전 편집자
논문 취급 단계

2. 심사 중 심사자
논문 취급 단계

3. 심사 후 출판사
논문 취급 단계

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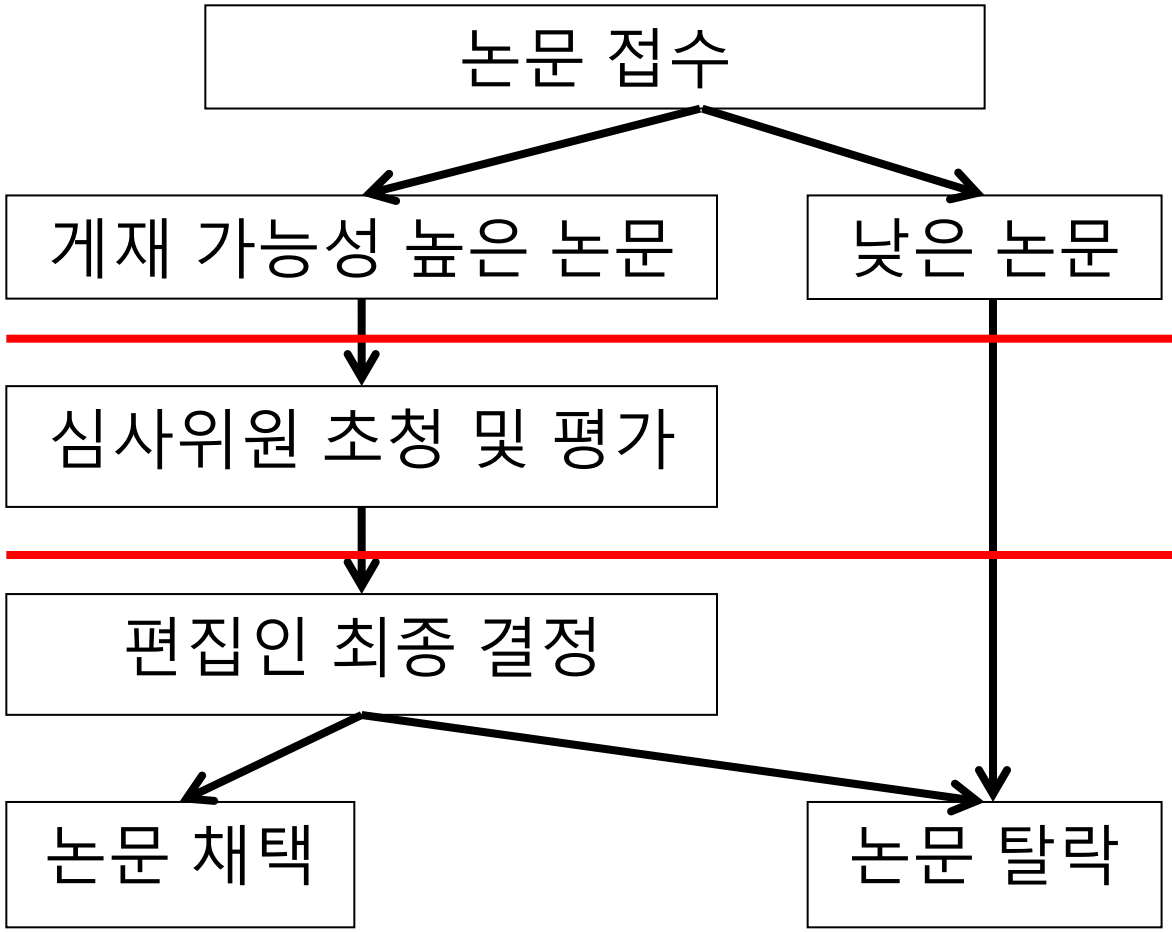

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심사 보내기 전에 확인할 내용

1. 새로운 내용
2. 흥미로운 토픽 → 영향력이 있는 논문
3. 해결책 제시

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탈락 결정 시 유의사항

1. 편집인이 심사를 보내지 않는 타당한 이유를 confidential comments로 기입
2. Similarity index 확인
3. 인용될 가능성이 적은 논문인지 확인
   - 독창성 결여
   - 저널과 무관한 주제: 참고문헌에 해당 저널 유무
   - 과학적 근거 결여: 초록의 결과와 결론 참조
   - 임상적 유용성 결여
   - 수정하기 어려운 문제점: 샘플 수 부족, 대조군 결여

반드시 피해야 할 사항

- **Old boys' network**

1. 기관 편향: 좋은 기관이나 병원
2. 연령 편향: 기성 연구자
3. 남성 편향: 남성 연구자
4. 연구비 편향: 유명 연구비
5. 파벌 편향: 개인적 친분

- **Mathew effect**

  To those who have, shall be given; to those who have not shall be taken away even the little that they have.

저자의 항의 편지에 대한 답변

Thank you for your appeal of the publication decision for your manuscript. The following comments were made after careful re-review of the manuscript.

Confidential comments 란에 기입했던 내용을 옮긴 뒤, 편집회의에서 다른 편집인들이 동의하면 발송

On the basis of the re-review, the initial decision stands. Please understand that this decision is final.

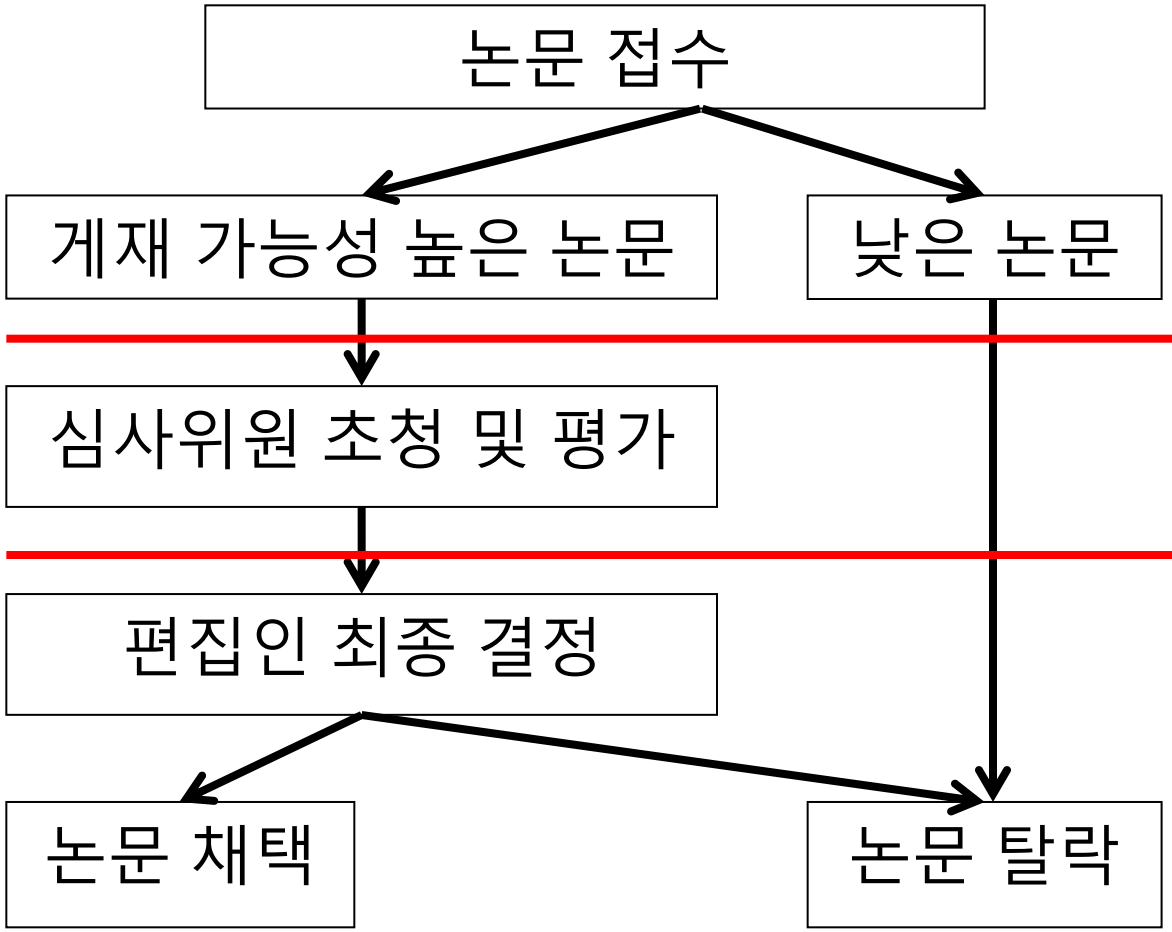
항의를 예방하기 위한 노력

홈페이지 공지사항

- 매년 접수되는 논문의 수
- 심사 없이 탈락되는 논문의 비율
- 심사 후 채택되는 논문의 비율
- 최근 주력 분야

The recent addition of new Associate Editors in highly cited fields, such as Hepatology, Endoscopy, Metabolism and Microbiota will aid in the commissioning of key authors in these fields.

단계별 오류



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심사자를 위한 배려

- 심사자에게 3개월 이상의 휴식기간 제공
- 저자에게 심사결과 통보 시, 심사자들에게도 같이 보내서 다른 심사자의 심사평을 공유
- 우수 심사자를 선정하여 학회에서 시상
- 우수 심사자를 편집인으로 흡수
- 학회에서 심사자에게 교육의 기회를 제공

우수 심사자

"Not whether to abandon it, but **how to improve it**."

- 장점과 단점을 동시에 발견할 수 있는 능력을 지닌,
- 해당 분야 전문가로,
- 긍정적인 마음가짐으로 논문을 읽고,
- 저자들조차 깨닫지 못했던 숨겨진 가치를 발굴하여,
- 제대로 표현할 수 있도록 도와주는 사람

- 인용횟수가 높은 논문의 심사자 중에서 선정시: 구체적인 심사평을 제시하여 많은 수정을 하게 한 심사자
- 인용횟수가 낮은 논문의 심사자 중에서 선정시: 비판적인 심사평과 함께 논문 게재를 반대했던 심사자

퇴출 심사자

1. 심사한 것을 주변에 알린 자
2. 심사 후에 자료를 삭제하지 않는 자
3. doc 파일을 요구한 자
4. 저자에게 연락한 자
5. 타인에게 심사평을 부탁한 자
6. Conflict of interest를 알리지 않은 자
7. 여러 개의 이메일을 등록한 자

편집인으로서 의무

- 심사자들의 심사평에 본인 심사평을 추가해서 논문 심사 결과에 대한 편지를 작성
- 초록, 그림, 표를 먼저 점검
- 서론, 방법, 결과, 고찰의 주요내용 확인
- 비밀 지키기
- 다른 저널에서 유사 임무 제한

Neurogastroenterol Motil. 2016 Sep;28(9):1401-8.

1. 제목이 저널과 연관된 주제이다.

A prospective study on symptom generation according to spicy food intake and TRPV1 genotypes in functional dyspepsia patients.

2. 제목에 새롭고 중요한 내용이 들어있다.

Lee SY[1], Masaoka T[2], Han HS[3], Matsuzaki J[2], Hong MJ[1], Fukuhara S[2], Choi HS[1], Suzu

Author information

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[2]Division of Gastroenterology and Hepatology, Department of Internal Medicine, Keio University School of Medicine, Tokyo, Japan.
[3]Department of Pathology, Konkuk University School of Medicine, Seoul, Korea.
[4]Medical Education Center, Keio University School of Medicine, Tokyo, Japan.

Abstract

BACKGROUND: Capsaicin is an ingredient of red peppers

3. 목적이 뚜렷하고 간결하다.

subtype 1 (TRPV1), and Koreans eat more capsaicin-rich food than do Japanese. This study aimed to compare symptom generation according to TRPV1 genotypes and the intake of spicy foods.

METHODS: Consecutive functional dyspepsia (FD) patients who were evaluated at Konkuk University Medical Centre (Korea) and Keio University Hospital (Japan) were included.

4. 방법에 연구 대상에 대한 언급이 있다.

rointestinal symptoms (PAGI-SYM), patient assessment of quality of life, was sampled for the detection of TRPV1 polymorphisms, and upper gastrointestinal endoscopy was performed with biopsies.

KEY RESULTS: Of 121 included subjects, 35 and 28 carried the TRPV1 CC and GG genotypes, respectively, with the prevalence rates not differing between Japan and Korea. The prevalence of FD subtypes did not differ with the spicy food intake, TRPV1 genotypes, or Helicobacter pylori infection. Neither TRPV1 polymorphisms nor H. pylori infections were related to scores on the PAGI-SYM questionnaires, but spicy food intake was positively correlated with the scores for stomach fullness ($p = 0.001$) and retching ($p = 0.001$). Using the linear regression analysis stomach fullness was associated with spicy food intake ($p = 0.007$), whereas retching was related to younger age ($p < 0.001$) and female g

5. 결과에 결론으로 유도하는 과학적인 근거자료가 있다.

CONCLUSIONS & I er consumption of spicy foods, younger age and female gender regardless of TRPV1 genotypes and the H. pylori infection status. Capsaicin-rich foods may induce stomach fullness.

6. 결론이 연구목적에 대한 답에 해당한다.

7. 목적-방법-결과-결론의 내용이 이어진다.

표와 그림에서 확인할 내용

- 합해서 3-7개가 적당
- 표1은 demographic data, 그림1은 study flow로 구성
- 덜 중요하거나 긴 내용은 supplementary file로 게재
- 그래프는 분포, 범위, 시간에 따른 변화 등을 보여줄 때 유용
- 모식도는 새로운 시술, 가설, 기전 등을 설명할 때 유용

	Text	Table	Graph	Illustration
Content	+++	++++	++	+
Precision	+++	+++	++	+
Impact	+	++	++++	+++
Interest	+	++	+++	++++

Reproduced with permission from Rosenfeldt et al.[16]

Messinger-Rapport BJ et al. J Am Med Dir Assoc 2008;9:4-8

서론에서 확인할 내용

- 가능한 짧게 작성

① 첫 문단: 잘 알려진 내용

② 둘째 문단: 잘 밝혀지지 않은 내용

③ 셋째 문단: 구체적인 궁금증 → 연구목적과 일치

- 기존 문헌과의 중복 여부 확인

방법에서 확인할 내용

- 첫 문단의 연구대상
- IRB 승인내용
- 연구의 흐름
- 재현할 수 있는 내용
- 마지막 문단의 통계

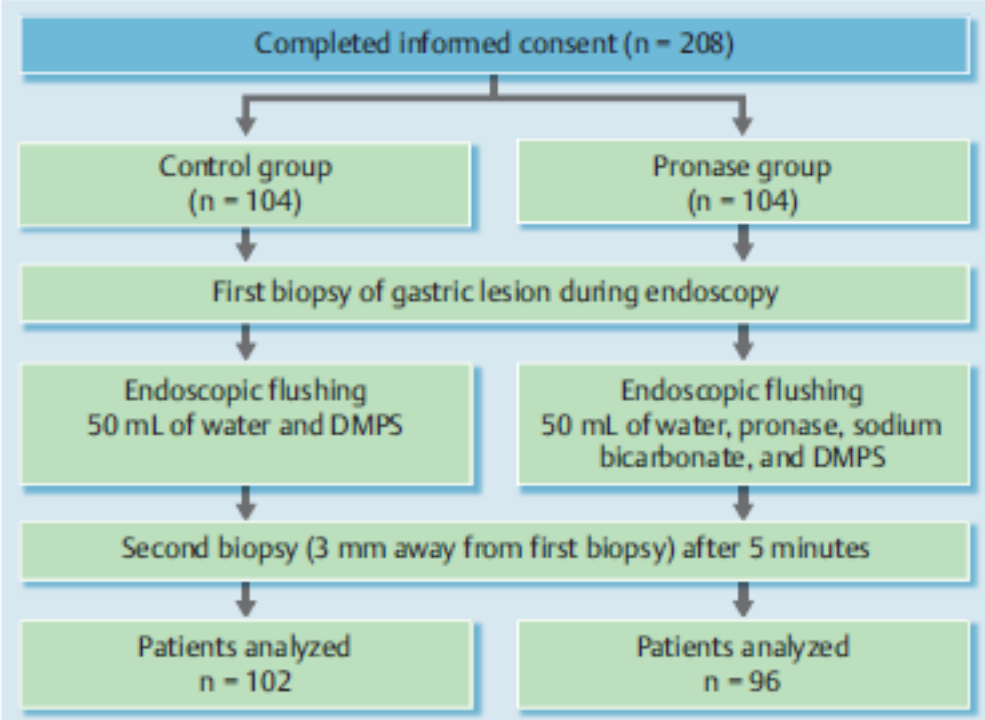

Fig. 1 Study flow of patients. Of the 208 patients enrolled, 102 in the control group and 96 in the pronase group completed the study. A total of 10 patients were excluded from the study as they did not undergo gastric biopsy due to the absence of a discolored lesion. DMPS, dimethylpolysiloxane.

Lee SY, et al. Endoscopy 2014;46:747-53

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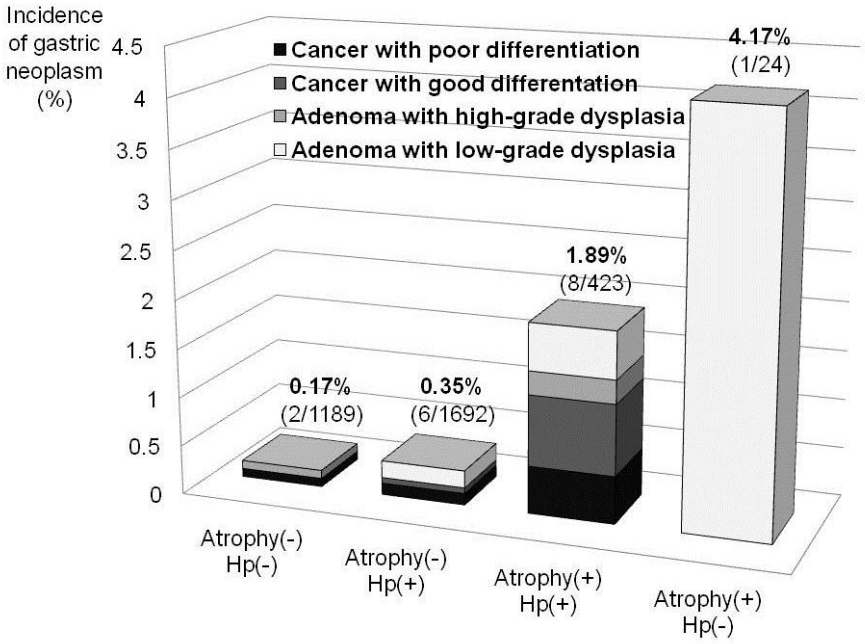
결과에서 확인할 내용

- 방법의 순서와 일치
- 숫자와 *p*-value는 가능한 표나 그림에 표기
- 표와 그림에서 보여준 내용은 글로 반복기재 금지

Table 3 Findings of the second biopsy specimen compared with the first specimen.

	Control group (n=102)	Pronase group (n=96)	*P* value
Mucus, n			<0.001
Thicker	28	9	
Similar	41	28	
Thinner	33	59	
Depth, n			<0.001
Shallower	19	1	
Similar	79	51	
Deeper	4	44	
Anatomical orientation, n			0.010
Worsened	15	3	
Similar	81	82	
Improved	6	11	
Overall diagnostic adequacy, n			0.011
Worsened	9	1	
Similar	91	88	
Improved	2	7	
Pathological diagnosis (first → second), n (%)			0.963
Chronic gastritis → pathology[1]	12 (11.8)	12 (12.5)	
Pathology[1] → chronic gastritis	13 (12.7)	12 (12.5)	
Adenocarcinoma → Adenocarcinoma	1 (1.0)	1 (1.0)	



Lee SY, et al. Endoscopy 2014;46:747-53
Choi HS, Lee SY, et al. J Dig Dis 2014;15:293-8

고찰에서 확인할 내용

- 가능한 6문단 이내로 작성
- 첫 문단에서 결과물 요약, 마지막 문단에서 결론 요약
- 결과를 언급하지 않은 문단은 삭제하거나 서론에 기재
- 결과에서 보여준 수치 대신 그 의미를 설명
- 독창성과 참고문헌의 적절성

이번 결과가 독창적인 소견인가?

예 → **이번 결과를 통해서 배운 점을 설명**

아니오 → **기존 연구와 다른 점을 설명**

- Originality
- Good literature search

결과 소제목 순서에 맞춰서 고찰을 기술

Results

1 *Frequency of EMAST Increases in More Advanced Colorectal Neoplasms*

EMAST was determined when at least 2 loci showed frameshifts at tetranucleotide repeat loci compared to matched normal tissue. Overall, 50% of tumors

2 *Higher Frequency of EMAST in Ulcerated Colorectal Tumors*

EMAST-positive and EMAST-negative tumors cases were also categorized by endoscopic findings (Table 1). We found that downward-growing ulcerated (de-

3 *Relation of EMAST With Tumor Location and Invasiveness of CRCs*

There was no significant preference for location of EMAST-positive tumors, as 42.8%, 41.3%, and 60.7% of EMAST was in proximal, distal, and rectal locations, respectively (Table 1). However, 1 EMAST locus, *Mycl1*,

4 *Loss of hMSH3 Expression and Heterogeneity*

Most tumors demonstrated nuclear heterogeneity by expressing both *brown* (positive) and *blue* (negative) nuclei upon hMSH3 immunohistochemical staining (Figure 2). This nuclear heterogeneity was noticed in 16

In this study,~

In defining MSI originally,[1] some tumors were characterized as MSI-low and not associated with loss of DNA MMR, the cause of MSI-high. This definition is predicated on using mono- and dinucleotide markers and not tetranucleotide markers.[1] Longer repeats in microsatel-

We found that EMAST is more frequent in colorectal tumors with ulcerated features. We speculate that EMAST association with ulcerated cancers may be a consequence of increased local inflammation. Colorectal tu-

With regard to the invasiveness of cancers, there was no correlation between EMAST and TNM stages or with venous, perineural, or lymphatic invasions. Similarly, there was no significant difference in EMAST prevalence based on tumor location in the colon. This suggests that

It is possible that inflammation may drive EMAST. First, samples from inflamed colons from ulcerative colitis patients demonstrate MSI-low without major DNA MMR defects, but were not specifically tested for loss of hMSH3 expression.[17] Second, in vitro experiments indi-

In summary,~

Lee SY et al. Gastroenterology 2010;139:1519-25

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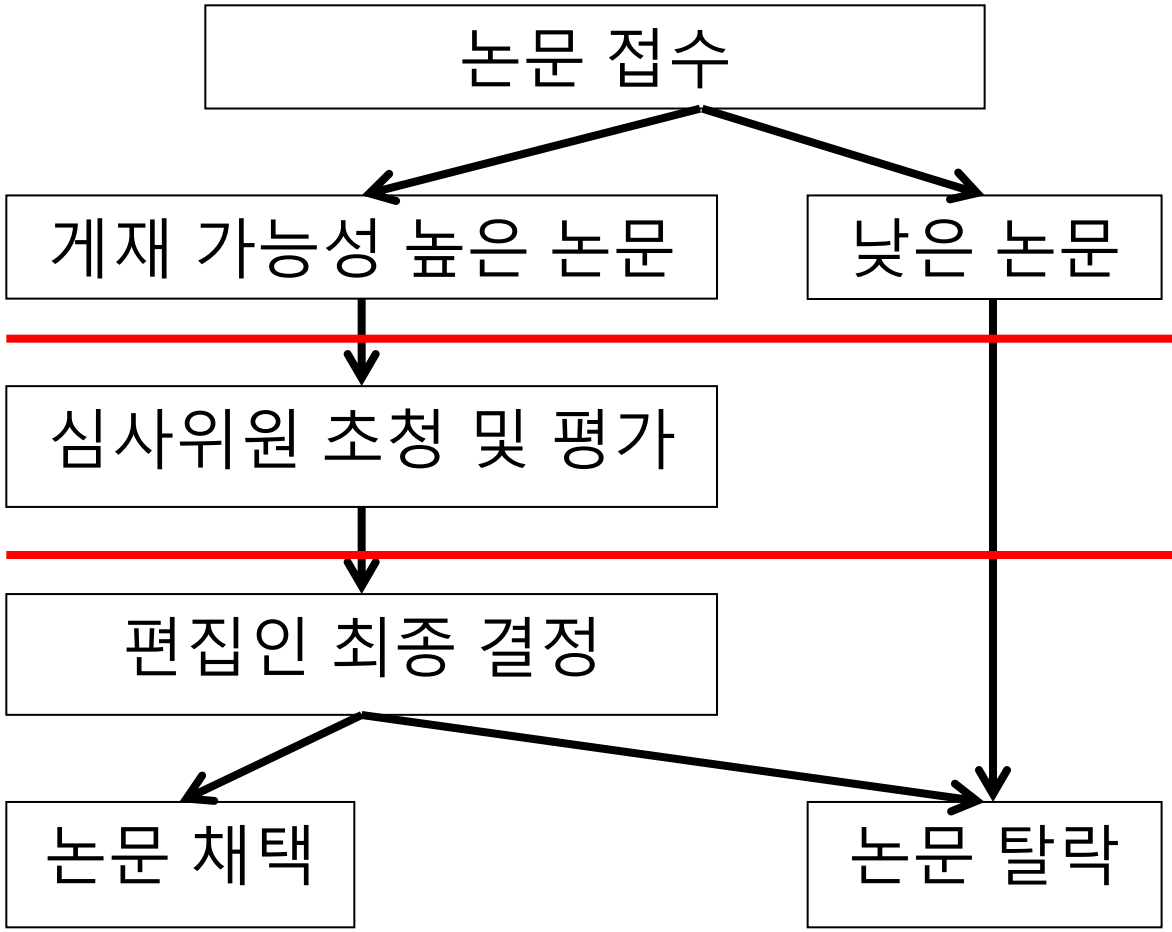

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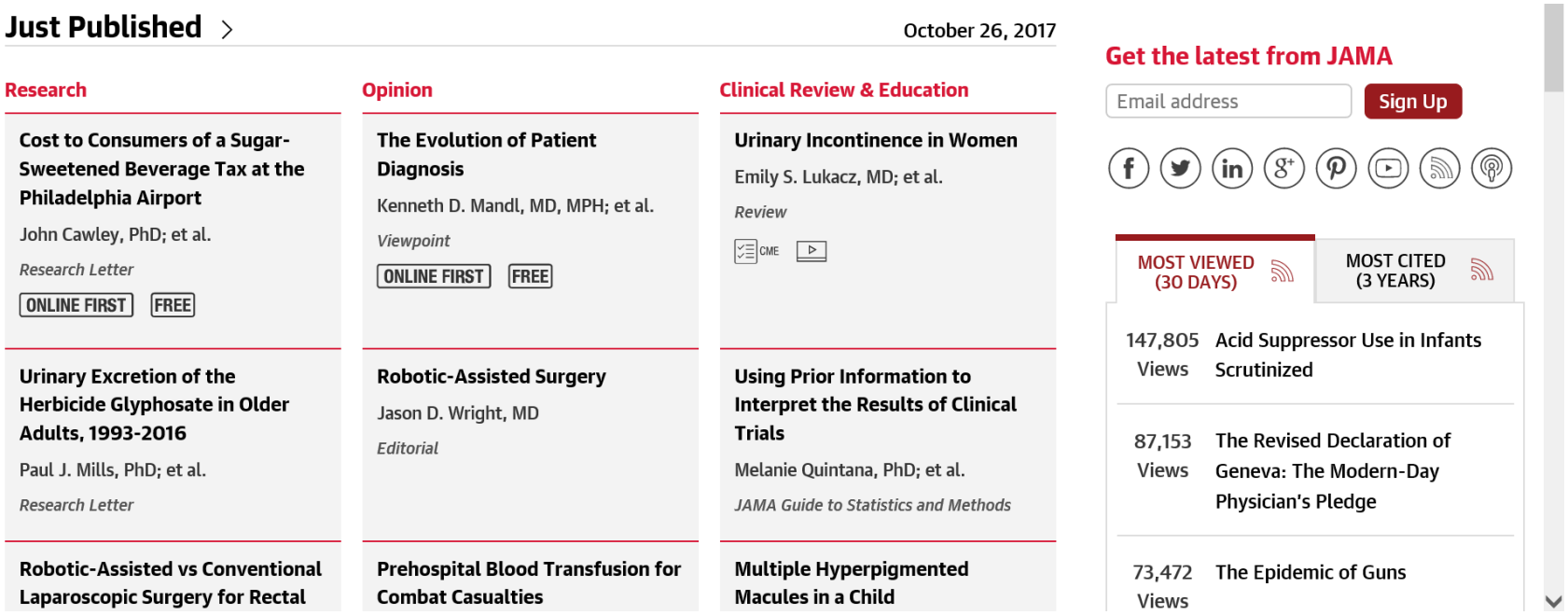
심사 후 출판 단계

- 채택 및 탈락한 논문에 대한 피드백을 확인
- 다른 편집인들의 상대평가 자료 확인
- 홈페이지에 효과적인 배열



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- Editorials
- Gastroenterology in Motion
- Clinical Challenges and Images in GI
- Reviews
- Original Research
- Continuing Medical Education (CME) Activities
- Selected Summaries
- Correspondence

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PubMed에 게재된 pdf 파일

Accepted Manuscript

Risk of Metachronous High-risk Adenomas and Large Serrated Polyps in Individuals With Serrated Polyps on Index Colonoscopy: Data from the New Hampshire Colonoscopy Registry

Joseph C. Anderson, M.D., Lynn F. Butterly, M.D., Christina M. Robinson, M.S., Julia E. Weiss, M.S., Christopher Amos, PhD, Amitabh Srivastava, M.D.

PII: S0016-5085(17)36151-6
DOI: 10.1053/j.gastro.2017.09.011
Reference: YGAST 61433

To appear in: *Gastroenterology*
Accepted Date: 12 September 2017

Please cite this article as: Anderson JC, Butterly LF, Robinson CM, Weiss JE, Amos C, Srivastava A, Risk of Metachronous High-risk Adenomas and Large Serrated Polyps in Individuals With Serrated Polyps on Index Colonoscopy: Data from the New Hampshire Colonoscopy Registry, *Gastroenterology* (2017), doi: 10.1053/j.gastro.2017.09.011.

Gut Online First, published on October 7, 2017 as 10.1136/gutjnl-2017-314814

OPEN ACCESS

ORIGINAL ARTICLE

The oral microbiota in colorectal cancer is distinctive and predictive

Burkhardt Flemer,[1,2] Ryan D Warren,[1] Maurice P Barrett,[1,2] Katryna Cisek,[3] Anubhav Das,[3] Ian B Jeffery,[1,2] Eimear Hurley,[2,4] Micheal O'Riordain,[5] Fergus Shanahan,[1,5] Paul W O'Toole[1,2]

► Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/gutjnl-2017-314814).

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Received 12 July 2017
Revised 20 September 2017
Accepted 21 September 2017

ABSTRACT

Background and aims Microbiota alterations are linked with colorectal cancer (CRC) and notably higher abundance of putative oral bacteria on colonic tumours. However, it is not known if colonic mucosa-associated taxa are indeed orally derived, if such cases are a distinct subset of patients or if the oral microbiome is generally suitable for screening for CRC.

Methods We profiled the microbiota in oral swabs, colonic mucosae and stool from individuals with CRC (99 subjects), colorectal polyps (32) or controls (103).

Results Several oral taxa were differentially abundant in CRC compared with controls, for example, *Streptococcus* and *Prevotellas* pp. A classification model of oral swab microbiota distinguished individuals with CRC or polyps from controls (sensitivity: 53% (CRC)/67% (polyps); specificity: 96%). Combining the data from faecal microbiota and oral swab microbiota increased the sensitivity of this model to 76% (CRC)/88% (polyps). We detected similar bacterial networks in colonic microbiota and oral microbiota datasets comprising putative oral biofilm forming bacteria. While these taxa were more abundant in CRC, core networks between pathogenic, CRC-associated oral bacteria such as *Peptostreptococcus*, *Parvimonas* and *Fusobacterium* were also detected in healthy controls. High abundance of Lachnospiraceae was negatively associated with the colonisation of colonic tissue with oral-like bacterial networks suggesting a protective role for certain microbiota types against CRC, possibly by conferring colonisation resistance to CRC-associated oral taxa and possibly mediated through habitual diet.

Conclusion The heterogeneity of CRC may relate to microbiota types that either predispose or provide resistance to the disease, and profiling the oral microbiome may offer an alternative screen for detecting CRC.

Key messages

What is already known on this subject?
- The gut microbiota is associated with colorectal cancer (CRC) development.
- Faecal microbiota has potential as a biomarker for CRC.
- Putatively oral bacteria are more abundant on CRC biopsies and *Fusobacterium nucleatum* has been reported to be enriched in IBD.
- A 'Western diet' contributes to CRC development.

What are the new findings?
- We developed an oral and faecal microbiota-based classifier that distinguished individuals with CRC and adenomas from healthy controls. The discriminatory power particularly for adenomas was higher than for currently used tests.
- We detected similar networks of oral bacteria at both oral and colonic mucosal surfaces, including in individuals with colonic lesions (on and off the tumour), healthy controls and children with and without Crohn's disease.
- A microbiota rich in Lachnospiraceae was negatively correlated with 'Western diet' and colonic colonisation with oral bacteria, including oral pathogens associated with CRC, suggesting a protective role, possibly mediated through habitual diet.

How might it impact on clinical practice in the foreseeable future?
- If the suitability of oral microbiota screening for the detection of CRC and polyps can be verified in larger study groups, this could significantly improve current screening programmes.

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To cite: Flemer B, Warren RD, Barrett MP, *et al*. *Gut* Published Online First: [*please include* Day Month Year]. doi:10.1136/gutjnl-2017-314814

INTRODUCTION

Microbes have been implicated in the pathogenesis of several human cancers, most strikingly in the case of *Helicobacter pylori* and gastric carcinoma and some gastric lymphomas.[1 2] *H. pylori* is now designated a gastric carcinogen and a preclinical risk factor. Current non-invasive screening approaches for colon cancer such as faecal immune test (FIT) and faecal occult blood test (FOBT) have very low sensitivity for detecting early lesions, and more reliable biomarkers are required. We and others have reported changes in the faecal or colonic mucosal microbiota in patients with colorectal cancer (CRC),[3–8] and data from several animal models have implicated the microbiota in the pathogenesis of CRC.[9–15] Our finding of a microbiota configuration associated with benign colonic polyps that is intermediate between that of controls and those with cancer suggests that the microbiota might provide a potential biomarker predictive of the risk of later development of cancer. It also suggests that

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