

의학학술지 평가

대한의학학술지편집인협의회

기획평가위원장

오 세 정

목 적

- 학술지 평가를 통하여
- 국내 의학학술지의 질을 국제적 수준으로 향상시키고,
- 국내 의학논문의 데이터베이스 (KoreaMed, Synapse) 구축과 논문검색을 제공하고,
- 등재 학술지의 문헌정보에 대한 기술지원 (서지정보 관리, DOI 부여, XML 가공, Cited-by, CrossCheck, CrossMark 등)

서지정보의 관리

- 제호가 바뀌었거나(영문학술지로 전환한 경우도 포함), 온라인판을 새로 만들었거나, 복수의 학술지가 합본한 경우 등 서지정보의 변동이 발생한 경우 ISSN를 새로 받아 서지 정보를 갱신해야 하고,
- 변경된 서지정보를 학술지와 NLM catalog에 반영해야 함.

공동발행 학술지 인정기준(의학회)

- 발행처를 공동으로 기재하거나 공동으로 발행하는 공식 학술지임을 명기
- 섹션별 편집위원 또는 편집위원의 균형적인 참여:
참여학회의 수가 N일 경우, 전체편집위원수 $\times \frac{1}{2N}$,
최소 1인 이상
- 논문편수의 고른 분포:
섹션별 편집과 각 참여학회 해당 논문이 최소 연
8편(종설, 원저) 이상 게재

평가회의 종류

- 의편협 가입을 위한 학술지 평가
- 의학회 가입을 위한 학술지 평가
- KoreaMed 등재를 위한 학술지 평가
- KoreaMed 등재학술지의 재평가(등재 후 7년 주기)

KoreaMed (www.koreamed.org)

- 한국 의학학술 논문의 서지정보 및 논문초록 DB
- PubMed와 유사한 구조와 기능
- 215종 학술지 등재 (2014년 11월 현재)
198종 Link-out 설정
217,034개 레코드
- Journal Link-out
KoreaMed 상의 논문초록에서 해당 논문의 원문이
있는 웹사이트로 연결

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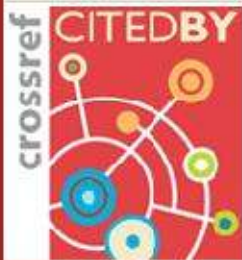
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KoMCI Journal Web



의편협/의학회 가입을 위한 1단계 평가

- 과학성: 학술적 논리에 따라 기술되었는지 여부
(IMRaD 구조를 갖추고 있는가?)
- 학술성: 종설, 원저를 포함하여 연간 8편 이상
게재하는지 여부
- 객관성: 투고논문의 전문가심의 여부
- 윤리성: 연구 및 출판윤리 준수 여부
- 정시성: 발행간기를 준수하는지 여부
(1단계 평가에서 통과된 이후 KoreaMed
등재를 위한 평가를 받을 때까지)

KoreaMed 등재를 위한 2단계 평가

1. 자체평가 항목:
편집위 운영에 관한 사항 9개항
2. 실물 평가 항목:
학술지의 구성과 내용 13개항
3. 협의회 조사 항목:
정시발간, 참고문헌 관리, Impact factor 등
학술지 관리와 관련한 사항 7개항
4. 각항 총점 5.0, 평균 3.0 이상이면 등재

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* 제6회 의학학술지 편집인 아카데미 안내 **New**
* PubMed Central 등재: Korean Journal of Pathology **New**
* PubMed Central 등재: Genomics & Informatic **New**

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Journal Evaluation

국내 의학학술지 평가기준
Uniform Requirements

Resources

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중복출판 사례집
KAMJE Publications
소식지/Workshop 자료
Resources for Editors
아이콘 모음

ENGLISH EDITION

일단계평가 | **신규평가 항목** | 재평가 항목 | 발행 지연 KoreaMed 학술지 처리 지침

신규평가 항목

* 학술지 평가항목은 1. 자체평가항목, 2. 실물평가항목, 3. 협의회 조사항목의 3가지로 나뉘어 있습니다.

KoreaMed에 아직 등재되지 않은 학술지 평가에는 '신규평가 항목(1-1~1-9, 2-1~2-13, 3-1~3-6, 총 28문항)을 적용합니다.

KoreaMed에 이미 등재된 학술지에 대하여는 7년 주기로 재평가를 시행하고 있으며, 재평가에는 '재평가 항목(1-1~1-10, 2-1~2-13, 3-1~3-8, 총 31문항)을 적용합니다.

*재평가 대상 학술지는 재평가 항목을 참고하시기 바랍니다.

제정 1997. 8. 18.
5차 개정 2009. 3. 27.
6차 개정 2011. 9. 9.
(실물평가 항목만 개정)

1. 자체평가 항목 | 2. 실물평가 항목 | 3. 협의회 조사 항목

1. 자체평가 항목:

註. 해당학술지 편집인이 관리하는 기록이나 경험을 이용하여 답해야 하는 평가항목 (실무자료를 제시할 수 있어야 함) (9개 항목)

1-1 최근 15년간 편집장(editor in chief) 교체 횟수

- () 1점 : 9회 이상
- () 2점 : 7-8회
- () 3점 : 5-6회
- () 4점 : 3-4회



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집명(.) Proceedings of 학술대회명(;) 개최년 월 일(;) 개최장소(.) 회보집 출판사명(;) 발행년도(.) p(.) 첫 쪽-끝 쪽
 (예) Virolainen A, Saxen H, Leinonen N. *Antibody response to pneumolysin in children with acute otitis media*. In: Lim DJ, Bluestone CD, Klein JO, Nelson JD, Ogura PL, editors. *Recent advances in otitis media. Proceedings of the 5th International Symposium on Recent Advances in Otitis Media; 1991 May 20-24; Ft. Lauderdale, Florida. Hamilton: Decker Periodicals; 1993. p.205-6.*

(5) 학위논문인 경우: 저자(.) 논문제목 (학위종류)(.) 장소(:) 학교(;) 연도(.)

(예) Kaplan SJ. *Post-hospital home health care: the elderly's access and utilization [dissertation]*. St. Louis, MO: Washington Univ.; 1995.

(6) 아직 출간되지 않은 논문의 경우: 저자명(.) 논문제목(.) 학술지명(.) In press 연도(.)

(예) Leshn... *molecular mechanisms of cocaine*

(7) 전자

A. 전

(예)

Mar

B. 전

(예)

Multimedia Group, producers. 2nd. Version 2.0. San Diego

C. 컴퓨터파일

(예) Hemodynamics III: the ups and downs of hemodynamics[computer program]. Version 2.2.

Orlando (FL): Computerized Educational Systems, 1993.

(8) 기타 예시되지 않은 형태의 기재형식: Uniform requirements for manuscripts submitted to biomedical journals(Ann Intern Med 1997;126:36-47, <http://www.acponline.org/journals/01jan97/unifreqr.htm>)

에 따르면

**학위논문은 참고문헌으로
부적절 (독자가 접근하기
불가능)**

**Citing Medicine: NLM Style Guide for
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잠재적 이해관계의 공개를 위한 ICMJE 서식

Section 1. 개인 식별 정보

1. 이름 (First Name) 2. 성 (Last Name) 3. 유효일 (07-August-2008)

4. 당신이 교수자입니까? 네 아니오

5. 원고 제목

6. 원고 고유번호 (있고 있다면 작성하십시오)

Section 2. 출판 전 고려사항

당신 또는 당신 소속 기관은 투고된 연구에 관해 제3자로부터 어떠한 대가나 서비스(보조금, 데이터모니터링 위원, 연구성격, 원고준비, 통계 분석 등)를 받은 적이 있는가?

각 열에 대해서 "아니오" 또는 요청된 정보를 제공하십시오. 한가지 이상의 관계가 있다면 "추가" 버튼을 누르고 열을 추가하십시오. 불필요한 열은 "X"를 누르면 제거됩니다.

출판 전 고려 사항						
유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급할 내용**	
1. 보조금	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
2. 상담료 또는 사례비	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
3. 학회나 다른 목적의 여행의 지원	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
4. 검토활동 참여보상비(자료감시, 위원회, 통계분석, 결과위원회 등)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
5. 원고비 또는 원고검토비	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. 원고작성 지원, 악몽, 장비 또는 행정지원	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

잠재적 이해관계의 공개를 위한 ICMJE 서식

출판 전 고려 사항

유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급할 내용**	
7. 기타	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가

* 이것은 이 연구에 관하여 당신의 노력에 대해 기관이 받은 돈을 의미한다.
** 추가적인 설명이 필요하면 이 부분을 이용하십시오.

Section 3. 투고된 연구 이외의 관련 재정적 활동

서술된 기관에 대하여 재정적 관련성(이득의 양과 관계없이)이 있으면 해당되는 네모 칸에 표시하십시오. 각 단계별로 하나씩 사용하십시오. 열이 더 필요하면 "추가 +"를 눌러 열을 추가하십시오. 투고 36개월 전까지의 관련 사항을 보고해야 한다.

각각의 열에 대해서 "아니오" 또는 요청된 정보를 제공하십시오. 하나 이상의 관계가 있는 경우, "추가" 버튼을 누르고 열을 추가하십시오. 불필요한 열은 "X"를 누르면 제거됩니다.

투고된 연구 이외의 관련 재정적 활동

관계 유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급 할 내용	
1. 이사회	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
2. 자문	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
3. 고용	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
4. 전문가 증언	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
5. 보조금/처리 중 보조금	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
6. 강연자 사무국의 서비스를 포함한 강연비	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X 추가
7. 원고 준비 지급	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

Anastrozole for prevention of breast cancer in high-risk postmenopausal women (IBIS-II): an international, double-blind, randomised placebo-controlled trial



Jack Cuzick, Ivana Sestak, John F Forbes, Mitch Dowsett, Jill Knox, Simon Cawthorn, Christobel Saunders, Nicola Roche, Robert E Mansel, Gunter von Minckwitz, Bernardo Bonanni, Tiina Palva, Anthony Howell, on behalf of the IBIS-II investigators*



Summary

Background Aromatase inhibitors effectively prevent breast cancer recurrence and development of new contralateral tumours in postmenopausal women. We assessed the efficacy and safety of the aromatase inhibitor anastrozole for prevention of breast cancer in postmenopausal women who are at high risk of the disease.

Methods Between Feb 2, 2003, and Jan 31, 2012, we recruited postmenopausal women aged 40–70 years from 18 countries into an international, double-blind, randomised placebo-controlled trial. To be eligible, women had to be at increased risk of breast cancer (judged on the basis of specific criteria). Eligible women were randomly assigned (1:1) by central computer allocation to receive 1 mg oral anastrozole or matching placebo every day for 5 years. Randomisation was stratified by country and was done with blocks (size six, eight, or ten). All trial personnel, participants, and clinicians were masked to treatment allocation; only the trial statistician was unmasked. The primary endpoint was histologically confirmed breast cancer (invasive cancers or non-invasive ductal carcinoma in situ). Analyses were done by intention to treat. This trial is registered, number ISRCTN31488319.

Findings 1920 women were randomly assigned to receive anastrozole and 1944 to placebo. After a median follow-up of 5·0 years (IQR 3·0–7·1), 40 women in the anastrozole group (2%) and 85 in the placebo group (4%) had developed breast cancer (hazard ratio 0·47, 95% CI 0·32–0·68, $p < 0·0001$). The predicted cumulative incidence of all breast cancers after 7 years was 5·6% in the placebo group and 2·8% in the anastrozole group. 18 deaths were reported in the anastrozole group and 17 in the placebo group, and no specific causes were more common in one group than the other ($p = 0·836$).

Interpretation Anastrozole effectively reduces incidence of breast cancer in high-risk postmenopausal women. This finding, along with the fact that most of the side-effects associated with oestrogen deprivation were not attributable to treatment, provides support for the use of anastrozole in postmenopausal women at high risk of breast cancer.

Funding Cancer Research UK, the National Health and Medical Research Council Australia, Sanofi-Aventis, and AstraZeneca.

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This online publication has been corrected. The corrected version first appeared at thelancet.com on March 21, 2014

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*Listed in the appendix

Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Queen Mary University of London, London, UK (Prof J Cuzick PhD, I Sestak PhD, J Knox MSc); Australian New Zealand Breast Cancer Trials Group, Calvary Mater Newcastle, University of Newcastle, Waratah, NSW, Australia (Prof J F Forbes MD); Academic Department of Biochemistry (Prof M Dowsett PhD) and Breast Unit (N Roche MD), The Royal Marsden NHS Trust

Cost effectiveness of home ultraviolet B phototherapy for psoriasis: economic evaluation of a randomised controlled trial (PLUTO study)

Mayke B G Koek, epidemiologist, medical doctor,¹ Vigfús Sigurdsson, dermatologist,¹ Huib van Weelden, investigator photodermatology,¹ Paul H A Steegmans, dermatologist,² Carla A F M Bruijnzeel-Koomen, professor of dermatology/allergy,¹ Erik Buskens, professor of medical technology assessment^{3,4}

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doi:10.1136/bmj.c1490

ABSTRACT

Objective To assess the costs and cost effectiveness of phototherapy with ultraviolet B light provided at home compared with outpatient ultraviolet B phototherapy for psoriasis.

Design Cost utility, cost effectiveness, and cost minimisation analyses performed alongside a pragmatic randomised clinical trial (the PLUTO study) at the end of phototherapy (mean 17.6 weeks) and at one year after the end of phototherapy (mean 68.4 weeks).

Setting Secondary care, provided by a dermatologist in the Netherlands.

Participants 196 adults with psoriasis who were clinically eligible for narrowband (TL-01) ultraviolet B phototherapy were recruited from the dermatology departments of 14 hospitals and were followed until the end of phototherapy. From the end of phototherapy onwards, follow-up was continued for an unselected, consecutive group of 105 patients for one year after end of phototherapy.

Interventions Ultraviolet B phototherapy provided at home (intervention) and conventional outpatient ultraviolet B phototherapy (control) in a setting reflecting routine practice in the Netherlands. Both treatments used narrowband ultraviolet B lamps (TL-01).

Main outcome measures Total costs to society, quality

0.291 QALY (home v outpatient) by the end of phototherapy (difference 0.0052, -0.0244 to 0.0348) and 1.153 versus 1.126 QALY by one year after the end of phototherapy (difference 0.0267, -0.024 to 0.078). Incremental costs per QALY gained were €9276 and €4646 respectively, both amounts well below the normally accepted standard of €20 000 per QALY. Cost effectiveness analyses indicated that the mean number of days with a relevant treatment effect was 42.4 versus 55.3 by the end of phototherapy (difference -12.9, -23.4 to -2.4). By one year after the end of phototherapy the number of days with a relevant treatment effect were 216.5 and 210.4 respectively (6.1, -41.1 to 53.2), yielding an incremental cost of €20 per additional day with a relevant treatment effect.

Conclusions Home ultraviolet B phototherapy for psoriasis is not more expensive than phototherapy in an outpatient setting and proved to be cost effective. As both treatments are at least equally effective and patients express a preference for home treatment, the authors conclude that home phototherapy should be the primary treatment option for patients who are eligible for phototherapy with ultraviolet B light.

Trial registration Current Controlled Trials
ISRCTN83025173 and Clinicaltrials.gov NCT00150930

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Authorship

- 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND**
- 2. Drafting the work or revising it critically for important intellectual content; AND**
- 3. Final approval of the version to be published; AND**
- 4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.**

국명은 끊지 않음 → Korean
학술지 약어명은 NLM Citing
Medicine, Appendix A 참조

KOR J ROBOT SURGERY

고령환자군의 비파두과에 대한 관내 수술의 치료결과

신당대학교 의과대학 ¹상경병과학교실, ²성상학과교실
홍길동¹ · 조인성^{1,2} · 신승훈¹ · 이병헌²

학위 누락

Clinical Outcome of Endoluminal Treatment of Unrepaired *...* in Elderly Patients

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소속기관 누락

강내 섬유를 이용하여 제작된 뇌경색 백서 모델의 만성기 관찰 양상

의과학대학교 차재의학교실, ¹서울병원 차재과
홍길동 · 박지성¹ · 주유소

한글제목과 영문제목이
일치하지 않음.

Establishing Chronic Stroke Rat Models by MCA Occlusion Using Intraluminal Filament

Kil Dong Hong, M.D., Ph.D., Ji Seong Park, M.D.¹, and You Seung Joo, M.D., Ph.D.

제목에 약어를 사용한
것은 부적절

● ABSTRACT

한 학술지 내에서 체재가 통일되어 있지 않음

Background : The prevalence of intracranial aneurysms in the elderly is increasing. However, most treatment strategies for the elderly is controversial and related research in the elderly has been insufficient. **Methods** : Eighty-four patients > 65 years of age with intracranial aneurysms who received definitive treatment at our hospital between March 2007 and June 2010 were subjected to this study. Thirty-seven patients who had undergone endovascular treatment (EVT) were categorized into group I, while 47 patients who had undergone microsurgical treatment (MST) were categorized into group II. **Results** : When the Glasgow Outcome Scale (GOS) was independent to rupture, was evaluated at the time of discharge there was a trend of acquiring GOS≥4 when the Hunt-Hess grade (HHG) is good (HHG≤2) and the size of the aneurysm is small [HHG] and $p=0.000$ [aneurysm size]). In the two groups in which EVT and MST were performed, the average values of the GOS scores by Student's t-test displayed a significant difference (4.54 [EVT] and 4.13 [MST], respectively, $p=0.046$). However, univariate and multivariate analyses were not statistically significant. **Conclusion** : If the clinical results are similar in the treatment of intracranial aneurysms, then EVT is less invasive with less

투고규정에는 Objective

약어해설을 하지 않음

● ABSTRACT

Objective : Distal anterior cerebral artery (DACA) aneurysms are unique technical difficulties. We retrospectively reviewed our experience with surgical management presents some unique technical difficulties. We retrospectively reviewed our experience with aneurysm cases, their clinical features and treatment outcomes to assess the characteristics and treatment outcomes of DACA aneurysms. **Materials and Methods** : The medical records of 33 patients with 30 ruptured and unruptured DACA aneurysms were reviewed. Of these, 29 had undergone surgery and four were treated by **ICH** embolization at our institution between September 1992 and January 2010. The clinical presentation, radiologic features and surgical and endovascular treatment outcomes were analyzed. **Result** : In our series, the incidence of DACA aneurysms was 35 of 1106 (3.1%) aneurysms. The most common location of these 35 aneurysms was the associated vascular anomalies such as azygous anterior cerebral artery and Moyamoya disease were found in six patients (18%). Ninety four percent of the aneurysms were <10 mm in diameter. Twenty nine patients were treated by surgical clipping to the aneurysmal surgery or endovascular treatment. Thirty three patients were observed. **Conclusion** : DACA aneurysms have a tendency to rupture before becoming large or giant. Therefore, DACA aneurysms should be treated aggressively even if they are <10 mm in diameter and early surgery can reduce the rate of rebleeding.

투고규정에는 Results

중심단어로 약어는 부적절

KEY WORDS : Intracranial Aneurysm · Anterior Cerebral Artery · DACA

Patients and Methods

한 학술지 내에서 체재가 통일되어 있지 않음

Between March 2007 and June 2010, 101 patients \geq 65 years of age were hospitalized with ruptured or unruptured intracranial aneurysms at our institution. Seventeen patients with incomplete data, those with multiple aneurysms, and those with multiple aneurysms discovered when both were in the same patient, were excluded. In all circumstances, both the neuroradiologist and neurosurgeon jointly assessed the aneurysm primarily for complete occlusion. The standard

투고규정에는 Materials and Methods

aneurysms (HHG $<$ III), with the exception of those with unruptured aneurysms (20 [54.05%]), while there were 9 patients (24.32%) with high-grade aneurysms (HHG $>$ III). The main associated risk factors and pre-existing illnesses included arterial hypertension, cardiac disorders and diabetes. Arterial hypertension was present in 12 patients (48%), cardiac disorders in 5 patients (20%) and diabetes in 4 patients (16%). Other factors were smoking and gastrointestinal disorders. Thirty-three aneurysms (89.19%) were in the anterior circulation and 4 aneurysms (10.81%) were in

In this report, we present detailed angiographic findings and treatment outcomes of 33 patients diagnosed with DACA aneurysms.

Materials and Methods

Thirty-three patients with DACA aneurysms underwent surgery or endovascular treatment at our institution between September 1992 and January 2010. We performed a review of the clinical and radiologic records of all patients with DACA aneurysms.

recanalization 6 months postoperatively.

mRS was used to assess the clinical outcomes for all patients at the time of discharge and at 6 months post-operatively.

Results

1. Clinical characteristics

We identified 33 patients (3.1%) with 35 DACA aneurysms from 1106 surgically treated aneurysm patients. There were 19 women (57%) and 14 men (43%) and the

한 학술지 내에서 체재가
통일되어 있지 않음

were properly dissected, the extracranial venous package was ligated by tying, and the emissary communicating vein was coagulated using a bipolar coagulator.

Conclusion

SP is a rare vascular malformation. Although it is rare, diagnosis is possible based on its unique clinical features. Moreover, because SP may cause neurological symptoms, functional impairments and cosmetic problems, early diagnosis and appropriate surgical management is required. Herein, we report a successful surgical treatment of a patient with spontaneous SP.

투고규정에는
Conclusion이 없음

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the fluid-blood level is located around a hematoma with significant peri-hematoma edema, the fluid-blood level could merely indicate bleeding of recent origin. The fluid-blood level could also be due to coagulopathy when it is located in the center of a hematoma with less peri-hematoma edema. Patients with occult pathology have a poor prognosis and require special treatment. Thus, an ICH with a fluid-blood level should prompt a thorough search for occult pathology.

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반영하지 못한 채, 수 십년 전에 만들어진 기준들을 계속 사용해왔다. 이에 현재까지 밝혀진 최신지견을 충분히 반영하는 기준의 필요성이 지속적으로 제기되었으며, 드디어 조기진단과 임상적 접근성을 강조한 새로운 진단기준들이 만들어지게 되었다. 새로운 진단기준들은 기존의 기준들보다 우수하다고 알려졌지만, 보다 많은 연구들을 통해 타당성을 증명하는 것이 필요하고, 나아가 질환들에 대한 새로운 지식들을 지속적으로 반영할 수 있도록 개정 및 보완하는 작업이 필요할 것으로 예상된다.

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투고규정과 달리 호수를 기재.

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구두점이 누락됨.

쪽수를 모두 쓰지 않음.

서지사항 기재 방식이 투고규정과 다름.

각주에 약어
해설이 없음.

Table 3. ASAS classification criteria for axial spondylarthritis

(in patients with back pain ≥ 3 months and age at onset < 45 years)

Sacroiliitis on imaging*	or	HLA-B27
+ ≥ 1 SpA feature**		+ ≥ 2 other SpA features**
<p>** SpA features:</p> <ul style="list-style-type: none"> Inflammatory back pain Arthritis Enthesitis (heel) Uveitis Dactylitis Psoriasis Crohn's disease/ulcerative colitis Good response to NSAIDs Family history of SpA HLA-B27 Elevated CRP 		<p>* Sacroiliitis on imaging</p> <ul style="list-style-type: none"> Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA or Definite radiographic sacroiliitis according to mod. New York criteria

표 가운데
세로줄이 있음.

Sensitivity 82.9%, specificity 84.4%; n=649 patients with chronic back pain and age at onset < 45 years. Imaging arm (sacroiliitis) alone has a sensitivity of 66.2% and a specificity of 97.3%. **Note: Elevated CRP is considered a SpA feature in the context of chronic back pain

Table 1. Demographics and clinical risk factors (N = 116)

Demographics	± standard deviation
Age (years)	64.5 ± 8.7
Height (cm)	155.3 ± 6.2
Weight (kg)	56.2 ± 9.4
Clinical risk factor	Numbers (percent)
Previous fracture	18 (15.5%)
History of hip fracture in parents	6 (5.2%)
Current smoking	2 (1.7%)
Glucocorticoid ≥ 3 months	0 (0%)
Rheumatoid arthritis	0 (0%)
Secondary osteoporosis (type 1 DM)	5 (4.3%)
Alcohol 3 or more units/day	2 (1.7%)

DM, diabetes mellitus

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가로줄이 있음.

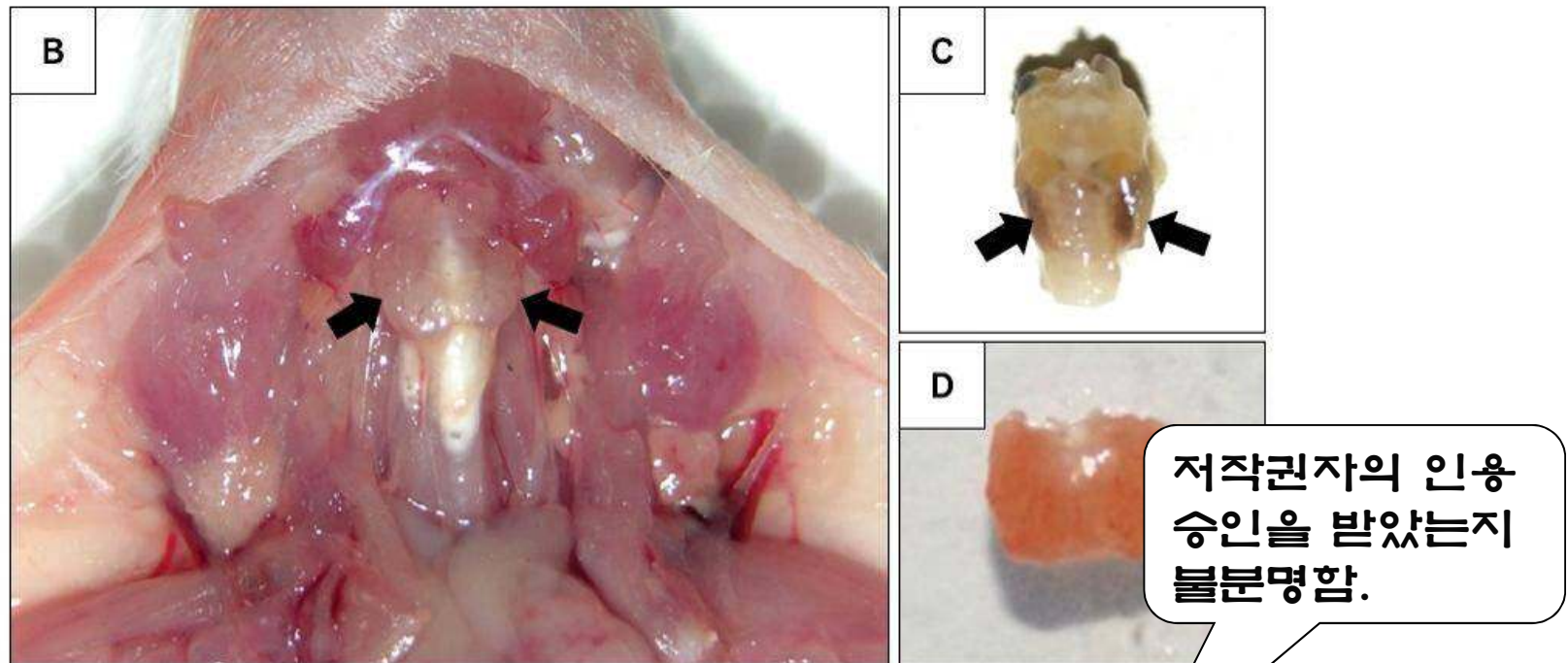


Fig. 1. (A) Map of the Tg-BRAF transgene. A Spe I/Sal I fragment containing the bovine thyroglobulin promoter, rabbit h-globin intron 2, and the myc-tagged BRAFT1799A cDNA containing the endogenous human BRAF polyadenylation signal was used for injection. Upper arrow, transcription start site; blue boxes, 5' untranslated regions (Adopted from Cancer Res 2005;65(10):4238-4245). (B) Gross inspection of thyroid glands derived from 27 week old thyroid specific BRAF^{V600E} transgenic mouse. Removal of the central compartment of neck including skin and strap muscle exposes the trachea and thyroid gland. Thyroid glands are located on each side of trachea (arrows). (C) Gross inspection of thyroid gland extracted from a wild type FVB/N mouse. Thyroid glands consist of two obvious lobes without an isthmus (arrows). (D) Gross inspection of thyroid gland extracted from 39 week old thyroid specific BRAF^{V600E} transgenic mouse. Thyroid glands are noticeably larger than wild type

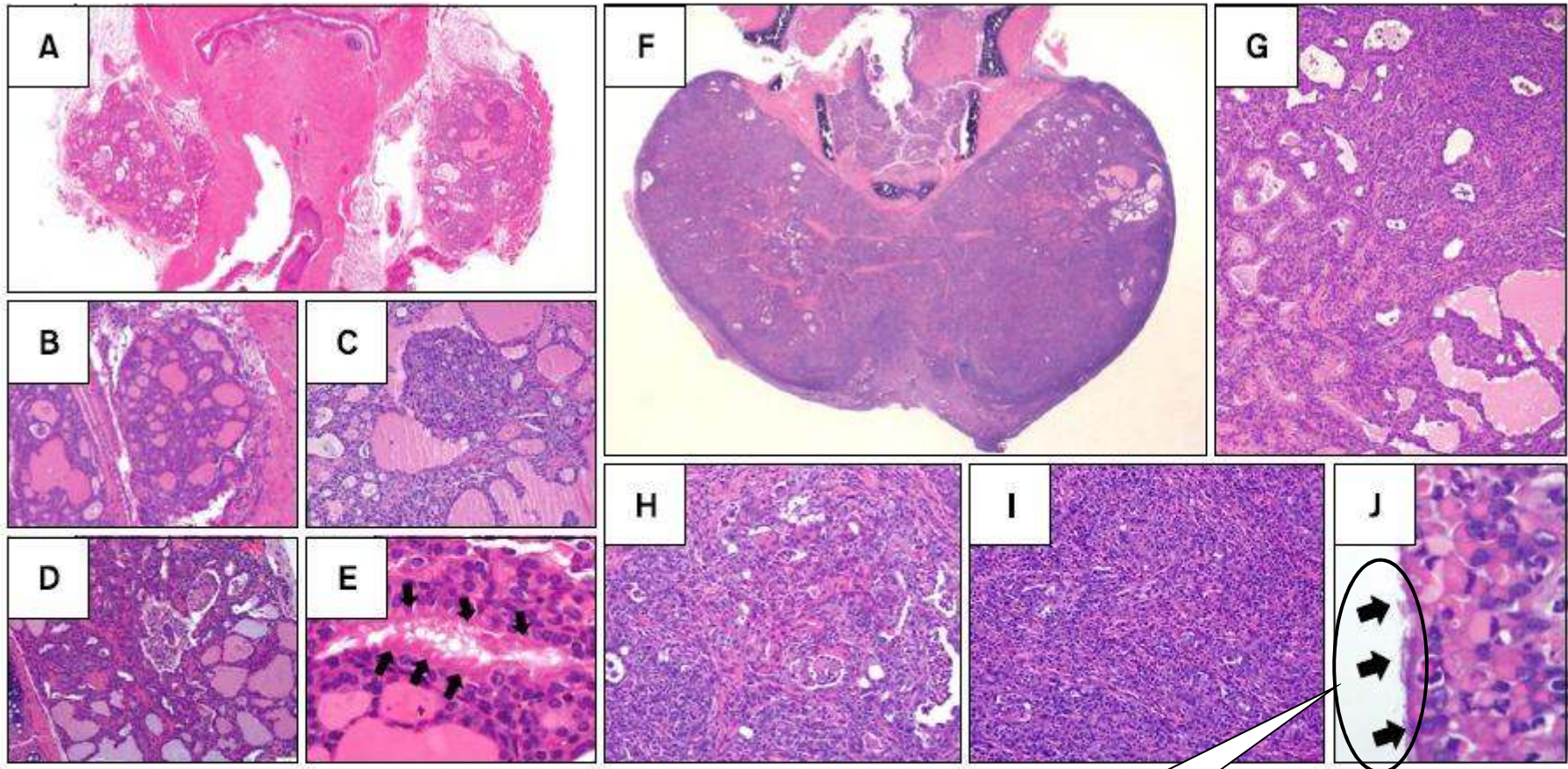


Fig. 4. Representative figures of thyroid glands from 39 and 44 week old *PP4C^{V600E}* mice. (A~E) Thyroid glands of 39 weeks old mice. (A) One lobe of thyroid gland measures about 1.5 mm in the largest length. Lobes of thyroid gland fuse in the midline of trachea. (B) The thyroid gland is closely associated with the lymphatic vessel and surrounding skeletal muscle. (C) Thyroid gland consists of irregular shaped follicles. (D) Follicular cells are composed of cuboidal and sized cell. (E) Cilia-like structures of follicular cell are more prominent (arrows). (F~K) Thyroid glands of 44 weeks old mice. (F) Thyroid gland measures about 5 mm in the largest length. Thyroid gland is a large solid mass. (G~I) Thyroid follicular cells nearly entirely grow as a solid mass. Irregular shaped follicles are rarely founded among solid portion. There is a infiltrate of inflammatory cells in follicules. (J) Follicular cells with cilia-like structures are noted.

염색법, 배율이
누락됨.

각주에 표식
해설이 누락됨

정시 발행

- 정시 발행은 독자와의 약속인 동시에, 충분한 논문투고가 지속되고 있어야 정시에 학술지를 발행할 수 있는 것이므로, 학술지의 정시발행 여부는 그 학술지가 지속적으로 발행될 수 있다는 것을 보여주는 지표가 된다.

발행 지연 학술지 처리 지침

- 1차 조치: 발행일을 3개월 이상 초과하여 발행 일자를 지키지 못하는 학술지에 대해 경고
- 2차 조치: 경고를 받은 학술지의 간기가 다시 3개월 이상 지연되는 경우 KoreaMed, KoMCI 등재 목록에서 삭제 (신규 논문 등록이 중단됨)
- 삭제 후 조치: DB에서 탈락된 학술지가 2년간 정시 발행을 지키면 기획평가위의 검토를 거쳐 운영위에서 재등재 여부를 결정

학문적 중요성의 판단

- 다양한 분야의 학문영역에 대한 중요성 평가는
원천적으로 불가
- 대안으로 논문 인용도를 활용
 - SCI impact factor
 - KoMCI impact factor
 - H-index
 - CrossRef resolution rate

KoMCI(www.komci.org)

- 국내 의학학술 논문 간의 인용도 (Korean Medical Citation Index)
- 대평가를 기준으로 지난 3년 간의 인용빈도(%)의 평균값
- KoreaMed 등재 학술지 가운데 Synapse 등재 학술지만 산출 가능