

# 연구와 출판윤리 위반에 대한 처리

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  - NLM Fact Sheet
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  - Synapse
  - KoreaMed

Uniform requirements  
NLM Fact Sheet

# RETRACTION 처리 방침

# Uniform requirements

- Scientific fraud가 발견된 논문이 이미 학술지에 발표되었다면, 반드시 Retraction을 학술지에 발표해야 함.
- 문제가 된 논문에 대한 레코드를 데이터베이스에서 절대로 지우면 안됨.
- 가능한 한 빨리 (다음 호에) 취소 사유를 공지. 한 개의 문헌으로 학술지에 게재.

**Uniform Requirements for Manuscripts**

Statement of Purpose  
Ethical Considerations  
Publishing and Editorial Issues  
Manuscript Preparation  
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Use and Distribution  
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June 2007 Update on Trials Registration  
May 2005 Update on Trials Registration  
2004 Update on Trials Registration  
Clinical Trial Registration Sponsorship, Authorship, and Accountability

# Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing and Publication

*Updated October 2008*

Publication Ethics: [Spotlight on Accountability](#)

The following information is available in [Adobe Acrobat pdf format](#)

## International Committee of Medical Journal Editors

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- J. Obligation to [Register Clinical Trials](#)

### III.B. Corrections, Retractions and "Expressions of Concern"

Editors must assume initially that authors are reporting work based on honest observations. Nevertheless, two types of difficulty may arise.

First, errors may be noted in published articles that require the publication of a correction or erratum on part of the work.

The second type of difficulty is scientific fraud. If substantial doubts arise about the honesty or integrity of work, either submitted or published, it is the editor's responsibility to ensure that the question is appropriately

The second type of difficulty is scientific fraud. If substantial doubts arise about the honesty or integrity of work, either submitted or published, it is the editor's responsibility to ensure that the question is appropriately pursued, usually by the authors' sponsoring institution. Ordinarily it is not the responsibility of the editor to conduct a full investigation or to make a determination; that responsibility lies with the institution where the work was done or with the funding agency. The editor should be promptly informed of the final decision, and if a fraudulent paper has been published, the journal must print a retraction. If this method of investigation does not result in a satisfactory conclusion, the editor may choose to conduct his or her own investigation. As an alternative to retraction, the editor may choose to publish an expression of concern about aspects of the conduct or integrity of the work.

The retraction or expression of concern, so labeled, should appear on a numbered page in a prominent section of the print journal as well as in the online version, be listed in the Table of Contents page, and include in its heading the title of the original article. It should not simply be a letter to the editor. Ideally, the first author of the retraction should be the same as that of the article, although under certain circumstances the editor may accept retractions by other responsible persons. The text of the retraction should explain why the article is being retracted and include a complete citation reference to that article.



First, errors may be noted in published articles that require the publication of a correction or erratum on part of the work. The corrections should appear on a numbered page, be listed in the Table of Contents, include the complete original citation, and link to the original article and vice versa if online. It is conceivable that an error could be so serious as to vitiate the entire body of the work, but this is unlikely and should be addressed by editors and authors on an individual basis. Such an error should not be confused with inadequacies exposed by the emergence of new scientific information in the normal course of research. The latter requires no corrections or withdrawals.

document should be applied to supplements.

### III.G. Electronic Publishing

Most biomedical journals are now published in electronic as well as print versions, and some are published only in electronic form. Because electronic publishing (which includes the Internet) is the same as publishing in print, in the interests of clarity and consistency the recommendations of this document should be applied to electronically published medical and health information.

The nature of electronic publication requires some special considerations, both within and beyond this document. At a minimum, Web sites should indicate the following: names, appropriate credentials, affiliations, and relevant conflicts of interest of editors, authors, and contributors; documentation and attribution of references and sources for all content; information about copyright; disclosure of site ownership;

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Under no circumstances should a journal remove an article from its Web site or archive. If a correction or retraction becomes necessary, the explanation must be labeled appropriately and communicated as soon as possible on a citable page in a subsequent issue of the journal.

Electronic publication is in flux. Editors should develop, make available to authors, and implement policies on issues unique to electronic publishing. These issues include archiving, error correction, version control, choice of the electronic or print version of the journal as the journal of record, and publication of ancillary material.

Under no circumstances should a journal remove an article from its Web site or archive. If a correction or retraction becomes necessary, the explanation must be labeled appropriately and communicated as soon as possible on a citable page in a subsequent issue of the journal.

Preservation of electronic articles in a permanent archive is essential for the historical record. Access to the archive should be immediate and should be controlled by a third party, such as a library, instead of the publisher. Deposition in multiple archives is encouraged.

### III.H. Advertising

Most medical journals carry advertising, which generates

# NLM Fact Sheet

- “Retraction” 또는 “Withdrawal”이라고 표시하고, 인용 가능한 형식으로 학술지에 출판한 경우에만 “Retraction”으로 간주하고 색인을 함.
- 취소된 논문 (**retracted article**)의 서지정보 레코드를 삭제하지 않고, 취소된 사실을 알 수 있게 그 레코드를 갱신함. 그리고 취소하는 논문 (취소 논문, **retraction notice**) 레코드로 링크를 연결함
- 취소 논문의 문헌유형은 “Retraction of Publication”이고, 취소된 논문의 문헌유형은 “Retracted Publication”
- 색인 과정에서 “duplicate publication”을 인지하게 되면, 문헌유형에 추가 표시



## ***Fact Sheet***

# **Errata, Retractions, Partial Retractions, Corrected and Republished Articles, Duplicate Publications, Comments (including Author Replies), Updates, Patient Summaries, and Republished (Reprinted) Articles Policy for MEDLINE®**

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The National Library of Medicine® (NLM) has a long-standing tradition of providing access to information in the biomedical literature through quality programs and services. One of the ways NLM assists users is to add subsequent notices of and/or linkages between citations for [errata](#), [retractions](#), [partial retractions](#), [corrected and republished articles](#), [duplicate publications](#), [comments](#) (including [author replies](#)), [updated versions of articles](#), [patient summaries](#) and [republished](#) (reprinted) articles indexed and available in NLM's online MEDLINE database. Users who search MEDLINE will be informed if they retrieve a citation for an article that has been corrected by an erratum notice, retracted or partially retracted, corrected and republished, been found to duplicate another article, generated a separately published commenting article, been updated by a subsequent article, if a summary for patients has been published, or has been republished (reprinted) in another journal.

## Retractions

Articles may be retracted or withdrawn by their authors, academic or institutional sponsor, editor or publisher, because of pervasive error or unsubstantiated or irreproducible data. For example, an article's conclusions may have been based upon faulty logic or computation, its data may have been obtained by accident from a contaminated cell line or through poor instrumentation, or it may have been derived from falsified or fabricated data. NLM does not differentiate between articles that are retracted because of honest error and those that are retracted because of scientific misconduct or plagiarism. If the notification in the journal is labeled as a retraction or withdrawal, NLM will index it as a retraction.

Is it NLM's policy that a retraction will be indexed as a retraction only if it clearly states that the article in question is being retracted or withdrawn in whole or in part (for partial retractions, see below), and is signed by an author of the retracted paper or author's legal counsel; by the head of the department, dean, or director of the laboratory where the paper was produced; or by the journal editor. In addition, the retraction must be labeled and published in citable form; that is, the retraction must appear on a numbered page in an issue of the journal that published the retracted article.

NLM does not remove the citation for a retracted article, but updates the citation to indicate it has been retracted, and links the original citation to the citation for the published retraction notice. In PubMed, the retraction information appears as a text phrase such as:

Retraction in: Clin Infect Dis. 2004 Jul 1;39(1):152.

NLM makes a reciprocal link between the retraction statement and the retracted article. The citation for the published retraction statement is indexed as Retraction of Publication [PT]. The citation information for the retracted articles appears in most PubMed displays. In the MEDLINE display, the citation information for the retracted article appears in the ROF (Retraction of) field.

## Retraction Example:

### Retraction:

Pediatrics. 2007 Sep;120(3):698.

Retraction of:

[Kain ZN, MacLaren J. Pediatrics. 2007 Mar;119\(3\):608-10.](#)

P less than .05: what does it really mean?

Kain ZN, MacLaren J.

PMID: 17766554 [PubMed - indexed for MEDLINE]

### Retracted article:

Pediatrics. 2007 Mar;119(3):608-10.

Retraction in:

[Kain ZN, MacLaren J. Pediatrics. 2007 Sep;120\(3\):698.](#)

P less than .05: what does it really mean?

Kain ZN, MacLaren J. Center for the Advancement of Perioperative Health and Department of Anesthesiology, Yale University School of Medicine, 333 Cedar St, New Haven, CT 06510, USA. zeev.kain@yale.edu

PMID: 17332213 [PubMed - indexed for MEDLINE]

## Partial Retractions

Sometimes only a single graph or table or statement is retracted for an article. Or authors may realize that they have drawn the wrong conclusions from their research, and wish to subsequently retract those conclusions, even though all of the scientific data reported in an article is sound and valid.

Such partial retractions are explicitly identified in MEDLINE with the explicit information "Partial retraction of:" and "Partial retraction in:".

To be eligible for partial retraction, the retraction notice must be labeled "Retraction in Part" or "Partial Retraction" or with a similar label, or the text of the retraction notice must explicitly state that a single statement or specific text, or single or multiple (but not all) table(s) or graph(s) or figure(s) or specific data is being retracted. By contrast, a full retraction of an entire article explicitly states that the article itself is being retracted. It must be abundantly clear and unambiguous that only a portion of the article is being retracted, or the policies for full retraction of the article will be followed.



## Partial Retraction Example:

### Partial retraction:

Science. 2007 Aug 10;317(5839):748.

Partial retraction of:

Baldini JU, McDermott F, Fairchild IJ. Science. 2002 Jun 21;296(5576):2203-6.

Retraction of an interpretation.

Baldini JU, McDermott F, Fairchild IJ.

PMID: 17690274 [PubMed - indexed for MEDLINE]

### Partially retracted article:

Science. 2002 Jun 21;296(5576):2203-6.

Partial retraction in:

Baldini JU, McDermott F, Fairchild IJ. Science. 2007 Aug 10;317(5839):748.

Structure of the 8200-year cold event revealed by a speleothem trace element record.

Baldini JU, McDermott F, Fairchild IJ. Department of Geology, University College Dublin, Belfield, Dublin 4, Ireland. james.baldini@ucd.ie

PMID: 12077412 [PubMed]

## Duplicate Publication

NLM identifies an article that substantially duplicates another article without acknowledgement by assigning both articles the Publication Type of Duplicate Publication [PT]. Such articles have one or more authors in common and a substantial amount of duplicated text. Duplication may occur intentionally, to achieve wider dissemination of an article such as a policy statement, or inadvertently, through multiple submission of a manuscript to different journals.

The Publication Type of Duplicate Publication [PT] may be added to a citation with or without a formal notification from authors or journal editors. In the indexing process, indexers sometimes recognize duplicates or very similar publications. If inspection of the potentially duplicative articles indicates a substantial amount of overlap, the Publication Type will be added. However, NLM does not routinely examine articles for originality.

A notice of duplicate publication is sometimes published within a journal when an occurrence of duplicate publication is discovered. Such notices are cited in MEDLINE and indexed with the MeSH subject heading Duplicate Publication as Topic [MH], and comment linkages are created to each of the citations for the duplicate articles.

## Example of Duplicate Publication:

### First citation:

Cesk Slov Oftalmol. 1999 Nov;55(6):372-6.

[Use of citation indexes and impact factors]

[Article in Czech]

Pitterová K. Knihovna AV CR, Praha.

Publication Types:

Duplicate Publication

English Abstract

PMID: 10677906 [PubMed - indexed for MEDLINE]

### Second citation:

Cesk Patol. 1999 Oct;35(4):144-6.

[Use of science citation indexes and impact factors]

[Article in Czech]

Pitterová K. Knihovna AV CR, Praha.

Publication Types:

Duplicate Publication

English Abstract

PMID: 10677915 [PubMed - indexed for MEDLINE]



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**Dates**

**Type of Article**

- Published Erratum
- Retracted Publication
- Research Support, N.I.H., Extramural
- Research Support, N.I.H., Intramural
- Research Support, Non-U.S. Gov't
- Research Support, U.S. Gov't, Non-P.H.S.
- Research Support, U.S. Gov't, P.H.S.
- Retraction of Publication
- Scientific Integrity Review

**Ages**

- All Infant: birth-23 months
- All Child: 0-18 years
- All Adult: 19+ years
- Newborn: birth-1 month
- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years
- Middle Aged: 45-64 years

**Tag Terms**

Default Tag:

Journal (Print)

PubMed

Web of Science

Journal website/e-journal (full text) databases

PubMed Central

Synapse

KoreaMed

**RETRACTION 레코드 처리 사례**

### A growing, bleeding, violet mole

Michael Sand, Falk G Bechara

Lancet 2007; 370: 1392  
 Department of General and Visceral Surgery, Augusta Krankenhaus, Academic Teaching Hospital (M Sand MD), and Department of Dermatology and Allergology (F G Bechara MD), Ruhr-University Bochum, Germany  
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In May, 2007, a 33-year-old woman presented to our clinic with a violet, painless lump on her navel (figure). The lump had first appeared 3 years earlier: initially, the patient had not been worried by the lump, but it had grown steadily and reached a size that worried her—although she said she had no idea what it was. The lump bled irregularly. The patient had pale skin and a tendency to burn rather than tan (Fitzpatrick skin type II); however, she was not a habitual sunbather and had only been sunburnt twice. There was no family history of cancer or of skin disease. The woman had no other symptoms. Her medical history was unremarkable, except for sarcoidosis, which had manifested with coughing and shortness of

breath, and had been diagnosed in 1998. When the patient saw us, she was taking oral contraceptives and had no respiratory symptoms. She was on no medications.

Examination revealed a lobulated, non-tender, measured 3x2x2 cm, and was hard, irreducible. Ultrasonography showed a well-defined and solid. An excision biopsy was performed. The mass was found to be irregularly shaped and of rubbery texture. Histopathology showed that the mass consisted of ectopic endometrial tissue. When last seen, in July, 2007, the patient had no gynaecological symptoms or skin lesions.

Endometriosis is the growth of endometrial tissue outside the uterine cavity. Around 10% of reproductive age, and 50% of infertile women have endometriosis.<sup>1</sup> The disorder is thought to be caused by retrograde menstrual blood flows down the

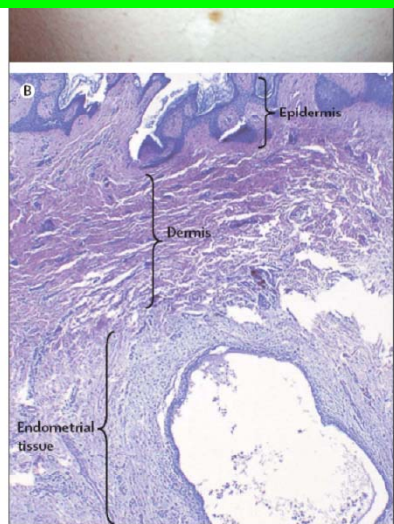


Figure: Cutaneous endometriosis (A) On inspection. (B) On histopathological examination (haematoxylin and eosin stain, x40 magnification).

Rarely, as with our patient, a lump on the skin is the only symptom of endometriosis. Cutaneous endometriosis may present classically as a dark mass, and bleed cyclically. Cutaneous endometriosis can be caused by transfer of endometrial tissue during surgery.<sup>4</sup> Other possible causes include the transport of endometrial tissue in lymphatic vessels.<sup>4</sup> Cutaneous endometriosis is suspected, and the patient might also need to take oral contraceptives, containing progestagens and gonadotropin-releasing hormone, to prevent and reduce the size of the endometrial tissue. If endometriosis is suspected, an excision biopsy should be performed. Ectopic endometrial tissue becomes carcinoma.

References  
 1 Purvis RS, Tyring SK. Cutaneous and subcutaneous endometriosis. *J Dermatol Surg Oncol* 2004; 30: 693-95.  
 2 Franklin R, Navarro C. Extragenital endometriosis. In: Buttram VC, eds. *Current concepts in endometriosis*. John Wiley & Sons, 1990: 289-95.  
 3 von Sternm AM, Meigel WN, Scheidel P, Gollmann H. Endometriosis. *J Eur Acad Dermatol Venerol* 2004; 18: 207-21.  
 4 Bergqvist A. Different types of extragenital endometriosis. *Gynecol Endocrinol* 1993; 7: 207-21.  
 5 Kondi-Pafiti A, Spanidou-Carvouni H, Papadimitrakou F. Endometriosis: clinical and histopathological features. *Clin Exp Obstet Gynecol* 2004; 31: 302-05.

argument. Some chemicals disrupt the ability of the body to metabolise fats directly, thereby inducing symptoms, such as weight gain, that can lead to diabetes. For instance, the polycyclic aromatic hydrocarbon benzo(a)pyrene impairs lipolysis in adipose tissue, causes weight gain in mice, and profoundly impairs catecholamine-induced lipolysis in murine and human adipocytes.<sup>4</sup>

Although little direct experimental evidence links exposure to persistent organic pollutants and the onset of diabetes, their epidemiological association is increasingly well defined. The public-health implications of such an association could be substantial. Thus, further investigation of the possible relation between diabetes and environmentally relevant levels of exposure to persistent organic pollutants in the general population is merited, but this subject is much neglected. Clinical, toxicological, and epidemiological studies are all needed, in particular those that integrate several levels of evidence over a long period. However, at present, few laboratories seem willing to commit resources to the long-term longitudinal studies needed for such investigations.

<sup>4</sup>Oliver A H, Jones M, Moore L, McGuire J, Julian L, Griffin D, et al. Department of Toxicology, MRC Centre for Environmental and Ecotoxicology, University of Cambridge, Cambridge CB2 3EQ, UK (OAG, LM); and British Heart Foundation Lipid Signalling Research Unit, Department of Cardiovascular Medicine, Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford OX3 7BN, UK (JLM); oag2@mol.bio.cam.ac.uk

our research financially supports the European Union, just as supported by the European Commission. It is funded by the scientific research council (UK), we believe that we have a conflict of interest.

1 Lee D-H, Lee H-C, Wang J, et al. Early life exposure to polycyclic aromatic hydrocarbons increases the risk of obesity and diabetes: results from the National Health and Environmental Survey (NHANES) (2001-2002). *Diabetes Care* 2004; 27: 1438-44.  
 2 Lee D-H, Lee H-C, Wang J, et al. Traffic-related air pollution and the risk of obesity and diabetes: results from the National Health and Environmental Survey (NHANES) (2001-2002). *Diabetes Care* 2004; 27: 1438-44.  
 3 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 4 Lee D-H, Lee H-C, Wang J, et al. Early life exposure to polycyclic aromatic hydrocarbons increases the risk of obesity and diabetes: results from the National Health and Environmental Survey (NHANES) (2001-2002). *Diabetes Care* 2004; 27: 1438-44.  
 5 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
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 8 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 9 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 10 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
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 12 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 13 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 14 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.  
 15 von Hertzen L, Kumpulainen V, Salonen J, et al. Environmental exposure to polycyclic aromatic hydrocarbons and the risk of diabetes: a case-control study of the Helsinki Heart Study. *Diabetes Care* 2004; 27: 1438-44.

**Retraction—A growing, bleeding, violet mole**

On Oct 13, 2007, The Lancet published a Case Report by Michael Sand and Falk Bechara on cutaneous endometriosis. We accepted the paper after having been informed in writing, by the authors, that it had not been submitted for publication elsewhere. In fact, however, the same case had already been reported by the same authors in *Archiv für Dermatologie und Venerologie*, a German medical journal.<sup>1</sup> We were alerted to this fact by Prof Bruno Mann, who was a co-author of the paper published in German but who was not named as an author of the paper we published and was unaware of the decision to submit the paper to us. Because the Case Report in The Lancet is a duplicate publication, we retract it in full.

Richard Horton  
 The Lancet, London NW1 7BU, UK

1 Sand M, Bechara F. A growing, bleeding, violet mole. *Archiv für Dermatologie und Venerologie* 2007; 153: 100-01.  
 2 Sand M, Bechara F, Mann B. A growing, bleeding, violet mole: a case of cutaneous endometriosis. *Archiv für Dermatologie und Venerologie* 2007; 153: 100-01.

labeled include in its heading the title of the original article

## Retraction—A growing, bleeding, violet mole

On Oct 13, 2007, *The Lancet* published a Case Report not named as an author of the paper we published and by Michael Sand and Falk Bechara. The case was about a growing, bleeding, violet mole on the endometriosis.<sup>1</sup> We accepted the paper because we had not been informed in writing, by the authors, that the case had not been submitted for publication elsewhere. In fact, however, the same case had already been reported by the same authors in *Muenchener Medizinische Wochenschrift Fortschritte der Medizin*, a German medical journal.<sup>2</sup> We were alerted to this fact by Prof. Renne Mann, who was a coauthor of the paper.

Ideally, the first author of the retraction should be the same as that of the article

Richard Horton

The Lancet, London NW1 7BY, UK

1 Sand M, Bechara FG. A growing, bleeding, violet mole. *Lancet* 2007; 370: 1392.

include a complete citation reference to that article.

The text of the retraction should explain why the article is being retracted

on a numbered page

listed in the Table of Contents page

in a prominent section of the print journal as well as in the online version

# THE LANCET

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 Dr Michael Sand MD<sup>a</sup> and Falk G Bechara MD<sup>b</sup>

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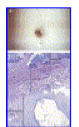
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Department of General and Visceral Surgery, Augusta Krankenhaus, A  
 Department of Dermatology and Allergology, Ruhr-University Bochum, G  
 Available online 11 October 2007.  
**Article Outline**  
 References  
 In May, 2007, a 33-year-old woman presented to our clinic with a violet, pa  
 the patient had not been worried by the lump, but it had grown steadily and  
 lump bled irregularly. The patient had pale skin and a tendency to burn rat  
 had only been sunburnt twice. There was no family history of cancer or of  
 unremarkable, except for sarcoidosis, which had manifested with coughin  
 patient saw us, she was taking prednisolone, and had no respiratory sym  
  
 Full-size image (157K)  
 High-quality image (812K)  
 Figure. Cutaneous endometriosis  
 (A) On inspection. (B) On histopathological examination (haematoxylin a  
 Examination revealed a lobulated, nodular mass, which measured 3×2×2 cm, and was hard, non-tender, and irreducible. Ultrasonography showed that the  
 mass was well-defined and solid. An excision biopsy was done. On removal, the mass was found to be irregular in shape and of rubbery texture.  
 Histopathological examination showed that the mass consisted of endometrial tissue. When last seen in July 2007, the woman had no gynaecological

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## Comment

## Retraction—A growing, bleeding, violet mole

Richard Horton<sup>a</sup><sup>a</sup>*The Lancet*, London NW1 7BY, UK

Available online 24 January 2008.

## Article Outline

[References](#)

On Oct 13, 2007, *The Lancet* published a Case Report by Michael Sand and Falk Bechara on cutaneous endometriosis.<sup>1</sup> We accepted the paper after having been informed in writing, by the authors, that it had not been submitted for publication elsewhere. In fact, however, the same case had already been reported by the same authors in *Muenchener Medizinische Wochenschrift Fortschritte der Medizin*, a German medical journal.<sup>2</sup> We were alerted to this fact by Prof Benno Mann, who was a coauthor of the paper published in


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## Retraction: Evaluation of 3D surface scanners for skin documentation in forensic medicine: comparison of benchmark surfaces

Wolf Schweitzer,<sup>✉1</sup> Martin Häusler,<sup>1</sup> Walter Bär,<sup>1</sup> and Michael Schaepman<sup>2</sup>

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### **Evaluation of 3D surface scanners for skin documentation in forensic medicine: comparison of benchmark surfaces**

Wolf Schweitzer,<sup>✉1</sup> Martin Häusler,<sup>1</sup> Walter Bär,<sup>1</sup> and Michael Schaepman<sup>2</sup>

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#### Notice of Retraction: Reliability and Validity of the Korean Cancer Pain Assessment Tool (KCPAT).

#### Kim JA, Choi YS, Lee J, Park J, Lee MA, Yeom CH, Jang SK, Yoon DM, Kim JS.

Department of Family Medicine, Korea University College of Medicine, Seoul, Korea. younseon@korea.ac.kr

Department of Preventive Medicine, Korea University College of Medicine, Seoul, Korea.

Department of Internal Medicine, Bobath Memorial Hospital, Seoungnam, Korea.

Department of Internal Medicine, The Catholic University of Korea College of Medicine, Seoul, Korea.

Department of Family Medicine, Kwandong University College of Medicine, Seoul, Korea.

Dongmyun Health Center, Cheonan, Korea.

Department of Anesthesiology and Pain Medicine, Yonsei University College of Medicine, Seoul, Korea.

Department of Internal Medicine, Korea University College of Medicine, Seoul, Korea.

The above article became to belatedly recognized by the editor of Journal of Korean Medical Science (JKMS) having almost same contents with an article which appeared in Korean Journal of Hospice and Palliative Care (=Hankook Hospice Wanhuaeuiryohakhoeji in Korean) 2003;6:152-63, entitled, Reliability and Validity of the Evaluation of Korean Cancer Pain Assessment Tool (K-CPAT). The 2003 article was written in Korean language, and authored by Youn Seon Choi, June young Lee, Jin No Park, Myung Ah Lee, Chang Hwan Yeom and Se Kwon Jang (with corresponding author Dr. J. Lee). Both articles shared same contents of four tables, appendix and message. The executive board for publication of the Korean Academy of Medical Sciences discussed the matter on 12 October 2006, concluded that the JKMS article was a duplicate publication, and resolved to retract the article in order to respect copy right of the Korean Society of Hospice and Palliative Care. Korean Journal of Hospice and Palliative Care have been indexed neither in PubMed nor in KoreaMed. The corresponding author of the article, Dr. Y.S. Choi, accepted the allegation of the duplicate publication.

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- Kim JA, Choi YS, Lee J, Park J, Lee MA, Yeom CH, Jang SK, Yoon DM, Kim JS. *J Korean Med Sci.* 2006 Dec;21(6):1139.

## Reliability and Validity of the Korean Cancer Pain Assessment Tool (KCPAT).

**Kim JA, Choi YS, Lee J, Park J, Lee MA, Yeom CH, Jang SK, Yoon DM, Kim JS.**

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Department of Anesthesiology and Pain Medicine, Yonsei University College of Medicine, Seoul, Korea.

Department of Internal Medicine, Korea University College of Medicine, Seoul, Korea.

The Korean Cancer Pain Assessment Tool (KCPAT), which was developed in 2003, consists of questions concerning the location of pain, the nature of pain, the present pain intensity, the symptoms associated with the pain, and psychosocial/spiritual pain assessments. This study was carried out to evaluate the reliability and validity of the KCPAT. A stratified, proportional-quota, clustered, systematic sampling procedure was used. The study population (903 cancer patients) was 1% of the target population (90,252 cancer patients). A total of 314 (34.8%) questionnaires were collected. The results showed that the average pain score (5 point on Likert scale) according to the cancer type and the at-present average pain score (VAS, 0-10) were correlated ( $r=0.56$ ,  $p<0.0001$ ), and showed moderate agreement ( $kappa=0.364$ ). The mean satisfaction score was 3.8 (1-5). The average time to complete the questionnaire was 8.9 min. In conclusion, the KCPAT is a reliable and valid instrument for assessing cancer pain in Koreans.

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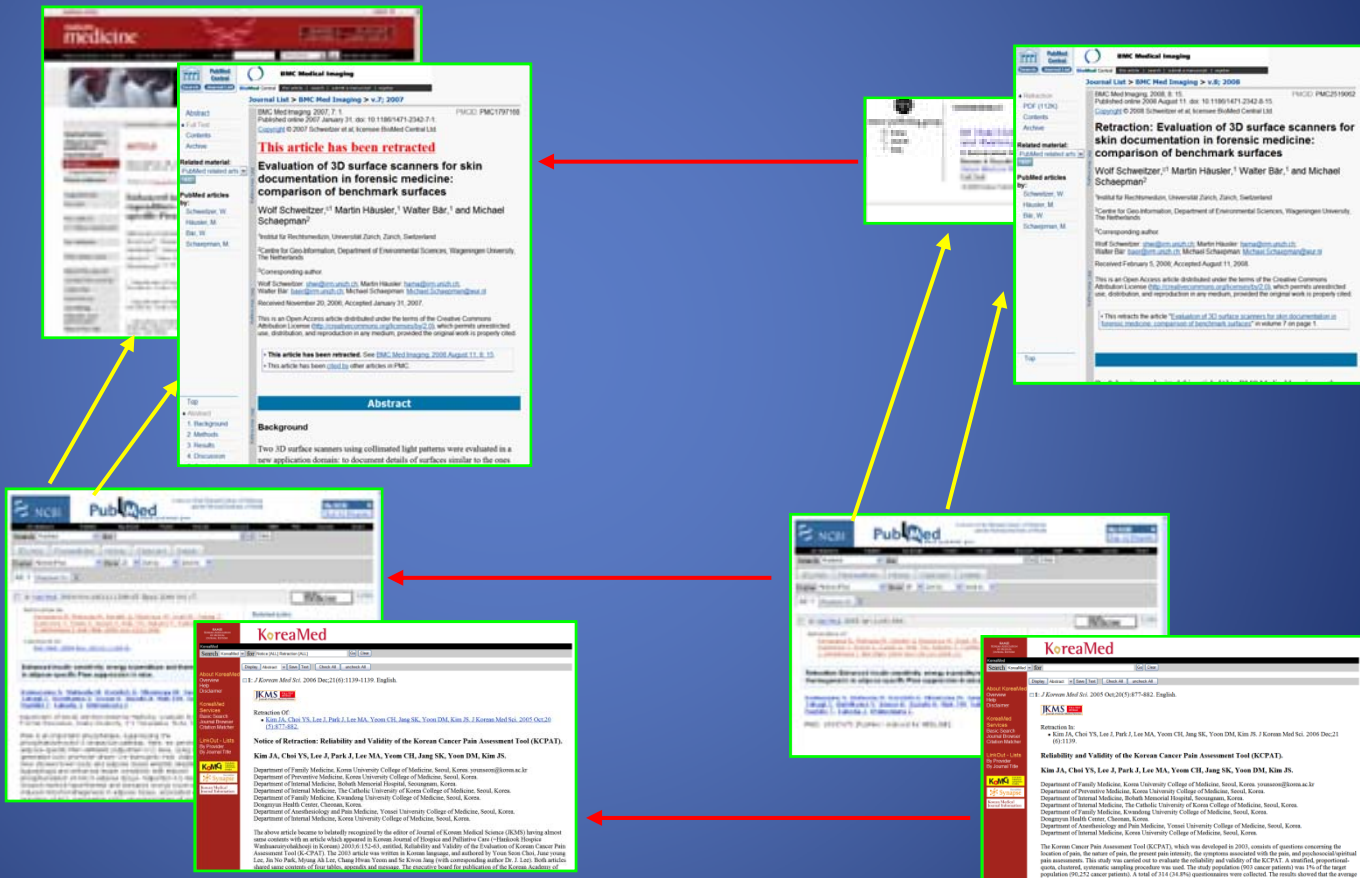
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Thank You!