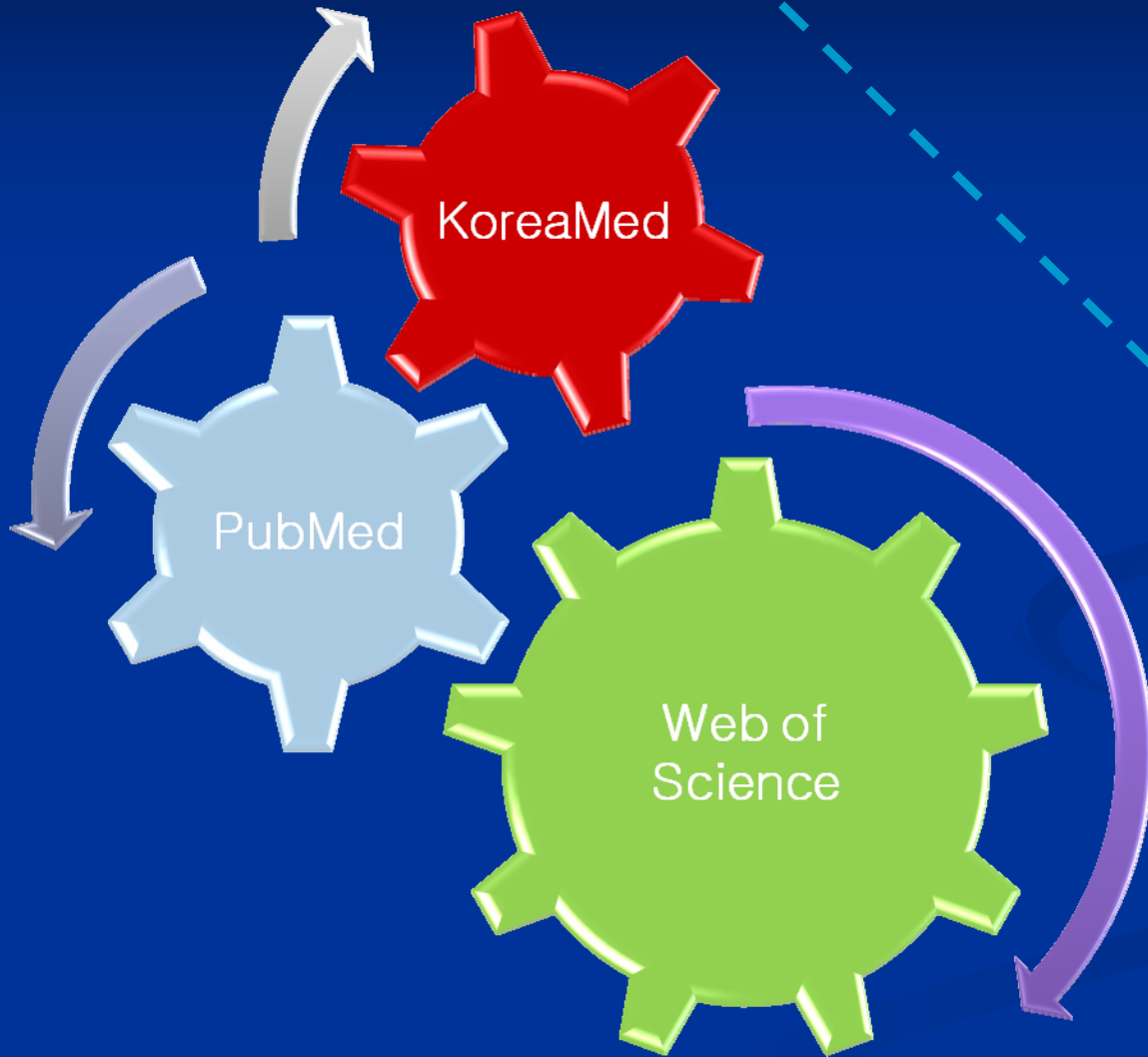


# SCI 등재 학술지의 Impact Factor 관리 전략

이 춘 실  
숙명여자대학교 문헌정보학과

To: mainstream



From: periphery



# 목 차

- 한국 의학 학술지 SCI 등재 현황
- SCI 한국 의학 학술지 인용 현황
- 학술지 주제분야별 SCI Impact Factor
- Impact Factor에 영향을 미치는 학술지 인용
- 학술지 이용 및 인용 가능성 확보 방안  
(Online service의 중요성)

# 한국 의학 학술지 SCI 등재 현황 (as of June 2008)

- 13 journals
- 8 new journals in 2008
- 3 Korean-language journals

# SCI Korean Medical Journals

- *Annals of Dermatology*
- Experimental & Molecular Medicine
- *Journal of Clinical Neurology*
- *Journal of Korean Neurosurgical Society*
- Journal of Korean Medical Science
- Journal of Veterinary Medicine
- *Korean Journal of Laboratory Medicine*
- *Korean Journal of Orthodontics*
- *Korean Journal of Parasitology*
- *Korean Journal of Pathology*
- *Korean Journal of Physiology & Pharmacology*
- *Korean Journal of Radiology*
- Yonsei Medical Journal

# SCI 한국 의학 학술지 인용 현황

- Cited Reference Search
  - Times Cited
  - No. of Cited Articles
- Citation Analysis Data
- SCI Impact Factor Trends

Web of Science<sup>®</sup>

Cited Work List

Use the Browse feature to locate cited works to add to your query.

Click on a letter or type a few letters from the beginning of the title to browse alphabetically by title.

Example: ceram to jump to entries which begin with CERAM

Ann Dermat  0-9 ABCDEFGHIJKLMNOPQRSTUVWXYZ

Page Range: ANN DERMAT -- ANN DERMATOLOGIE STR

Records	Add to Query	Cited Work
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1	<input type="button" value="Add"/>	ANN DERMATOL KOR
1	<input type="button" value="Add"/>	ANN DERMATOL KOREA
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6	<input type="button" value="Add"/>	ANN DERMATOL SYPH PA
1	<input type="button" value="Add"/>	ANN DERMATOL SYPHI S
476	<input type="button" value="Add"/>	ANN DERMATOL SYPHIL
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5	<input type="button" value="Add"/>	ANN DFRMATOI SYPHYL O

Transfer your selected term(s) below to the Cited Work f

ANN DERMATOL OR ANN DERMATOL KOR OR ANN DERMATOL

REFERENCE INDEX

s: 1 - 50 of 87

Page 1 of 2

Cited Author	Cited Work [SHOW EXPANDED TITLES]	Year	Volume	Page	Article ID	Citing Articles **	View Record
AHN KJ	ANN DERMATOL	1996	8	187		3	
BALLANGER F	ANN DERMATOL	2006	133	1487		1	
BEAULIEU P	ANN DERMATOL	1992	119	933		1	
BENGHORBEL I	ANN DERMATOL	2003	130	53		1	
BILLICH A	ANN DERMATOL	2002	129	S692		1	
BYEON SW	ANN DERMATOL	1992	4	21		1	
CAM C	ANN DERMATOL	1960	87	393		41	
CHANG SH	ANN DERMATOL	1990	2	47		1	
CHEVRANTBRETON J	ANN DERMATOL	1982	109	1049		7	
CHO HR	ANN DERMATOL	1997	9	155		1	
CHO SY	ANN DERMATOL	2000	12	155		1	
CHO YW	ANN DERMATOL	1992	42	128		1	
CHO YW	ANN DERMATOL	1992	4	128		2	
CHOE SW	ANN DERMATOL	2001	13	254		1	
CHOI YJ	ANN DERMATOL	1998	10	259		1	
CHUN YS	ANN DERMATOL	1998	10	132		1	
CIVATTE A	ANN DERMATOL	1952	79	387		7	
COSTA OG	ANN DERMATOL	1951	78	452		11	
DEBEURMANN	ANN DERMATOL	1906	7	993		1	

## SCI Korean Medical Journals: Times Cited (2001–2008.6.30 )

Journal title	Publication Start Year	Indexed in SCI since	Times cited	No. of Cited articles
Exp Mol Med	1964	1998	1,826	693
J Korean Med Sci	1986	1999	4,156	1,832
J Vet Sci	2000	2006	634	357
Korean J Radiol	2000	2001	729	293
Yonsei Med J	1960	1998	3,403	1,525



## SCI Korean Medical Journals: Times Cited (2001–2008.6.30 )

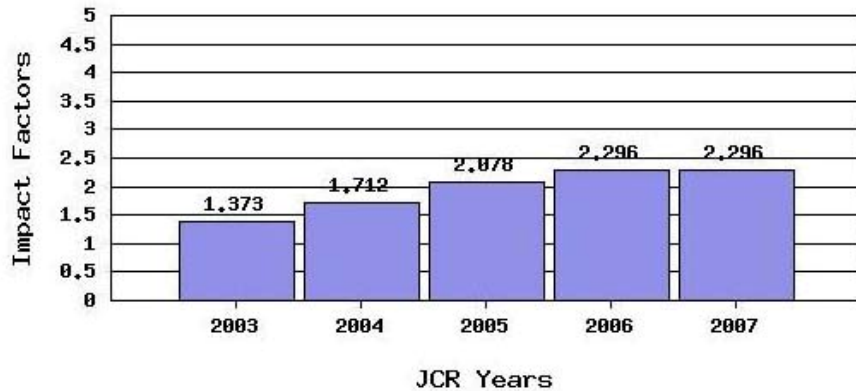
Journal title	Publication Start Year	Indexed in SCI since	Times cited	No. of Cited articles
Ann Dermatol	1989	2007	115	87
J Clin Neurol	2005	2007	32	30
J Korean Neurosurg Soc	1972	2007	426	405
Korean J Lab Med	1981	2007	96	85
Korean J Orthod	1970	2008	88	59
Korean J Parasitol	1963	2008	1,441	696
Korean J Pathol	1967	2008	101	85
Korean J Physiol Pharmacol	1965	2008	126	84

## SCI Korean Medical Journals: Impact Factor (JCR 2007)

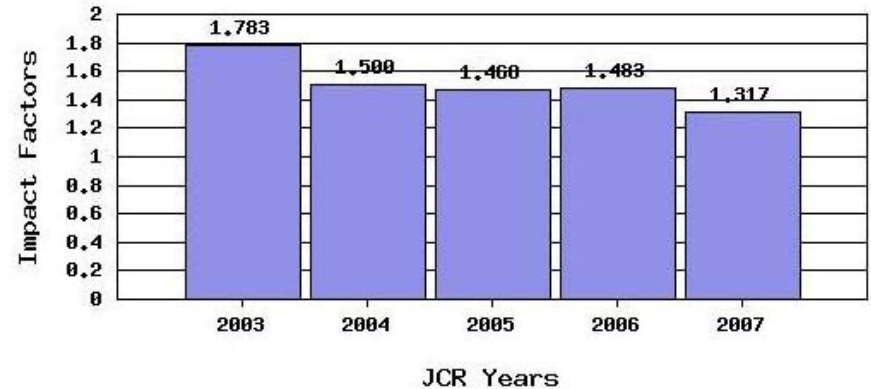
Journal Title	Total Cites	Impact Factor	Immediacy Index	2007 articles	Cited Half-life	Citing Half-life
Exp Mol Med	1069	2.296	0.233	90	3.9	6.4
J Korean Med Sci	1385	0.824	0.03	237	5	7.6
Korean J Radiol	368	1.317	0.106	66	4.4	7.8
Yonsei Med J	1101	0.781	0.031	161	4.7	8.5

# SCI Korean Medical Journals: Impact Factor Trends (JCR 2007)

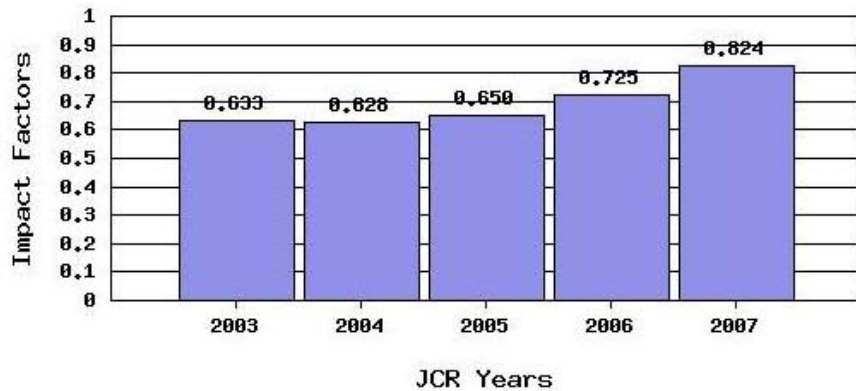
EXPERIMENTAL AND MOLECULAR MEDICINE



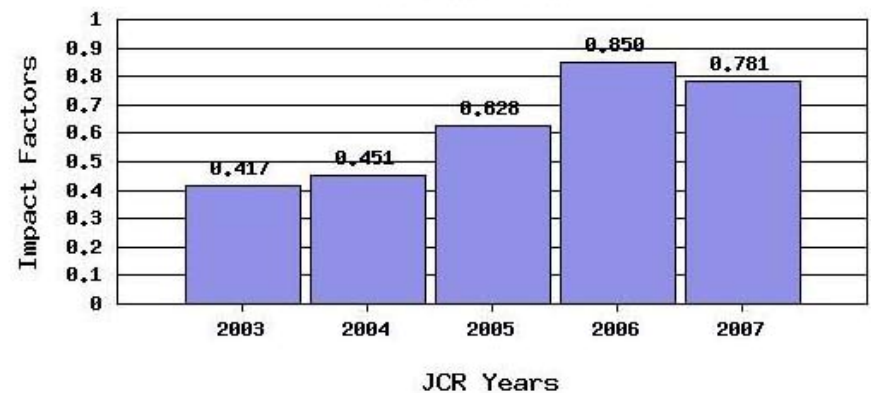
KOREAN JOURNAL OF RADIOLOGY



JOURNAL OF KOREAN MEDICAL SCIENCE



YONSEI MEDICAL JOURNAL




# 학술지 주제분야별 SCI Impact Factor

- 관련 주제분야의 학술지와 비교
    - Journal Citation Reports (JCR)
    - SCI subject category
- 학술지에 1개 이상의 주제분야 부여

# Journal Summary List

[Journal Title Changes](#)

Journals from: **subject categories RADIOLOGY, NUCLEAR MEDICINE & MEDICAL IMAGING**  VIEW CATEGORY SUMMARY LIST

Sorted by:

Journals 41 - 60 (of 87)

Navigation: << < [ 1 | 2 | 3 | 4 | 5 ] > >>

Page 3 of 5

Ranking is based on your journal and sort selections.

Mark	Rank	Abbreviated Journal Title (linked to journal information)	ISSN	Total Cites	Impact Factor	Immediacy Index	Articles	Cited Half-life
<input type="checkbox"/>	41	<a href="#">NEURORADIOLOGY</a>	0028-3940	3812	1.759	0.242	120	8.3
<input type="checkbox"/>	42	<a href="#">RADIOL CLIN N AM</a>	0033-8389	1791	1.755	0.362	58	7.9
<input type="checkbox"/>	43	<a href="#">CANCER BIOTHER RADIO</a>	1084-9785	900	1.725	0.042	95	4.4
<input type="checkbox"/>	44	<a href="#">J NEUROIMAGING</a>	1051-2284	891	1.625	0.342	73	4.8
<input type="checkbox"/>	45	<a href="#">J COMPUT ASSIST TOMO</a>	0363-8715	5415	1.509	0.171	164	>10.0
<input type="checkbox"/>	46	<a href="#">MAGN RESON MATER PHY</a>	0968-5243	586	1.494	0.214	28	5.2
<input type="checkbox"/>	47	<a href="#">MAGN RESON IMAGING</a>	0730-725X	4120	1.486	0.269	182	8.0
<input type="checkbox"/>	48	<a href="#">CONTRAST MEDIA MOL I</a>	1555-4309	43	1.478	0.286	28	
<input type="checkbox"/>	49	<a href="#">INT J RADIAT BIOL</a>	0955-3002	3830	1.468	0.161	87	9.9
<input type="checkbox"/>	50	<a href="#">J THORAC IMAG</a>	0883-5993	655	1.444	0.182	55	7.0
<input type="checkbox"/>	51	<a href="#">CLIN RADIOL</a>	0009-9260	3445	1.429	0.213	169	7.9
<input type="checkbox"/>	52	<a href="#">NEUROIMAG CLIN N AM</a>	1052-5149	505	1.344	0.027	37	5.7
<input type="checkbox"/>	53	<a href="#">KOREAN J RADIOL</a>	1229-6929	368	1.317	0.106	66	4.4
<input type="checkbox"/>	54	<a href="#">NUCL MED COMMUN</a>	0143-3636	1813	1.299	0.214	131	5.6
<input type="checkbox"/>	55	<a href="#">SEMIN ULTRASOUND CT</a>	0887-2171	505	1.267	0.024	42	6.0
<input type="checkbox"/>	56	<a href="#">J RADIAT RES</a>	0449-3060	698	1.260	0.236	72	4.4
<input type="checkbox"/>	57	<a href="#">CARDIOVASC INTER RAD</a>	0174-1551	1920	1.251	0.239	222	6.1
<input type="checkbox"/>	58	<a href="#">INT J CARDIOVAS IMAG</a>	1569-5794	515	1.250	0.146	96	3.1
<input type="checkbox"/>	58	<a href="#">NUKLEARMED-NUCL MED</a>	0029-5566	466	1.250	0.571	49	4.3
<input type="checkbox"/>	60	<a href="#">ABDOM IMAGING</a>	0942-8925	1633	1.213	0.067	120	6.4

Journals 41 - 60 (of 87)

Navigation: << < [ 1 | 2 | 3 | 4 | 5 ] > >>

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# J Korean Med Sci, Yonsei Med J

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">MEDICINE, GENERAL &amp; INTERNAL</a>	770230	1.331	4.705	1.229	7.1	100	13352

# Korean J Radiol

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">RADIOLOGY, NUCLEAR MEDICINE &amp; MEDICAL IMAGING</a>	363419	1.625	2.505	0.422	6.4	87	13002

# Exp Mol Med

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">BIOCHEMISTRY &amp; MOLECULAR BIOLOGY</a>	2383087	2.550	4.225	0.812	6.7	263	48051

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">MEDICINE, RESEARCH &amp; EXPERIMENTAL</a>	404101	1.806	3.459	0.670	6.5	81	10998

# J Vet Med

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">VETERINARY SCIENCES</a>	182009	0.646	1.124	0.254	7.6	133	12674



# Ann Dermatol

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">DERMATOLOGY</a>	120579	1.402	1.956	0.371	7.3	41	4750

# J Clin Neurol, Korean J Neurosurg Soc

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">NEUROSCIENCES</a>	1246683	2.402	3.734	0.660	6.8	211	28434

# Korean J Lab Med

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">MEDICAL LABORATORY TECHNOLOGY</a>	67198	1.619	2.080	0.363	7.1	26	2559

# Korean J Orthod

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">DENTISTRY, ORAL SURGERY &amp; MEDICINE</a>	146199	1.592	1.699	0.238	8.5	51	6089

# Korean J Parasitol

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">PARASITOLOGY</a>	60185	1.597	2.114	0.455	6.7	23	3111



# Korean J Pathol

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">PATHOLOGY</a>	191773	1.783	2.539	0.400	7.3	66	6180

# Korean J Physiol Pharmacol

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">PHYSIOLOGY</a>	396863	2.034	3.187	0.662	7.5	78	10915

Rank	Category <i>(linked to category information)</i>	Total Cites	Median Impact Factor	Aggregate Impact Factor	Aggregate Immediacy Index	Aggregate Cited Half-Life	# Journals	Articles
1	<a href="#">PHARMACOLOGY &amp; PHARMACY</a>	753586	2.066	2.788	0.487	6.2	205	27748

# SCI Impact Factor에 영향을 미치는 학술지 인용

- SCI Impact factor: 2 previous years
- Journal Self-citation
- Citations among SCI Korean journals
  - Author self-citations
- Korean-language Journals
  - How to overcome language-barrier

Korean Medical Journal Information - Windows Internet Explorer

http://journals.koreamed.org/index.php

Korean Medical Journal Information

KAMJE KoreaMed Synapse KoMCI

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# Korean Medical Journal Information



KAMJE

KoreaMed Synapse KoMCI

• Items 20

Journal Title	ISSN	Journal Abbreviation	Language
가정의학			KOR, ENG
Journal of the Korean Academy of Family Medicine	1225-4908		KOR, ENG

KAMJE

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## Korean Medical Journal Information



KAMJE

KoreaMed Synapse KoMCI

### Journal of the Korean Academy of Family Medicine

<b>Title in Korean:</b>	가정의학회지
<b>Journal Abbreviation:</b>	J Korean Acad Fam Med
<b>pISSN:</b>	1225-4908
<b>Frequency:</b>	Monthly
<b>Language :</b>	Korean, English
<b>Publication Start Year:</b>	1989
<b>Continues:</b>	가정의학 (1980-), ISSN:
<b>Subject Categories:</b>	MEDICINE, GENERAL & INTERNAL

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한국의학학술지명의 정확한 인용을  
위한 참고자료 데이터베이스

# 학술지 이용 및 인용 가능성 확보 방안 (Online service의 중요성)

- 의학 학술 논문 정보의 국제적 배포
  - 필요성 (Why?)
  - 방법론 (How?)
- KoreaMed와 Synapse의 역할
  - DOI
  - e-journal publishing
- PubMed Central 참여
- Google Scholar

Discoverability

Literature search in KoreaMed & KoMCI

LinkOut DOI linking

E-journal publishing in Synapse

Accessibility

Let the World Know That Our Journal Exist

High Visibility

Provide Seamless & Barrier-Free Access

Access & Download

Used

Hich Access

Cited

Hich Impact



# How?

- Barrier-Free Access
  - Language Barrier
  - Log-in Barrier
- Seamless Searching & Access
  - Technical Barrier

# How?

- All information in English
  - Language barrier-free access to Korean medical journal articles
- Free Access/Open Access
  - Log-in barrier-free access
  - Allow robots of major search engines including Googlebots
- Confirm to International Standards
  - Technical barrier-free, interoperability
  - PubMed XML, PubMed Central Journal Publishing XML DTD, DOI



# Seamless Searching & Access

- Provide Full-text
- Journal LinkOut/View Full-text
- Reference Linking



e-journal  
Publishing

- Provide Full-text
  - 학술지 website 구축
  - Synapse 참여
  - PubMed Central 참여

- Journal LinkOut
  - PubMed LinkOut
  - KoreaMed LinkOut
  - PubMed XML, KoreaMed XML
  - Open URL
- View Full-text
  - Open URL
  - DOI

## ■ Reference Linking

- Digital Object Identifier (DOI)

Prefix + Suffix

- CrossRef

- Sponsoring publisher

- CrossRef Deposit XML

- DOI-based citation links

“DOI” + “metadata” + “URL”

- Article response page/Landing page

PubMed LinkOut

1: Proc Natl Acad Sci U S A. 2008 Jan 8;105(1):288-93. Epub 2007 Dec 27.

FREE Full Text Article at www.pnas.org FREE full text article in PubMed Central Links

Tamoxifen-stimulated growth of breast cancer due to p21 loss.

Abukhdeir AM, Vitolo MI, Argani P, De Marzo AM, Karakas B, Konishi H, Gustin JP, Lauring J, Garay JP, Pendleton C, Konishi Y, Blair BG, Brenner K, Garrett-Mayer E, Carraway H, Bachman KE, Park BH.

The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Department of Oncology, Johns Hopkins University School of Medicine, Baltimore, MD 21231, USA.

Tamoxifen is widely used for the treatment of hormonally responsive breast cancers. However, some resistant breast cancers develop a growth proliferative response to this drug, as evidenced by tumor regression upon its withdrawal. To elucidate the molecular mediators of this paradox, tissue samples from a patient with tamoxifen-stimulated breast cancer were analyzed. These studies revealed that loss of the cyclin-dependent kinase inhibitor p21 was associated with a tamoxifen growth-inducing phenotype. Immortalized human breast epithelial cells with somatic deletion of the p21 gene were then generated and displayed a growth proliferative response to tamoxifen, whereas p21 wild-type cells demonstrated growth inhibition upon tamoxifen exposure. Mutational and biochemical analyses revealed that loss of p21's cyclin-dependent kinase inhibitory property results in hyperphosphorylation of estrogen receptor-alpha, with subsequent increased gene expression of estrogen receptor-regulated genes. These data reveal a previously uncharacterized molecular mechanism of tamoxifen resistance and have potential clinical implications for the management of tamoxifen-resistant breast cancers.

PMID: 18162533 [PubMed - indexed for MEDLINE]

PMCID: PMC2224203

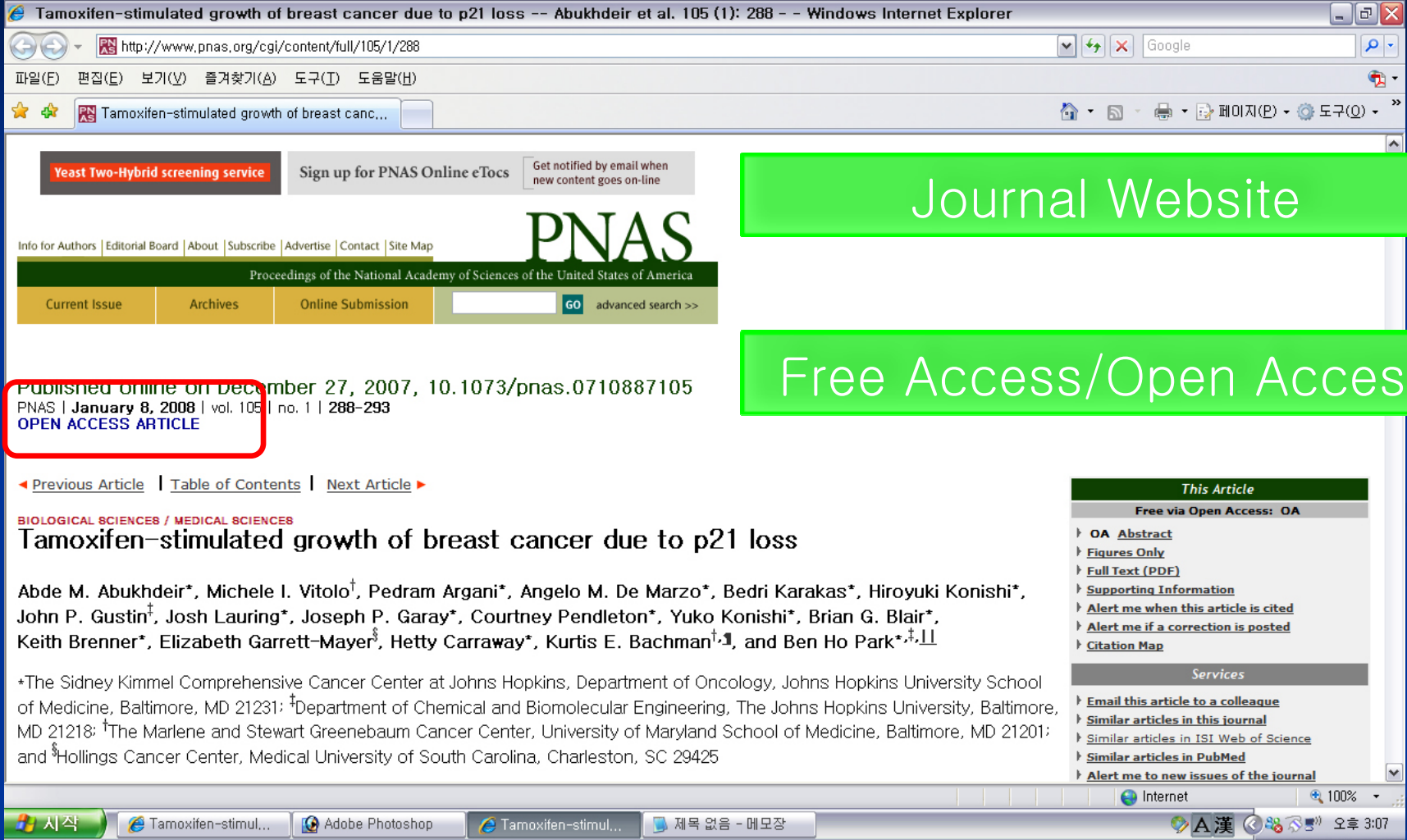
Related Links

- The effect of the new SERM arzoxifene on growth and gene expression in MCF-7 breast cancer cells. [Mol Cell Endocrinol. 2004]
Selenium disrupts estrogen receptor (alpha) signaling and potentiates tamoxifen antagonism in endometrial cancer cells and tamoxifen-resi [Mol Cancer Ther. 2005]
Comparison of the selective estrogen receptor modulator arzoxifene (LY353381) with tamoxifen on tumor growth and biomarker expression in a [Cancer Res. 2003]
Association between Pak1 expression and subcellular localization and tamoxifen resistance in breast cancer patients. [J Natl Cancer Inst. 2006]
The anti-proliferative effect of suramin towards tamoxifen-sensitive and resistant human breast cancer cell lines in relation to expression of recep [Ann Oncol. 1998]

Patient Drug Information

Estrogen (Cenestin®, Enjuvia®, Estrace®, ...) Estrogen is used to treat hot flushes (sudden strong feelings of heat and sweating) in women who are

Tamoxifen-stimulated growth of breast cancer due to p21 loss -- Abukhdeir et al



Journal Website

Free Access/Open Access

Published online on December 27, 2007, 10.1073/pnas.0710887105  
PNAS | January 8, 2008 | vol. 105 | no. 1 | 288-293  
OPEN ACCESS ARTICLE

[◀ Previous Article](#) | [Table of Contents](#) | [Next Article ▶](#)

BIOLOGICAL SCIENCES / MEDICAL SCIENCES

## Tamoxifen-stimulated growth of breast cancer due to p21 loss

Abde M. Abukhdeir\*, Michele I. Vitolo<sup>†</sup>, Pedram Argani\*, Angelo M. De Marzo\*, Bedri Karakas\*, Hiroyuki Konishi\*, John P. Gustin<sup>‡</sup>, Josh Lauring\*, Joseph P. Garay\*, Courtney Pendleton\*, Yuko Konishi\*, Brian G. Blair\*, Keith Brenner\*, Elizabeth Garrett-Mayer<sup>§</sup>, Hetty Carraway\*, Kurtis E. Bachman<sup>†,¶</sup>, and Ben Ho Park<sup>\*,†,||</sup>

\*The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins, Department of Oncology, Johns Hopkins University School of Medicine, Baltimore, MD 21231; <sup>†</sup>Department of Chemical and Biomolecular Engineering, The Johns Hopkins University, Baltimore, MD 21218; <sup>‡</sup>The Marlene and Stewart Greenebaum Cancer Center, University of Maryland School of Medicine, Baltimore, MD 21201; and <sup>§</sup>Hollings Cancer Center, Medical University of South Carolina, Charleston, SC 29425

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Tamoxifen-stimulated growth of breast cancer due to p21 loss -- Abukhdeir et al. 105 (1): 288 -- Windows Internet Explorer

http://www.pnas.org/cgi/content/full/105/1/288

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## References

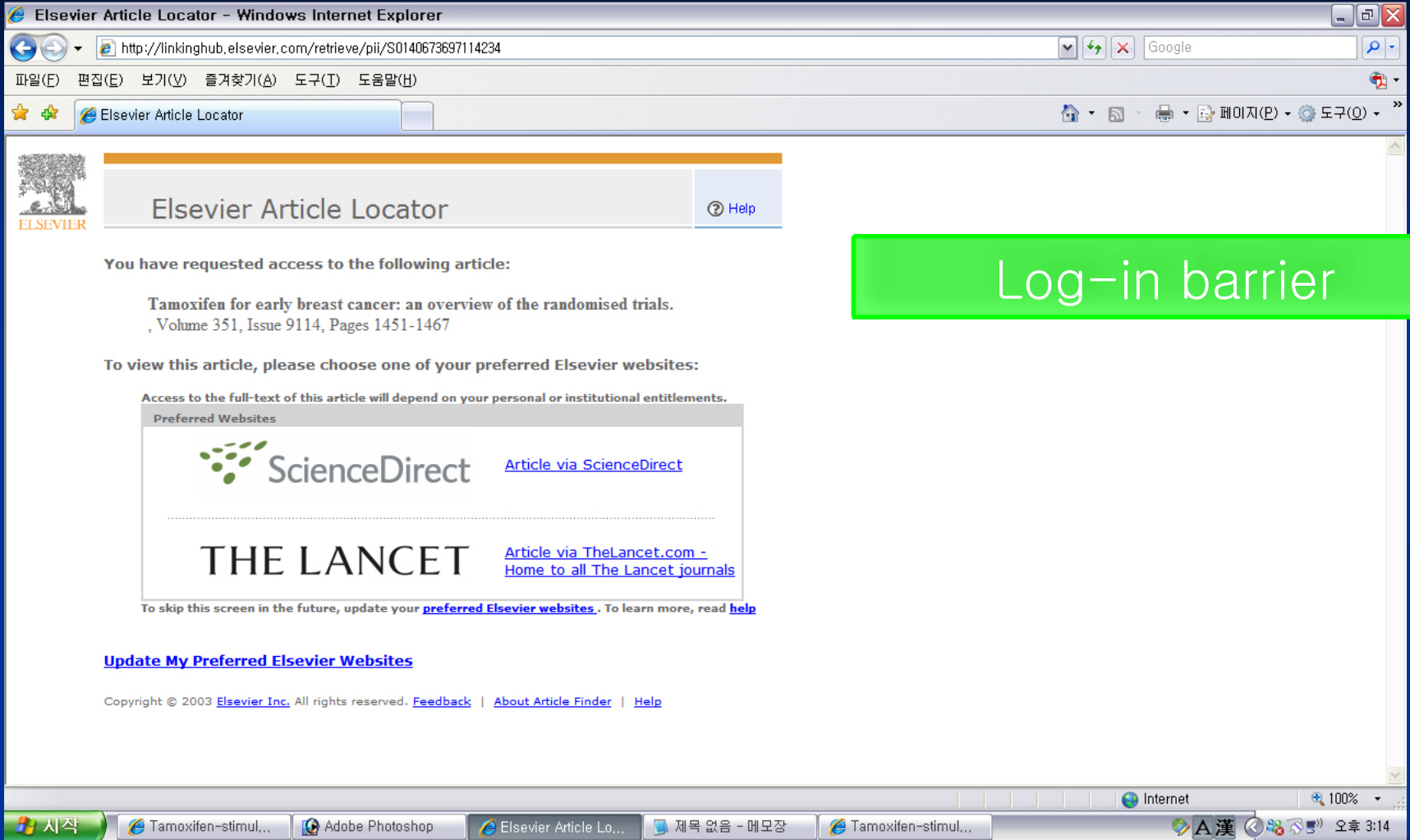
Reference Linking

1. Early Breast Cancer Trialists' Collaborative Group (1998) Tamoxifen for early breast cancer: An overview of the randomised trials. *Lancet* 351:1451-1467. [\[CrossRef\]](#) [\[ISI\]](#) [\[Medline\]](#)
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## Economic Burden of Schizophrenia in South Korea

This study estimates the treated prevalence of schizophrenia and the annual costs associated with schizophrenia in South Korea. Sung Man Chang<sup>1</sup>, Seong-Jin Cho<sup>2</sup>, Hong Jin Jeon<sup>3</sup>, Bong-Jin Hahm<sup>4</sup>, Hyo Jung Lee<sup>5</sup>, Jong-Ik Park<sup>6</sup>, Maeng Je Cho<sup>7</sup>

associated with schizophrenia in South Korea. Sung Man Chang<sup>1</sup>, Seong-Jin Cho<sup>2</sup>, Hong Jin Jeon<sup>3</sup>, Bong-Jin Hahm<sup>4</sup>, Hyo Jung Lee<sup>5</sup>, Jong-Ik Park<sup>6</sup>, Maeng Je Cho<sup>7</sup>

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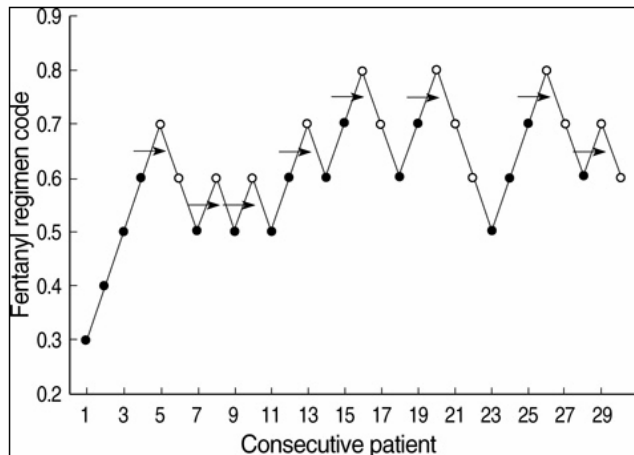
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**Economic Burden of Schizophrenia in South Korea**  
Sung Man Chang<sup>1</sup>, Seong-Jin Cho<sup>2</sup>, Hong Jin Jeon, Bong-Jin Hahm<sup>†</sup>, Hyo Jung Lee,  
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Chuncheon, Korea.



Tables & Figures enlarged



**Fig. 1**  
The responses of 30 consecutive patients by the parent-controlled analgesic modality with different fentanyl regimens. Patient's response to the PrCA was described as 'Effective' (open circle) or 'Not effective' (close circle). Fentanyl regimen was coded by the numeric of the basal infusion rate ( $\mu\text{g}/\text{kg}/\text{hr}$ ). Arrows indicate the midpoint of fentanyl regimens of all independent pairs of patients involving a crossover from 'Not effective' to 'Effective'.

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**Table 1**  
Total consumption dose of fentanyl with different fentanyl regimens

Fentanyl regimen (No. of patient)	Total consumption dose of fentanyl ( $\mu\text{g}/\text{kg}$ )
0.3 (n=1)	9.56
0.4 (n=1)	13.2
0.5 (n=5)	13.5 $\pm$ 0.5
0.6 (n=11)	15.2 $\pm$ 1.2*
0.7 (n=9)	17.6 $\pm$ 0.5 <sup>†</sup>
0.8 (n=3)	20.6 $\pm$ 0.3 <sup>‡</sup>

Values are mean $\pm$ SD (total dose) and the number of patients. \* $p < 0.05$  vs. fentanyl regimen 0.5; <sup>†</sup> $p < 0.001$  vs. fentanyl regimen 0.5 and 0.6; <sup>‡</sup> $p < 0.001$  vs. fentanyl regimen 0.5, 0.6 and 0.7. Data were obtained during the first postoperative day, and the fentanyl regimen 0.3 and 0.4 were excluded from statistical comparison because of the small sample size.













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×400). A cord-like cellular arrangement of pleomorphic chondroblasts (arrows) with thin anastomosing strands is shown surrounded by myxoid stroma (asterisks).

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Original Article  
 Primary chondrosarcoma of the head and neck in pediatric patients  
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 Sklym R. Gadwal, Julie C. Fanburg-Smith, M.D., Francis H. Gannon, M.D., Lester D. R. Thompson, M.D.\*  
 Departments of Orthopedic, Soft Tissue, and Endocrine and Otorhinolaryngic-Head & Neck Pathology, Armed Forces Institute of Pathology, Washington, DC  
 \*Correspondence to: Lester D. R. Thompson, Department of Endocrine and Otorhinolaryngic-Head & Neck Pathology, Building 54, Room G-066-11, Armed Forces Institute of Pathology, 6825 16th Street, N.W., Washington, DC 20306-6000

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of Defense. Conference: 89th Annual Meeting of the United States and Canadian Academy of Pathology, New Orleans, Louisiana, 25 March 2000 to 31 March 2000.

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Primary chondrosarcoma of the head and neck in pediatric patients: a clinicopathologic study of 14 cases with a review of the literature.

Gadwal SR, Fanburg-Smith JC, Gannon FH, Thompson LD.  
 Department of Orthopedic Pathology, Armed Forces Institute of Pathology, Washington, DC 20306-6000, USA.

BACKGROUND: Primary chondrosarcoma of the head and neck in the pediatric age group is rare. The literature contains several single cases and small series; however, to the authors' knowledge, there has been no previous comprehensive larger study to evaluate the clinicopathologic aspects of these tumors. METHODS: Fourteen cases of chondrosarcoma of the head and neck from patients age 18 years or younger, diagnosed between 1970 and 1997, were retrieved from the Otorhinolaryngic-Head & Neck Tumor Registry of the Armed Forces Institute of Pathology. No secondary sarcomas (radiation-induced or arising in association with Maffucci syndrome or other disease) were included. Clinical, radiographic, and histologic features were reviewed and patient follow-up obtained. RESULTS: The patients included 6 girls and 8 boys ages 3-18 years (mean, 11.8 years). Patient symptoms (nasal stuffiness or discharge, sinusitis, headaches, or a mass lesion) were related to tumor location and were present for an average of 7.2 months. No genetic abnormalities were documented. The tumors most frequently involved the maxillary sinus (n=4), followed by the mandible (n=3), nasal cavity (n=2), and neck (n=2), with 1 each of the nasopharynx, orbit, and base of the skull. The tumors ranged in size from 2.0 to 15.0 cm (mean, 3.1 cm). All tumors were invasive and malignant as determined by radiology and/or histology. The tumors were Grade 1 (n=9), Grade 2 (n=1), or Grade 3 (mesenchymal, n=2; dedifferentiated n=2). All patients were treated by surgery, followed by radiation (n=5) and/or chemotherapy (n=2). Follow-up was available for 11 patients; all were alive (at a mean of 14.8 years), with only a single patient demonstrating evidence of residual recurrent tumor (at 16.6 years). CONCLUSIONS: Primary head and neck chondrosarcoma in the pediatric population is typically low grade and occurs in the maxillary sinus or mandible. Despite the invasive and high grade nature of some of these tumors, there is an excellent long term prognosis for patients in this age group with tumors in these locations.

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TI: Parasitic infections in HIV-infected patients who visited Seoul National University Hospital during the period 1995-2003

AU: Sang-Mee GUK<sup>1)</sup>, Min SEO<sup>2)</sup>, Yun-Kyu PARK<sup>3)</sup>, Myoung-Don OH<sup>4)</sup>, Kang-Won CHO<sup>5)</sup>, Jae-Up KIM<sup>1)</sup>, Min-Ho CHOI<sup>1)</sup>, Sung-Tae HONG<sup>3)</sup> and Jong-Yil CHAI<sup>1)\*</sup>

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Guk SM, Seo M, Park YK, Oh MD, Choe KW, Kim JL, Choi MH, Hong ST, Chai JY.

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Parasitic infections in HIV-infected patients who visited Seoul National University Hospital during the period 1995-2003

Guk SM, Seo M, Park YK, Oh MD, Choe KW, Kim JL, Choi MH, Hong ST, Chai JY.

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The prevalence of parasitic infections was investigated in human immunodeficiency virus (HIV)-infected patients (n = 105) who visited Seoul National University Hospital, Seoul, Korea, during the period from 1995 to 2003. Fecal samples were collected from 67 patients for intestinal parasite examinations, and sputum or bronchoalveolar lavage samples from 60 patients for examination of Pneumocystis carinii. Both samples were obtained from 22 patients. Thirty-three (31.4%) of the 105 were found to have parasitic infections; Cryptosporidium parvum (10.5%; 7/67), Isospora belli (7.5%; 5/67), Clonorchis sinensis (3.0%; 2/67), Giardia lamblia (1.5%; 1/67), Gymnophalloides seoi (1.5%; 1/67), and Pneumocystis carinii (28.3%; 17/60). The hospital records of the 11 intestinal parasite-infected patients showed that all suffered from diarrhea. This study shows that parasitic infections are important clinical complications in HIV-infected patients in the Republic of Korea.

Affiliation: Department of Parasitology and Tropical Medicine, Seoul National University College of Medicine and Institute of Endemic Diseases, Seoul National University

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Parasitic infections in HIV-infected patients who visited Seoul National University Hospital during the period 1995-2003.

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# The comparison of cystatin C and accurate serum marker in the prediction of diabetic nephropathy

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concentration is significantly affected by protein intake, changes in tubular secretion, and factors that interfere with its assay. However, to a lesser degree, which may explain the use of creatinine for predicting GFR [2], [16], [17] and [18]. We have assessed the values of serum CysC or CysC-based GFR estimates in comparison with serum creatinine or creatinine-based GFR estimates to predict diabetic nephropathy in Korean patients with type 2 diabetes.

The validation of new methods to evaluate a bio-clinical parameter is often based on a linear relationship as a proof of a strong correlation between the tested methods and the reference one. Previous studies showed that CysC-based GFR estimates were more accurate and precise markers of GFR in Korean subjects over the whole age and GFR ranges using Cr<sup>51</sup>-EDTA GFR or GFR estimated by a DPTA scintigraphy method as a reference [16]. [16] Y Kim, W.K. Min and J. Rhew. Assessment of the accuracy and precision of cystatin C-based GFR estimates and Cr-based GFR estimates in comparison with Cr<sup>51</sup>-EDTA GFR, *Korean J. Lab. Med.* 27 (2007), pp. 34–39. Full Text via CrossRef

is have shown Cys-C or CysC-based GFR increased GFR than serum creatinine or subjects with variable clinical status [18], [19], al correlation between the CysC-based GFR (MDRD-GFR, CG-GFR, CLcr) (Fig. 1), our two approaches to estimate glomerular based GFR measurements did not provide by the bias (average difference), precision comparison points) and limits of agreement showed the highest correlation ( $r = 0.810$ ,  $p < 0.001$ ) and narrow scatter of the GFR values

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**Assessment of the Accuracy and Precision of Cystatin C-based GFR Estimates and Cr-based GFR Estimates in Comparison with Cr<sup>51</sup>-EDTA GFR**

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**Background**

Cystatin C (cysC) is said to be an ideal marker for glomerular filtration rate (GFR), independent of external factors such as age, nutrition and inflammation. The authors compared the accuracy and precision of cysC-based and creatinine (Cr)-based GFR estimates using Cr<sup>51</sup>-EDTA GFR method as a

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Research review paper

**DNA technological progress toward advanced diagnostic tools to support human hookworm control**

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**Abstract**

Blood-feeding hookworms are parasitic nematodes of major human health importance. Currently, it is estimated that 740 million people are infected worldwide, and more than 80 million of them are severely affected clinically by

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**Differential diagnosis of *Trichostrongylus* and hookworm eggs via PCR using ITS-1 sequence**

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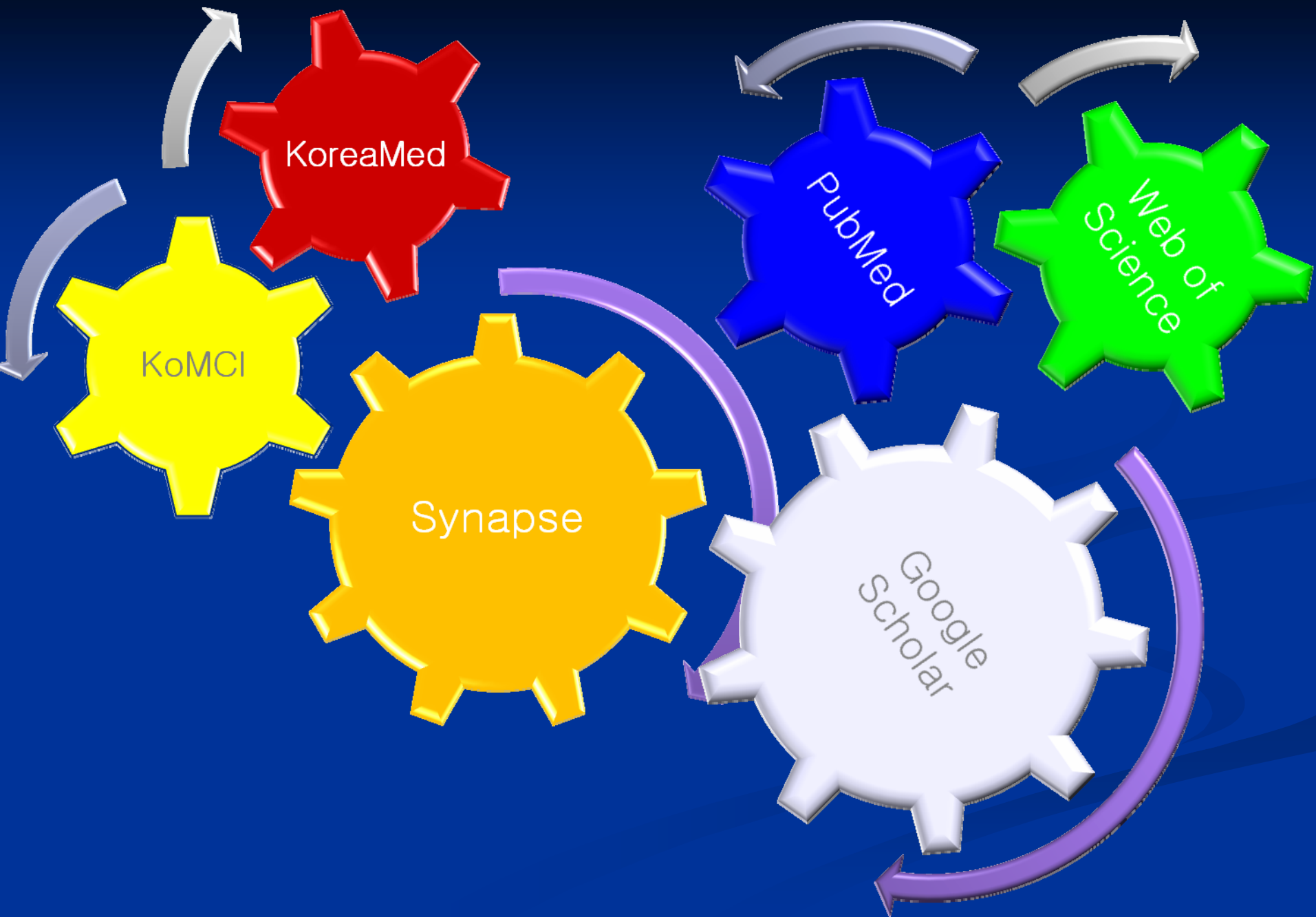
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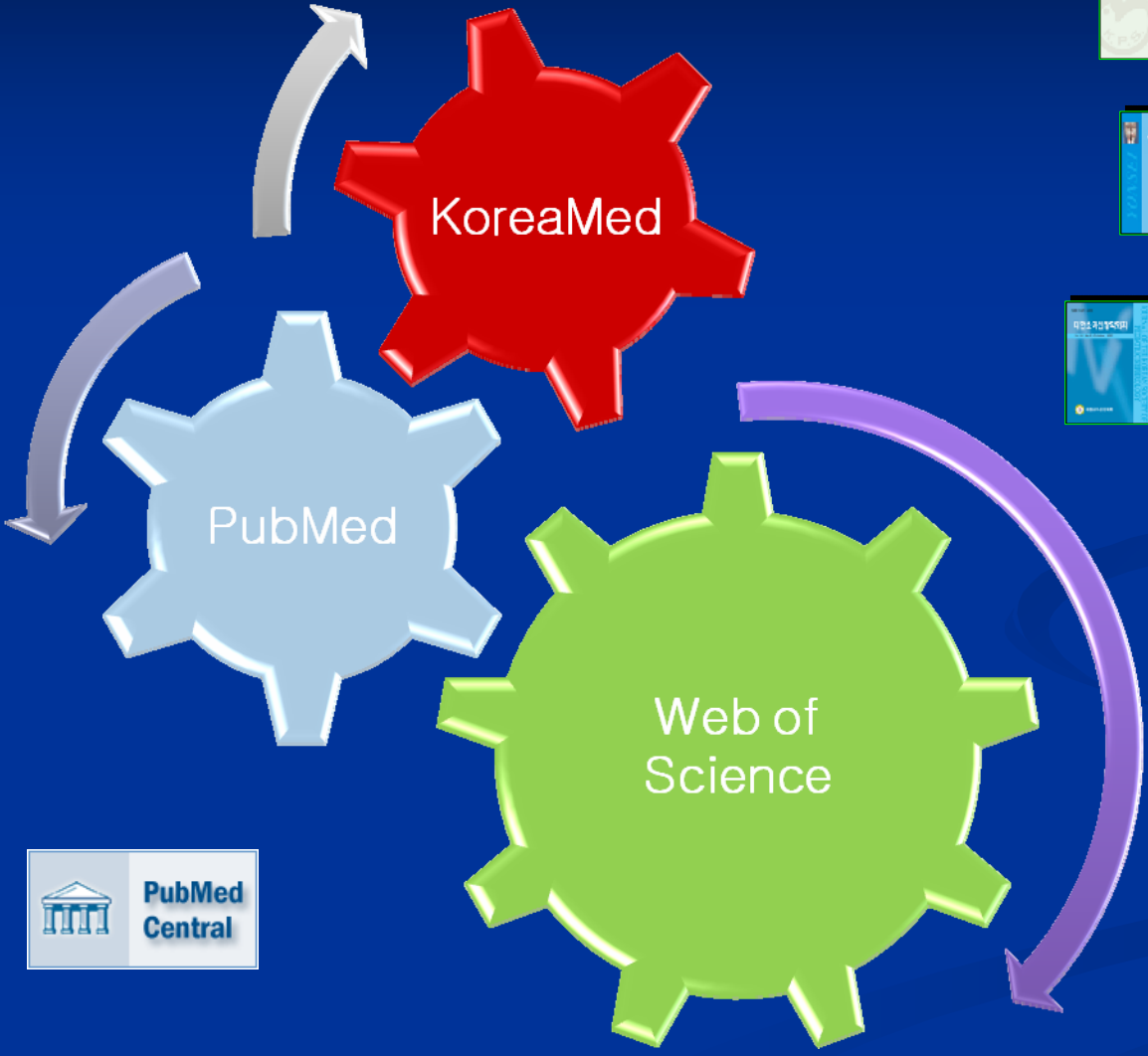
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