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)

평가회의 종 류

- 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
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- 235종 학술지 등재(2016년 11월 현재)
  245,455개 레코드

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- 과학성: 학술적 논리에 따라 기술되었는지 여부
  (IMRaD 구조를 갖추고 있는가?)
- 학술성: 종설, 원저를 포함하여 년간 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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신규평가 항목

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

KoreaMed에 아직 등재되지 않은 학술지 평가에는 '신규평가 항목'(1-1~1-10, 2-1~2-13, 3-1~3-6, 총 29문항)을 적용합니다.

KoreaMed에 이미 등재된 학술지에 대하여는 7년 주기로 재평가를 시행하고 있으며, 재평가에는 '재평가 항목'(1-1~1-9, 2-1~2-13, 3-1~3-7, 총 29문항)을 적용합니다.

*재평가 대상 학술지는 재평가 항목을 참고하시기 바랍니다.

제정 1997. 8.18.
6차 개정 2011. 9. 9.(실물평가 항목만 개정)
7차 개정 2013. 7. 5.
8차 개정 2015. 5. 14.
9차 개정 2016. 5. 17.

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) (10개 항목)

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불필요

일 반 사 항

1. 원고는 국문 혹은 영문으로 [illegible] 수 있으며, 원고의 종류는 종설, 원저, 증례보고, 임상화보 등으로 [illegible]. 단, 종설은 간행위원회에서 청탁한 원고에 [illegible] 필요에 따라 특별기고를 게재할 수 있다.

2. 윤리성: 사람을 [illegible] 대상으로 연구한 논문인 경우에 헬싱키선언(1964년 발표, 2004년 개정, www.wma.net/e/policy/b3.htm) 에 합당하게 연구를 수행하였으며, 기관의 윤리위원회 또는 임상시험심사위원회(IRB)의 승인을 받고, 필요한 경우에 연구대상자의 동의서를 받았음을 명시해야 한다. 동물실험의 경우, 실험동물의 사육과 사용 등 실험이 행하여진 기관의 윤리위원회 승인을 받았[illegible]H Guide for the Care and Use of Laboratory Animals (1996, ILAR[illegible]ces] Committee on NRC, National Academic Press pp125, www.[illegible].html)에 저촉되지 않았음을 기술하여야 한다. 저자들은 논문작성에 사용한 [illegible]1년간 보관하고 있어야 하고, 간행위원회의 요청이 있는 경우에 이를 제시하[illegible] 절차는 대한의학학술지편집인협의회 출판윤리위원회에서 제정한 '의학논문[illegible]blishing_ethics.html)'을 따른다.

Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

TOP

3. 저작권: 원칙적으로 타 학술지에 이미 발표되었거나 게재가 예정된 원고의 내용과 동일 또는 [illegible]한 원고는 게재할 수 없으며, 본지에 발표된 원고를 임의로 타 학술지에 게재할 수 없다. 단, 독자층이 다른 타 언어로 된 학술지에 게재하기 위해서는 양측 편집장으로부터 중복 출판 여부를 허락받고, 중복출판임을 원고에 각주로 표시하는 등 Uniform Requirements for Manuscripts Submitted to Biomedical Journals (Ann Intern Med 1997;126:36-47)에서 규정한 요건을 갖춘 경우에만 가능하다. 원고의 저자들은 모두 논문내용에 대해 의미 있는 기여를 했고, [illegible]임을 지며, 게재승인으로 저작권이 대한갑상선학회지에 이양되는 내용을 포함한 동의서에 자필 서명하여야 한다.

4. 이해관계 명시(Disclosure of conflict of interest): 연구에 소요된 연구비 수혜내용은 [illegible]하단에 필히 기입하여야 하며, 연구에 관계된 자문료, 주식 등 이해 관계가 있는 모든 것은 논문표지하단이나 감사의 글 등에 [illegible]야 하고, 원고의 저자 전원의 자필서명이 있어야 한다.

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집명(.) P… …보집 출판사명(;) 발행년도(.) p(.)첫 쪽-끝 쪽

(예) Viro… …pneumolysin in children with acute otitis *media. I… …, editors. Recent advances in otitis media. Proceedings of t… …ational Symposium on Recent Advances in Otitis Media; 1991 May 20-24; Ft. Lauderdale… …. 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) Leshner AI. *Molecular mechanisms of cocai…*

(7) 전자매체 자료

A. 전자매체 체제의 학술지 논문

(예) Morse SS. *Factors in the emergence of infe…*
Mar [cited 1996 Jun 5]; 1(1):[24 screens]. Ava…

B. 전자매체 체제의 단행본

(예) CDI, *clinical dermatology illustrated (monograph… …Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd. Version 2.0. San Die… …995.*

C. 컴퓨터파일

(예) Hemodynamics III: the ups and downs of he… …namics[computer program]. Version 2.2. Orlando (FL): Computerized Educational Syste… , 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 따른다

Citing Medicine: NLM Style Guide for Authors, Editors, and Publishers (http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=citmed)

Conflicts of Interest

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

See Comment page 1018

*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**

results further support the specificity of T-DM1 against HER2-positive tumors, suggesting a possible correlation between increased *HER2* expression and T-DM1 activity. These data also support the relevance of HER2 assessments in archival primary tissue, even in trastuzumab-experienced patients. It is currently unclear whether similar associations exist for centrally assessed HER2 status of metastatic lesions at the time of disease occurrence or progression after initial therapy. Prospective studies will be required to validate these findings and confirm whether HER2 expression is a predictive marker for T-DM1 response and to further define RT-PCR–based cutoff values for *HER2* expression that would reliably predict responsiveness to T-DM1.

T-DM1 was well tolerated. Dose-intensity (dose delivered/expected dose) was high (median, 99.7%). Thrombocytopenia, the phase I dose-limiting toxicity, was among the most common grade 3 or 4 AEs. However, grade 3 or 4 hemorrhage was uncommon and was rarely associated temporally with thrombocytopenia; platelet transfusions were uncommon. No cardiac events resulted in dose modifications; the patient population in this study was prescreened for normal cardiac function, and cardiotoxic potential seems to be low. However, the cardiotoxic potential of T-DM1 in trastuzumab-naive patients after anthracycline treatment remains to be studied. There was no overt evidence of T-DM1 cumulative toxicity. In this study, dose modifications and study discontinuations as a result of AEs were infrequent. Patients continued to receive T-DM1 for more than 1 year, indicating that long-term administration of T-DM1 was tolerable.

As in the phase I study,[8] T-DM1 had a predictable pharmacokinetic profile characterized by relatively low clearance, a volume of distribution limited to plasma volume, and a half-life of approximately 4 days. Systemic plasma DM1 concentrations were consistently low, with no evidence of DM1 accumulation after repeated T-DM1 T-DM1 is also being studied in combination with conventional chemotherapy and other targeted therapies.

AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

Although all authors completed the disclosure declaration, the following author(s) indicated a financial or other interest that is relevant to the subject matter under consideration in this article. Certain relationships marked with a "U" are those for which no compensation was received; those relationships marked with a "C" were compensated. For a detailed description of the disclosure categories, or for more information about ASCO's conflict of interest policy, please refer to the Author Disclosure Declaration and the Disclosures of Potential Conflicts of Interest section in Information for Contributors.

Employment or Leadership Position: Sandhya Girish, Genentech (C); Lukas Amler, Genentech (C); Maoxia Zheng, Genentech (C); Yu-Waye Chu, Genentech (C); Barbara Klencke, Genentech (C) **Consultant or Advisory Role:** Charles L. Vogel, Genentech (C); Ian E. Krop, Genentech (U); Joyce A. O'Shaughnessy, Genentech (C) **Stock Ownership:** Sandhya Girish, Roche; Lukas Amler, Roche; Maoxia Zheng, Roche; Yu-Waye Chu, Roche; Barbara Klencke, Roche **Honoraria:** Charles L. Vogel, Genentech; Steven Limentani, Genentech; Joyce A. O'Shaughnessy, Genentech **Research Funding:** Hope S. Rugo, Genentech, Roche; Charles L. Vogel, Genentech; Steven Limentani, Genentech; Elizabeth Tan-Chiu, Genentech; Ian E. Krop, Genentech **Expert Testimony:** None **Other Remuneration:** Charles L. Vogel, Genentech

AUTHOR CONTRIBUTIONS

Conception and design: Howard A. Burris III, Hope S. Rugo, Svetislava J. Vukelja, Charles L. Vogel, Rachel A. Borson, Steven Limentani, Elizabeth Tan-Chiu, Ian E. Krop, Richard A. Michaelson, Yu-Waye Chu,

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4. 당신이 교신저자입니까? ☐네 ☐아니오

5. 원고 제목

6. 원고 고유번호 (알고 있다면 작성하시오)

Section 2. 출판 전 고려사항

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

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4. 검토활동 참여보상비(자료감시, 위원회, 통계분석, 결과위원회 등)	☐	☐	☐			× 추가
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유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급할 내용**	
						추가
7. 기타	☐	☐	☐			× 추가

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

Section 3. 투고된 연구 이외의 관련 재정적 활동.

서술된 기관에 대하여 재정적 관련성(이득의 양과 관계없이)이 있으면 해당되는 네모 칸에 표시하시오. 각 단체별로 하나씩 사용하시오. 줄이 더 필요하면 "추가 +"를 눌러 줄을 추가하세요. 투고 36개월 전까지의 관련 사항을 보고해야 한다.

각각의 열에 대해서 "아니오" 또는 요청된 정보를 제공하시오. 하나 이상의 관계가 있는 경우, "추가" 버튼을 누르고 열을 추가하시오. 필요없는 열은 "X"를 누르면 제거된다.

투고된 연구 이외의 관련 재정적 활동

관계 유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이름	언급 할 내용	
1. 이사회	☐	☐	☐			×
2. 자문	☐	☐	☐			추가 ×
3. 고용	☐	☐	☐			추가 ×
4. 전문가 증언	☐	☐	☐			추가 ×
5. 보조금/처리 중 보조금	☐	☐	☐			추가 ×
6. 강연자 사무국의 서비스를 포함한 강연비	☐	☐	☐			추가 ×
7. 원고 준비 지급	☐	☐	☐			추가 ×

Ethical Considerations

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Competing interests: None declared.

Ethical approval: The institutional review board of the University Medical Center Utrecht approved the study (02/090-0).

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BMJ

RESEARCH

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

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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

Authorship (ICMJE 2015)

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 [1]상경병과학교실, [2]성상학과교실
홍길동[1] · 조인성[1,2] · 신승훈[1] · 이병헌[2]

학위 누락

Clinical Outcome of Endoluminal Treatment of Unr[illegible]da in Elderly Patients

Dong Kil Hong, M.D. · In Sung Cho, M.D. · Seung Hun Sheen, M.D. · Byung-Heon Lee

Department of Veterans, Department of [illegible]iagnology College of Medicine, Pookyung University, Gangsan, Korea

소속기관 누락

강내 섬유를 이용하여 제작된 뇌경색 백서 모델의 만성기 관찰 양상

의과학대학교 차재의학교실, [1]서울병원 차재과

홍길동 · 박지성[1] · 주유소

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 [illegible]loo, M.D., Ph.D.

한글제목과 영문제목이 일치하지 않음.

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 intra nial aneurysms who received definitive treatment at our hospital between March 2007 and June 2010 were subjected to this st Thirty-seven patients who had undergone endovascular treatment (EVT) were categorized into group I, while 47 patients wh undergone microsurgical treatment (MST) were categorized into group II. **Results** : When the Glasgow Outcome 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 sm HG] 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 EVT and MST for intracranial aneurysms, then EVT is less invasive with less

투고규정에는 Objective

ABSTRACT

약어해설을 하지 않음

투고규정에는 Results

Objective : Distal anterior cerebral artery CA) aneurysms are urgical management presents some unique technical difficulties. We retrospec ly reviewed our exper rysm cases, their clinical features and treatment outcomes to assess the ch racteristics and treatment outcomes of DACA ysms. **Materials and Methods** : The medical records of 33 patients with 3 ruptured and unruptured DACA aneurysms were re ed. 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 ameter. Twenty nine patients were treated by surgical clipping to the aneurysmal surgery or endova bserved. **Conclusion** : DACA aneurysms have a tendency to rupture before becoming large or gia orable outcomes (modified Rankin Scale <4) in 29 of the 33 patients with a tailored surgical approach and coil emboliz Therefore, DACA aneurysms should be treated aggressively even if they are <10 mm in diameter and early surgery can re ce the rate of rebleeding.

중심단어로 약어는 부적절

KEY WORDS : Intracranial Aneurysm · Anterior Cerebral Artery · DACA

한 학술지 내에서 체재가 통일되어 있지 않음

Patients and Methods

Between March 2007 an[illegible]me 2010, 101 patients ≥ 65 years of age were hospitaliz[illegible] ruptured or unruptured intracranial aneurysms at our [illegible] Seventeen patients with incomplete data, th[illegible] and those with multiple [illegible] discovered when both [illegible] 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

[illegible]urysms (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 [illegible]ertension, cardiac disorders and diabetes. Arterial [illegible]ertension was present in 12 patients (48%), cardiac [illegible]rders 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 malforma... Although it is rare, diagnosis is possible based on its u...linical features. Moreover, because SP may caus... cations and cosmetic problems, e... cular management is required. H... 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 사료된다.

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구두점이 누락됨.

쪽수를 모두 쓰지 않음.

저자명 표기가 투고규정과 다름.

투고규정과 달리 호수를 기재.

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**

** SpA features:

- Inflammatory back pain
- Arthritis
- Enthesitis (heel)
- Uveitis
- Dactylitis
- Psoriasis
- Crohn's disease/ulcerative colitis
- Good response to NSAIDs
- Family history ofr SpA
- HLA-B27
- Elevated CRP

표 가운데 세로줄이 있음.

* Sacroiliitis on imaging

Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA

or

Definite radiographic sacroiliitis according to mod. New York criteria

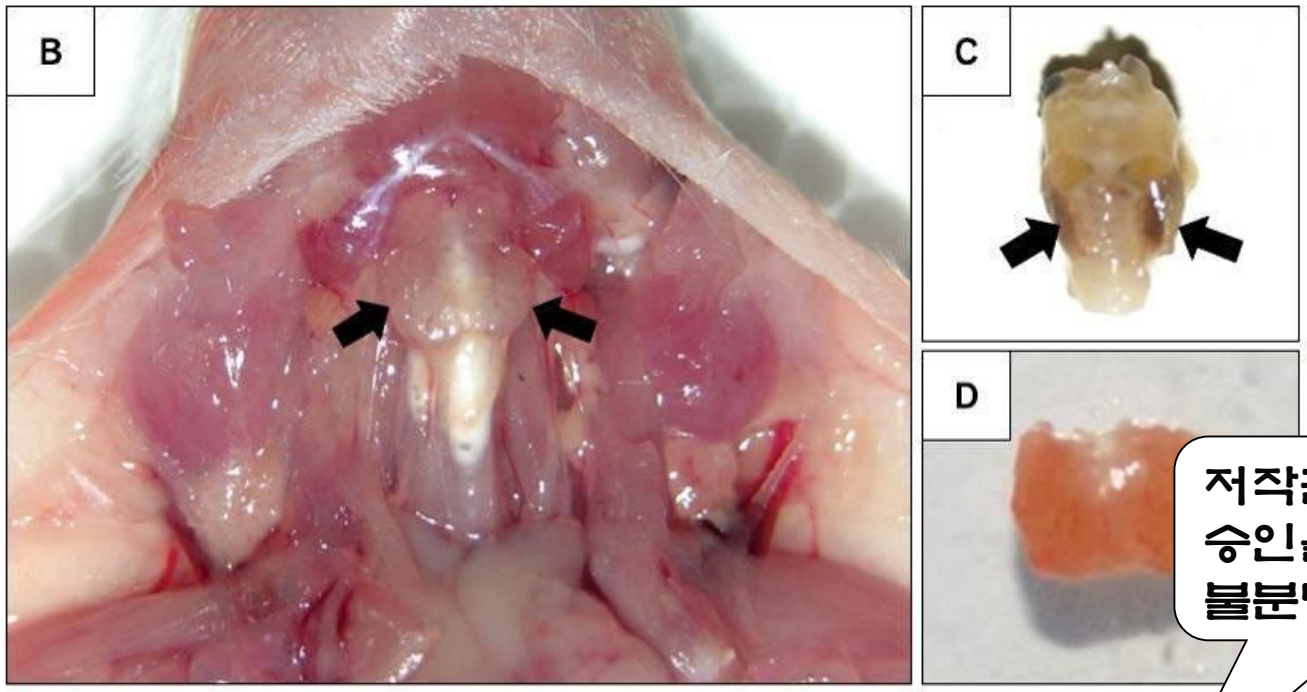
Sensitivity 82.9%, specificity 84.4%; n=649 patients with chronic back pain and age at onset<45 years. Imaging arm (sacroiliitis) alone has a sensitivity of 66.2% and a specificity of 97.3%. **Note: Elevated CRP is considered a SpA feature in the context of chronic back pain

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

표 가운데 가로줄이 있음.

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



저작권자의 인용 승인을 받았는지 불분명함.

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 lager than wile type

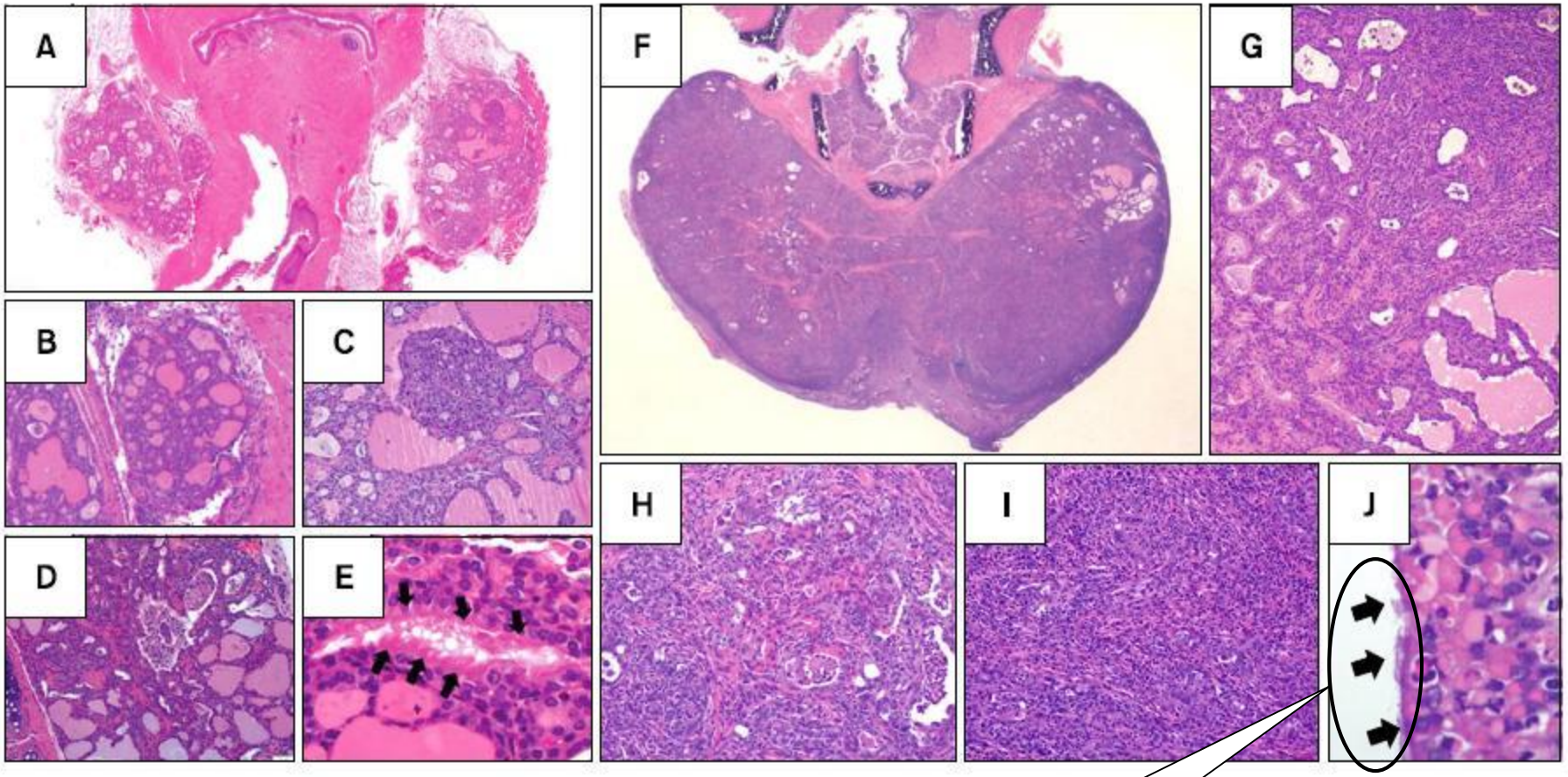


Fig. 4. Representative figures of thyroid glands from 39 and 44 week old BRAF^{V600E} [illegible] mice. (A~E) Thyroid glands of 39 weeks old mice. (A) One lobe of thyroid gland measures about [illegible] lobes of thyroid gland fuse in the midline of trachea. (B) The[illegible]tasis to the ly[illegible]nd and surrounding skeletal muscle. (C) Thyroid gland con[illegible]regular shape[illegible] cells focally grow as a solid mass of cells. (D) Follicular ce[illegible]ped and sized cell. (E) Cilia-lik[illegible]ructures of follicular cell are more prominent (arrows). (F~K) Thyroid [illegible]s of 44 weeks old mice. (F) Thyroid gland measures [illegible]out 5 mm in the largest length. Thyroid gland is a large solid m[illegible]. (G~I) Thyroid follicular cells nearly entirely grow as a solid mass. Irregular shaped follicles are rarely founded among s[illegible] portion. There is a infiltate 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 학문적 중요성의 평가는 원천적으로 불가
- 대안으로 rejection rate, 논문 인용도(SCI impact factor, KoMCI impact factor, H-index, CrossRef resolution rate)를 활용

KoMCI(www.komci.org)

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

KoreaMed 등재 후 재평가

- KoreaMed 등재 후 7년 주기로 재평가
- 2년 연속 재평가에 탈락하거나 재평가를 받지 않는 경우 KoreaMed 초록 등재가 잠정 중단
- 등재 14년차부터 실물평가 면제기준 적용

  1. 등재 7년차 재평가에서 평점 3.5 이상을 받았거나, MEDLINE, SCI, SCOPUS 중 1개 이상에 등재된 학술지
  2. 위 조건을 충족하더라도 의편협 Synapse에 등재되지 않은 학술지는 평가 대상에 포함
  3. 이상의 조건을 충족하여 실물평가 면제대상이더라도 정시성은 평가