

의편협 의학학술지 평가

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Journal of Breast Cancer 편집장

목 적

- 의학학술지 평가를 통하여
- 국내 의학학술지의 질을 국제적인 수준까지 향상시키고,
- 국내 의학논문의 데이터베이스 (KoreaMed, Synapse) 구축과 논문검색을 제공하고,
- 등재 학술지의 문헌정보에 대한 기술지원 (DOI deposit, XML conversion 등)을 한다.

종 류

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

의편협/의학회 가입을 위한 일단계 평가

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

KoreaMed 등재를 위한 평가

1. 자체평가 항목:
편집위 운영에 관한 사항 9-10개항
2. 실물 평가 항목:
학술지의 구성과 내용 13개항
3. 협의회 조사 항목:
정시발간, 참고문헌 관리, Impact factor 등
학술지 관리와 관련한 사항 6-8개항
4. 각항 총점 5.0, 평균 3.0 이상이면 등재



학

잘못된 주소

불필요

1. 원고는 국문 혹은 영문으로 작성할 수 있다. 원고의 종류는 총설, 원저, 증례보고, 임상화보 등으로 구분된다. 총설은 간행위원회에서 청탁한 원고에 한하며 필요시 다른 특별기고를 게재할 수 있다.
2. 윤리성: 사람을 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 받았거나, 해당 연구기관의 윤리위원회 규정 또는 NIH Guide for the Care and Use of Laboratory Animals (1996, ILAR [Institute of Laboratory Animal Resources] Committee on NRC, National Academic Press pp125, www.nap.edu/readingroom/books/labrats/index.html)에 저촉되지 않았음을 기술하여야 한다. 저자들은 논문작성에 사용한 실험자료 원본을 논문출간 시점으로부터 적어도 1년간 보관하고 있어야 하고, 간행위원회의 요청이 있는 경우에 이를 제시하여야 한다. 연구윤리와 관련된 사항의 상세한 취급 방법은 <http://www.icmje.org>에 게시되어 있다.
3. 저작권: 원칙적으로 타 학술지에 이미 발표되었거나 게재가 예정된 원고의 내용과 유사한 원고는 게재할 수 없으며, 본지에 발표된 원고를 임의로 타 학술지에 게재할 수 없다. 단, 독자층이 다른 것으로 된 학술지에 게재하기 위해서는 양쪽 편집장으로부터 중복 출판 여부를 허락받고, 중복출판임을 원고에 각기 표시하는 등 Uniform Requirements for Manuscripts Submitted to Biomedical Journals ([Ann Intern Med 1997;126:36-47](http://www.icmje.org))에서 규정한 요건을 갖춘 경우에만 가능하다. 원고의 저자들은 모두 논문내용에 대해 의미 있는 기여를 했고, 책임을 지며, 게재승인으로 저작권에 대한갑상선 학회지에 미양되는 내용을 포함한 동의서에 자필 서명하여야 한다.
4. 이해관계 명시(Disclosure of conflict of interest): 연구에 소요된 연구비 수혜내용은 표지하단에 필히 기입하여야 하며, 연구에 관계된 자료료, 주석 등 이해 관계가 있는 모든 것은 논문표지하단이나 감사의 글 등에 밝혀져야 하고, 원고의 저자 전원의 자필서명이 있어야 한다.

<http://www.icmje.org>

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

(5) 학위논문인 경우: 저자(,) 논문제목 (학위종류)(,) 장소(,) 학교(,) 연도(,)
 (예) Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis MO: Washington Univ.; 1995.


(6) 아직 출판되지 않은 논문의 경우: 저자명(,) 논문제목(,) 학술지명(,) In press 연도(,)
 (예) Leshchinskiy I. Molecular mechanisms of cocaine-induced neurotoxicity. In press.

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 (예) Marzocchi G. Cocaine-induced neurotoxicity. In: *Neurobiology of Cocaine*. Eds. JRI, Maibach H. CMEA Multimedia Group, producers. 2nd. Version 2.0. San Diego: CMEA; 1995.
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 (예) Hemodynamics III: the ups and downs of hemodynamics[computer program]. Version 2.2. Orlando (FL): Computerized Educational Systems; 1993.

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

학위논문은 참고문헌으로 부적절 (독자가 접근하기 불가능)

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



잠재적 이해관계의 공개를 위한 ICMJE 서식

Section 1. 개인 식별 정보

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

4. 당신이 교신저자인가요? 네 아니오

5. 광고 제목 _____


6. 광고 고유번호 (광고 있다면 작성하십시오) _____

Section 2. 출판 전 고려사항

당신 또는 당신 소속 기관은 투고된 연구에 대해 제3자로부터 어떠한 대가나 서비스(보조금, 데이터모니터링 위임, 연구실계, 광고비, 총액 분석 비용)를 받은 적이 있는가?

각 열에 대해서 "아니오" 또는 요청된 정보를 제공하십시오. 한 가지 이상의 관계가 있다면 "추가" 버튼을 누르고 다음 주 기어오르는 열 동안 다음 것을 누르십시오.

출판 전 고려 사항	유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이용	언급할 내용**	
1. 보조금		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
2. 상임료 또는 사례비		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
3. 학회나 다른 목적의 여행의 지원		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
4. 검토 활동 참여보상(자료관리, 위원회, 통계분석, 결과위험회담)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
5. 광고비 또는 광고경로비		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
6. 광고작성 지원, 악용, 장려 또는 평상지원		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가



잠재적 이해관계의 공개를 위한 ICMJE 서식

출판 전 고려 사항

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

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

Section 3. 투고된 연구 이외의 관련 재정적 활동

서술된 기관에 대하여 재정적 관련성(이익의 양과 관계없이)이 있으면 해당되는 네오 칸에 표시하십시오. 각 단체별로 하나씩 사용하십시오. 줄이 더 필요하다면 "추가"를 눌러 줄을 추가하십시오. 투고 36개월 전까지의 관련 사항을 보고해야 한다.

각각의 열에 대해서 "아니오" 또는 요청된 정보를 제공하십시오. 하나 이상의 관계가 있는 경우, "추가" 버튼을 누르고 다음 줄을 추가하십시오. 필요없는 열은 "X"를 누르십시오.

투고된 연구 이외의 관련 재정적 활동	관계 유형	아니오	본인이 받은 돈	기관이 받은 돈*	단체 이용	언급 할 내용	
1. 이사회		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
2. 자문		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
3. 고용		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
4. 전문가 조언		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
5. 보조금/처리 중 보조금		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
6. 강연자 사무국의 서비스를 포괄한 강연비		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가
7. 원고 준비 지급		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			추가

Misoprostol as an adjunct to standard uterotonics for treatment of post-partum haemorrhage: a multicentre, double-blind randomised trial

Mariana Widmer, Jennifer Blum, G Justus Hofmeyr, Guillermo Carroli, Hany Abdel-Aleem, Pisake Lumbiganon, Nguyen Thi Nhu Ngoc, Daniel Wojdylo, Jadsada Thinkhamrop, Mandisa Singata, Luciano E Mignini, Mahmoud Ahmad Abdel-Aleem, Tran Son Thach, Beverly Winkoff

Summary

Background Post-partum haemorrhage is a leading cause of global maternal morbidity and mortality. Misoprostol, a prostaglandin analogue with uterotonic activity, is an attractive option for treatment because it is stable, active orally, and inexpensive. We aimed to assess the effectiveness of misoprostol as an adjunct to standard uterotonics compared with standard uterotonics alone for treatment of post-partum haemorrhage.

Methods Women delivering vaginally who had clinically diagnosed post-partum haemorrhage due to uterine atony were enrolled from participating hospitals in Argentina, Egypt, South Africa, Thailand, and Vietnam between July, 2005, and August, 2008. Computer-generated randomisation was used to assign women to receive 600 µg misoprostol or matching placebo sublingually; both groups were also given routine injectable uterotonics. Allocation was concealed by distribution of sealed and sequentially numbered treatment packs in the order that women were enrolled. Providers and women were masked to treatment assignment. The primary outcome was blood loss of 500 mL or more within 60 min after randomisation. Analysis was by intention to treat. This study is registered, number ISRCTN34455240.

Findings 1422 women were assigned to receive misoprostol (n=705) or placebo (n=717). The proportion of women with blood loss of 500 mL or more within 60 min was similar between the misoprostol group (100 [14%]) and the placebo group (100 [14%]; relative risk 1.02, 95% CI 0.79–1.32). In the first 60 min, an increased proportion of women on misoprostol versus placebo, had shivering (455/704 [65%] vs 230/717 [32%]; 2.01, 1.79–2.27) and body temperature of 38°C or higher (303/704 [43%] vs 107/717 [15%]; 2.88, 2.37–2.50).

Interpretation Findings from this study do not support clinical use of 600 µg sublingual misoprostol in addition to standard injectable uterotonics for treatment of post-partum haemorrhage.

Funding Bill & Melinda Gates Foundation, and UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

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

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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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국명은 끊지 않음.
→ Korean

KOR J ROBOT SURGERY

고령환자군의 비파두과에 대한 관내 수술의 치료결과

신당대학교 의과대학 ¹상경병과학교실, ²성상학과교실
홍길동¹, 조인성^{1,2}, 신승훈¹, 이병철²

학위 누락

Clinical Outcome of Endoluminal Treatment of Unruptured Fistula in Elderly Patients

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소속기관 누락

강내 섬유를 이용하여 제작된 뇌경색 백서 모델의 만성기 관찰 양상

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한글제목과 영문제목이 일치하지 않음.

Establishing Chronic Stroke Rat Models by **MCA** Occlusion Using Intraluminal Filament

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제목에 약어를 사용한 것은 부적절

● **ABSTRACT**

Background : The prevalence of intracranial aneurysms in the elderly is increasing. However, most treatment strategies for the elderly is controversial and related research in the elderly has been insufficient. **Methods** : Eighty-four patients > 65 years of age with intracranial aneurysms who received definitive treatment at our hospital between March 2007 and June 2010 were subjected to this study. Thirty-seven patients who had undergone endovascular treatment (EVT) were categorized into group I, while 47 patients who had undergone microsurgical treatment (MST) were categorized into group II. **Results** : When the Glasgow Outcome Scale (GOS) was independent to rupture, was evaluated at the time of discharge there was a trend of acquiring GOS ≥ 4 when the Hunt-Hess grade (HHG) is good (HHG ≤ 2) and the size of the aneurysm is small (HHG ≤ 2 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 elderly with intracranial aneurysms, then EVT is less invasive with less

● **ABSTRACT**

Objective : Distal anterior cerebral artery (DACA) aneurysms are rare and their surgical management presents some unique technical difficulties. We retrospectively reviewed our experience with DACA aneurysm cases, their clinical features and treatment outcomes to assess the characteristics and treatment outcomes of DACA aneurysms. **Materials and Methods** : The medical records of 33 patients with 35 ruptured and unruptured DACA aneurysms were reviewed. Of these, 29 had undergone surgery and four were treated by ICH embolization at our institution between September 1992 and January 2010. The clinical presentation, radiologic features and surgical and endovascular treatment outcomes were analyzed. **Result** : In our series, the incidence of DACA aneurysms was 35 of 1106 (3.1%) aneurysms. The most common location of these 35 aneurysms was the associated vascular anomalies such as azygous anterior cerebral artery and Moyamoya disease were found in six patients (18%). Ninety four percent of the aneurysms were ≤ 5 mm in diameter. Twenty nine patients were treated by surgical clipping to the aneurysmal surgery or endovascular treatment. The clinical outcomes (modified Rankin Scale < 4) in 29 of the 33 patients with a tailored surgical approach and coil embolization were favorable. **Conclusion** : DACA aneurysms have a tendency to rupture before becoming large or giant. Therefore, DACA aneurysms should be treated aggressively even if they are < 10 mm in diameter and early surgery can reduce the rate of rebleeding.

KEY WORDS : Intracranial Aneurysm · Anterior Cerebral Artery · DACA

한 학술지 내에서 제재가 통일되어 있지 않음

투고규정에는 Objective

약어해설을 하지 않음

투고규정에는 Results

중심단어로 약어는 부적절

Patients and Methods

한 학술지 내에서 제재가 통일되어 있지 않음

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

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

투고규정에는 Materials and Methods

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

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.

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

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

한 학술지 내에서 체제가 통일되어 있지 않음

Conclusion

SP is a rare vascular malformation. Although it is rare, diagnosis is possible based on its unique clinical features. Moreover, because SP may cause neurological symptoms, cosmetic problems, and functional deficits, appropriate management is required. For the first time, a successful surgical treatment of a patient with spontaneous SP.

투고규정에는 Conclusion이 없음

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만약 하지 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 보인다.

구두점이 누락됨.

쪽수를 모두 쓰지 않음.

저자명 표기기 투고규정과 다름.

투고규정과 달리 호수를 기재.

서지사항 기재 방식이 투고규정과 다름.

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각주에 약어 해설이 없음.

표 가운데 세로줄이 있음.

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 feature**
** SpA features:			* Sacroiliitis on imaging
Inflammatory back pain			Active (acute) inflammation on MRI highly suggestive of sacroiliitis associated with SpA
Arthritis			or
Enthesitis (heel)			Definite radiographic sacroiliitis according to mod. New York criteria
Uveitis			
Dactylitis			
Psoriasis			
Crohn's disease/ulcerative colitis			
Good response to NSAIDs			
Family history of SpA			
HLA-B27			
Elevated CRP			

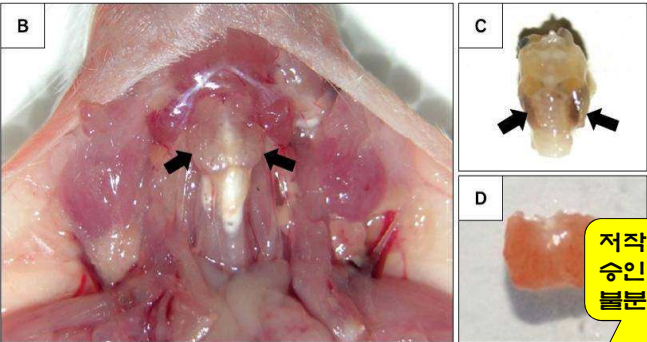
Sensitivity 82.9%, specificity 84.4%; n=649 patients with chronic back pain and age at onset < 45 years. Imaging arm (sacroiliitis) alone has a sensitivity of 66.2% and a specificity of 97.3%. **Note: Elevated CRP is considered a SpA feature in the context of chronic back pain

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

Demographics	
Age (years)	
Height (cm)	155.3 \pm 6.2
Weight (kg)	56.2 \pm 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

표 가운데 가로줄이 있음.



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 BRAF^{T1799A} cDNA containing the endogenous human BRAF polyadenylation signal was used for injection. Upper arrow, transcription start site; blue boxes, 5' UTR untranslated regions (Adopted from *Cancer Res* 2005;65(10):4238-4245). (B) Gross inspection of thyroid glands derived from 27 week old thyroid specific BRAF^{V600E} transgenic mouse. Removal of the central compartment of neck including skin and strap muscle exposes the trachea and thyroid gland. Thyroid glands are located on each side of trachea (arrows). (C) Gross inspection of thyroid gland extracted from a wild type FVB/N mouse. Thyroid glands consist of two obvious lobes without an isthmus (arrows). (D) Gross inspection of thyroid gland extracted from 39 week old thyroid specific BRAF^{V600E} transgenic mouse. Thyroid glands are noticeably larger than wild type

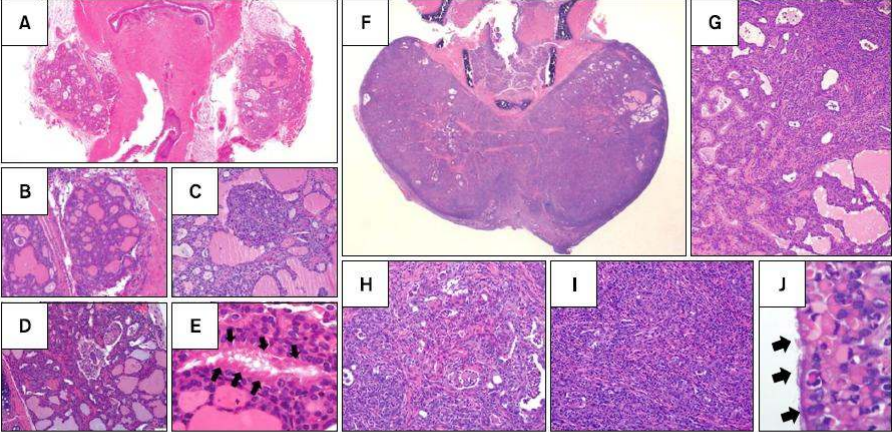


Fig. 4. Representative figures of thyroid glands from 39 and 44 week old BRAF^{V600E} transgenic mice. (A~E) Thyroid glands of 39 weeks old mice. (A) One lobe of thyroid gland measures about 3.5 mm in length. Both lobes of thyroid gland fuse in the midline of trachea. (B) The thyroid gland is in close proximity to the lymph node, parathyroid gland and surrounding skeletal muscle. (C) Thyroid gland consists of regular shaped follicles. Thyroid follicular cells focally grow as a solid mass of cells. (D) Follicular cells are of uniform sized and cell. (E) Cilia-like structures of follicular cell are more prominent (arrows). (F~K) Thyroid glands of 44 weeks old mice. (F) Thyroid gland measures about 5 mm in the largest length. (G) Thyroid gland is a large solid mass. (H~I) Thyroid follicular cells nearly entirely grow as a solid mass. Irregular shaped follicles are rarely founded among solid portion. There is an infiltrate of inflammatory cells in follicles. (J) Follicular cells with cilia-like structures are noted. ()

염색법, 배율이
누락됨.

서지정보의 관리

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

정시 발행

- 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

합본 학술지의 구성과 운영

- 발행처를 공동으로 기재하거나 공동으로 발행하는 공식 학술지임을 명시해야 함.
- 편집위원의 균형적인 참여:
참여학회의 수가 N일 경우, “전체편집위원수/N” 의 50% 이상, 최소 1인 이상
- 논문편수의 고른 분포:
참여학회가 N일 경우, “연간 전체논문편수/N”의 50% 이상 국제학술지의 경우, “연간 전체논문편수/N”의 50% 이상이거나 해당학회 국내 연구자의 논문이 8편(중설, 원저) 이상
- 참여학회 별 편집(간행)위원회 설치를 권장