JGO 2016 Workshop

For Good Writers and Reviewers

임상 연구 경험, 방법: 좋은 논문 작성법

표, 그림, video: 효과적으로 만드는 기법

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SAMSUNG MEDICAL CENTER

SUNG KYUN KWAN UNIVERSITY

Agenda

- **Table.**
- **Figure.**
- **Video editing using Corel VideoStudio program**

Figures and/or Tables:
maximum of (7). Authors are asked to keep the number of panels per figure to absolute minimum.
Acceptable formats: TIFF, EPS, PPT
Submit figures and tables as separate files

When to Use Tables

- Present more than a few precise numeric values
- Present large amounts of detailed quantitative information in a smaller space than would be required in the text
- Demonstrate detailed item-to-item comparisons
- Display many quantitative values simultaneously
- Display individual data values precisely
- Demonstrate complex relationship in qualitative data

TABLE 2 Operative outcomes ($n = 293$)

	LARVH ($N = 89$)	LRH ($N = 105$)	ARH ($N = 99$)	*P* value		
				LARVH vs LRH	LARVH vs ARH	LRH vs ARH
Operative time (minutes)						
Mean (SD)	236.3 (51.2)	268.4 (77.1)	198.7 (63.0)	<.001	<.001	<.001
Median	225	255	190			
Range	(150–420)	(160–625)	(50–480)			
EBL (ml)						
Mean (SD)	447.5 (255.8)	352.0 (236.5)	480.1 (243.8)	.011	.309	<.001
Median	400	300	400			
Range	(50–1200)	(50–2000)	(200–1500)			
Hemoglobin decline (g/dl)						
Mean (SD)	2.7 (1.4)	2.4 (1.3)	2.8 (1.6)	.147	.498	.036
Transfusion, *n* (%)	24 (27.0)	17 (16.2)	30 (30.3)	.079	.632	.020
Return of bowel activity (days)						
Mean (SD)	2.0 (1.0)	1.5 (1.1)	2.4 (1.4)	.002	.027	<.001
Median	2	1	3			
Range	0–5	0–4	0–6			
Hospital stay (days)						
Mean (SD)	10.8 (3.1)	10.2 (2.7)	10.7 (2.2)	.146	.902	.113
No. of lymph nodes removed						
Mean (SD)	19.5 (6.2)	20.0 (8.4)	20.4 (7.7)	.638	.402	.753
Vaginal edge (cm)						
Mean (SD)	1.9 (0.6)	1.8 (0.5)	2.1 (0.7)	.604	.019	.003
Median	2	2	2			
Range	0.8–4.0	0.8–3.6	1.0–4.0			
Time to normal urine residual (weeks)						
Mean (SD)	2.4 (1.2)	2.8 (2.0)	2.8 (1.8)	.036	.028	.969

CH Choi & JW Lee et al. Ann Surg Oncol (2012) 19:3839–3848

Table Guidelines

- Vertical lines are not used
- The only horizontal lines used are
  - Line above and below the column headings
  - A line below the last row of data
  - Lines below spanning column headings
- Located at the top of the title of the Table
- Prefer to make portrait format
- 8 to 12 point font size
- Too big table
  - - Smaller font size (up to 8-point font size)
  - - Table 2 continued → not recommend

Table Guidelines

- **Prefer to make comparisons horizontally rather than vertically**

- **Cells should be left blank only if no value is possible**
  - **If a value is possible but not known or otherwise lacking: Use an em-dash(2 hyphens) or another designator that is defined in the footnotes (eg. “ND” for “not done” or “NA” for “not available”)**
  - **If the value for that cell is 0 (eg. If no subjects in 1 group displayed a characteristic seen in other groups): Use a 0**

Table Guidelines

- **Footnote**
  - **To define abbreviations**
  - **To define special symbols**
  - **To document the source of the data**
- **Be sure that numeric categories de not overlap or leave out possible values**
- **Alignment in columns**
  - **numbers on the decimal point**
  - **If columns contain text: the first line in each cell on the left, all lines in a cell after the first line should be indented slightly**

Subject Characteristic Table

Table 20. Baseline characteristics of patients in the 2 study subgroups

Characteristic	Group A (n = 48)	Group B (n = 52)
Men, **no. (%)**	24 (50)	30 (58)
Mean age (SD), **years**	47.8 (17.7)	50.8 (16.6)
Tumor classification, **no. (%)**		
T1	20 (42)	18 (35)
T2		
T3		
Histologic subtype, **no. (%)**		
Adenocarcinoma		
Squamous cell carcinoma		
Other		

*Table 21. Baseline characteristics of patients in the 2 study subgroups**

Characteristic	Group A (n = 48)	Group B (n = 52)
Men	24 (50)	30 (58)
Mean age (SD)	47.8 **yr** (17.7 **yr**)	50.8 **yr** (16.6 **yr**)
Tumor classification		
T1	20 (42)	18 (35)
T2	15 (31)	24 (46)
T3	13 (27)	10 (19)
Histologic subtype		
Adenocarcinoma	10 (21)	12 (23)
Squamous cell carcinoma	20 (42)	26 (50)
Other	18 (38)	14 (27)

*** Values are numbers of patients (percentages) unless otherwise indicated.**

TABLE 1. Patient characteristics (n = 21)

Characteristic	n (%)
Age, median (range), y	31 (24–39)
BMI, median (range), kg/m^2	21.3 (17.7–31.2)
<18.5	2 (9.5)
≥18.5, <23	12 (57.1)
≥23	7 (33.3)
Parity	
Nulliparity	9 (42.9)
Multiparity	12 (57.1)
FIGO stage	
IB1	11 (52.4)
IB2	9 (42.9)
IIA	1 (4.7)
Cell type	
Squamous cell carcinoma	17 (81.0)
Adenocarcinoma	3 (14.3)
Small cell carcinoma	1 (4.7)
Largest tumor size, median (range), cm	4 (0.3–9.5)
Pelvic LN metastasis	11 (52.4)
Microscopic parametrial invasion	3 (14.3)
Vaginal resection margin with tumor	1 (4.7)
Deep stromal invasion	3 (14.3)
Lymphovascular space invasion	10 (47.6)
Hormone, median (range)	
FSH level, mIU/mL	7.9 (2.4–143.4)
E2 level, pg/mL	49 (3–314)
Adjuvant treatment	
None	4 (19.0)
RT	4 (19.0)
Concurrent chemoradiotherapy	11 (52.4)
Chemotherapy	2 (9.5)
Location of transposed ovary, median (range), cm*	0.5 (−2.7 to 5.2)

*Based on the higher-located ovary.

Subject Characteristic Table

Table 22. Baseline characteristics of patients in the 2 study subgroups

Characteristic	No. patients (%) Group A (n = 48)	Group B (n = 52)
Men	24 (50)	30 (58)
Age		
<50 yr	16 (33)	19 (37)
≥50 yr	32 (67)	33 (64)
Tumor classification		
T1	20 (42)	18 (35)
T2	15 (31)	24 (46)
T3	13 (27)	10 (19)
Histologic subtype		
Adenocarcinoma	10 (21)	12 (23)
Squamous cell carcinoma	20 (42)	26 (50)
Other	18 (38)	14 (27)

Make comparisons horizontally

*Table 23. Effect of vitamin E supplementation on body weights of 3 rat strains**

	Vitamin E, μmol/kg diet			
Strain	0.1	1.0	5.0	10.0
1	150.1	160.3	211.7	209.3
2	143.7	209.1	243.4	199.1
3	183.4			

* Rats were fed the experimen
at the end of the 6-week perio
in grams.

*Table 23. Effect of vitamin E supplementation on body weights of 3 rat strains**

Vitamin E, μmol/kg diet	Mean body weight, g		
	Strain 1	Strain 2	Strain 3
0.1	150.1	143.7	183.4
1.0	160.3	209.1	190.1
5.0	211.7	243.4	214.0
10.0	209.3	199.1	225.7

* Rats were fed the experimental diet for 6 weeks and were weighed at the end of the 6-week period.

Table 24. Results of immunohistochemical analysis in 84 tumor specimens

Score	Protein A (membranous)	Protein B (cytoplasmic)	Protein A (nuclear)	Protein C (membranous)
	84 (100)	84 (100)	84 (100)	84 (100)
0	24 (29)	35 (42)	65 (77)	70 (83)
1	25 (30)	34 (40)	10 (12)	10 (12)
2	35 (42)	15 (18)	9 (11)	4 (5)

Table 24. Results of immunohistochemical analysis in 84 tumor specimens

	No. tumors with positive staining (%)			
Score*	Protein A (membranous)	Protein A (nuclear)	Protein B (cytoplasmic)	Protein C (membranous)
0	24 (29)	65 (77)	35 (42)	70 (83)
1	25 (30)	10 (12)	34 (40)	10 (12)
2	35 (42)	9 (11)	15 (18)	4 (5)

* 0, no staining; 1, moderate staining; 2, pronounced staining.

Do not use vertical line

Bad example

Table 1: Relationship between SPHK1 expression and clinicopathologic characteristics

Characteristics		Total	SPHK1 expression		*p* value
			High	Low	
Age (years)	≥49	141	87 (61.7)	54 (38.3)	0.475
	<49	146	96 (65.8)	50 (34.2)	
Tumor size (cm)	≥4.0	132	81 (80.2)	20 (19.8)	<0.001*
	<4.0	155	102 (54.8)	84 (45.2)	
Depth of invasion (cm)	≥1.0	159	124 (78.0)	35 (22.0)	<0.001*
	<1.0	128	59 (46.1)	69 (53.9)	
Lymph node metastasis	Present	77	57 (74.0)	20 (26.0)	0.029*
	Absent	210	126 (60.0)	84 (40.0)	
FIGO stage	IA	15	9 (60.0)	6 (22.4)	0.029*
	IB	214	129 (60.3)	85 (39.7)	
	II	58	45 (77.6)	13 (22.4)	
Lymphovascular invasion	Present	130	91 (70.0)	39 (30.0)	0.045*
	Absent	157	92 (58.6)	65 (41.4)	
Parametrial invasion	Present	33	23 (69.7)	10 (30.3)	0.451
	Absent	254	160 (63.0)	94 (37.0)	
Resection margin involvement	Present	14	10 (71.4)	4 (28.6)	0.777
	Absent	273	173 (63.4)	100 (36.6)	
Preoperative SCC (ng/mL)	≥1.5	137	98 (71.5)	39 (28.5)	0.009*
	<1.5	150	85 (56.7)	65 (43.3)	

*Statistically significant ($p < 0.05$).

JW Lee et al. Oncotarget 2015

Describe a *p value*

- **Only written to three decimal place (eg. *P* =.032)**
- **When the *P* value is less than .001 → *P* <.001**
- **When the *P* value is greater than .999 → *P* >.999**
- ***P* value is indicated as the actual value (not displayed as "not significant" or "NS")**

Table 3. Clinicopathologic findings of early gastric cancer according to lymph node (LN) metastasis

Variable	LN positive (%) n=78	LN negative (%) n=520	*p*-value
Age, years	56.01±11.22	56.4±11.28	*p*>0.05
Tumor size, cm	3.01±1.79	2.11±1.24	*p*=0.000
CEA, ng/mL	10.99±64.12	1.63±1.28	*p*=0.0004
Gastric resection			
total	4 (5.1%)	39 (7.5%)	*p*>0.05
subtotal	74 (94.9%)	481 (92.5%)	
Lauren classification			
diffuse type	11 (25.6%)	83 (27.0%)	
intestinal type	32 (74.4%)	224 (73.0%)	*p*>0.05
Histologic grade			
well differentiated	3 (4.1%)	101 (22.9%)	
moderate differentiated	37 (50.0%)	196 (44.3%)	
poorly differentiated	34 (45.9%)	145 (32.8%)	*p*=0.004
Lymphatic invasion			
positive	45 (80.4%)	63 (15.9%)	
negative	11 (19.6%)	332 (84.1%)	*p*=0.000
Vascular invasion			
positive	28 (73.7%)	46 (15.8%)	
negative	10 (26.3%)	245 (84.2%)	*p*=0.000
Depth of invasion			
Mucosal tumor	9 (3.0%)	287 (97.0%)	
Submucosal tumor	69 (22.8%)	233 (77.2%)	*p*=0.000
c-erbB-2 positive	19 (42.2%)	82 (25.1%)	
negative	26 (57.8%)	254 (74.9%)	*p*=0.014

TABLE 1. CHARACTERISTICS OF 128 PATIENTS WITH ASYMPTOMATIC AORTIC STENOSIS ACCORDING TO WHETHER THEY UNDERWENT AORTIC-VALVE REPLACEMENT WITHIN THREE MONTHS AFTER EXAMINATION.*

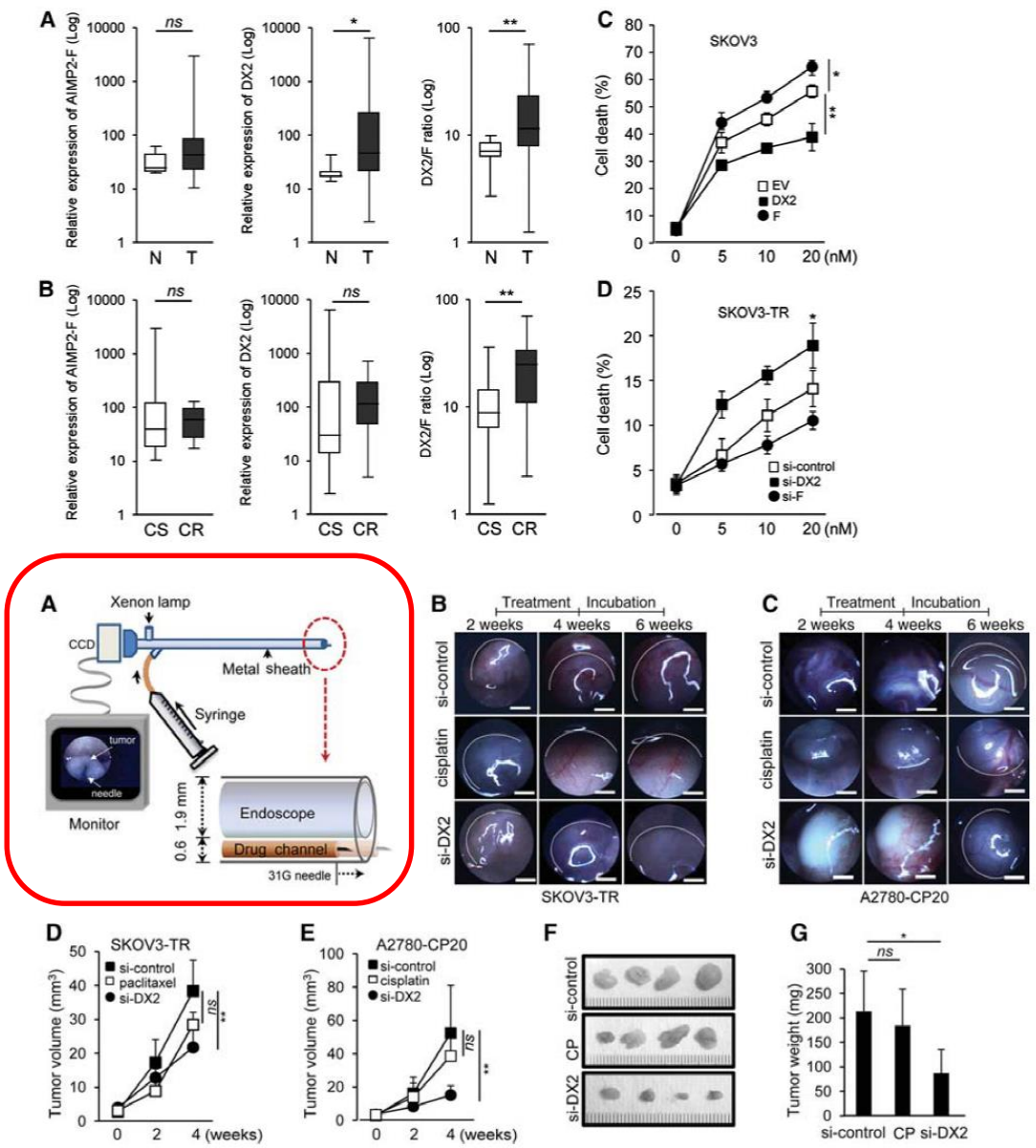
CHARACTERISTIC	SURGICAL GROUP (N=22)	NONSURGICAL GROUP (N=106)	P VALUE
Female sex — no. (%)	11 (50)	48 (45)	NS
Age — yr			
Mean	71±12	57±19	<0.001
Range	37–88	15–87	
Aortic-jet velocity — m/sec			
Mean	5.0±0.7	4.5±0.5	<0.005
Range	4.0–6.1	4.0–6.5	
Aortic-valve area — cm^2			
Mean	0.61±0.13	0.69±0.10	<0.01
Range	0.4–0.8	0.4–0.8	
Coronary artery disease — no. (%)	5 (23)	28 (26)	NS
Hypertension — no. (%)	7 (32)	37 (35)	NS
Diabetes mellitus — no. (%)	4 (18)	19 (18)	NS
Hypercholesterolemia — no. (%)	17 (77)	52 (49)	<0.05
Mitral annular calcification — no. (%)	10 (45)	37 (35)	NS

*Plus–minus values are means ±SD. NS denotes not significant.

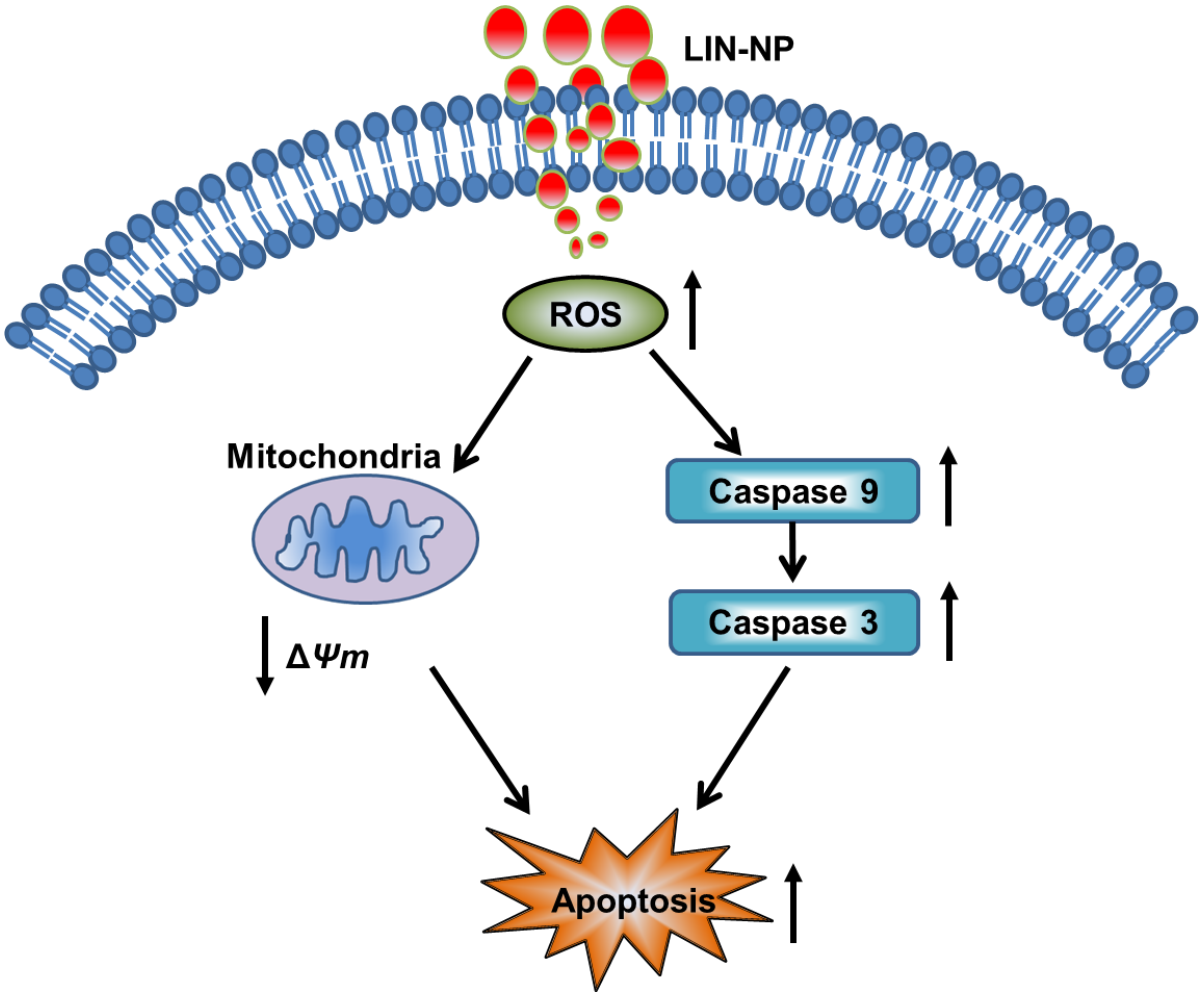
When to Use Figures

- **Highlight patterns or trends in data**
- **Demonstrate changes or differences over time**
- **Display complex relationships among quantitative variables**
- **Clarify or explain methods**
- **Provide information to enhance understanding of complex concepts**
- **Provide visual data to illustrate findings**

(eg, graphics, photograph, x-ray films, or maps)



JW Lee et al. Journal of Molecular Cell Biology (2012), 4, 164–173



JW Lee et al. Mol Cancer Ther. 2016

Figure Guidelines

- Title of the figure is located at the bottom
- Use arrows, label or other indicators to point out important items
- Whenever possible, put information on the figure itself rather than in the figure legend (eg. Label lanes on photographs of gels and autoradiograph)
- Make sure that letters and symbols can be distinguished
- If a multipart figure, put the parts of the figure together on the same page

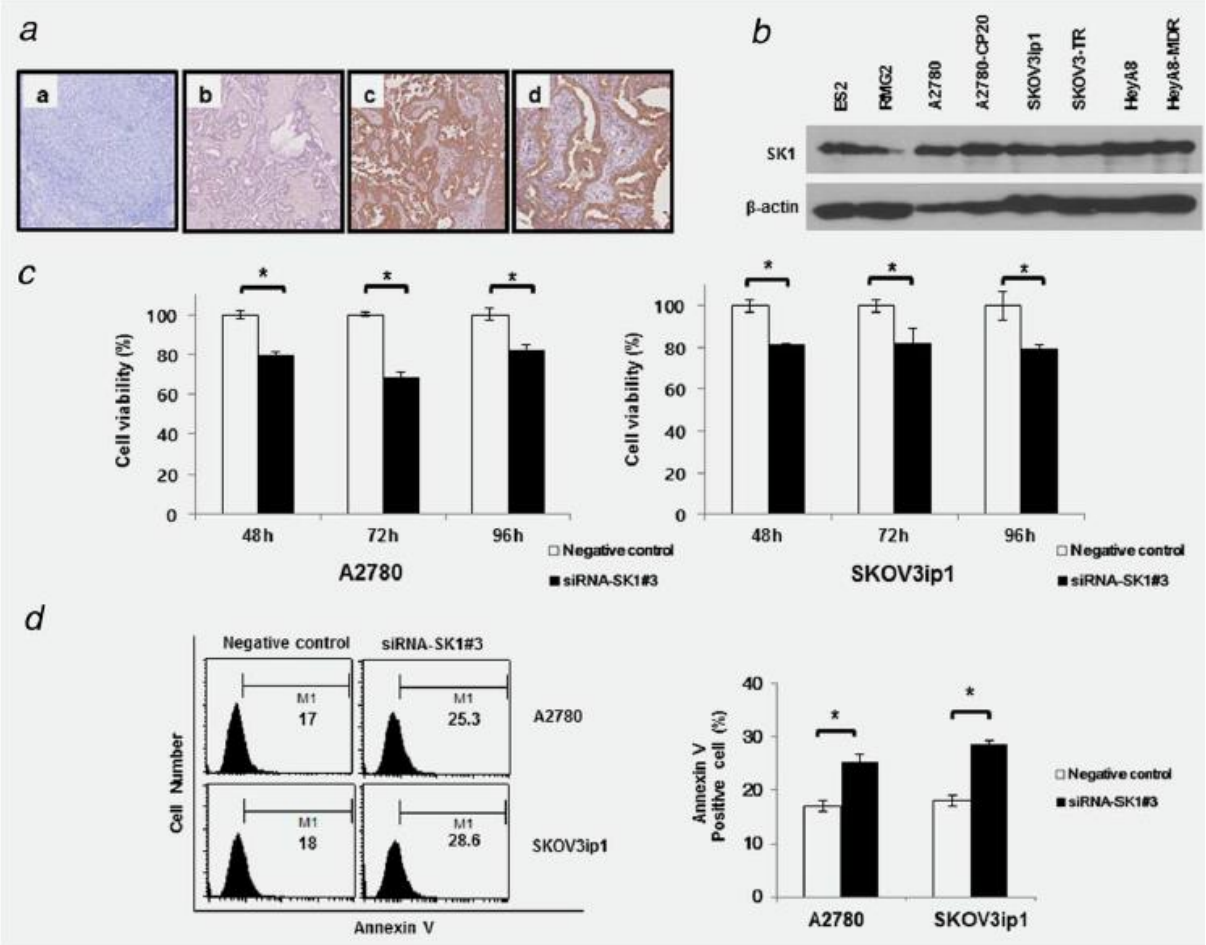


Figure 1. SK1 protein is strongly expressed in human epithelial ovarian cancer (EOC) tissues and cells; down-regulation of SK1 with siRNA affects cell survival and apoptosis. (*a*) Immunohistochemical staining of SK1 in human EOC (a = normal ovary 200×, b = negative control 200×, c = strong positive (3+) staining 200×, d = strong positive (3+) staining 400×). (*b*) Western blot for SK1 in human EOC cells. (*c*) Cell proliferation, which was assessed by 3-(4, 5-dimethylthiazol-2-yl)−2, 5-diphenyl tetrazolium bromide (MTT) assay, was significantly decreased by siRNA up to 96 hr compared with control in A2780 and SKOV3ip1 cells. (*d*) SK1 siRNA also significantly increased apoptosis in both cell lines compared with control, as measured by FACS analysis with annexin V staining after 48 hr of transfection. All experiments (*c* and *d*) were repeated three times. The error bar represents standard error of the mean (s.e.m.), $*p < 0.05$. [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]

Lee JW et al. Int J Cancer. 2014 Nov 27.

Legends Guidelines

- Give enough information
- State briefly
- State original magnification and stain
- Define abbreviations and explain symbols
- Name the method used
- Keep the legend as short as possible
- For all the figures on a separate page

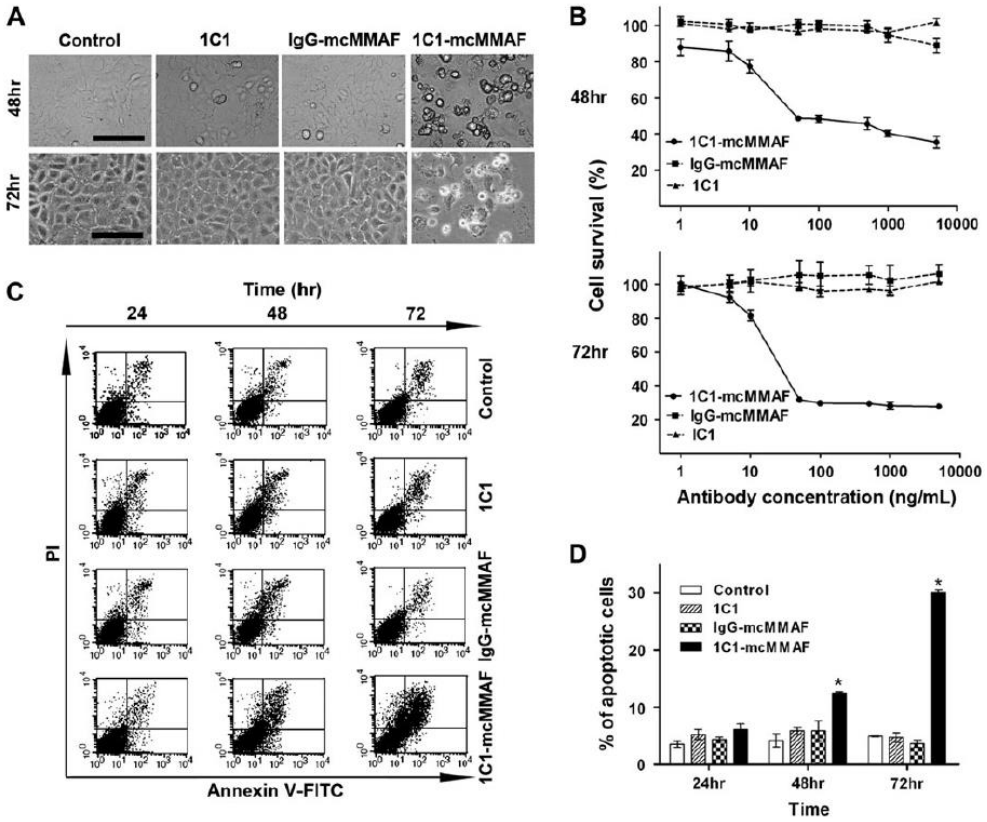


Figure 2. Cytotoxicity of immunoconjugate treatment. 1C1-mcMMAF is an immunoconjugate in which 1C1 (an anti-EphA2 monoclonal antibody) monoclonal antibody is linked to a chemotherapeutic agent monomethyl auristatin phenylalanine (MMAF) by a noncleavable linker maleimidocaproyl (mc). **A**) Apoptosis as assessed by cell morphology. EphA2-positive HeyA8-luc cells were incubated for 48 or 72 hours alone (control) or with 1C1, control immunoconjugate IgG-mcMMAF, or 1C1-mcMMAF (each at 100 ng/mL). Cell morphology was assessed by phase-contrast microscopy. Scale bar = 50 μm. **B**) Viability of cultured HeyA8-luc cells after immunoconjugate treatment. Viability was assessed with the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide assay at 48 and 72 hours after treatment with 1C1, control IgG-mcMMAF, or 1C1-mcMMAF (each at 1.0–5000 ng/mL). The experiment was performed three times, and each sample was repeated three times. Figure showed the data from one experiment, and the data of two others have similar results. Error bars = 95% confidence intervals (CIs). **C**) Apoptosis as detected by flow cytometry. HeyA8-luc cells were incubated alone (control) or with 1C1, IgG-mcMMAF, or 1C1-mcMMAF (each at 100 ng/mL) for 24–72 hours. Cells were stained with Annexin V coupled to fluorescein isothiocyanate (FITC) to identify apoptotic cells and propidium iodide (PI) to identify cell nuclei and then subjected to flow cytometry. In each panel, early apoptotic cells are shown in the upper right and late apoptotic cells are shown in the lower right. **D**) Percentage of apoptotic cells after immunoconjugate treatment. Data are from the flow cytometry experiment in (**C**). The percentage of cells that were positive for Annexin V staining was calculated. The experiment was repeated three times, with triplicates for each data point. Data are the mean. Error bars = 95% CIs. $*P < .001$, compared with control, 1C1, or IgG-mcMMAF. All statistical tests were two-sided.

JW Lee et al. J Natl Cancer Inst 2009;101:1193–1205

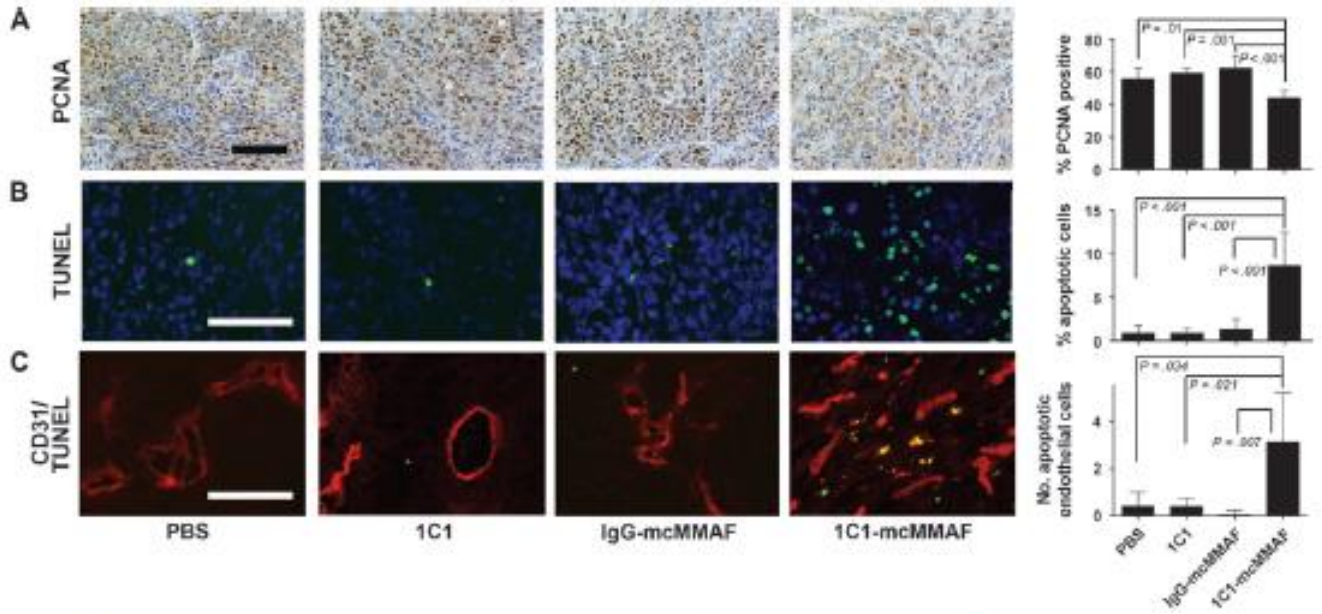
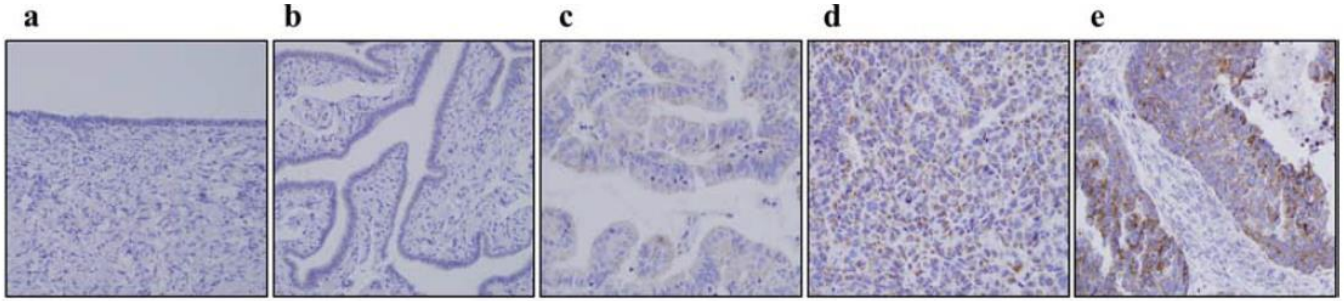


Figure 6. Proliferation and apoptosis of tumor or endothelial cells in SKOV3ip1 tumors after immunoconjugate treatment. 1C1-mcMMAF is an immunoconjugate, in which 1C1 (an anti-EphA2 monoclonal antibody) is linked to a chemotherapeutic agent monomethyl auristatin phenylalanine (MMAF) by a noncleavable linker maleimidocaproyl (mc). Mice bearing SKOV3ip1 ovarian tumors were treated with phosphate-buffered saline (PBS), 1C1, control IgG-mcMMAF, or 1C1-mcMMAF. When control mice became moribund, all mice in that treatment group were killed by cervical dislocation. Tumors were fixed in formalin and embedded in paraffin or were snap-frozen in optimal cutting temperature compound in liquid nitrogen. **A**) Tumor cell proliferation as assessed by proliferating cell nuclear antigen (PCNA). PCNA was detected with antibody against PNCA followed by horseradish peroxidase–conjugated secondary antibody and visualized with diaminobenzidine as the substrate (**brown**). PCNA-positive cells were counted, and the percentage of total cells was plotted in the histogram at the right. Five samples were used from each group, and results were confirmed with a duplicate experiment. Error bars = 95% confidence intervals. **B**) Apoptosis as assessed by deoxynucleotidyltransferase-mediated nick end labeling (TUNEL). Tumor sections were stained with both oechst (**blue**) to identify nuclei and TUNEL (**green**) to identify apoptotic cells and viewed under double immunofluorescence microscopy. Apoptotic cells were counted, and the percentage of total cells was plotted in the histogram at the right. **C**) Apoptosis in mouse endothelial cells in the SKOV3ip1 tumors after treatment. Tumor sections were stained with CD31 (**red**) to identify mouse endothelial cells and TUNEL (**green**) to identify apoptotic cells and visualized under double immunofluorescence microscopy. Endothelial cells undergoing apoptosis appear **yellow**. Original magnifications: (**A**) = ×100; (**B**) and (**C**) = ×200. Black scale bar = 100 μm; white scale bar = 50 μm.

JW Lee et al. J Natl Cancer Inst 2009;101:1193–1205

Figure + Table



B

Histology	V-ATPase expression			
	0	1+	2+	3+
Normal	5/5 (100%)			
EOC	15/59 (25.4%)	24/59 (40.7%)	17/59 (28.8%)	3/59 (5.1%)

EOC. Epithelial ovarian cancer

C

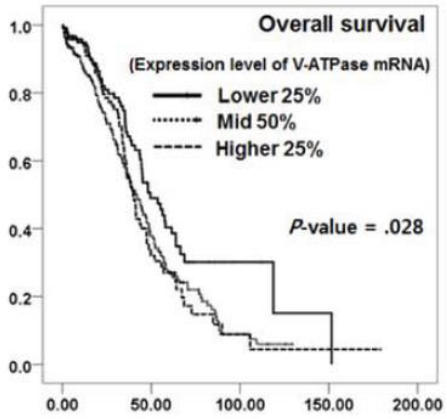


Figure 1: V-ATPase immunoreactivity in human ovarian epithelium and survival analysis based on mRNA expression of V-ATPase in patients with epithelial ovarian cancer (TCGA data). A. Representative V-ATPase staining from normal ovarian epithelium (a), and serous ovarian adenocarcinoma (b–d) with no staining (0), weak staining (+1), moderate staining (+2), strong staining (+3), respectively. (All photographs were taken at original 400x magnification) **B.** Distribution of patients with epithelial ovarian cancer according to the V-ATPase immunoreactivity **C.** Kaplan-Meier survival analysis showed higher overall survival in patients who showed lower 25% expression of mRNA expression.

JW Lee et al. Oncotarget 2015

Video editing

- 수술 동영상 - 많이 준비하기
- 편집프로그램 - 사용하기 쉬운 것
- 영상자료 및 gross 사진 준비
- 배경 음악 선정
- 저장 파일 형식

Video Editing

Video Clip (1)

Video Clip (2)


Single-port access fertility sparing surgery for early EOC
Jeong-Won Lee MD, PhD,
Samsung Medical Center, Seoul, Korea

Video or images as article

Original article vs. Editorial material ?

Q: 최근 멀티미디어를 이용한 논문들이 나오고 있는데.

예로, JMIG 논문에 image나 video article이 논문심사때 original article로 인정이 되는지 궁금합니다. (국내 교원 심사때 적용가능한지)

A: 일괄적으로 적용할 수 있는 정답은 없습니다.

저널마다 케이스를 봐야 하는데 JMIG의 video article인 경우는 Web of Science에서 검색은 되는데 Document Type이 Editorial Material로 뜹니다. (평가기관이나 기준에 따라 다르지만) 이러면 통상적인 논문실적 집계 기준에서는 인정이 안됩니다.

Recent Papers (2015-16)

	학술지명	논문명	SCI(E)	게재일	IF	역할
1	**Oncotarget**	HER2 as a novel therapeutic target for cervical cancer.	SCIE	2015.11	**6.359**	교신
2	**Oncotarget**	PPIs enhance the effects of cytotoxic agents in chemoresistant EOC.	SCIE	2015.10	**6.359**	교신
3	**Oncotarget**	SK 1 is a reliable prognostic factor and a novel therapeutic target for uterine cervical cancer.	SCIE	2015.09	**6.359**	교신
4	**Carcinogenesis**	Restoration of paclitaxel resistance by CDK1 intervention in drug-resistant ovarian cancer.	SCI	2015.12	**5.334**	1저자
5	**Radiology**	Uterine Fibroids: Correlation of T2 Signal Intensity with Semiquantitative Perfusion MR Parameters in Patients Screened for MR-guided HIFU	SCI	2016.03	**6.867**	교신
6	**INT J Cancer**	SK 1 as a potential therapeutic target in epithelial ovarian cancer	SCI	2015.07	**5.085**	1저자
7	**Int J Clin Exp Pathol.**	Analysis of clinical outcomes of patients with adenoid cystic carcinoma of Bartholin glands.	SCIE	2015.05	**1.891**	교신
8	**Arch Gynecol Obstet.**	Clinical outcomes of primary surgical treatment for acquired vulvar lymphangioma circumscriptum.	SCIE	2016.01	**1.364**	교신
9	**Eur Radiol.**	Prognostic value of total lesion glycolysis on preoperative 18F-FDG PET/CT in patients with uterine carcinosarcoma.	SCI	2016 Feb16	**4.014**	1저자
10	**Mol Cancer Ther**	Linalool-Incorporated NP for EOC	SCIE	2016 Feb 9	**5.683**	교신
11	**JGO**	Feasibility of laparoscopic cytoreduction in patients with localized recurrent EOC	SCIE	2016.05	**2.494**	교신
12	**JGO**	Outcomes of laparoscopic fertility-sparing surgery in clinically early-stage EOC	SCIE	2016.03	**2.494**	교신
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Thank you

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