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Gan To Kagaku Ryoho. 2017 Nov;44(12):1278-1280. Japanese.
PMID: 29394606
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Parillo Durand LB.
Rev Gastroenterol Peru. 2017 Jul-Sep;37(3):209-216. Spanish.
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Daugan M, Noe R, Herman Fridman W, Sautes-Fridman C, Roumenina LT.
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[Two Cases of Laparoscopic Simultaneous Resection for Synchronous Liver Metastasis of Colon Cancer].

[Article in Japanese]

Tomochika S¹, Suzuki N, Tanaka H, Inoue Y, Tokumitsu T, Hanemitsu S, Tokumitsu T, Iida H, Sakamoto K, Takeda S, Yamamoto S, Yoshino S, Hazama S, Ueno T, Nagano H.

Author information

Abstract

We report 2 cases of laparoscopic simultaneous resection for synchronous liver metastasis of colon cancer. Case 1: A 76-year-old woman was diagnosed with advanced cecum cancer(type 3)with synchronous liver metastasis(segment 5: 23mm), Laparoscopic ileocecal resection and partial liver resection were performed for 414 minutes, with 20 mL of blood loss. The patient was discharged 11 days after the operation. Case 2: A 78-year-old woman was diagnosed with advanced sigmoid colon cancer(type 2)with synchronous liver metastasis(segment 2: 70mm). Laparoscopic sigmoidectomy and extrahepatic resection were performed for 382 minutes, with 10 mL of blood loss. Portal vein thrombus(umbilicus)was recognized but relieved with warfarin. The patient was discharged 15 days after the operation. Simultaneous laparoscopic colon and hepatectomy for synchronous liver metastasis of colorectal cancer can be safely performed for selected indications.

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癌と化学療法

大腸癌同時性肝転移に対する腹腔鏡下同時切除の2 例

Authors: 友近 忍¹, ほか[+ VIEW AFFILIATIONS](#)

Source: 癌と化学療法 Volume 44, Issue 12, 1278 - 1280 (2017)

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大腸癌同時性肝転移に対して腹腔鏡下同時切除を施行し得た2 例について報告する。症例1 は76 歳，女性。肝S5 に23 mm 大の肝転移を認める3 型盲腸癌に対し，腹腔鏡補助下回盲部切除術と腹腔鏡下肝S5 部分切除術を同時に施行した。手術時間414分，出血量は20 mL。術後合併症なく第11 病日に退院となった。症例2 は78 歳，女性。高血圧性腎硬化症による慢性腎不全で透析導入されている。肝S2を主体に70 mm大の肝転移を認める2型S状結腸癌に対し，腹腔鏡補助下S 状結腸切除術と腹腔鏡下肝外側区域切除術を同時に施行した。手術時間382 分，出血量は10 mL。術後は門脈血栓（臍部）を認めたがワーファリン内服にて軽快し第15 病日に退院となった。以上より大腸癌同時性肝転移に対する腹腔鏡下大腸，肝同時切除は，適応を考慮すれば安全に施行可能である。

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Brief Report: Pediatric Cancer Burden and Treatment Resources Within the Pediatric IeDEA Consortium

Brown, Steven A. BS^{*}; Abbas, Salma MBBS[†]; Davies, Mary-Ann MBChB, MMed, PhD[‡]; Bunupuradah, Torsak MD, PhD[§]; Sohn, Annette H. MD^{||}; Technau, Karl-Günter MSc[¶]; Renner, Lorna MD[#]; Leroy, Valérie MD, PhD^{**}; Edmonds, Andrew PhD^{††}; Yotebieng, Marcel MD, MPH, PhD^{‡‡}; McGowan, Catherine C. MD^{§§}; Duda, Stephany N. PhD^{§§}; Mofenson, Lynne MD^{|||}; Musick, Beverly MS^{*}; Wools-Kaloustian, Kara MD^{¶¶}

JAIDS Journal of Acquired Immune Deficiency Syndromes: [September 1st, 2017 - Volume 76 - Issue 1 - p 60-64](#)

doi: 10.1097/QAI.0000000000001453

Clinical Science

BUY

Abstract

Author Information

Introduction: The incidence and treatment of cancer in HIV-infected children from resource-limited settings has not been extensively studied.

Objectives: Develop and implement a cross-sectional survey to evaluate pediatric cancer burden, diagnostic modalities in use, and treatment availability as perceived by HIV clinic staff at regional International Epidemiology Databases to Evaluate AIDS (IeDEA) sites

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D M Gujral & C M Nutting



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Oncolytic viruses: methods and protocols

Kevin J Harrington

By DH Kirn, T-C Liu, SH Thorne (Editors)

Publisher: Humana Press, New York, Dordrecht, Heidelberg, London. ISBN: 978-1-61779-339-4, Hardcover: £85.50; eBook: £79.99

This volume that has been edited by pioneers in the field of oncolytic virus therapy represents an attempt to focus on specific methodologies and protocols that are currently being widely applied in this area of research. As such, it comprises a collection of 15 chapters that span a little less than 250 pages. The editors and the contributing authors are to be commended for covering so much ground in so little space and with such authority.



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British Journal of Cancer **108**, 735 (19 February 2013)

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Abstract

Eur J Cancer Clin Oncol, Vol. 19, No. 11, p. 1661, 1983.
Pergamon Press Ltd. Printed in Great Britain.

Addendum

Case reports

case report, or other description of a case. Reports on unusual or unexpected clinical cases that expand the field of general medical knowledge. Includes information on an unexpected association between diseases or symptoms, an unexpected event in the course of observing or treating a patient, findings that shed new light on the possible pathogenesis of the disease or an adverse effect, unique or rare features of the disease, and/or a unique therapeutic approach.

گزارش موردی یا توصیفات مربوط به موارد دیگر است. این مطالعات گزارشات موارد غیر معمول یا غیر منتظره بالینی هستند که انتشار آنها باعث گسترش زمینه دانش عمومی پزشکی خواهد شد. این موارد شامل اطلاعات مربوط به یک رابطه غیر منتظره میان بیماری ها یا علائم و یا یک رویکرد غیر عادی در طول مشاهده یا درمان یک بیمار هستند که یافته های جدیدی در مورد پاتوژنز احتمالی بیماری یا عوارض جانبی آن یا یک رویکرد درمانی منحصر به فرد را در اختیار قرار می دهد.

Abstract

Background

Case presentation

Discussion

Conclusion


Declarations

References

Case report

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Inflammatory demyelinating polyneuropathy versus leptomeningeal disease following Ipilimumab

Lorraine Cafuir , David Lawson, Nilesh Desai, Vita Kesner and Alfredo Voloschin

Journal for ImmunoTherapy of Cancer 2018 **6**:11

<https://doi.org/10.1186/s40425-018-0318-x> | © The Author(s). 2018

Received: 7 July 2017 | Accepted: 12 January 2018 | Published: 30 January 2018

Abstract

Background

Ipilimumab is an FDA-approved anti-CTLA-4 monoclonal antibody used in treatment of metastatic melanoma. We present an unusual neurological complication of Ipilimumab therapy and the diagnostic dilemma it caused.

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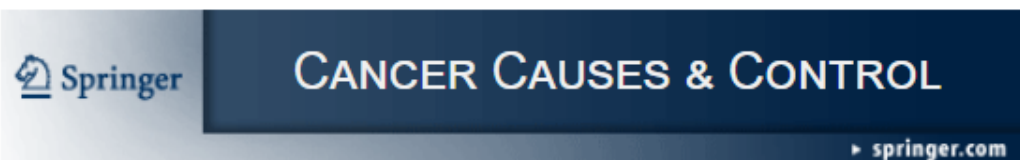
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Cancer Causes Control. 2013 May; 24(5): 827–837.

PMCID: PMC3631124

Published online 2013 Mar 12. doi: [10.1007/s10552-013-0179-z](https://doi.org/10.1007/s10552-013-0179-z)

Eight ways to stay healthy after cancer: an evidence-based message

[Kathleen Y. Wolin](#), [Hank Dart](#), and [Graham A. Colditz](#)

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See commentary "[Commentary: Eight Ways to Prevent Cancer: a framework for effective prevention messages for the public](#)" in *Cancer Causes Control*, volume 9 on page 601.

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Purpose

Since 1999, in conjunction with the internationally known and award-winning Your Disease Risk (yourdiseaserisk.org) risk assessment tool, the “Eight Ways to Stay Healthy and Prevent Cancer” message campaign has provided an evidence-based, but user-friendly, approach to cancer prevention. The scientific evidence behind the campaign is robust and while not a complete list, provides a great deal of benefit in the reduction of cancer risk. With 12 million cancer survivors in the United States, there is a need for a parallel set of recommendations that oncologists and primary care providers may routinely use for individuals

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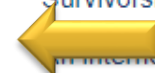
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[Cancer Causes Control](#). 2012 Apr; 23(4): 601–608.

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PMCID: PMC3685578

NIHMSID: NIHMS469436

Commentary: Eight Ways to Prevent Cancer: a framework for effective prevention messages for the public

Hank Dart, SM, [Kathleen Y. Wolin](#), ScD, and [Graham A. Colditz](#), MD, DrPH

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The publisher's final edited version of this article is available at [Cancer Causes Control](#)

See the article "[Eight ways to stay healthy after cancer: an evidence-based message](#)" in *Cancer Causes Control*, volume 24 on page 827.

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Abstract

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Research over the past 40 years has convincingly shown that lifestyle factors play a huge role in cancer incidence and mortality. The public, though, can often discount the preventability of cancer. That health information on the Internet is a vast and often scientifically suspect commodity makes promoting important and sound cancer prevention messages to the public even more difficult. To help address these issues and improve the public's knowledge of, and attitudes toward, cancer prevention, there need to be concerted

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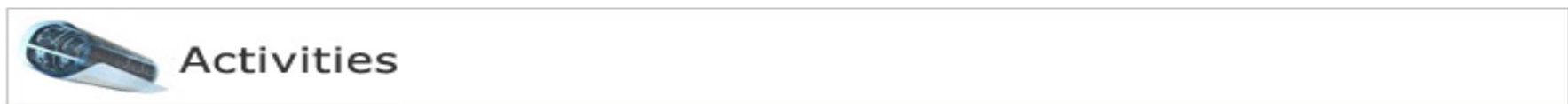


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Correction: Article on the Enforced Expression of Wild-Type p53 and the Transcription of the O⁶-Methylguanine-DNA Methyltransferase Gene

DOI: 10.1158/1078-0432.CCR-11-6-COR Published March 2005

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In the article on Enforced Expression of Wild-Type p53 in the May 1, 2001 issue of *Clinical Cancer Research*, the sequence of the author listing was incorrect. The correct order is, as follows:

Jiang Shou, Kalkunte S. Srivenugopal, Srinivas R.S. Mullapudi, Frederick F. Lang, Jr., Jasti S. Rao, and Francis Ali-Osman.

Srivenugopal KS, Shou J, Mullapudi SRS, et al. Enforced expression of wild-type p53 curtails the transcription of the O⁶-methylguanine-DNA methyltransferase gene in human tumor cells and enhances their sensitivity to alkylating agents. *Clin Cancer Res* 2001;7:1398–409.

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Correction to: A systematic comparison of copy number alterations in four types of female cancer


Fatemeh Kaveh [†], Lars O. Baumbusch [†], Daniel Nebdal, Anne-Lise Børresen-Dale, Ole Christian Lingjærde, Hege Edvardsen, Vessela N. Kristensen ✉ and Hiroko K. Solvang

[†]Contributed equally

BMC Cancer 2018 **18**:80

<https://doi.org/10.1186/s12885-017-3766-7> | © The Author(s). 2018

Received: 9 November 2017 | Accepted: 9 November 2017 | Published: 16 January 2018

 The [original article](#) was published in BMC Cancer 2016 16:913

اصلاحیه اشاره به این دارد که تصویر یکی از اشکال (شکل ۴) در مقاله اشتباه بوده و صحیح آن منتشر شده است.

Correction

After publication of the original article [1] the authors found that the article contained an incorrect version of Fig. 4. This does not affect the results and conclusions of the article.

An updated version of Fig. 4 is included with this Correction.

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Massachusetts Cancer Registry. (The Massachusetts Cancer Registry, Massachusetts Department of
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Affinity proteomic profiling of plasma for proteins associated to area-based mammographic breast density

Mammographic breast density is one of the strongest risk factors for breast cancer, but molecular understanding of how breast density relates to cancer risk is less complete. Studies of proteins in blood plasm...

Sanna Byström, Martin Eklund, Mun-Gwan Hong, Claudia Fredolini, Mikael Eriksson, Kamila Czene, Per Hall, Jochen M. Schwenk and Marike Gabrielson

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Published on: 14 February 2018

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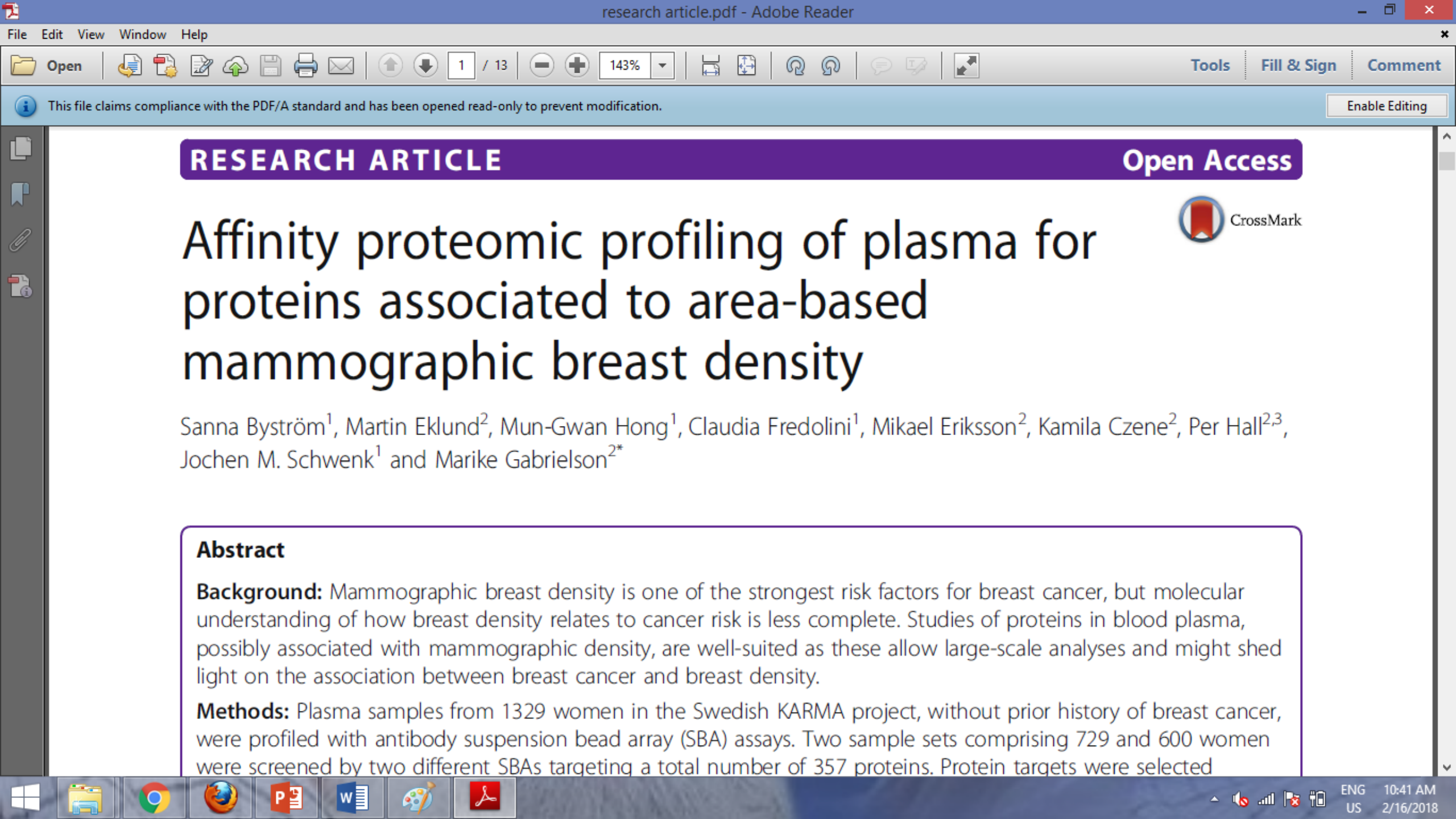
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RESEARCH ARTICLE

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Affinity proteomic profiling of plasma for proteins associated to area-based mammographic breast density

Sanna Byström¹, Martin Eklund², Mun-Gwan Hong¹, Claudia Fredolini¹, Mikael Eriksson², Kamila Czene², Per Hall^{2,3}, Jochen M. Schwenk¹ and Marike Gabrielson^{2*}

Abstract

Background: Mammographic breast density is one of the strongest risk factors for breast cancer, but molecular understanding of how breast density relates to cancer risk is less complete. Studies of proteins in blood plasma, possibly associated with mammographic density, are well-suited as these allow large-scale analyses and might shed light on the association between breast cancer and breast density.

Methods: Plasma samples from 1329 women in the Swedish KARMA project, without prior history of breast cancer, were profiled with antibody suspension bead array (SBA) assays. Two sample sets comprising 729 and 600 women were screened by two different SBAs targeting a total number of 357 proteins. Protein targets were selected

Clinical trial

Once again, specific to the field of medicine, clinical trials describe the methodology, implementation, and results of controlled studies, usually undertaken with large patient groups. Clinical trial articles are also long, usually of about the same length as an original research article. Clinical trials also require practical work experience, as well as, high standards of ethics and reliability. So this format is more useful for experienced researchers.

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Clinical case study

Clinical case studies present the details of real patient cases from medical or clinical practice. The cases presented are usually those that contribute significantly to the existing knowledge on the field. The study is expected to discuss the signs, symptoms, diagnosis, and treatment of a disease. These are considered as primary literature and usually have a word count similar to that of an original article. Clinical case studies require a lot of practical experience.



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Discordant Calcium and Parathyroid Hormone with Presumed Epileptic Seizures



Date: MAR.1.2018 // Source: Clinical Chemistry

DOI: 10.1373/clinchem.2016.269555

A 33-year-old woman presented for the first time at the age of 9 years with recurrent seizures and was subsequently treated for epilepsy for 2 years.

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Case Studies in Clinical Psychology: Are We Giving up a Publication Type and Methodology in Research on and Teaching of Psychopathology and Psychotherapy?

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URL: <http://dx.doi.org/10.5539/ijps.v8n3p173>

Abstract

Scientometric results on publication trends in clinical psychology, which refer to publication type and methodology of case studies/reports, are presented. Absolute and relative frequencies of clinical case studies are identified for the segment "mental and behavioral disorders" in MEDLINE (ICD-10 Chapter V [F]) as well as for clinical psychology publications documented in PsycINFO and PSYINDEX in 40 publication years



Review article

Review articles give an overview of existing literature in a field, often identifying specific problems or issues and analysing information from available published work on the topic with a balanced perspective.¹ These are considered as secondary literature and can be a particularly efficient way for early career researchers to begin publishing. Review articles can be of three types, broadly speaking: narrative reviews, systematic reviews, and meta-analyses. Review articles are usually long, with the maximum word limit being 3000-5000 or even more, depending on the journal. However, some journals also publish short reviews.



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REVIEW

Hepatocellular carcinoma: A comprehensive review

Lisa P Waller, Vrushak Deshpande, Nikolaos Pyrsopoulos

Lisa P Waller, Vrushak Deshpande, Nikolaos Pyrsopoulos,
Division of Gastroenterology and Hepatology, Rutgers New
Jersey Medical School, Newark, NJ 07103, United States

Author contributions: All three authors had been involved in
creating the paper.

Conflict-of-interest statement: Nikolaos Pyrsopoulos, MD:
Advisory board for GILEAD, BMS, ABBVIE research for
ABBVIE.

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chronic hepatitis B and C infections are most commonly
afflicted. Different therapeutic options, including liver
resection, transplantation, systemic and local therapy,
must be tailored to each patient. Liver transplantation
offers leading results to achieve a cure. The Milan criteria
is acknowledged as the model to classify the individuals
that meet requirements to undergo transplantation. Mean
survival remains suboptimal because of long waiting
times and limited donor organ resources. Recent debates
involve expansion of these criteria to create options for
patients with HCC to increase overall survival.

Key words: Liver transplantation; Hepatectomy; Milan
Criteria; Sorafenib; Living donor liver transplantation;
Transarterial chemoembolization; Expansion Milan
Criteria; Hepatocellular carcinoma; Mammalian target



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تاریخچه مرور سیستماتیک

اصطلاح مرور سیستماتیک اولین بار توسط یک سایکولوژیست به نام Glass در سال ۱۹۷۶ به کار گرفته شد و در دهه ۸۰ میلادی به تدریج در متون پزشکی وارد گردید. تا این که سال ۱۹۹۳ مؤسسه کاکران افتتاح گردید. مؤسسه کاکران سازمانی منحصر به فرد، جهانی و غیرانتفاعی است که به منظور کمک به توسعه و ترویج و نیز سهولت دسترسی به مطالعات مرور سیستماتیک ایجاد شده تا محققین، مدیران و سیاست گزاران بتوانند با استفاده از این نوع مطالعات، اثرات مداخلات بخش سلامت را بررسی نموده و به تصمیم‌گیری آگاهانه‌ای برسند. وظیفه اصلی این مؤسسه تهیه مطالعات مرور سیستماتیک است که به طور منظم به روز رسانی شده و به شکل فصلنامه الکترونیکی در کتابخانه کاکران منتشر می‌گردد. در حال حاضر بیش از ۲۵۰۰ مرور سیستماتیک در این کتابخانه وجود دارد.

ادامه

عمده مرورهای سیستماتیک بر روی مطالعات کارآزمایی بالینی تصادفی شده انجام می‌شوند زیرا همانگونه که ذکر شد این مطالعات برای پاسخگویی به یک سؤال کاربردی انجام می‌شوند اما مطالعات مرور سیستماتیک لزوماً بر روی این دسته از مطالعات صورت نگرفته و بسته به ماهیت امر می‌توانند بر روی مطالعات مشاهده‌ای هم صورت گیرند.

آنچه مرور سیستماتیک را ارزشمند می‌سازد آن است که ما به یک توان بالا از برآورد مورد نظر می‌رسیم. زیرا بسیاری از مطالعات به علل گوناگون (مثلاً حجم نمونه ناکافی) از قدرت تفسیر مناسبی برخوردار نیستند اما مرور سیستماتیک و متاآنالیزی که اغلب متعاقب آن انجام می‌شود با ترکیب کردن مطالعات به حجم نمونه بالاتری می‌رسد و لذا می‌تواند با توان بالاتری آنها را بررسی کرده و در نهایت نتیجه‌گیری بهتری ارائه دهد.

اصول و مراحل انجام مرور سیستماتیک

۱. طرح ریزی مطالعه مرور سیستماتیک

✓ طرح سؤال و مشکل به شیوه ای واضح

✓ تهیه و ارائه پروپوزال

✓ تهیه و ارائه پروتکل اجرایی

ادامه

۲. انجام مطالعه مرور سیستماتیک

- ✓ مشخص ساختن چارچوب تحقیق
- ✓ جستجو، وارد کردن یا حذف نمودن مطالعات
- ✓ ارزیابی کیفیت مطالعات
- ✓ استخراج داده ها و اطلاعات
- ✓ پایش مناسب و مستمر
- ✓ ترکیب داده ها

ادامه

۳. انتشار و گزارش نتایج

✓ گزارش کردن نتایج

✓ به کارگیری نتایج بر مبنای پرسش اولیه

از بین مراحل فوق، مهمترین قسمت، تهیه پروتکل است که جداگانه به آن خواهیم پرداخت.

پروتکل اجرایی مرور سیستماتیک

پروتکل در واقع مستندیست در دست محقق که با قرار دادن وی در فضای واقعی تحقیق و مدنظر قرار دادن تمامی جزئیات، یک طرح دقیق از آنچه باید انجام شود ارائه داده سعی می‌کند با استاندارد کردن روش‌ها و ابزارها، مطالعه را به جلو هدایت نموده و از تورش (bias) احتمالی پیشگیری نماید.

پس از تنظیم و تکمیل پروتکل اولاً بایستی آن را در طی مطالعه راهنما آزمود، ثانیاً آن را در اختیار دو یا سه نفر از صاحب‌نظران دیگر قرار داد تا پس از بررسی و نقد، اشکالات آن برطرف شود. پروتکل اجرایی ممکن است تا مرحله نهایی و آماده شدن برای اجرا، طی ویرایش‌های مختلف و متعدد دستخوش تغییر و اصلاح گردد.

اجزاء پروتکل مرور سیستماتیک

✓ راهبرد استحصال داده ها

✓ راهبرد سنتز داده ها

✓ جدول زمان بندی طرح

✓ زمینه موضوع

✓ مرور بر متون

✓ راهبرد جستجو

✓ معیارهای انتخاب مطالعه

✓ ارزیابی کیفیت

متاآنالیز

متاآنالیز عبارت است از ترکیب داده‌ها و نتایج بدست آمده از یک مرور سیستماتیک با بهره‌گیری از روش‌های آماری، یعنی پس از انجام مرور سیستماتیک که لازمه متاآنالیز است و براساس نتایج، به یک تخمین واحد برای حل مشکل یا سؤال مورد نظر دست پیدا می‌کنیم. البته هر مرور سیستماتیکی به متاآنالیز منجر نمی‌شود. چنانچه داده‌ها و برآوردهای خام حاصل از مرور سیستماتیک بیش از اندازه غیرهمسان نباشد و بتوان آنها را با روش‌های خاص آماری با هم ترکیب کرد، متاآنالیز قابل انجام خواهد بود. در غیر این صورت نتایج به صورت کیفی در قالب یک مقاله مرور سیستماتیک ارائه می‌گردد. یکی از اهداف مهم متاآنالیز، پی‌بردن به موارد عدم همسانی نتایج و علل آنهاست.

Alcohol and liver cancer: a systematic review and meta-analysis of prospective studies

F. Turati¹, C. Galeone¹, M. Rota^{1,2}, C. Pelucchi^{1*}, E. Negri¹, V. Bagnardi^{3,4}, G. Corrao³, P. Boffetta⁵ & C. La Vecchia^{1,6}

¹Department of Epidemiology, IRCCS-Istituto di Ricerche Farmacologiche Mario Negri, Milan,; ²Department of Health Sciences, Centre of Biostatistics for Clinical Epidemiology, University of Milan-Bicocca, Monza,; ³Department of Statistics and Quantitative Methods, University of Milan-Bicocca, Milan,; ⁴Division of Epidemiology and Biostatistics, European Institute of Oncology, Milan, Italy; ⁵The Tisch Cancer Institute and Institute for Translational Epidemiology, Mount Sinai School of Medicine, New York, USA; ⁶Department of Clinical Sciences and Community Health, University of Milan, Milan, Italy

Received 24 October 2013; revised 4 December 2013; accepted 5 December 2013

Despite several studies support a positive association between heavy alcohol consumption and liver cancer risk, a consistent dose–risk relationship has not yet been established. We carried out a systematic review and a meta-analysis of the association between alcohol intake and liver cancer occurrence, following the Meta-analysis Of Observational Studies in Epidemiology guidelines. We searched for cohort and nested case–control studies on the general population published before April 2013, using PubMed and EMBASE. Summary meta-analytic relative risks (RRs) were estimated using random-effect models. We included 16 articles (19 cohorts) for a total of 4445 incident cases and 5550 deaths from liver cancer. Compared with non-drinking, the pooled RRs were 0.91 (95% confidence interval, CI, 0.81–1.02) for moderate drinking (<3 drinks per day) and 1.16 (95% CI, 1.01–1.34) for heavy drinking (≥3 drinks per day), with significant heterogeneity among studies. The dose–risk curve suggested a linear relationship with increasing alcohol intake in drinkers, with estimated excess risk of 46% for 50 g of ethanol per day and 66% for 100 g per day. This systematic review suggests a moderate detrimental role of consumption of 3 or more alcoholic drinks per day on liver cancer, and a lack of association with moderate drinking. Our results have to be taken with due caution on account of the possible limitations of the original studies included in the meta-analysis.



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Breast cancer in female survivors of childhood, adolescent or young adult cancer after radiotherapy involving the chest for their primary malignancy (Protocol)

van Dijk IWEM, Kremer LCM, Reulen RC, Henderson TO, Kuehni CE, Hawkins MM, Oeffinger KC, van Leeuwen FE, Ronckers CM



Letter

مکاتباتی که به منظور ارایه نقطه نظر شخصی درباره یک موضوع یا راجع به یک مقاله پژوهشی، با هدف چاپ شدن در مجله، با سردبیر صورت می‌گیرد، مجموعاً تحت عنوان Letters یا Communications طبقه‌بندی می‌شود. ممکن است شما بخواهید تصحیح، انتقاد، شفاف سازی یا اطلاعات تکمیلی در مورد یک مقاله ارایه نمایید، با تفسیر نتایج مخالف باشید و بخواهید تفسیر درست‌تر را با پیشنهادهای جدید خود به اطلاع خوانندگان همان مجله برسانید یا ممکن است بخواهید دیدگاه اجتماعی - اخلاقی یا برداشت سیاسی خود را درباره یک مقاله پزشکی مطرح نمائید؛ در این گونه موارد از نامه به سردبیر استفاده می‌کنیم. جای نامه به سردبیر در بسیاری از مجلات ایرانی خالی است که می‌تواند ناشی از عدم شناخت کافی از این نوع مقاله علمی باشد.

مراحل نگارش یک نامه به سردبیر

اول بیان موضوع: در پاراگراف اول به آنچه می‌خواهید درباره آن نظر دهید اشاره کنید. می‌توانید عنوان مقاله‌ای که نسبت به آن پیشنهاد یا انتقادی دارید را بیاورید و خلاصه‌ای از آنرا بیان کنید تا ذهن خواننده را به موضوع معطوف نمایید.

دوم بیان موافقت یا مخالفت: سپس موافقت یا مخالفت خود را در یک جمله ساده و کوتاه اظهار می‌دارید.

سوم ارائه شواهد و مدارک: آنگاه نوبت به ارائه شواهد و مدارکی می‌رسد که براساس آنها ادعای خود را ثابت می‌کنید.

چهارم نتیجه نهایی: در پاراگراف آخر ضمن روشن نمودن قصد و منظور خود تحت عنوان Closing remark نظر شخصی خود را بطور واضح بیان می‌کنید تا تکلیف خواننده مشخص گردد.

حجم یک Letter

در بسیاری از مجلات برای نامه محدودیت کلمات وجود دارد. به عنوان یک اصل سرانگشتی بهتر است حجم نامه حداکثر به ۵۰۰ کلمه یا دو صفحه همراه با یک شکل یا جدول محدود گردد. تعداد نویسندگان معمولاً حداکثر به ۴ تا ۶ نفر محدود می‌باشد و تعداد مراجع نیز کمتر از ۵ مورد (شامل مرجع مربوط به مقاله‌ای که روی آن نظر می‌دهید) می‌باشد. اگر چنانچه قبلاً پژوهشی در آن زمینه انجام داده‌اید، به مقالات چاپ شده خودتان نیز اشاره نمایید. با همه این اوصاف همواره بهتر است به دستورالعمل نویسندگان و نیز نمونه مقالات چاپ شده در ژورنال هدف مراجع کنید.

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مقالات تکمیلی شامل حجم زیادی از داده ها اغلب به صورت جدول هستند که در رابطه با نتایج یک پژوهش جدید بوده و ممکن است شامل ده ها صفحه اطلاعات عددی باشند.



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توضیح داده شده که این مقاله در جهت تکمیل مقاله ای دیگر نوشته شده است

Editorial

این نوع نوشته معمولاً توسط سردبیر مجله یا یکی از اعضای هیئت تحریریه آن نوشته می شود و یا اینکه برای نگارش آن از افراد صاحب نظر درخواست می شود. محتوای آنها تحلیل عمیق موضوعات مربوط به پژوهش در حیطه تخصصی مجله و تحلیل چالش و ارائه راهکار می باشد. این نوشته ها ساختار ندارند ولی حتماً چکیده دارند.

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Editorial



Hypoxia in the Gut

[Cormac T. Taylor](#), PhD
Conway Institute and School of Medicine, University College Dublin, Dublin, Ireland

[Open Access](#) [PlumX Metrics](#)

DOI: <https://doi.org/10.1016/j.jcmgh.2017.09.005> | [CrossMark](#)

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A continuous supply of molecular oxygen is essential for the maintenance of oxidative metabolism and thereby the function and survival of most cells of the human body. Over the course of evolution, we have developed the capacity, at the cellular level, to counteract the threat of developing hypoxia by eliciting an early warning adaptive response that is driven primarily by a transcription factor termed the *hypoxia-inducible factor* (HIF). In hypoxia, HIF becomes activated and drives the expression of a cohort of genes that promote adaptation to hypoxia including primary regulators of erythropoiesis (eg, erythropoietin), angiogenesis (eg, vascular endothelial growth factor), and metabolism (eg, glycolytic enzymes). More recent studies have shown a primary role for HIF in the control of innate and adaptive immune responses. HIF is a dimer composed of an oxygen-sensitive HIF α subunit and a constitutively expressed HIF β subunit. The oxygen sensors responsible for conferring hypoxic-sensitivity on the HIF pathway are termed *HIF hydroxylases* and are a family of enzymes that, when sufficient oxygen is available, target HIF α subunits for ubiquitin-dependent proteasomal degradation and hence maintain HIF in a

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Portraits

Portraits مقالاتی هستند که همراه با تصویر می باشند.

Causes and consequences of increased glucose metabolism of cancers.

Gillies RJ¹, Robey I, Gatenby RA.

Author information

Abstract

In this review we examine the mechanisms (causes) underlying the increased glucose consumption observed in tumors within a teleological context (consequences). In other words, we will ask not only "How do cancers have high glycolysis?" but also, "Why?" We believe that the insights gained from answering the latter question support the conclusion that elevated glucose consumption is a necessary component of carcinogenesis. Specifically we propose that glycolysis is elevated because it produces acid, which provides an evolutionary advantage to cancer cells vis-à-vis normal parenchyma into which they invade.

PMID: 18523064 DOI: [10.2967/jnumed.107.047258](https://doi.org/10.2967/jnumed.107.047258)

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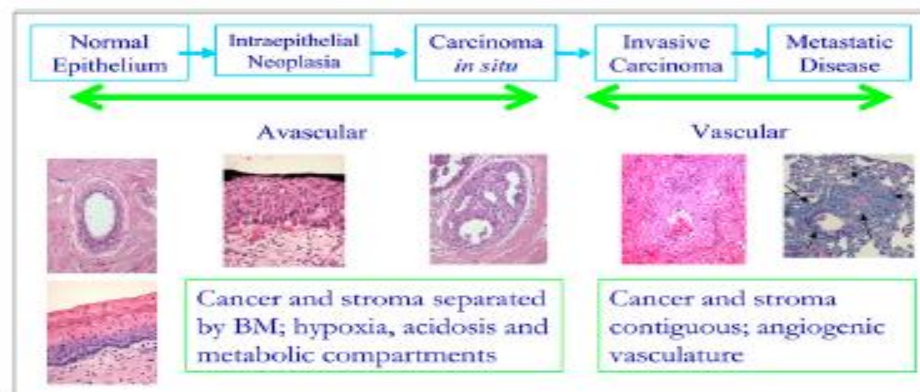


FIGURE 7. Morphologic changes associated with cancer progression.

28S THE JOURNAL OF NUCLEAR MEDICINE • Vol. 49 • No. 6 (Suppl) • June 2008

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acid production, and the effect of this on acidification of the interstitial pH can be exacerbated by reduced perfusion in the peritumoral volume of in situ lesions (34,35). Acid pH has been shown to increase invasive behavior (36–42). Thus, one mechanism of cancer progression may involve elevated glycolysis leading to acidosis that leads to invasion. However, although it is often observed, according to the equivalence principle, elevated glucose consumption need not be a prerequisite for cancers to transition from a CiS to an invasive carcinoma. Alternative mechanisms can be envisioned whereby cells can acquire an invasive phenotype without glycolysis and acidosis.

Transitioning to an invasive cancer involves breaking through the BM, giving epithelial cells direct access to the vasculature and the stroma for the first time in their natural history (*vide supra*). It is at this time, through unknown mechanisms, that these cancer cells undergo an epithelial-to-mesenchymal transition. These mesenchymal-like cells are more

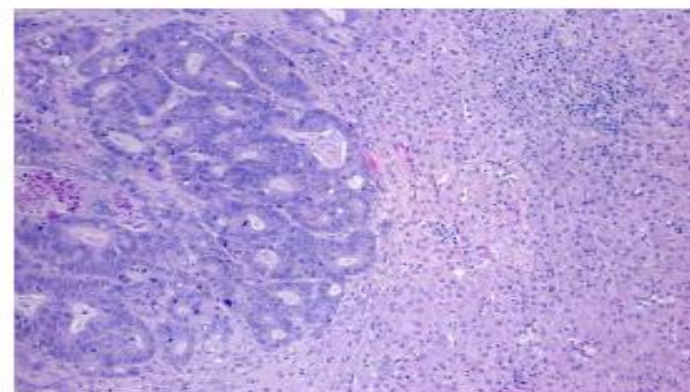


FIGURE 8. Periodic acid-Schiff staining of hepatic colorectal metastasis.

Technical Reports

گزارش فنی یا گزارش علمی: مدرکی است که به توصیف مراحل پیشرفت کار یا معرفی نتایج یک مطالعه فنی یا علمی می‌پردازد. بر خلاف سایر منابع علمی، مانند ژورنال‌های علمی و مجموعه مقالات کنفرانس‌های مربوط به برخی از نهادهای آموزش عالی، گزارش‌های فنی به ندرت مورد بررسی و ارزیابی دقیق و مستقل قرار می‌گیرند. اگر هم مورد ارزیابی و بررسی قرار گیرند، در حد نهاد مطبوعی است که آن گزارش را منتشر می‌کند یا از آن پشتیبانی می‌نماید. ضمناً هیچ گونه چارچوب و استاندارد رسمی برای انتشار این نوع از مدارک وجود ندارد. این نوع مدارک معمولاً از مقالات نشریات بلندتر هستند و در منابعی غیر از نشریات معمول چاپ و منتشر می‌شوند.



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Document Title: HAMS II Quarterly Progress Report (Technical and Financial)

Quarterly Progress Report

Technical and Financial

Hypoxia, Monitoring, and Mitigation System

Contract Number: N00014-14-C-0276

Prepared for

Office of Naval Research (ONR) Code 342

Short communication

مقالات کوتاه: این مقالات گزارش مختصری از تحقیقات در حال اجرا هستند که در برگیرنده یافته های جدید می باشند.

JOURNAL ARTICLES

Short Communication: Ventilation Frequencies and Stroke Volumes in Acute Hypoxia in *Octopus*

M. J. WELLS, J. WELLS

Journal of Experimental Biology 1985 118: 445-448;

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J. exp. Biol. **118**, 445-448 (1985)

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SHORT COMMUNICATION

VENTILATION FREQUENCIES AND STROKE VOLUMES IN ACUTE HYPOXIA IN *OCTOPUS*

BY M. J. WELLS AND J. WELLS

Zoology Laboratory, University of Cambridge, U.K. and the Laboratoire
Arago, Banyuls, France

Accepted 25 March 1985

Octopus can regulate its oxygen uptake down to a P_{O_2} of 70 mmHg, and in some instances well beyond this (Borer & Lane, 1971; Maginnis & Wells, 1969; Wells & Wells, 1983). In part, this capacity depends upon a rise in the pH of the blood, which increases the oxygen affinity of the animal's haemocyanin as the external P_{O_2} falls (Houlihan, Innes, Wells & Wells, 1982). The fact that the blood can remain saturated down to quite low P_{O_2} values means that the animal does not

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این نوع مقالات گزارشاتی از موارد برخورد های قانونی میان بیماران و پزشکان می باشند.

در ادامه مقاله ای از این نوع جستجو و آورده شده که در رابطه با شکایت خانواده یک بیمار از پزشک اورژانس به علت عدم تشخیص صحیح می باشد. در این مقاله به شرح توضیحات پزشک و در نهایت نحوه برخورد قانون پرداخته شده است. در پایان نیز حکم دادگاه در رابطه با پرونده ذکر شده است.

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MEDICOLEGAL ISSUES

Section Editor: Steven M. Selbst, MD

Pediatric Emergency Medicine

Legal Briefs

Key Words: lawsuit, legal briefs, malpractice, misdiagnosis

An Illinois man was brought to a local emergency department (ED) in July 2002 because of a severe asthma exacerbation.¹ The patient was a known asthmatic who had a history of prior intubations as well as multiple ED visits over the last 5 years. Paramedics and the nursing staff described him as being in severe respiratory distress, but the emergency physician categorized him with moderate respiratory distress. The history of prior intubations or multiple ED visits was not obtained by nursing staff or the emergency physician. Thirty minutes after being seen by the physician, the patient was found in respiratory arrest. After intubation, he was

A jury found in favor of the patient's family and awarded them \$7 million. The verdict, however, provided for only \$600,000 in past medical bills, when the actual amount agreed to by both sides was \$1.4 million. Following trial, an \$8 million settlement was reached.

Cook County, Ill, Circuit court, case no. 07L-10022

EDITOR'S COMMENTS

Although details are missing, the care provided to this patient with asthma seems consistent with most hospital procedures. Perhaps the patient was more ill than initially perceived. It is unclear whether his history of prior intubations should have

no medical negligence by the emergency physician, resulting in a defense verdict.

Davidson County, Tenn, Circuit court, case no. 10-2302

EDITOR'S COMMENTS

This case shows that emergency physicians can be sued for almost anything. A defense verdict is reassuring, as it seems this physician acted in the patient's best interests. Certainly, there would have been a lawsuit for negligence if the patient were discharged from the ED and committed suicide.

پاس از همراهی و توجه شما

