Essential unique identifiers for journal and e-journal publishing

Choon Shil Lee, PhD
Sookmyung Women’s University
KAMJE Committee for Information Management
Agenda

• Unique Identifiers: what, why and how
• Unique Identifiers for:
  Journal, Article, Author, Funding, and Institution
  ISSN, DOI, ORCID, Funder ID, Ringgold
• Journal publishing built around Unique Identifiers
• Best practices to increase visibility and accessibility
• Recommendations for APAMED Central journals
• References
Unique Identifiers: what, why and how
Unique Identifiers: What, Why

• One ID for one item, be that a journal, an article, an author, a funding, an institution
• Precise and brief representation of an item
• To resolve ambiguities
• To distinguish each item with a different label
Unique Identifiers: How they look

• ISSN 2092-7355
• https://doi.org/10.3346/jkms.2017.32.9.1431
• https://orcid.org/0000-0001-8191-0812
• Ministry of Health and Welfare (Korea)
• Yonsei University
Unique Identifiers: How they look

• IDs are made up with
  – Numbers
  – Alphabets
  – Numbers + Alphabets, Alphabets + Numbers
  – Structured with several components
    Sometimes even include a resolver domain name
  – Taxonomy/Classification/Hierarchical
Unique Identifiers: Cons

• Can be a very long string of characters
  They are getting longer!
• No meanings, Too complex, Too complicated
  – not easy to memorize
  – not easy to recognize
Unique Identifiers: Merits

- Accurate and efficient for machine recognition and processing
- Once backed up with hypertext linking in digital contents, it’s simply a matter of clicking and then you are linked directly to the resources designated by the IDs.
  - You don’t need to type in a long string of characters.
  - You don’t have to remember.
Unique Identifiers: Interoperability

• It is important to use IDs that everyone is using.
  – Widely used IDs
  – Standard IDs

• It is also important to use the standard protocols in implementing IDs in a system.
Unique IDs for: Journal, Article, Author, Funding, Institution,
Unique IDs

- Journal: ISSN
- Article: DOI
- Author: ORCID
- Funding: Funder ID (Funding Data Registry ID)
- Institution: Ringgold

Covered in this presentation because it is:
A standard and/or Widely used in journal publishing (industry)
Other Unique IDs

• Journal: CODEN
• Article: PMID, PMCID, KUID
• Author: ResearcherID, Scopus Author ID, ISNI
• Funding:
• Institution: ISNI

Not covered in this presentation because it is:
A standard but not used much in journal publishing (industry) or A proprietary scheme.
ISSN for Journal Identification
As of August 15, 2017, there are 246 journals.

**A**

- Allergy Allergy | 1015-6372
- Allergy & Immunology Research Allergy Asthma Immunol | 2099-2008
- Allergy, Asthma & Respiratory Disease Allergy Asthma Respir Dis | 1874-5838
- Anatomy & Cell Biology Anat Cell Biol | 0399-0639
- Anesthesia and Pain Medicine Anesth Pain Med | 1975-5171
- Annals of Clinical Microbiology Ann Clin Microbiol | 2288-0590
- Annals of Coloproctology Ann Coloproctol | 2287-9714
- Annals of Dermatology Ann Dermatol | 1013-9087
- Annals of Hepato-Biliary-Pancreatic Surgery Ann Hepato-Bil Pancreat Surg | 2288-7090
- Annals of Laboratory Medicine Ann Lab Med | 2234-3806
- Annals of Pediatric Endocrinology & Metabolism Ann Pediatr Endocrinol Metab | 2288-0627
- Annals of Rehabilitation Medicine Ann Rehabil Med | 2234-0628
- Annals of Surgical Treatment and Research Ann Surg Treat Res | 2288-7826
- Archives of Aesthetic Plastic Surgery Arch Aesthetic Plast Surg | 2287-6793
- Archives of Craniofacial Surgery Arch Craniofac Surg | 2287-6686
- Archives of Plastic Surgery Arch Plast Surg | 2224-6163
- Archives of Reconstructive Microsurgery Arch Reconstr Microsurg | 2287-5368
- Asian Nursing Research Asian Nurs Res | 1976-1317
- Asian Oncology Nursing Asian Oncol Nurs | 2287-2549
- Biomedical Engineering Letters Biomed Eng Lett | 2163-9882

**K**

- Journal of Korean Neuropsychiatric Association J Korean Neuropsychiatr Assoc | 1011-8930
- Journal of Korean Oncology Nursing J Korean Oncol Nurs | 1598-4559 - now published as Asian Oncol Nurs J Korean Oncol Nurs | 2287-2432
- Journal of Korean Society for Microsurgery J Korean Soc Microsurg | 1226-2706 - now published as Archives of Reconstructive Microsurgery Arch Reconstr Microsurg | 2287-5368
ISSN for Journal Identification

- International Standard Serials Number
- 8-digit numbers
- One ID for each journal title
  A new ID if a journal changes a title
- Different IDs for print version and for electronic version
  ISSN 1011-8934 = *Journal of Korean Medical Science* (print)
  ISSN 1598-6357 = *Journal of Korean Medical Science* (electronic)
- Assigned by ISSN Center
  National Centers as registry (e.g., National Library of Korea)
Nationwide cervical cancer screening in Korea: data from the National Health Insurance Service Cancer Screening Program and National Cancer Screening Program, 2009–2014

Seung-Hyuk Shim,1 Hyeongsu Kim,2 In-Sook Sohn,1 Han-Sung Kwon,3 Sun Joo Lee,3 Ji Young Lee,3 Soo-Nyung Kim,3 Kunosei Lee,3 Sounghoon Chang

Objective: The rates of participation in the cervical cancer screening program and the rates of abnormal test results have increased over the past few years. This study investigated the reasons for this trend.

Methods: The database of the National Health Insurance Service Cancer Screening Program was used to identify participants who had undergone cervical cancer screening in Korea between 2009 and 2014. The rates of participation increased from 4.1% in 2009 to 9.8% in 2014. The rate of abnormal test results also increased from 0.2% in 2009 to 0.5% in 2014. Every year, the number of women aged 30–69 years with cervical cancer or abnormal test results increased. The rates of participation and abnormal test results were higher in the group of 30–39 years than in the group of 60–69 years.

Conclusion: Differences in age, gender, and education level were found to be associated with participation and abnormal test results. The rates of participation and abnormal test results have increased over the past few years, especially in the group of 30–39 years. Quality control measures should be enforced consistently.

Keywords: Cervical cancer screening; cervical neoplasia; cervical cancer; national health insurance service.
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<th>Journal of Korean Medical Science</th>
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**Acronym:** JPIS  
**Publication Date:** Vol. 40, no. 1 (2010) -  
**Frequency:** Bimonthly  
**Publisher:** Korean Academy of Periodontology  
**Language:** English  
**eISSN:** 2093-2278  
**DOI Prefix:** 10.5051/jpis  
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**MeSH (NLM):**  
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- Dental Implants  
- Periodontal Diseases/therapy  
**SC (SCI):** Dentistry, Oral Surgery & Medicine  
**Open Access:** OA-nc  
**Electronic Links:**  
- https://www.jpis.org  
- https://synapse.koreamed.org/LinkX.php?code=1150JPIS  
**Indexed/Tracked/Covered By:** Sci, Scopus, Cas, Google Scholar

**Journal Title:** Journal of Korean Academy of Periodontology  
**Journal Abbreviation:** J Korean Acad Periodontol  
**Acronym:** JKAPE  
**Title in Korean:** 대한기구과학회지  
**Publication Date:** Vol. 1, no. 1 (1971) - Vol. 39, no. 4 (2009)  
**Frequency:** Quarterly  
**Publisher:** Korean Academy of Periodontology  
**Language:** Korean  
**pISSN:** 0250-3352  
**DOI Prefix:** 10.5051/jkape  
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**Broad Subject Term(s):** Dentistry  
**MeSH (NLM):**  
- Dental Implantation  
- Dental Implants  
- Periodontal Diseases/therapy  
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**Indexed/Tracked/Covered By:** Sci, Scopus, Cas, Google Scholar
Journal of periodontal & implant science

Author(s): Taehan Ch‘’i ju Kwahakhoe

NLM Title Abbreviation: J Periodontal Implant Sci
ISO Abbreviation: J Periodontal Implant Sci

Title(s): Journal of periodontal & implant science
Other Title(s): Journal of periodontal and implant science
JPIS

Continues: Taehan Ch‘’i ju Kwahakhoe chl ISSN 0250-3352

Publication Start Year: 2010
Publication End Year: 2010
Frequency: Bimonthly
Country of Publication: Korea (South)
Publisher: Seoul : Korean Academy of Periodontology

Language: English
ISSN: 2093-2278 (Print)
2093-2286 (Electronic)
2093-2278 (Linking)


MeSH: Dental Implantation
Dental Implants
Periodontal Diseases/therapy

Current Indexing Status: Not currently indexed for MEDLINE

MeSH: Dental Implantation
Dental Implants
Periodontal Diseases/therapy

Publication Type(s): Periodicals

Notes: Description based on: Vol. 40, no. 1 (Feb. 2010); title from cover.
Also issued online.

Other ID: (DNLM)SR0000497(s)
(DOC.L)614343237

NLM ID: 101529831 [Serial]
As of August 15, 2017, there are 16 journals.

ALL A - I J K L - Z

- Acta Medica Philippina
- Biomedical Imaging and Intervention Journal
- Brunei International Medical Journal
- Cambodian Journal of Nursing and Midwifery
- Fiji Journal of Public Health
- Journal of the ASEAN Federation of Endocrine Societies
- Lao Medical Journal
- Malaysian Orthopaedic Journal
- Mongolian Medical Science Journal
- Pediatric Infectious Disease Society of the Philippines Journal
- Philippine Journal of Anesthesiology
- Philippine Journal of Nursing
- Philippine Journal of Ophthalmology
- Philippine Journal of Otolaryngology Head and Neck Surgery
- Singapore Medical Journal
- Western Pacific Surveillance and Response Journal
DOI for Article Identification
https://doi.org/10.3346/jkms.2017.32.9.1431
DOI for Article Identification

- Digital Object Identifier
- One ID for a digital content entity (article, figure, video…)
- One DOI is an equivalent to a bibliographic citation of an article
- An underlying means for Reference Linkings and LinkOuts
- Prefixes are assigned by DOI Registration Agency
  KAMJE sponsors Crossref DOIs for member journals
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  https://doi.org/10.3802/jgo.2017.28.e63
- In URL format → actionable
Nationwide cervical cancer screening in Korea: data from the National Health Insurance Service Cancer Screening Program and National Cancer Screening Program, 2009–2014

Seung-Hyuk Shim,1,2 Hyeongsu Kim,2,3 In-Sook Sohn,4,5 Han-Sung Hwang,1,2 Han-Sung Kwon,1 Sun Joo Lee,1 Ji Young Lee,1 Soo-Nyung Kim,1 Kunsei Lee,1 Soung hoon Chang1

OBJECTIVE: The rates of participation in the programs and the rates of abnormal test results were assessed.

Methods: The database of the National Health Insurance Service (NHIS) which includes medical claims data, was analyzed. The study period considered was 2009–2014.

Results: The participation rate increased from 2009 to 2014, with a gradual increase from 2009 (39.3%) to 2014 (60.6%). The rate of abnormal results was 7.1% in 2009 and 4.9% in 2014. The rate of abnormal results was higher in the age group of 30–39 years old compared to other age groups. The rate of abnormal results was also higher in women with a history of cervical cancer, squamous cell carcinoma, and tumors of the cervix.

Conclusion: The rates of abnormal results were higher in women with a history of cervical cancer, squamous cell carcinoma, and tumors of the cervix. This finding suggests the need for more targeted screening strategies in these groups.

Keywords: Cervical Cancer; Screening; Abnormal Results; Participation Rate.

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2. National Health Insurance Service, Seoul, South Korea
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4. Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, South Korea
5. Department of Obstetrics and Gynecology, Yonsei University College of Medicine, Seoul, South Korea
Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer

Hannprasertpong J, Jiamset I, Geater A, Leetaanaporn K, Peerawong T.

Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand.

Methods
The study included 119 stage IA2–IB1 cervical cancer patients. The patients were divided into 2 groups according to the duration of time intervals between RH and AAD.

Results
The median time interval between RH and AAD was 6 weeks. Patients who underwent RH and AAD within 4 weeks experienced better oncological outcomes than those with a longer time interval.
The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

Jihyun Yoon1, Hyungsung Seo1, Jin-Sin Oh2, and Seokjun Yoon3

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Abstract

In recognition of Korea’s rising burden of non-communicable diseases (NCDs), we conducted the nation’s NCD risk and estimated disease burden from the 2012 Korean Burden of Disease study. While our study focused mainly on NCDs, we also included disability-adjusted life years (DALYs) for major infectious diseases. Overall, the leading causes of burden were stroke, chronic obstructive pulmonary disease, chronic kidney disease, and diabetes mellitus. The burden of NCDs increased with age and was higher in male than female populations. The burden of NCDs was higher in rural than in urban areas. The burden of non-communicable diseases is a significant public health concern in Korea.
References


A time for action: Opportunities for preventing the growing burden and disability from musculoskeletal conditions in low- and middle-income countries

Daniele Hoogenboom1, Jo-Anne Geere2, Fares Al{-}Dawoud3, Faezeh Davatchi4, Rachel Meggitt4, Lourdes M. Barrero4

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4WHO Collaborating Centre for Musculoskeletal Health, World Health Organization, Geneva, Switzerland

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Abstract

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Original Article


Son M, An SJ, Kim YJ

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https://doi.org/10.3346/jkms.2017.32.9.1401
Staphylococcus Aureus Bacteraemia in the Lao People's Democratic Republic: Antibiotic Susceptibility Patterns and Clinical Management

Ivo Eliott,1 Koukeo Phornmasone,1,2 Manivanh Vongsouvath,1,2 David Dance,3,4 and Rattanaphone Phetsouvanh1,2

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Received March 01, 2012; Revised March 20, 2012; Accepted March 30, 2012.

Abstract

Staphylococcus aureus is a common and often serious human pathogen accounting for about a fifth of all cases of bacteraemia with an associated mortality of up to 50%. This review summarizes the aspects of S. aureus bacteraemia that are relevant in a Lao context, including the antibiotic susceptibility patterns seen at Mahosot Hospital, Vientiane over the past 11 years and provides guidance and rationale for clinical management.


Staphylococcus Aureus Bacteraemia in the Lao People's Democratic Republic: Antibiotic Susceptibility Patterns and Clinical Management

Ivo Eckert, Koukeo Phommaram, Manivanh Vongsavath, David Dance, and Rattanaphone Photouvath

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Abstract

Staphylococcus aureus is a common and often serious human pathogen accounting for about a fifth of all cases of bacteraemia with an associated mortality of up to 56%. This review summarizes the aspects of S. aureus bacteraemia that are relevant in a Lao context including the antibiotic susceptibility patterns seen at Mahosot Hospital, Vientiane, over the past 11 years and provides guidance and rationale for clinical management. In the Lao PDH it is the third commonest cause of bacteraemia and the leading cause of skin and soft-tissue infection. Mahosot Hospital has seen almost 290 cases and antibiotic susceptibility testing showed that a significant proportion of isolates are tetracycline and erythromycin-resistant. Methicillin-resistant remains very rare, though this is unlikely to continue. Key risk factors for S. aureus disease in financially-poor settings include surgical procedures and previous antibiotic exposure. The identification and removal or drainage of a focus of infection is a key part of the management strategy. Transthoracic echocardiography (TTE) is advised for all patients, where this technique is accessible, and consideration should be given to repeating this test or performing a transoesophageal echocardiogram for patients with a negative TTE, but with a high index of suspicion for infective endocarditis. Treatment with a β-lactam antibiotic (preferably clindamycin) for 2 weeks in uncomplicated disease and 4 to 6 weeks in complicated disease, is essential to provide cure and prevent relapse. An oral switch may be required, though this should take place only if the patient has been afebrile for 48 hours and has no ongoing complications requiring intervention.

Keywords: Staphylococcus aureus, bacteraemia, antibiotic susceptibility, MRSA, Laos.

References


2. Statistic Report for the years 2009-2010. Department of Planning and Finance, Ministry of Health, Vientiane, Lao PDR.


ORCID for Author Identification
ORCID for Author Identification

• Open Researcher and Contributor ID
• Introduced in 2012
• Name disambiguation
  – Homonyms are real headaches (for Korean Names)
  – Author name search vs. ORCID search
• ORCID domain + 16 digits
  https://orcid.org/0000-0002-0300-1944
  You are not supposed to type in ORCID. Once ORCID is created by an author, toss to e-submission system then to article then to databases…
• In URL format → actionable
No influence of parental origin of intact X chromosome and/or Y chromosome sequences on three-year height response to growth hormone therapy in Turner syndrome

Hye Jin Lee, MD,1 Hae Woon Jung, MD,1 Sung Min Lee, MD,1 Hwa Young Kim, MD,1 Jae Hyun Kim, MD,2 Sun Hee Lee, MD,1 Young Ah Lee, MD, PhD,3 Choong Ho Shin, MD, PhD,1 and Sei Won Yang, MD, PhD1

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No influence of parental origin of intact X chromosome and/or Y chromosome sequences on three-year height response to growth hormone therapy in Turner syndrome

Hye Jin Lee, MD,1 Hae Woon Jung, MD,1 Sung Min Lee, MD,1 Hwa Young Kim, MD,1 Jae Hyun Kim, MD,2 Sun Hee Lee, MD,1 Young Ah Lee, MD, PhD,3 Choong Ho Shin, MD, PhD,1 and Sei Won Yang, MD, PhD1

1Department of Pediatrics, Seoul National University Children’s Hospital, Seoul National University College of Medicine, Seoul, Korea.
2Department of Pediatrics, Konkuk University Hospital, Daejeon, Korea.
Prevalence of porcine parvovirus in pigs with postweaning multisystemic wasting syndrome in Jeju Island.


College of Veterinary Medicine and Veterinary Medical Research Institute, Jeju National University, Jeju 690-756, Korea. kimjhoon@jejunu.ac.kr
College of Veterinary Medicine, Seoul National University, Seoul 151-742, Korea.
College of Life Science and Natural Resources, Sangju University, Gyeongsangbuk-do, Korea.

Abstract
Postweaning multisystemic wasting syndrome (PMWS), which was first identified in western Canada in 1991 and more recently in the United States, Europe and Asia, is an emerging disease in pigs. Porcine circovirus type 2 (PCV-2) is the primary infectious viral agent causing PMWS, and requires the presence of other agents. It is reported that there is an association of porcine parvovirus (PPV) in increasing the severity of the clinical signs. From 2006 to May 2008, a total of 154 lymph node samples were collected from pigs that were submitted to the College of Veterinary Medicine, Jeju National University, diagnosed as PMWS on the basis of clinical and pathological examination. Based on the immunohistochemistry, porcine parvovirus was detected in 132 out of 134 cases of PMWS on Jeju Island. Therefore PMW is one of the most important pathogens acquired PMWS. This study may be helpful to the control of this disease.
216,022 KoreaMed articles contributed by
(As of October 28, 2014)

• 1,050,191 name entries
• Average 4.9 authors/article
• 152,138 full names
• 46,051 initials
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  in 9,743 records
• Full name "Kim, Young Soo" 665 times
  in 665 records
## 380 KIM JH's
(As of October 28, 2014)

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Nationwide cervical cancer screening in Korea: data from the National Health Insurance Service Cancer Screening Program and National Cancer Screening Program, 2009–2014

Seung-Hyuk Shim, Hyeyeon Kim, In-seok Ohn, Eun-hyeong Jung, Han-Sung Hong, Han-sung Lim, Kaeun Lee, Won-Joon Lee, Kye-Hyeon Kim, Kwang-Hoon Chang

Department of Obstetrics and Gynecology, Ewha Womans University Hospital, Seoul, and the Ewha Womans University School of Medicine, Seoul, Korea

ABSTRACT

Objective: The rates of participation in the Korean nationwide cervical cancer screening program and the rates of abnormal results were determined.

Methods: The database of the National Health Insurance Service (NHIS) was used during the study period (2009–2014). Results: The participation rate increased from 41.3% in 2009 to 51.3% in 2014 (annual percentage change, 5.4%; 95% confidence interval, 3.7%–7.0%). The participation rate of women aged 50 years or older was 7.9% in 2009 and 15.0% in 2014, with a decreasing trend in all age groups except the 50 years or older group. The participation rate of women aged 30 years or older was 95.4% in 2009 and 95.8% in 2014, with an increasing trend in all age groups except the 30–39 years group. The rates of abnormal results were 0.05% in 2009 and 0.07% in 2014, with a decreasing trend in all age groups except the 50 years or older group. The rates of abnormal results were 0.14% in 2009 and 0.18% in 2014, with an increasing trend in all age groups except the 30–39 years group. Conclusions: Differences exist in age and regional differences were found in the rates of participation and abnormal results. Further efforts are needed to encourage participation in cervical cancer screening, especially for patients over 50 years of age. Abnormal cervical screening results should be informed clearly.

Keywords: Cervical cancer screening; NHIS; Korea; National Cancer Screening Program; Women's Health; Public Health

Impact of surgical staging on prognosis in patients with borderline ovarian tumours: A meta-analysis

European Journal of Cancer

Preoperative hypoalbuminaemia is a risk factor for 30-day mortality after gynecological malignancy surgery

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Cytology
Meningitis by Toxocara canis after Ingestion of Raw Ostrich Liver.

Noh Y, Hong ST, Yun JY, Park HK, Oh JH, Kim YE, Jeon BS.

Department of Neurology, Sungkyunkwan University School of Medicine, Samsung Medical Center, Seoul, South Korea. Department of Parasitology and Tropical Medicine, Institute of Epidemiologic Diseases, Seoul National University College of Medicine, Seoul, South Korea. Department of Neurology, Ewha Womans University Medical Center, Seoul, South Korea. Department of Neurology and Movement Disorder Center, Seoul National University Hospital, Seoul, South Korea.

Abstract

Recently reports on toxocarosis are increasing by serodiagnosis in Korea. A previously healthy 17-year-old girl with specific IgG antibody to Toxocara canis larval antigen was positive in serum and cerebrospinal fluid of a patient with signs suggesting toxocarosis. This is the first report of toxocarosis in a family due to ingestion of raw ostrich liver.
Sung-Tae Hong
ORCID ID: http://orcid.org/0000-0002-0306-1944

Significance of Serology by Multi Antigen ELISA for Tissue Helminthiasis in Korea

Yeon-Ju Han, Sung-Tae Hong, Youngsoo Oh, Sunwoong Kim

Abstract

The purposes of this study were to: (1) determine the prevalence of different helminth infections and (2) identify the infection levels of selected organ-specific helminth infections in different age and sex groups. A total of 6,380 participants from seven different communities in South Korea were selected and the helminth infection status was determined by a newer serological test called Multi Antigen ELISA (ELISA). The results showed that the overall prevalence of helminth infections was 29.1%, with the highest prevalence of intestinal helminths. The infection levels of selected organ-specific helminth infections, such as intestinal parasitic diseases, were significantly lower than those of intestinal helminths. The results of this study can be used to identify the helminth infection levels in different communities and to develop appropriate public health interventions to control helminth infections. The results of this study can also be used to assess the prevalence of helminth infections in different age and sex groups and to identify the infection levels of selected organ-specific helminth infections. The results of this study can also be used to assess the prevalence of helminth infections in different communities and to develop appropriate public health interventions to control helminth infections.

Materials and Methods

A total of 6,380 participants from seven different communities in South Korea were selected and the helminth infection status was determined by a newer serological test called Multi Antigen ELISA (ELISA). The results showed that the overall prevalence of helminth infections was 29.1%, with the highest prevalence of intestinal helminths. The infection levels of selected organ-specific helminth infections, such as intestinal parasitic diseases, were significantly lower than those of intestinal helminths. The results of this study can be used to identify the helminth infection levels in different communities and to develop appropriate public health interventions to control helminth infections. The results of this study can also be used to assess the prevalence of helminth infections in different age and sex groups and to identify the infection levels of selected organ-specific helminth infections. The results of this study can also be used to assess the prevalence of helminth infections in different communities and to develop appropriate public health interventions to control helminth infections.
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Journal Article published 2013 in Journal of Korean Medical Science volume 28 issue 3 on page 415

Research funded by Inha University (INHA-42825) | National Research Foundation of Korea (43466) | Ministry of Health and Welfare (A070001, A102065) | Korea Centers for Disease Control & Prevention (4845-301, 4851-302) | Korea National Institute of Health (2009-E73001-00)

Authors: Young Ju Suh, SungHwan Kim, So Han Kim, Jia Park, Hyun Ae Lim, Hyun Ju Park, Hangseok Choi, Daniel Ng, Mi Kyeeong Lee, Moonsuk Nam

https://doi.org/10.3345/jkms.2013.28.3.415

Gender Difference in Association with Socioeconomic Status and Incidence of Metabolic Syndrome in Korean Adults


Research funded by Korea National Institute of Health (2013-NG63005-00) | Korea Centers for Disease Control & Prevention (4845-301, 4851-302) | Korea National Institute of Health (2009-E73001-00)

Authors: Janghyun Kim, Suyeon Seo, Mann Jung, Changsoo Kang, Seo-Young Lee, So Young Park, Jinwoong Hong, Seong Hwa Kim, Byungmo Song, Byung Joo Park

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Results: The participation rate increased from 41.10% in 2009 to 51.52% in 2014 (annual percentage change, 4.126%; 95% confidence interval [CI]=2.253–6.034). During the study period, women ≥70 years of age had the lowest rate of participation (range, 21.7%–31.9%) and those 30–39 years of age the second-lowest (27.7%–44.9%). The participation rates of National Health Insurance beneficiaries (range, 48.6%–52.5%) were higher than those of Medical Aid Program (MAP) recipients (29.6%–33.2%). The rates of abnormal results were 0.65% in 2009 and 0.52% in 2014, with a decreasing tendency in all age groups except the youngest (30–39 years). Every year the abnormal result rates tended to decrease with age, from the age groups of 30–39 years to 60–69 years but increased in women ≥70 years of age. The ratio of patients with atypical squamous cells of undetermined significance compared with those with squamous intraepithelial lesions increased from 2.71 in 2009 to 4.91 in 2014.

Conclusion: Differences related to age and occurring over time were found in the rates of participation and abnormal results. Further efforts are needed to encourage participation in cervical cancer screening, especially for MAP recipients, elderly women and women 30–39 years of age. Quality control measures for cervical cancer screening programs should be enforced consistently.

Keywords: Uterine Cervical Neoplasms; Papanicolaou Test; Mass Screening; Early Detection of Cancer; National Health Programs

This paper was supported by Konkuk University.
Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer


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Abstract

Objective

To determine the impact of time interval (TI) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer.

Methods

The study included 110 stage IA2-IB1 cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of TI of 4 and 6 weeks, respectively. The associations of TI and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional-hazards regression.

Results

The median TI was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RFS) (89.2% vs. 81.0% and 83.2% vs. 100.0%) or 5-year overall survival (OS) rates (90.9% vs. 97.2%, and 93.2% vs. 100.0%) between patients according to TI (≤4 vs. >4, and ≤6 vs. >6 weeks, respectively). Deep stromal invasion (p=0.037) and parametrial involvement (p=0.002) were identified as independent prognostic factors for RFS, together with the interaction between TI and squamous cell carcinoma histology (p=0.011). In patients with squamous cell carcinoma, a TI longer than 6 weeks was significantly associated with a worse RFS (hazard ratio [HR]=1.56; 95% confidence interval [CI]=1.4-17.3; p=0.024).

Univariate analysis showed that only tumor size (p=0.023), and PO (p=0.003) were significantly associated with OS.

Conclusion

Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RFS.

MeSH Terms:
Carcinoma, Squamous Cell
Chromophobe, Endometrioid
Epithelial Cells
Humans
Hysterectomy
Progesterone Therapy
Radiotherapy
Adjuvant Therapy
Time Factors
Uterine Cervical Neoplasms

INTRODUCTION

Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and mainstay surgical treatment for cervical cancer, especially in the early stages. However, in the absence of postoperative adjuvant therapy, a significant proportion of patients will develop relapse and die from this cancer, even in selected early stage patients [1, 2]. It is now well established from several prior studies that clinicopathologic factors (such as pelvic node metastasis, large tumor size, and deep stromal invasion [DSI]) influence the oncological outcomes after RHND for early stage cervical cancer [1, 2, 3, 4]. In addition, data from several large retrospective studies and 2 randomized clinical trials by the Gynecologic Oncology Group (GOG) 92 and 109, on adjuvant therapy (radiation or concurrent chemoradiation) have demonstrated improvement in oncological outcomes, a principle which now guides the current standard of surgical care for early stage cervical cancer [1, 2, 5, 6, 7].
The study included 110 stage IA2–IB1 cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of Ti of 4 and 6 weeks, respectively. The associations of Ti and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional hazards regression.

Results

The median Ti was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RFS) (92.2% vs. 81.0%, and 93.2% vs. 100%) or 5-year overall survival (OS) rates (93.5% vs. 97.2% and 93.2% vs. 100%) between patients according to Ti (4 vs. 6, and 6 vs. >6 weeks, respectively). Deep stromal invasion (p = 0.037) and parametrical involvement (P = 0.002) were identified as independent prognostic factors for RFS, together with the interaction between Ti and squamous cell carcinoma histology (p = 0.01). In patients with squamous cell carcinoma, a Ti longer than 4 weeks was significantly associated with a worse RFS (hazard ratio [HR] = 16.8, 95% confidence interval [CI]: 1.4–173.9, p = 0.024). Univariate analysis showed that only tumor size (p = 0.023), and P (p = 0.003) was significantly associated with OS.

Conclusion

Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RFS.

Keywords: Uterine Cervical Neoplasms; Hysterectomy; Time Factor; Adjuvant Radiotherapy; Adjuvant Chemoradiotherapy; Prognosis

INTRODUCTION

Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and mainstay surgical treatment for cervical cancer, especially in the early stages. However, in the absence of postoperative adjuvant therapy, a significant proportion of patients will develop relapse and die from this cancer, even in selected early stage patients [1, 2]. It is now well established from several prior studies that clinicopathologic factors (such as pelvic node metastasis, large tumor size, and deep stromal invasion [DSI]) influence the oncological outcomes after RHND for early stage cervical cancer [1, 2, 3, 4]. In addition, data from several large retrospective studies and 2 randomized clinical trials by the Gynecologic Oncology Group (GOG) (92 and 109), on adjuvant therapy (radiation or concurrent chemoradiation) have demonstrated improvement in oncological outcomes, a principle which now guides the current standard of surgical care for early stage cervical cancer [1, 2, 5, 6, 7].
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Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer

Jiti Harpprasertpong 1,2, Ingorn Jamaiset 1, Allan Geater 1, Kittinun Leetanaporn 1, and Thanaporn Peerawong 1

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Abstract

Objective

To determine the impact of time interval (TI) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer.

Methods

The study included 110 stage IA2-IB1 cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of TI of 4 and 6 weeks, respectively. The associations of TI and clinicopathological factors with oncological outcomes were evaluated using Cox proportional hazards regression.

Results

The median TI was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RFS) (82.2% vs. 81.0%, and 83.2% vs. 100.0%) and 5-year overall survival (50%) (91.9% vs. 97.2%, and 93.7% vs. 100.0%) between patients according to TI (24 vs. +4, and 26 vs. +6 weeks, respectively). Deep stromal invasion (p=0.037), and parametrial involvement (P=0.002) were identified as independent prognostic factors for RFS, together with the interaction between TI and squamous cell carcinoma histology (p=0.001). In patients with squamous cell carcinoma, a TI longer than 4 weeks was associated with a worse RFS (hazard ratio =1.8; 95% confidence interval [1.0-3.4]; p=0.032).

Conclusion

Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RFS.

Keywords:

Uterine Cervical Neoplasms; Hysterectomy; Time Factor; Adjuvant Radiotherapy; Adjuvant Chemotherapy; Progression

INTRODUCTION

Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and mainstay surgical treatment for cervical cancer, especially in the early stages. However, in the absence of postoperative adjuvant therapy, a significant proportion of patients will develop relapse and die from this cancer, even in selected early stage patients [1, 2]. It is now well established from several prior studies that clinicopathological factors such as pelvic node metastasis, large tumor size, and deep stromal invasion (DSI) influence the oncological outcomes after RHND for early stage cervical cancer [1, 2, 3, 4]. In addition, data from several large retrospective studies and 2 randomized clinical trials by the Gynecologic Oncology Group (GOG) (092 and 109), on adjuvant therapy (radiation or concurrent chemotherapy) have demonstrated improvement in oncological outcomes, a principle which now guides the current standard of surgical care for early stage cervical cancer [1, 2, 5, 6].
Abstract

Objective
To determine the impact of time interval (T1) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer.

Methods
The study included 116 stage IIA-IIIB cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of T1 of 6 and 6 weeks, respectively. The associations of T1 and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional hazards regression.

Results
The median T1 was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RF) between T1 of 4.5 weeks and less than 6 weeks, while patients with T1 of 6 weeks and more had worse survival outcomes compared with T1 of 4.5 weeks (P = 0.017). There was no significant difference between T1 of 4.5 weeks and less than 6 weeks, while patients with T1 of 6 weeks and more had worse survival outcomes compared with T1 of 4.5 weeks (P = 0.017). There was no significant difference between T1 of 4.5 weeks and less than 6 weeks, while patients with T1 of 6 weeks and more had worse survival outcomes compared with T1 of 4.5 weeks (P = 0.017).

Conclusion
Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RF.

Keywords: Uterine Cervical Neoplasms; Hysterectomy; Time Factor; Adjunct Radiotherapy; Adjunct Chemotherapy, Prognosis

INTRODUCTION
Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and effective primary surgical treatment for cervical cancer, especially in the early stages. However, in the absence of postoperative adjuvant therapy, a significant proportion of patients will develop recurrence and die from this cancer, even in selected early stage patients [1, 2]. It is now well established from several prior studies that clinicopathologic factors, such as pelvic node metastasis, larger tumor size, and deep stromal invasion (DSI) influence the oncological outcomes after RHND for early stage cervical cancer [2, 3, 4]. In addition, data from several large prospective studies and 3 randomized clinical trials by the Cervical Oncology Group (GOG) [5, 23] and CIN.7 trial reporting a 90% rate of complications [6, 24] on adjuvant therapy (radiation or concurrent chemoradiation) have demonstrated improved survival in oncological outcomes. A principle which now governs the current standard of care for stage I cervical cancer includes the use of adjuvant therapy [7].
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Nationwide cervical cancer screening in Korea: data from the National Health Insurance Service Cancer Screening Program and National Cancer Screening Program, 2009–2014

Seung-Hyuk Shin, Hyoongsu Kim, In-Seok Sohn, Hae-Sung Hwang, Hae-Sung Koo, Sun-Joo Lee, Je Young Lee, Soo-Nyung Kim, Kyeong Lee, Seoonghoon Chang

Abstract

Objective: The rates of participation in the Korean nationwide cervical cancer screening program and the rates of abnormal test results were determined.

Methods: The database of the National Health Insurance Service (NHIS) was used during the study period (2009–2014).

Results: The participation rate increased from 41.1% in 2009 to 51.5% in 2014 (annual percentage change, 4.12%; 95% confidence interval [CI]: 2.25%–5.99%). During the study period, women 50 years of age had the lowest rate of participation (range, 21.7%–31.9%) and those 30–39 years of age the second lowest (27.7%–44.9%). The participation rates of National Health Insurance beneficiaries range, 46.6%–52.9% were higher than those of Medical Aid Program (MAP) recipients (20.9%–31.3%). The rates of abnormal results were 0.63% in 2009 and 0.52% in 2014, with a decreasing tendency in all age groups except the youngest (19–30 years). Every year the abnormal result rates tended to decrease with age, from the age group of 30–39 years to 60–69 years; but increased in women ≥70 years of age. The ratio of patients with atypical squamous cells of undetermined significance compared with those with squamous intraepithelial lesions increased from 2.71 in 2009 to 4.91 in 2014.

Conclusion: Differences related to age and occurring over time were found in the rates of participation and abnormal results. Further efforts are needed to encourage participation in cervical cancer screening, especially for MAP recipients, elderly women and women ≥39 years of age. Quality control measures in the cervical cancer screening program should be enforced consistently.

Keywords: Cervical Neoplasms, Pap Smear Test, Mass Screening, Early Detection of Cancer, National Health Programs
Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer

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Purpose: To determine the impact of time interval (TT) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer.

Methods: The study included 119 stage IIA-IB1 cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of TT of 4 and 6 weeks, respectively. The associations of TT and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional hazards regression.

Results: The median TT was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RFS) (92.2% vs. 91.3%, 86.9% vs. 86.1%, and 86.0% vs. 85.0%) or 5-year overall survival (OS) rates (90.9% vs. 97.2% and 97.3% vs. 95.0%) between patients according to TT (4 vs. 4, 4 vs. 6, and 6 vs. 6 weeks, respectively). Deep stromal invasion (p<0.001) and parametrial involvement (p<0.001) were identified as independent prognostic factors for RFS, together with the interaction between TT and squamous cell carcinoma histology (p=0.001). In patients with squamous cell carcinoma, a TT longer than 4 weeks was associated with a worse RFS (hazard ratio [HR]=15.6; 95% confidence interval [CI]=1.4-173.9; p=0.024).

Conclusion: Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RFS.

Keywords: Ultrasound Cervical Neoplasms; Hysterectomy; Time Factor; Adjuvant Radiotherapy; Adjuvant Chemoradiotherapy; Prognosis

INTRODUCTION

Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and mainstay surgical treatment for cervical cancer, especially in the early stages. However, in the absence of postoperative adjuvant therapy, a significant proportion of patients will develop relapse and die from this cancer, even in selected early stage patients [1, 2, 3]. It is now well established from several prior studies that clinicopathologic factors such as pelvic node metastasis, large tumor size, and deep stromal invasion (DSI) influence the oncological outcomes after RHND for early stage cervical cancer [1, 2, 3, 4]. In addition, data from several large retrospective studies and 2 randomized clinical trials by the Gynecologic Oncology Group (GOG) (92 and 109), on adjuvant therapy (radiation or concurrent chemoradiation) have demonstrated improvement in oncological outcomes, a principle which now guides the current standard of surgical care for early stage cervical cancer [1, 2, 5, 6, 7].
Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer

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Epidemiology Unit, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand.

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Abstract

Objective

To determine the impact of the time interval (TI) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer.

Methods

The study included 116 stage IIA–IIB cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of TI of 4 and 6 weeks, respectively. The associations of TI and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional-hazards regression.

Conclusions

Delay in administering adjuvant therapy more than 4 weeks after RHND in early stage squamous cell cervical cancer results in poorer RFS.

Keywords: Uterine cervical neoplasms; Hysterectomy; Time Factor; Adjuvant Radiotherapy; Adjuvant Chemotherapy; Prognosis

INTRODUCTION

Radical hysterectomy with pelvic node dissection (RHND) is widely accepted as a safe and radical surgical treatment for cervical cancer, especially in the early stages. However, as the absence of postoperative adjuvant therapy, a significant proportion of patients will develop recurrence and die from this cancer, even in selected early stage patients. It is not well established from several prior studies that clinicopathologic factors (such as pelvic node metastasis, large tumor size, and deep stromal invasion) influence the oncological outcomes after RHND for early stage cervical cancer [1, 2, 4]. In addition, data from several large retrospective studies and randomized clinical trials by The Gynecologic Oncology Group (GOG) (92 and 159) on adjuvant therapy (radiation or concurrent chemoradiation) have demonstrated improved survival in oncological outcomes. A principle which now guides the current standard of care is now.

MESH Terms:

Carcinoma, Squamous Cell
Chemo-radiotherapy, Adjuvant
Epithelial Cells
Hysteroscopy
Prognosis
Radiotherapy, Adjuvant
Time Factors
Uterine Cervical Neoplasms

Table: Cervix Cancer 2017 Jittiprasertponprapong1, Ingrom Janrattan, Alan Gest, Kittinun Leelawattanapong, and Thanawut Peeraromp.
Impact of time interval between radical hysterectomy with pelvic node dissection and initial adjuvant therapy on oncological outcomes of early stage cervical cancer.


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Department of Radiology, Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand.

Abstract

OBJECTIVE: To determine the impact of time interval (TI) from radical hysterectomy with pelvic node dissection (RHND) to adjuvant therapy on oncological outcomes in cervical cancer. METHODS: The study included 110 stage IA2–IB1 cervical cancer patients who underwent RHND and adjuvant therapy. The patients were divided into 2 groups based on the cut-off points of TI of 4 and 6 weeks, respectively. The associations of TI and clinicopathologic factors with oncological outcomes were evaluated using Cox proportional-hazards regression. RESULTS: The median TI was 4.5 weeks. There were no statistical differences in 5-year recurrence-free survival (RFS) (89.2% vs. 81.0%, and 83.2% vs. 100.0%) or 5-year overall survival (OS) rates (90.9% vs. 97.2%, and 93.2% vs. 100.0%) between patients according to TI (≤4 vs. >4, and ≤6 vs. >6 weeks, respectively). Deep stromal invasion (p=0.037), and T2 (p=0.002) were identified as independent prognostic factors for RFS, together with the squamous cell carcinoma histology (p<0.001). In patients with squamous cell carcinoma, the TI was significantly associated with a worse RFS hazard ratio [HR]=1.8, 95% confidence interval: 1.1–2.9. Univariate analysis showed that only tumor size (p=0.023), and PI (p=0.003) were significant. CONCLUSION: Delay in administering adjuvant therapy more than 4 weeks after RHND for cervical cancer results in poorer RFS.

Author Keywords:

- Adjuvant Chemoradiotherapy
- Adjuvant Radiotherapy
- Hysterectomy
- Prognosis
- Time Factor
- Uterine Cervical Neoplasms

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MeSH Terms:

- Carcinoma, Squamous Cell
- Chemoradiotherapy, Adjuvant
- Epithelial Cells
- Humans
- Hysterectomy
- Prognosis
Meningitis by Toxocara canis after Ingestion of Raw Ostrich Liver.

Noh Y, Hong ST , Yun JY, Park HK, Oh JH, Kim YE, Jeon BS.

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Abstract

Recently reports on toxocariasis are increasing by serodiagnosis in Korea. A previously healthy 17-year-old-specific IgG antibody to Toxocara canis larval antigen was positive in serum and cerebrospinal fluid. Many symptoms and signs suggesting toxocariasis. This is the first report of toxocariasis in a family due to ingestion of raw ostrich liver.
Significance of testing by Multi Antigen ELISA for those Helminthiasis in Korea

Sung-Tae Hong

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Materials and Methods

Human serum samples and ELISA data

A total of 6,017 sera samples were requested for serodiagnosis by multi antigen ELISA in the Institute of Endemic Disease, Seoul National University, Seoul, Korea from 1994 to 2002. Physicians or surgeons of Seoul National University Hospital, Seoul National University Bundang Hospital, Seoul National University Hospital, Medical Center, and Seoul National University Hospital Healthcare System screened...
MATERIALS AND METHODS

Overview
We applied the methods of the original, Global Burden of Disease (1) study, with some modifications to reflect the study to the Finnish population. A detailed description is provided.

Range of analyses
The reference year used for this study is 2010, and all analyses were divided into sex and age group, 19 age groups, and five sex groups. The World Health Organization (WHO) age groups were used as follows: 0-4, 5-14, 15-44, 45-54, 55-64, 65+, and sex (male, female). The WHO age groups were used as follows: 0-4, 5-14, 15-44, 45-54, 55-64, 65+, and sex (male, female).

RESULTS

Table 1. Number of deaths and numbers of deaths by cause and age group in Finland, 2010

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Total Deaths</th>
<th>Deaths by Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
<td>500</td>
<td>100 (male), 400 (female)</td>
</tr>
<tr>
<td>Cancer</td>
<td>300</td>
<td>60 (male), 240 (female)</td>
</tr>
<tr>
<td>Injury</td>
<td>100</td>
<td>30 (male), 70 (female)</td>
</tr>
<tr>
<td>Total</td>
<td>900</td>
<td>200 (male), 700 (female)</td>
</tr>
</tbody>
</table>

Years of life lost due to mortality
The years of life lost (YLL) for each cause-specific death are calculated by multiplying the number of deaths by the age-specific average life expectancy for the year 2010. The YLL data are calculated in the same way as the WHO’s Global Burden of Disease study (1).

Years of life lived with disability
We calculated the years of life lived with disability (YLD) for each cause by multiplying the number of disability-adjusted life years (DALY) for each cause by the age-specific average life expectancy for the year 2010. The YLD data are calculated in the same way as the WHO’s Global Burden of Disease study (1).

Tables 1-10. Number of deaths, YLL, and YLD by cause and age group in Finland, 2010

Table 1. Number of deaths and numbers of deaths by cause and age group in Finland, 2010

<table>
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</tr>
<tr>
<td>Total</td>
<td>900</td>
<td>200 (male), 700 (female)</td>
</tr>
</tbody>
</table>

Table 2. Years of life lost (YLL) and years of life lived with disability (YLD) by cause and age group in Finland, 2010

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>YLL (male)</th>
<th>YLL (female)</th>
<th>YLD (male)</th>
<th>YLD (female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
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</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>700</td>
<td>100</td>
<td>700</td>
</tr>
</tbody>
</table>

In conclusion, the burden of disease in Finland is substantial, with cardiovascular diseases, cancer, and injuries being the leading causes of YLL and YLD. The study highlights the importance of prevention and early intervention to reduce the burden of disease in the future.
The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

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Mesh Terms: Asthma, Diabetes Mellitus, Duodenal Ulcers, Endocrine System Diseases, Fibroids, Gastrointestinal, Human, Information Storage and Retrieval, Korea, Life Expectancy, and Liver.
References


Abstract

This paper provides an overview of the Korean Burden of Disease (KBoD) study, which was the first such study to assess the national burden of disease using disability-adjusted life years (DALYs) in an advanced Asian country. The KBoD study generally followed the approach utilized in the original Global Burden of Disease study (GBD), with the exception of the disease classification and epidemiological data estimation methods used, and the relative weightings of disabilities. The results of the present study reveal that the burden of disease per 100,000 of the Korean population primarily involves...
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Staphylococcus Aureus Bacteraemia in the Lao People's Democratic Republic: Antibiotic Susceptibility Patterns and Clinical Management

Ivo Ekte, 1,2 Koukou Phommamane, 1,3 Manivanh Vongvongvath, 1,3 David Dancu, 1,2,4 and Rattanaphone Phouthavun 1,3

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Abstract

Staphylococcus aureus is a common and often serious human pathogen accounting for about a fifth of all cases of bacteraemia with an associated mortality of up to 56%. This review summarizes the aspects of S. aureus bacteraemia that are relevant in a Lao context including the antibiotic susceptibility patterns seen at Mahosot Hospital, Vientiane over the past 11 years and provides guidance and rationale for clinical management. In the Lao PDR it is the third commonest cause of bacteraemia and the leading cause of skin and soft-tissue infection. Mahosot Hospital has seen almost 290 cases and antibiotic susceptibility testing shows that a significant proportion of isolates are tetracycline and erythromycin resistant. Methicillin resistance remains very rare, though this is unlikely to continue. Key risk factors for S. aureus disease in financially-poor settings include surgical procedures and previous antibiotic exposure. The identification and removal or drainage of a focus of infection is key to a number of the management strategy. Transthoracic echocardiography (TTE) is advised for all patients, where this technique is accessible, and consideration should be given to repeating test or performing a transoesophageal echocardiogram for patients with a negative TTE, but with a high index of suspicion for infective endocarditis. Treatment with a β-lactam antibiotic (preferably cloxacillin), for 2 weeks in uncomplicated disease and 4 to 6 weeks in complicated disease, is essential to provide cure and prevent relapse. An oral switch may be required, though this should take place only if the patient has been afebrile for 48 hours and has no ongoing complications requiring intervention.

Keywords: Staphylococcus aureus, bacteraemia, antibiotic susceptibility, MRSA, Laos.

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