

平成31年3月2日 TMM講座

## 医学論文の書き方 ～総括を書けば完成！

新潟大学医歯学総合病院  
魚沼地域医療教育センター  
高田 俊範

### 論文執筆講義全5回

- 1, 医学論文とはなにか
- 2, 医学論文の構成と記載順序～最も大切なのは…
- 3, 医学論文の書き方～まず図表を作しましょう
- 4, 医学論文の書き方～考察と導入
- 5, 医学論文の書き方～総括を書けば完成！**

### 4, 論文執筆；順序

(掲載順序)	(おすすめの執筆順序)
1, タイトル	1, 表 (Tables)
2, 総括 (Abstract)	1, 図 (Figures)
3, 導入 (Introduction)	2, 図の説明 (Figure legends)
4, 対象と方法 (Materials & Methods)	3, 対象と方法 (M & M)
5, 結果 (Results)	4, 結果 (Results)
6, 考案 (Discussion)	5 考案 (Discussion)
7, 謝辞 (Acknowledgement)	6, 導入 (Introduction)
8, 文献 (References)	<b>(4-6, 文献 (References) )</b>
9, 表 (Tables)	<b>7, 総括 (Abstract)</b>
10, 図の説明 (Figure legends)	8, タイトル
11, 図 (Figures)	9, 謝辞 (Acknowledgement)

### 文献データベース作成ソフト

#### (1) Endnote

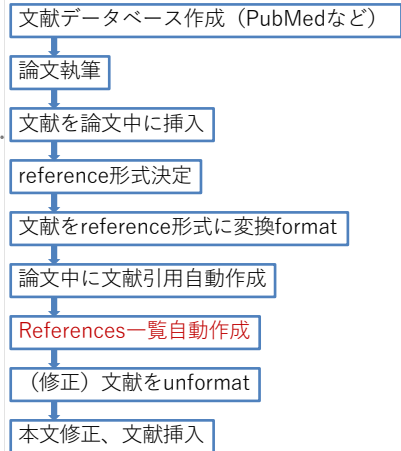
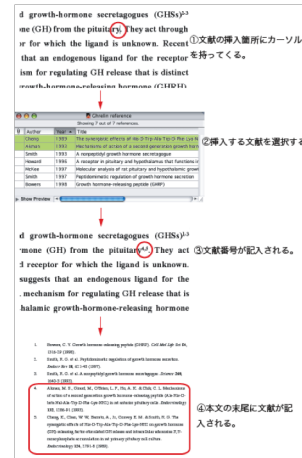
- ・ 有料 (学生版で3.5 万円くらい)
- ・ 論文ごとにデータベースを作成

#### (2) Mendeley

- ・ 無料
- ・ pdfファイルをそのままインポート可能
- ・ 論文毎のデータベースは作成できない



## Endnoteでは何ができる？



## 総括 (Abstract) の書き方 (症例報告)

- 1, (背景 (Background, Rationale) )
- 2, 症例提示  
経過、診断、治療など
- 3, 症例から知り得たこと

- ・一段落 (1 パラグラフ) のことが多い
- ・論文の考察 (Discussion) の内容は含まない

## 英文症例報告の場合 (100語[words]以内)

**Abstract**

A 65-year-old man was diagnosed as advanced non-small, non-squamous lung cancer. He was treated with chemotherapy containing bevacizumab as well as cisplatin and pemetrexed. After 2 courses of treatment, a computed tomography revealed his abdominal aortic artery was almost occluded by the thrombus. However, he had no ischemic symptoms. Heparin infusion and warfarin reduced the arterial thrombus in size, followed by a chemotherapy without bevacizumab. Any thrombotic events occurred during the following treatments. We later noticed a small organized abdominal arterial clot and calcification by computed tomography taken before the bevacizumab treatment. Atherosclerotic changes should be evaluated before using bevacizumab.

**Key words:** non-small, non-squamous lung cancer, bevacizumab, arterial thrombosis

臨床経過の概要

この症例報告から得られること

## 和文症例報告の場合

①  
要旨：症例は 29 歳，女性．特徴的な皮疹，乏しい筋症状，抗 CADM-140/MDA5 抗体陽性から，clinically amyopathic dermatomyositis (CADM) と診断した．②間質性肺疾患の合併も認めため，ブレドニゾロン，シクロスポリンに加え，免疫抑制剤であるミコフェノール酸モフェチル (mycophenolate mofetil: MMF) を用い，良好な転帰を得た．③病勢とともに，抗 CADM-140/MDA5 抗体価は低下した．④本疾患における MMF を用いた治療例は報告が少なく，貴重な症例と考え報告する．

キーワード：間質性肺疾患，Clinically amyopathic dermatomyositis，抗 CADM-140/MDA5 抗体，ミコフェノール酸モフェチル  
Interstitial lung disease, Clinically amyopathic dermatomyositis, Anti-CADM-140/MDA5 antibodies, Mycophenolate mofetil

日呼吸誌 4 (1), 2015

## 臨床経過の概要

- ① 症例は29 歳，女性。
- ② 間質性肺疾患の合併も認めたため…
- ③ 病勢とともに…

この症例報告から得られること

- ④ 本疾患におけるMMF

## キーワードの選定

日本呼吸器学会誌投稿規定

### (3) キーワード

キーワードは5語以内で日本語と英語（半角文字）を併記する。

（雑誌によっては）

- ・タイトルから選んではいけない
- ・MeSH index（MeSH, Medical Subjects Headings）から選べ

と指示されることもある

“タイトルから選んではいけない”という指示がある場合

### ●症 例

ミコフェノール酸モフェチルを含む3剤併用療法を行った

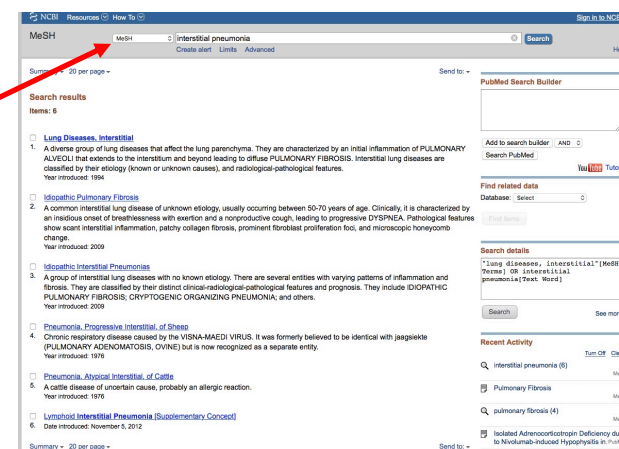
皮膚筋炎合併間質性肺疾患の1例

島 賢治郎<sup>a</sup> 坂上 拓郎<sup>a</sup> 市川 紘将<sup>a</sup> 穂苅 諭<sup>a</sup> 朝川 勝明<sup>a</sup>  
小屋 俊之<sup>a</sup> 各務 博<sup>a</sup> 高田 俊範<sup>b</sup> 成田 一衛<sup>a</sup>

キーワード：間質性肺疾患，\*Clinically amyopathic dermatomyositis，\*抗 CADM-140/MDA5 抗体，  
ミコフェノール酸モフェチル

本文中からキーワードを選ぶ

“MeSH indexから選べ”という指示がある場合



これまで経験した最も印象的な症例について、キーワードを3～5つ、英語と日本語で書いてください。

- 1, \_\_\_\_\_
- 2, \_\_\_\_\_
- 3, \_\_\_\_\_
- 4, \_\_\_\_\_
- 5, \_\_\_\_\_

これまで経験した最も印象的な症例について、キーワードを3～5つ、日本語と英語で書いてください。

- 1, 間質性肺疾患、Interstitial lung disease
- 2, Clinically amyopathic dermatomyositis
- 3, 抗CADM-140/MDA5抗体、Anti-CADM-140/MDA5 antibodies
- 4, ミコフェノール酸モフェチル、Mycofenolate mofetil
- 5, \_\_\_\_\_

先程書いたキーワードをすべて含んで、1, 提示、2, 逆説、3, 主張の文章を日本語で書いてください。

- 1, \_\_\_\_\_  
\_\_\_\_\_
- 2, しかし、  
\_\_\_\_\_
- 3, \_\_\_\_\_  
\_\_\_\_\_

先程書いたキーワードをすべて含んで、1, 提示、2, 逆説、3, 主張の文章を日本語で書いてください。

- 1, 抗CADM-140/MDA5抗体は、CADM-ILDに特異的にみられる。
- 2, しかし、抗CADM-140/MDA5抗体陽性CADM-ILDに対する有効な治療は確立されていない。
- 3, そこで、CADM-ILDをMMFで治療したところ、良好な経過がみられた。

## 英文抄録が必要な場合



### 6. 論文の構成

原著，症例報告，症例報告（画像診断），総説及び短報は，（1）論文タイトル，著者名，会員番号，（非会員の場合は非会員と明記すること），所属機関名及び連絡先（E-mailアドレスも明記する），（2）要旨，（3）キーワード，短縮タイトル，（4）緒言，（5）研究対象，方法，（6）成績，（7）考察，（8）謝辞，（9）引用文献，（10）英文抄録，（11）図・写真の説明，（12）表，（13）図・写真を，（1）から（13）の順序で構成し，ページ番号を下中央に記入する。（1）（2）（3）（4）（8）（9）（10）（11）（12）（13）で改頁する。

### （10）英文抄録

250語以内（表題，著者名，所属機関を記載）とする。

## 和文抄録

症例は29歳，女性．特徴的な皮疹，乏しい筋症状，抗CADM-140/MDA5抗体陽性から，clinically amyopathic dermatomyositis（CADM）と診断した．間質性肺疾患の合併も認めたため，プレドニゾロン，シクロスポリンに加え，免疫抑制剤であるミコフェノール酸モフェチル（mycophenolate mofetil：MMF）を用い，良好な転帰を得た．病勢とともに，抗CADM-140/MDA5抗体価は低下した．本疾患におけるMMFを用いた治療例は報告が少なく，貴重な症例と考え報告する．

## Google翻訳（一部修正）

A 29-year-old female was diagnosed as clinically amyopathic dermatomyositis (CADM) from characteristic eruption, poor muscle symptoms, and anti-CADM-140/MDA5 antibody positive. In spite of the complication of interstitial lung disease, she was successfully treated using mycophenolate mofetil (MMF), an immunosuppressive agent, as well as prednisolone and cyclosporine. Along with the disease improvement, the anti-CADM-140/MDA5 antibody titer decreased. Since there are few reports of the patients with the disease treated using MMF, we report her as a valuable case. (77 words)

①A 29-year-old female was diagnosed as clinically amyopathic dermatomyositis (CADM) from characteristic eruption, poor muscle symptoms, and anti-CADM-140/MDA5 antibody positive.

1-1 A 29-year-old woman was admitted to Niigata University Medical and Dental Hospital.

1-2 She was diagnosed as clinically amyopathic dermatomyositis (CADM), showing Gottron sign on fingers, telangiectasia around nails, less myogenic symptom, and positive anti-CADM-140/MDA5 antibodies.

1-3 Also, a chest CT scan showed interstitial lung disease (ILD) as one of the comorbidities.

②In spite of the complication of interstitial lung disease, she was successfully treated using mycophenolate mofetil (MMF), an immunosuppressive agent, as well as prednisolone and cyclosporine.

2-1 She was treated with oral prednisolone, cyclosporin A, and mycophenolate mofetil (MMF).

2-2 The treatment was well tolerated and induced improvement of the disease.

③Along with the disease improvement, the anti-CADM-140/MDA5 antibody titer decreased.

3-1 A concentration of anti-CADM-140/MDA5 antibodies in serum was decreased.

④Since there are few reports of the patients with the disease treated using MMF, we report her as a valuable case. (77 words)

4-1 Although treatment for CADM-ILD has not been established, MMF might be one of the effective drugs for this disease.

## 完成した英文抄録

- ① A 29-year-old woman was admitted to Niigata University Medical and Dental Hospital. She was diagnosed as clinically amyopathic dermatomyositis (CADM), showing Gottron sign on fingers, telangiectasia around nails, less myogenic symptom, and positive anti-CADM-140/MDA5 antibodies.
- Also, a chest CT scan showed interstitial lung disease (ILD) as one of the comorbidities.
- ② She was treated with oral prednisolone, cyclosporin A, and mycophenolate mofetil (MMF).
- The treatment was well tolerated and induced improvement of the disease.
- ③ A concentration of anti-CADM-140/MDA5 antibodies in serum was decreased.
- ④ Although treatment for CADM-ILD has not been established, MMF might be one of the effective drugs for this disease.

(109 words, 7 sentences)

和文をそのまま英訳するのではなく、**英文だけで意味が通じるようにする**

## 英文校正は必要?



JOHOは、英語をはじめ25か国以上の言語を扱う多言語翻訳会社です。



メディカル論文リライトRESCUE  
メディカル論文執筆RESCUE  
論文強化・投稿RESCUE



医学翻訳を中心とした最高レベルの医学文献サービスを提供します。

- ・ネイティブチェックは、必ずしも必要ではありません
- ・構成された英文が本当に自分の言いたい通りに修正されているか、必ず確認しましょう

## Open Access

## Research

### BMJ Open An observational study of giant cell interstitial pneumonia and lung fibrosis in hard metal lung disease

Junichi Tanaka,<sup>1</sup> Hiroshi Moriyama,<sup>1</sup> Masaki Terada,<sup>1</sup> Toshinori Takada,<sup>1,2</sup> Eiichi Suzuki,<sup>3</sup> Ichiei Narita,<sup>1</sup> Yoshinori Kawabata,<sup>4</sup> Tetsuo Yamaguchi,<sup>4</sup> Akira Hebisawa,<sup>4</sup> Fumikazu Sakai,<sup>4</sup> Hiroaki Arakawa<sup>4</sup>

**To cite:** Tanaka J, Moriyama H, Terada M, et al. An observational study of giant cell interstitial pneumonia and lung fibrosis in hard metal lung disease. *BMJ Open* 2014;4:e004407. doi:10.1136/bmjopen-2013-004407

► Prepublication history for this paper is available online. To view these files please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2013-004407>).

Received 5 November 2013  
Revised 6 March 2014  
Accepted 10 March 2014

#### ABSTRACT

**Background:** Hard metal lung disease has various pathological patterns including giant cell interstitial pneumonia (GIP) and usual interstitial pneumonia (UIP). Although the UIP pattern is considered the prominent feature in advanced disease, it is unknown whether GIP finally progresses to the UIP pattern.

**Objectives:** To clarify clinical, pathological and elemental differences between the GIP and UIP patterns in hard metal lung disease.

**Methods:** A cross-sectional study of patients from 17 institutes participating in the 10th annual meeting of the Tokyo Research Group for Diffuse Parenchymal Lung Diseases, 2009. Nineteen patients (seven female) diagnosed with hard metal lung disease by the presence of tungsten in lung specimens were studied.

**Results:** Fourteen cases were pathologically diagnosed as GIP or centrilobular inflammation/fibrosis. The other five cases were the UIP pattern or

#### Strengths and limitations of this study

- Nineteen cases of hard metal lung disease, a rare occupational lung disease, were collected and their clinical features documented.
- Lung tissue from all the patients was elementally analysed by a patented technique, an improved element analysis using electron probe microanalyzers with wavelength dispersive spectrometer.
- Since the incidences of hard metal lung disease and idiopathic pulmonary fibrosis (IPF) in potentially exposed populations and in the general population are unknown, the probability that someone with hard metal exposure will develop 'idiopathic' usual interstitial pneumonia/IPF is also unknown.

interstitial lung disease which is recognised

### Hard Metal Lung Disease Still Hard to Understand

This issue of the *AJRCCM* (pp. 70–77) contains a meticulously illustrated article on hard metal lung disease (HMLD) (1), an uncommon and still somewhat mysterious occupational interstitial lung disease that affects people exposed to dust from hard metal objects. The disease has been known by various names: hard metal pneumoconiosis, tungsten carbide pneumoconiosis, hard metal lung, giant cell interstitial pneumonitis (GIP), and cobalt lung (2).



**Benoit Nemery**  
Professor at KU Leuven

BENOIT NEMERY, M.D., Ph.D.  
*Katholieke Universiteit Leuven  
Leuven, Belgium*  
JERROLD L. ABRAHAM, M.D.  
*State University of New York  
Upstate Medical University  
Syracuse, New York*

#### References

1. Moriyama H, Kobayashi M, Takada T, Shimizu T, Terada M, Narita J-I, Maruyama M, Watanabe K, Suzuki E, Gejyo F. Two-dimensional analysis of elements and mononuclear cells in hard metal lung disease. *Am J Respir Crit Care Med* 2007;176:70–77.
2. Nemery B, Verbeke EK, Demedts M. Giant cell interstitial pneumonia (hard metal lung disease, cobalt lung). *Semin Respir Crit Care Med* 2001;22:435–447.




**Jerrold L. Abraham, MD**  
Professor of pathology  
UPSTATE Medical Univ.

# ORIGINAL RESEARCH

## Efficacy and Safety of Long-Term Sirolimus Therapy for Asian Patients with Lymphangioleiomyomatosis

Toshinori Takada<sup>1</sup>, Ayako Mikami<sup>2</sup>, Nobutaka Kitamura<sup>3</sup>, Kuniaki Seyama<sup>4</sup>, Yoshikazu Inoue<sup>5</sup>, Katsura Nagai<sup>6</sup>, Masaru Suzuki<sup>7</sup>, Hiroshi Moriyama<sup>7</sup>, Keiichi Akasaka<sup>1,8</sup>, Ryushi Tazawa<sup>9</sup>, Toyohiro Hirai<sup>9</sup>, Michiaki Mishima<sup>9</sup>, Mie Hayashida<sup>10</sup>, Masaki Hirose<sup>9</sup>, Chikatoshi Sugimoto<sup>9</sup>, Toru Arai<sup>9</sup>, Noboru Hattoni<sup>11</sup>, Kentaro Watanabe<sup>12</sup>, Tsutomu Tamada<sup>13</sup>, Hirohisa Yoshizawa<sup>9</sup>, Kohei Akazawa<sup>14</sup>, Takahiro Tanaka<sup>9</sup>, Keita Yagi<sup>15</sup>, Lisa R. Young<sup>16</sup>, Francis X. McCormack<sup>17</sup>, and Koh Nakata<sup>8</sup>

<sup>1</sup>Uonuma Institute of Community Medicine, <sup>2</sup>Protocol Data Center, <sup>3</sup>Division of Respiratory Medicine, <sup>4</sup>Bioscience Medical Research Center, and <sup>5</sup>Department of Medical Informatics, Niigata University Medical and Dental Hospital, Niigata, Japan; <sup>6</sup>Center for Clinical Sciences, National Center for Global Health and Medicine, Tokyo, Japan; <sup>7</sup>Division of Respiratory Medicine, Juntendo University Faculty of Medicine and Graduate School of Medicine, Tokyo, Japan; <sup>8</sup>Clinical Research Center, National Hospital Organization Kinki-Chuo Chest Medical Center, Osaka, Japan; <sup>9</sup>First Department of Medicine, Hokkaido University School of Medicine, Sapporo, Japan; <sup>10</sup>Department of Respiratory Medicine, Graduate School of Medicine, Kyoto University, Kyoto, Japan; <sup>11</sup>First Department of Internal Medicine, Shinshu University School of Medicine, Matsumoto, Japan; <sup>12</sup>Department of Molecular and Internal Medicine, Graduate School of Biomedical Sciences, Hiroshima University, Hiroshima, Japan; <sup>13</sup>Department of Respiratory Medicine, Fukuoka University School of Medicine, Fukuoka, Japan; <sup>14</sup>Department of Respiratory Medicine, Tohoku University Graduate School of Medicine, Sendai, Japan; <sup>15</sup>Department of Clinical Pharmacology, Tokai University, Isehara, Japan; <sup>16</sup>Division of Pulmonary Medicine, Vanderbilt University School of Medicine, Nashville, Tennessee; and <sup>17</sup>Division of Pulmonary, Critical Care and Sleep Medicine, University of Cincinnati, Cincinnati, Ohio



Dr. Frank McCormack  
The LAM Foundation Scientific Director

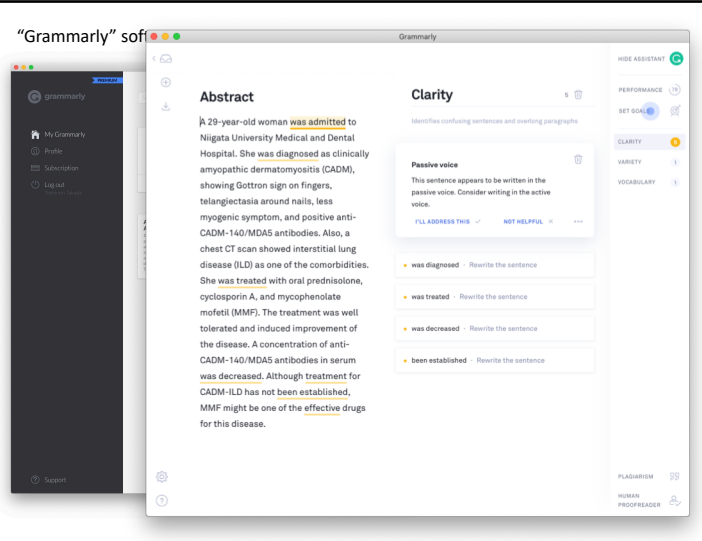
Sirolimus has been shown to stabilize lung function in patients with lymphangioleiomyomatosis (LAM) treated for a 12-month duration.

Methods: We conducted an investigator-initiated clinical study of sirolimus in 63 women with LAM at nine sites in Japan. Subjects received sirolimus for two years at doses adjusted to achieve a trough level of 5-15 ng/ml.

Measurements and Main Results: Fifty-two (82.5%) subjects completed the two-year trial with mean drug compliance more than 90% overall during the study. The initial trough level of sirolimus was significantly lower in subjects with mild disease (%FEV<sub>1</sub>>70%) than those with more severe disease (%FEV<sub>1</sub><70%). The numbers of adverse events (AEs) were greatest in the initial six months but continued to occur throughout the study period. Of the xx AEs in the 2 year study, YY were severe AEs. Reversible sirolimus pneumonitis occurred in three patients, resulting in withdrawal from the trial for one subject. Mild but frequent physiologic changes such as microcytosis, loss of body weight, and increase in blood pressure were observed. FEV<sub>1</sub> and FVC remained stable during the 2-year study period and measured quality of life (QOL) parameters were unchanged.

Conclusion: Although long-term sirolimus treatment was associated with a large number of AEs, most patients completed the two-year medication with high drug compliance and stable QOL and lung function. Thus, long-term sirolimus seemed to be

1



"Grammarly" software interface showing an abstract and a clarity check.

**Abstract**

A 29-year-old woman was admitted to Niigata University Medical and Dental Hospital. She was diagnosed as clinically amyopathic dermatomyositis (CADM), showing Gottron sign on fingers, telangiectasia around nails, less myogenic symptom, and positive anti-CADM-140/MDA5 antibodies. Also, a chest CT scan showed interstitial lung disease (ILD) as one of the comorbidities. She was treated with oral prednisolone, cyclosporin A, and mycophenolate mofetil (MMF). The treatment was well tolerated and induced improvement of the disease. A concentration of anti-CADM-140/MDA5 antibodies in serum was decreased. Although treatment for CADM-ILD has not been established, MMF might be one of the effective drugs for this disease.

**Clarity**

Identifies confusing sentences and overlong paragraphs

**Passive voice**

This sentence appears to be written in the passive voice. Consider writing in the active voice.

- was diagnosed - Rewrite the sentence
- was treated - Rewrite the sentence
- was decreased - Rewrite the sentence
- been established - Rewrite the sentence

## 論文を書くステップは？

- 1, この症例・研究を発表したい！
- 2, 投稿する雑誌をさがす  
(日本語? 英語? インパクトファクター?)
- 3, 投稿規定の確認
- 4, 論文執筆
- 5, (オンライン) 投稿
- 6, 返事 (不可、書き直し、そのままOK!)
- 7, 書き直して再投稿
- 8, 印刷代支払い (クレジットカードでOK)
- 9, 原稿校正 (最近はほとんどオンライン)
- 10, 晴れて出版、PubMedなどに掲載



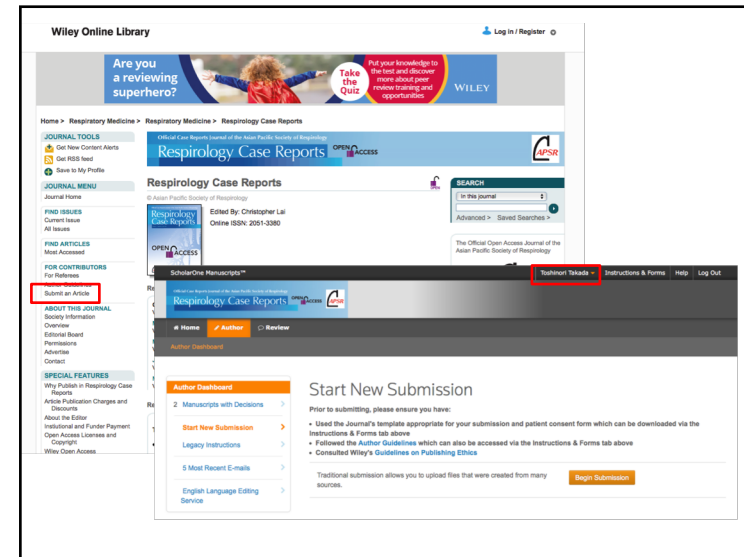
## オンライン投稿

### 1, 必要な原稿ファイルを準備

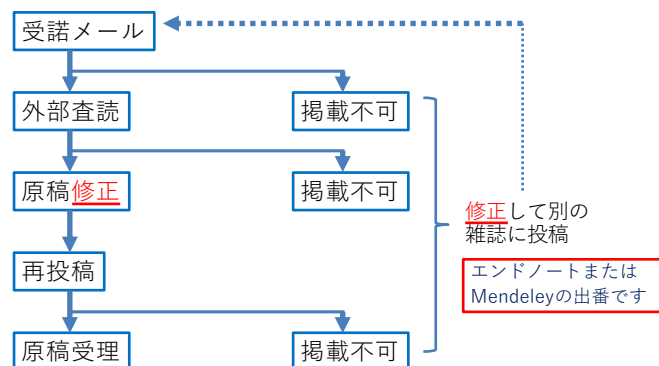
- ・論文テキスト (manuscript)
- ・表 (Tables) テキストに含むこともあり
- ・図 (Figures) 保存形式に注意
- ・追加原稿 (Online supplement)
- ・著作権同意書 (Copyright form)
- ・編集者への手紙 (Cover letter)

### 2, 雑誌の投稿サイトから投稿

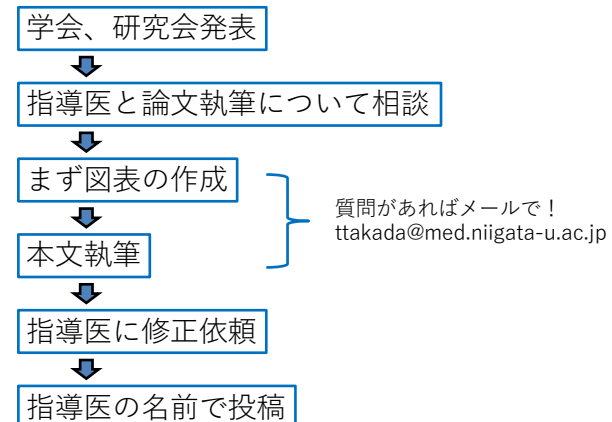
- ・ネット環境が良いことを確認
- ・1～2時間ゆっくり時間が取れる時に投稿
- ・まず自分のアカウントを作る必要あり



## 投稿後の流れ



## これからやること





### 実際に書くときのアドバイス

- 1, 発表の印象が薄くなる前に書きはじめましょう。
- 2, 自分で締切を決めましょう。  
終わりそうになれば、少し延ばしても構いません。
- 3, 毎日少しずつでもいいので書き進めましょう。
- 4, 同僚に“今論文を書いているんだ”とアピールしましょう。
- 5, 書き上げたら、すぐに他の先生に読んでもらいましょう。  
その先生が、一番はじめの査読者です。



最後に…

(英文)論文がうまく書けるようになる**決めて**はこれだ!

(英文)論文を**たくさん書く**  
こと、これしかありません!

Good  
Luck!!