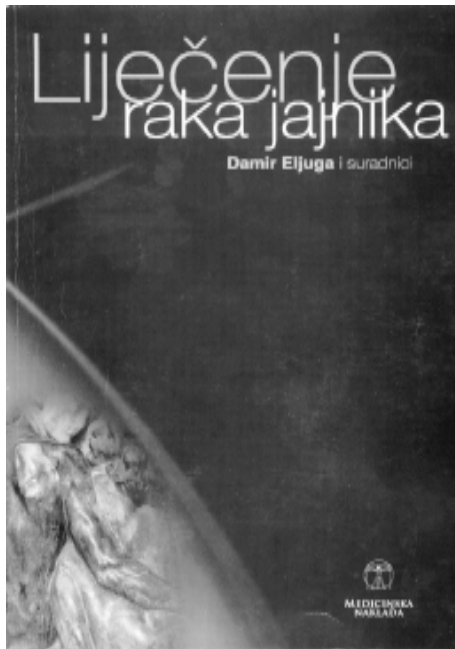


BOOK REVIEW



LIJEČENJE RAKA JAJNIKA (TREATMENT OF OVARIAN CARCINOMA), by Damir Eljuga and coworkers. Medicinska naklada, Zagreb, 2003, 128 pages

"Never leave your patient alone under the white blanket"
(Father Anton Grebeš)

Almost everyone knows that cancer is second only to cardiovascular diseases as the cause of death in the western world, and that gynecologic cancers account for one of seven cancers in women. Approximately one of 20 women will develop a gynecologic malignancy and one of 40 will die of the disease.

Damir Eljuga, editor and one of the authors of the book, emphasizes that nowadays in Croatia as well as in the rest of the world, cancer of the ovary is considered to be the leading cause of death from gynecologic malignancies, with a 5-year survival rate of approximately 35%. According to the latest data, there are 567 newly diagnosed ovarian can-

cer patients, and in Zagreb 120. The annual mortality rate is 272, which is considered to be very high. The epidemiology of ovarian cancer is being tackled in the first of the 12 chapters of the book. In recent years, there has been considerable interest in trying to determine the cause of epithelial ovarian cancer, and in particular in efforts to identify a familial link, which is the topic of the second chapter. Only 10% of sufferers have a family history of two or more relatives affected with the disease, although a similar number have a history of one relative with ovarian cancer and other family members who have a history of either breast, endometrial, or bowel cancer. Genetic investigations have to date identified two genes, BRCA1 and BRCA2. The most common familial link is the one between mother and daughter, or sister and sister, grandmother and aunt. The third chapter is dedicated to the observation of the use of anticoagulant therapy, low molecular weight heparin, to have a prophylactic effect on thromboembolic incidents.

Most of other sections of the book provide information on the principles and options of treatment and the future of genetic therapy.

The main principle of treatment of ovarian cancer is to remove operatively as much of the tumor as possible, which should be followed by chemotherapy. If no visible disease is present after surgery, the outcome is better than with residual disease, irrespective of further treatment. If it is not safe or technically possible to remove all visible tumors, then the secondary aim is to leave no single deposit greater than 1 cm in diameter. When talking about the surgery we have to concentrate on two very important questions: whether or not to do second-look laparotomy, and is laparoscopic surgery useful in oncology?

Once the patient has recovered from surgery, the diagnosis should be discussed and arrangements made to start chemotherapy.

For many years, cyclophosphamide was standard chemotherapy; it was superseded by platinum-based drugs, either single agent or in combination with others such as cyclophosphamide or doxorubicin. All these drugs have

toxic side effects, which limits the dose and should be given by a medical oncologist.

The taxanes (e.g., Paclitaxelum) are recognized as 'gold standard' chemotherapy, usually in combination with either cisplatin or carboplatin.

Currently, radiotherapy has virtually no part to play in first-line treatment of ovarian malignancy, although it may be used to direct treatment to a solitary pelvic recurrence or to treat bone secondaries.

The authors also comment on intraperitoneal radioactive phosphorus therapy for ovarian cancer, which is used as adjuvant therapy for epithelial cancer in patients with macroscopic

residual disease at second-look laparotomy, as consolidation therapy in patients with stage II-IV epithelial ovarian cancer following negative surgical assessment, etc.

In this book quite much is said about gene therapy itself, new strategies, and whether gene therapy is a solution in the treatment of ovarian cancer.

What about the prognosis?

Yet, after all that is known about the disease and all the possibilities of treatment, the outcome is not satisfactory. The majority of patients, i.e. some 70%, are being diagnosed in advanced stage, stage III or IV, according to FIGO classification. Unfortunately, by that time the tumor has spread throughout the abdominal cavity, giving a poor outlook. We are aware that at that particular stage of the disease, the possibilities of treatment are extremely narrowed.

Because of our financial restrictions, the so-called 'gold standard' (paclitaxel + cisplatin) still remains unavailable to the majority of our patients as the treatment for ovarian cancer. It is very important that the 'taxanes' become available to our patients, as these agents have shown a promising response rate and are used as front-line drugs in combination with either cisplatin or carboplatin throughout the world. The mean 3-year response rates have been recorded in a number of trials and it should now be viewed as the most effective treatment available, concludes Dr. Eljuga.

This extraordinary book has been reviewed by Professor Zdravko Pavlič and Mladen Marić, M.D., who recommend it to all our colleagues, especially gynecologists and oncologists, as a valuable textbook written in a nice, readable style, arising from practice, and with very useful hints for daily practice. Almost everybody knows that screening for ovarian cancer by ultrasound and serum CA-125 is not the best possible tool for the detection of ovarian cancer.

To achieve overall better outcomes, progress must be made in the future to develop appropriate screening methods in order to prevent or at least to diagnose it at an earlier stage.

Thanks to Damir Eljuga, in front of us there is a very useful book which provides us with an overview and latest data on this severe and widespread disease.

Ingrid Márton

KONTINUIRANO NADOMJEŠTANJE BUBREŽNE FUNKCIJE – Priručnik za djelatnike koji su uključeni u liječenje bolesnika s akutnim zatajenjem bubrega

(CONTINUOUS RENAL FUNCTION REPLACEMENT- Handbook for those involved in the management of patients with acute renal failure), by Petar Kes. HOSPAL, VIS-MED, Zagreb; printed by TIPKO, Zagreb, 2002, 63 pages (600 copies); ISBN: 935-6201-05-4

The handbook entitled *Kontinuirano nadomještanje bubrežne funkcije (Continuous renal function replacement)* by Professor Petar Kes is the first comprehensive book in the Croatian language that provides an extensive and systematic insight into current achievements in the diagnosis and

therapy of patients with acute renal failure. In the introduction section, the author points to great changes that have taken place in the last twenty years in intensive medicine and nephrology, in relation to acute renal failure. The management of acute renal failure requires close cooperation between nephrologists and intensive care specialists, while novel methods of treatment have entailed modification in the indications for initiating the treatment in patients with acute renal failure as well as in those with multiple organ failure.

The author begins with a brief historical review followed by a chapter describing in detail the basic principles of dialysis. There are several continuous methods of renal function replacement, with indications for the use of each of them listed and explained, e.g., acute renal failure associated with cardiac incompetence, hypercatabolism, brain edema, sepsis, etc. The chapter entitled 'The basic sys-

tem components' describes technical equipment required for continuous renal function replacement. All types of temporary vascular access are presented, and hemodialysis and hemofiltration membranes as well as modes of anticoagulant administration are described. The use of appropriate dialysate and replacement fluid is conveniently and clearly presented.

Patients with acute renal failure and multiple organ failure may frequently require polytherapy, whereby the use of various medications should be adjusted both to the renal function impairment and to the method of renal function replacement, which is described in a special chapter on drug dosage.

At the end of the handbook, the advantages of the methods of continuous renal function replacement as well as difficulties and dilemmas related to them are mentioned. The handbook is written clearly and conveniently, containing 60 pages, numerous tables and excellent illustrations that make the book easy to consult and comprehend. The book is intended for all those involved in the management of most seriously ill patients, anesthesiologists, intensive medicine specialists, internists, pediatricians, nephrologists, as well as for college and high-school staff (nurses, technicians, and others) included in the treatment of patients with acute or chronic renal failure.

Dragan Ljutić

NEWS

Seventh Congress of the European Federation of Neurological Societies

Helsinki, Finland, August 30 – September 2, 2003

The 7th Congress of the European Federation of Neurological Societies (EFNS) took place on August 30 – September 2, 2003 in Helsinki, Finland, confirming the rising tendency in attendance continuing from the previous, 6th EFNS Congress held in Vienna. About 3500 participants present at the Helsinki Congress witnessed the high professional and scientific level of these meetings.

The Congress started with opening ceremony, when the history and the present of the host country were presented in a very impressive, interesting and above all inventive way, with special reference to the role of keeping tradition and national features on the one hand, and of complying with the European spirit on the other hand.

The city of Helsinki, which may seem cold and distant only for the unusually low temperature compared with late summer in Croatia, was portrayed in a warm and bright light, with an enviable level of culture and education, ecologic awareness and cosmopolitan views of its citizens.

The following main topics were discussed at the 2003 EFNS Congress: primary and secondary prevention of stroke; mechanism of chronic axonal lesion in multiple sclerosis; development and safety of drugs; new concepts in movement disorders; interventional treatment of refractory epilepsy; genetic aspect of neurologic diseases; treatment of dementia; treatment of nonglial tumors; and autonomic and sexual dysfunctions. In addition to the main topics, numerous brief but very interesting and useful presentations were offered at various courses, workshops and satellite symposia. Croatia was represented by some twenty participants with ten papers presented in poster section, six of them from the University Department of Neurology, Sestre milosrdnice University Hospital from Zagreb. Mention should be made of Dr. Tomislav Breitenfeld's oral presentation on Sergei Prokofiev's pathography, which attracted considerable audience indeed.

The extensive professional program of the Congress was enriched by very attractive social events organized at a high level, from sight-seeing of Helsinki through gala performance of Sergei Prokofiev's Cinderella ballet at the Opera House.

Some Congress participants took the opportunity to visit Tallinn, the capital of Estonia, known for the medieval lifestyle still maintained in its medieval nucleus even now, in the 21st century. Others took a trip to St. Petersburg, former capital of the Russian Empire, celebrating the 300th anniversary of its foundation in 2003, having been renovated to full imperial glow for this particular occasion. These trips made the Congress even more special, and all its participants returned to their homes enriched with many novel professional and scientific concepts as well as with a precious life experience.

Lidija Dežmalj-Grbelja

Third International Congress on Vascular Dementia

Prague, Czech Republic, October 23-26, 2003

After the First Vascular Dementia Congress that took place in Geneva and the Second Vascular Dementia Congress in Salzburg, new data and important aspects of vascular dementia were now discussed at the Third International Congress on Vascular Dementia in Prague, Czech Republic, October 23-26, 2003. Participants from all over the world attended the Congress. Fortunately, among more than a thousand of participants there also were doctors from the University Department of Neurology, Sestre milosrdnice University Hospital, thus having an opportunity to establish an excellent framework for open exchange of ideas and to present new research results. They presented results of their scientific work related to intracranial hemodynamic changes in multi-infarct dementia *versus* Alzheimer's dementia in the form of poster at the Circulation Poster Session.

The scientific program of the Congress was very rich and inspiring, covering all current trends in vascular de-

mentia as well as the results of new experimental work in the field. The topics were focused on the etiology, pathophysiology, diagnostics and therapy of vascular dementia.

Considering the etiology, hereditary forms of vascular dementia were discussed, especially CADASIL as a unique model to investigate the pathophysiology of vascular dementia. Since it is a pure vascular disorder, its diagnosis is ascertained by genetic testing and cognitive alterations in affected subjects occur before the onset of frequent age-related disorders. Morphological, biochemical and genetic aspects as well as the pathomechanisms of different forms of familial and sporadic cerebral amyloid angiopathies such as familial British dementia and familial Danish dementia were also discussed.

Basic and clinical aspects of the role of infectious agents in vascular disease were also covered by several lecturers. They postulated the possible role of cytomegalovirus, herpes simplex virus, *Chlamydia pneumoniae*, *Helicobacter pylori* and *Porphyromonas gingivalis* among other agents responsible for the development of atherosclerosis as a basis for vascular disease.

The neuropsychological aspects of vascular dementia were presented in three sessions that included, among other topics, epidemiologic data on cognitive impairment following lateral thalamic infarcts and lacunar infarcts, evaluation of cognitive function after carotid endarterectomy in symptomatic patients and in patients experiencing cerebral venous sinus thrombosis, comparison between vascular dementia and Alzheimer's dementia survival from the onset of dementia, and vascular mild cognitive impairment and mild cognitive impairment.

The diagnostics of vascular dementia was also represented by lectures on neuroimaging and studies conducted in the field: characterization of the central nervous system effects of naphthofuryl (Praxilene®); quantitative EEG and functional MRI; a placebo controlled study in healthy elderly subjects; a clinical and neurimaging study on patterns of involvement in vascular dementia; and a longitudinal study on CT scan correlations of cognitive disorders after first ischemic stroke.

A whole section was dedicated to cerebral blood flow changes in vascular dementia as a heterogeneous clinical spectrum. Neuropathological substrates of vascular dementia vary from widespread small ischemic lesions to intracerebral hemorrhage. Based on the results of the studies conducted to date, we can speculate about the role of cerebral hemodynamic features in predicting cognitive decline after stroke, about vascular reserve and its difference between vascular dementia and Alzheimer's dementia, and about factors that can influence a delay in the onset of dementia.

New trends in the treatment of vascular dementia were presented as the results of various studies: a comparison of the cognitive benefits of donepezil in patients with cortical and subcortical vascular dementia; a subanalysis of two 24-week, randomized, double-blind, placebo controlled trials; donepezil treated patients demonstrate global benefits of the clinician's interview-based impression of change plus version (CIBIC-PLUS); a comparison of Alzheimer's disease and vascular dementia; evidence from a study on the effect of carotid endarterectomy on cognitive impairment in vascular dementia; and meta-analysis of clinical trials in vascular dementia. As the other possible agents influencing the course and outcome of vascular dementia, peptides, mean-molecular factors, cholinesterase inhibitors, galantamine and memantine were suggested. A physical rehabilitation program for patients with dementia was also presented, providing an overview of the clinical and rehabilitation treatment differences among the major types of dementia. It was concluded that it is important to emphasize that much can be done to improve the quality of life in patients with dementia, in spite of the multitude of cognitive deficits they often exhibit. Rehabilitation can address deconditioning, balance and gait disorders, and motor deficits that persons with dementia experience. The ability to ambulate, transfer, mobilize in bed, and perform activities of daily living can be maximized in a rehabilitation setting. Architectural issues and adaptive equipment issues can be addressed. This can decrease the burden of care on family members as well as the risk of fall, injury, hospitalization and institutionalization.

Experiments on vascular dementia that are now in progress are focused on deleterious effects of nontoxic concentrations of amyloid 42 in cholinergic NG108-15 cell line, effects of cerebrolysin on increased lipid peroxidation in brain during acute hypoglycemia in mice, peripheral benzodiazepine receptor as a potential target for vinpocetine, determination of cerebral perfusion effects, and drug interactions of cerebrovasoactive drugs acting *via* multiple modes of pharmacological action, and uridine prodrug PN401 effect on memory in APP2576 mice.

Poster sessions were divided into several groups according to the subject of interest: Electrophysiology, Mechanism, Pathology, Social, Psychology, Therapy, Miscellaneous, Cases, and Circulation.

During the Third Vascular Dementia Congress many important aspects of vascular dementia were seriously discussed, new data were learned, and new targets were assigned. The Congress also provided us with an opportunity to meet old friends and make new ones.

Marina Roje-Bedeković

20th Ante Dražančić Perinatal Days Zagreb, Croatia, November 11-14, 2003

In the last two decades, great progress has been made in Croatian perinatology, thanks to our efforts as well as to the precious guidance of our teachers. One of them is also an excellent organizer, teacher and physician, and all of us owe him much indeed. The name of Professor Ante Dražančić is almost a synonym for Croatian perinatology.

First Perinatal Days took place on January 5, 1973, in the former state, and since then it is the most important meeting of perinatologists, neonatologists, midwives, anesthesiologists, and all those involved in pregnancy and birth care. The jubilean, 20th Perinatal Days have been named in honor of Professor Dražančić, who 'gave birth' to our leading perinatologists.

The question is, where do we stand today, and what will be in the future?

Professor Asim Kurjak, president of the Organizing Committee, held an opening lecture stressing the goals of the Croatian Society of Perinatal Medicine and what should be done in order to improve our scientific and clinical skills. Professor Kurjak pointed out that, although the concept of perinatology had been adopted some ten years of its introduction by Professor Erich Saling, its implementation in Croatia was unfortunately incomplete, because the regionalization of perinatal care, introduced in the USA during the 1970s, had not to this day been officially carried out in our country, despite the fact that a detailed plan was devised by Professor Dražančić in 1984. Regionaliza-

tion of perinatal care means concentrating funds and staff for optimal health care of pregnant women, fetuses and newborns at risk, with safe 'in utero', postnatal and back transport. Even though the organization of perinatal care in Croatia is unsatisfactory, the existing organizational models ensure such a level of care which resulted in a relatively low perinatal mortality rate of 6.9 *per* 1000 births in the year 2002, which should be pointed out as a great success. However, the structure of perinatal deaths in our country is quite unfavorable, meaning that full-term newborns account for more than 25 per cent of all perinatal deaths. This indicates that improvements in perinatal care are possible and necessary. Luckily, many evidence-based procedures have been introduced into Croatian perinatology, however, a disparity between obstetric and neonatal care is still evident. Despite this fact, the early neonatal mortality rate decreased more rapidly than fetal mortality rate, which is primarily the result of close cooperation between obstetricians and neonatologists, and a satisfactory prenatal and postnatal care. Croatian maternity wards and neonatal intensive care units are under-equipped and under-staffed. The problem of continuing education is arising, as there are no certified subspecialists in neonatology in Croatia, and very few gynecologists are subspecialists of maternal and fetal medicine. The distribution of pediatricians working in neonatology is uneven, and very few of them are interested in neonatologic subspecialization. Furthermore, there are no university teachers among Croatian pediatricians working in neonatology, whereas many obstetricians are university professors. Therefore,



the issue of education will require special attention in the upcoming period.

Those have been the words of Professor Dražančić and Kurjak, who tried to answer where Croatian perinatal medicine is headed.

The convention was divided into 3 main sections on the topics of prenatal diagnosis and therapy, screening methods in perinatal medicine, and intrauterine infection: consequences for the fetus and newborn. There was a plenary section on each topic, and a number of free papers.

There were 4 introductory lectures, 6 special lectures, 12 lectures prepared by multiple authors, 52 free papers and 6 posters. All lectures were properly presented, providing some new scientific data. Some special and plenary lectures were held by invited speakers from abroad, one of them, Professor Erich Saling, having already ensured his

place in the history of modern perinatology. It should be mentioned here that several interesting free papers on water delivery were presented by our colleagues from Rijeka and Osijek, receiving high appreciation from the audience.

During the convention, a resolution about the rights of the mother and the newborn as well as on more humane modes of delivery was adopted.

At the same time, the 20th Symposium of Croatian Midwifery Association was held, with many papers providing valuable information for everyday practice.

The conventions were attended by more than 300 participants, who evaluated them as very successful.

It is needless to mention that the extensive professional and scientific program of the convention was accompanied by rich social events.

Ingrid Márton

Sestre milosrdnice



University Hospital

HISTORICAL REVIEW



Professor Aleksandar Blašković, one of the distinguished surgeons of our Hospital, departed this life fifty years ago (1882-1953). Professor Blašković graduated from medical school in Vienna in 1907 and then returned to work at our Hospital, where he received his education and training in surgery from Professor Teodor Wickerhauser. At the Hospital Third Department headed by Professor Dragutin Mašek, which encompassed otorhinolaryngology, dermatovenerology and urology, Professor Blašković performed urologic operative procedures. Then he moved to Osijek, where he founded and headed the Department of Dermatology and Venerology.

After World War I, he returned to our Hospital to head Third Department instead of Professor Mašek. In 1928,

the Department was divided into three separate departments, with Professor Blašković heading the first independent Department of Urology in the then Kingdom of Yugoslavia.

In 1943, he was appointed Professor of Urology at the Zagreb University School of Medicine. He held regular lectures from 1927 till 1945. However, his major field of interest was operative urology, where he was the first to perform a number of important operative procedures. From 1920 on, he carried out the first nephrectomy, first bilateral ureterosigmoidostomy according to Coffey, first perineal prostatectomy, adrenalectomy, endoscopic transurethral electroresection of prostate and bladder, etc. Also, he was the first in the then state to perform and study Wasserman reaction in 1908¹.

Professor Blašković wrote a number of papers, among them those on the generation of urinary calculi, prostate tuberculosis, and some other issues being of special importance.

Professor Blašković was active participant at many congresses and participated in the work of the International Association of Urology. As our first urologist, head of the Department of Urology and lecturer on urology at the Zagreb University School of Medicine, he educated two classes of urologists. Therefore, he fully deserves to be called 'the father of Croatian urology'².

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Tanja Sušec

INTERNET GUIDANCE

The British Heart Foundation has a special web address for cardiac disease statistics. At this web address, www.heartstats.org, all relevant information on the mortality, morbidity, costs, prevention and other important issues on cardiac diseases are available. A novel feature is special statistics of congenital cardiac diseases. The latest data on respective publications are offered, along with convenient search facilities by use of a very good dictionary and index.

<http://www.heartstats.org>

For the great majority of Internet users it is impossible to continuously and systematically follow its development, whereas novelties emerge and develop practically on a daily basis, thus the number of new terms and words being beyond the mere mortal's ability to manage. For all those less proficient, we recommend the whatis site, which provides excellent information and explanations on a great number of new information and novel concepts brought along by the Internet technology.

<http://whatis.com>

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15th Ljudevit Jurak International Symposium on Comparative Pathology

(<http://www.kbsm.hr/Jurak/syposium.htm>) (e-mail: juraks@kbsm.hr)

June 4-5, 2004 – Multimedial center Sestre milosrdnice University Hospital, Zagreb, Croatia

The main symposium topic is head and neck pathology
(including ophthalmopathology).

Symposium includes following sections:

Pathological Morphology of the Human and Animal Diseases

Iatrogenic

Environmental and Experimental Pathology

Herman Jurak Round Table on Rheumatological Pathology

Telepathology on-line conference

Clinical Forensic Pathology

Slide Seminars in *Histopathology and Cytopathology*

Quiz on Pathology

The Symposium is evaluated by the Croatian Medical Chamber,
Croatian veterinary Chamber and Croatian Stomatologic Chamber.

Registration fee before April 1st – 100 EUR (800KN)

Registration fee after April 1st – 150 EUR (1200KN)

Information:

Davor Tomas, M. D., Ljudevit Jurak Clinical Department of Pathology,
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INSTRUCTIONS TO AUTHORS

AIM AND SCOPE

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The text of manuscript should be divided into sections: Title page, Abstract and Key words, Introduction, Methods, Results, Discussion, Acknowledgment, References, Tables, Legends and Figures.

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The title page should carry: the title of the article (which should be concise but informative) and a short running title of the manuscript; full name of author(s), with academic degree(s) and institutional affiliation; the name and address of the author responsible for correspondence about the manuscript including his/her E-mail address.

Abstract and Key Words

The second page should carry an abstract (of no more than 250 words). The abstract should state the purposes of the study or investigation, basic procedures, main findings, and the principal conclusions. It should emphasize new and important aspects of the study or observations. Below the abstract authors should provide 3 to 10 key words or short phrases that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used for key words.

Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly relevant references and do not include data or conclusions from the work being reported.

Methods

Describe selection and identify all important characteristics of the observational or experimental subjects or laboratory animals clearly. Specify carefully what the descriptors mean, and explain how the data were collected. Identify the methods, apparatus with the manufacturer's name and address in parentheses, and procedures in sufficient detail to allow other workers to reproduce the results. Provide references to established methods and statistical methods used. Describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used. Use only generic name of drugs. All measurements should be expressed in SI units.

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Papers dealing with experiments on human subjects should clearly indicate that the procedures followed were in accordance with the ethical standards of the institutional or regional responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 1983. Never use patients' names, initials, or hospital numbers, especially in illustrative material. Papers dealing with experiments on animals should indicate that the institution's or a national research council's guide for the care and use of laboratory animals was followed.

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Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty. Specify any general-use computer programs used.

Results

Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

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Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research, but avoid unqualified statements and conclusions not completely supported by the data. Relate the observations from your study to other relevant studies. State new hypotheses when warranted, but clearly label them as such.

Tables

Type or print out each table with double spacing on a separate sheet of paper. Do not submit tables as photographs. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Give each column a short heading.

Figures

Figures and illustrations should be professionally drawn and photographed. Make sure that letters, numbers, and symbols should be legible even when reduced in size for publication. Each figure should have a label pasted on its back indicating the number of the figure, author's name, and top of the figure. Figures should be numbered consecutively according to the order in which they have been first cited in the text. If

photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. All illustrations and figures could be submitted on disks: floppy disk (3.5-inch, 1.44 MB, IBM formatted), or compact disk – CD in appropriate, generally used picture formats. The preferred formats are JPEG and TIFF, although any format in general use that is not application-specific is acceptable. Make sure that minimum resolution should be 300 dpi. Up to two color illustrations are acceptable for each manuscript free of charge.

Abbreviations

Use only standard abbreviations. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Acknowledgments

List all contributors who do not meet the criteria for authorship, such as a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged.

References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in superscript.

References should be cited in the style based on the formats used by the Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus (<http://www.nlm.nih.gov>).

References to papers accepted but not yet published should be designated as "in press". Authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication.

Examples of reference citations are listed.

EXAMPLES OF REFERENCE CITATIONS

ARTICLES IN JOURNALS

Standard journal article (list the first six authors followed by et al.)

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