Annotation and references in AMA style

In a study by Bork and colleagues, prospective and retrospective data were obtained from 153 patients to further characterize the nature and time course of untreated abdominal attacks in patients with HAE due to C1-INH deficiency.[1] [Bork,2006;p619,col2,para2,lines1-4] They found that abdominal attacks have a specific clinical course, which can be divided into five phases, each with specific symptoms and signs.[1] [Bork,2006;p625,col1,para2,lines1-4]

Another study by Donaldson and Evans found that the absence of serum inhibitor of C'l-esterase is an inherited abnormality in those with the familial type of angioneurotic edema.[2] [Donaldson,1963;p43,col2,para2,lines1-4]

Lunn and colleagues conducted a screening survey of 80 clinicians.[3] [Lunn,2010;p212,col1,para5,line1] Of those clinicians, about 84% of physician respondents used C1 INH level and function for diagnosis, and 63.8% used complement factor 4 levels. [Lunn,2010;p212,col2,para1,lines3-5] Among their patients, only about half of immediate family members and one fourth of extended family members had been tested for deficiency in C1 esterase inhibitor protein or function. [Lunn,2010;p212,col2,para3,lines3-5]

Ohsawa and colleagues concluded from the results of their study that there is an urgent need to raise awareness of the clinical manifestations, diagnosis, socioeconomic impact, and available therapeutic approaches for managing HAE among medical professionals in Japan.[4] [Ohsawa,2015;p497,col2,para3,lines1-5]

References:

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