The Journal of Korean Medical Science (JKMS) is an international, Open Access, peer-reviewed weekly journal of medicine published online only in English. The Journal’s publisher is the Korean Academy of Medical Sciences (KAMS). JKMS aims to publish evidence-based, scientific research articles from various disciplines of the medical sciences. The Journal welcomes articles of general interest to medical researchers especially when they contain original information. Articles on the clinical evaluation of drugs and other therapies, epidemiologic studies of the general population, studies on pathogenic organisms and toxic materials, and the toxicities and adverse effects of therapeutics are welcome. When an article is written in a language other than English and has not been propagated in any international information services (abstract journals), secondary publication of the article is negotiable.

I. MANUSCRIPT SUBMISSION
Authors should submit manuscripts via the electronic manuscript management system for JKMS, https://www.editorialmanager.com/jkms. Please log in first as a member of the system and follow the directions. Manuscripts should be submitted by the corresponding author, who should indicate the address and phone number for correspondence in the title page of the manuscript. If available, a fax number and e-mail address would be helpful. The revised manuscript should be submitted through the same web system under the same identification numbers. Items pertaining to manuscripts submitted for publication, as well as letters or other forms of communication regarding the editorial management of JKMS should be sent to:

Editor-in-Chief
Professor Sung-Tae Hong, MD, PhD

Managing Editor
Professor Jong-Min Kim, MD, PhD

Tel: +82.2-798-3807 (Ext. 5)
Fax: +82.2-794-3148
E-Mail: jkms@kams.or.kr

II. CATEGORIES OF PUBLICATIONS
JKMS publishes editorials, invited review articles, special articles, original articles, case reports, brief communications, opinions, images in this issue, and correspondences.

Editorials are invited perspectives on an area of medical science, dealing with very active fields of research, current medical interests, fresh insights and debates.
Opinions suggest creative perspectives for medical issues.
Images in this issue are classic images of common medical conditions. Images in this issue are not intended as a vehicle for case reports. Images, educational for common medical conditions, would be given priority for publication.
Review articles provide a concise review of a subject of importance to medical researchers written by an invited expert in medical science.
Special articles are invited with an intention of special introduction of medical information.
Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
Case reports deal with clinical cases of medical interest or innovation.
Brief communications are short original research articles on issues important to medical researchers.
Correspondence includes a reader’s comment on an article published in JKMS and a reply from the authors.

III. EDITORIAL AND PEER REVIEW PROCESS
JKMS reviews all manuscripts received. A manuscript is previewed for its format and academic relevancy, and then rejected or sent to the 3 most relevant investigators available for review of the contents. The editor selects peer referees by recommendation of the Editorial Board members or from the Board’s specialist database. In addition, if deemed necessary, a review of statistics may be requested.
Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee may recommend “accept”, “minor revision”, “major revision,” or “reject”. If there is a marked discrepancy in the decisions between two referees or between the opinions of the author and referee(s), the Editor may send the manuscript to another referee for additional comments and a recommended decision. Three repeated decisions of “major revision” are regarded as a “rejection.” The reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions. Names and decisions of the referees are masked. A final editor’s decision on acceptance or rejection for publication is forwarded to the corresponding author from the Editorial Office.

The usual reasons for rejection are topics that are too specific and target audience that is too limited, insufficient originality, serious scientific flaws, poor quality of illustrations, or absence of a message that might be important to readers. Rarity of a disease condition is itself not an acceptable justification for a case report. The peer review process takes usually four to eight weeks after the manuscript submission.

Revisions are usually requested to take account of criticisms and comments made by referees. The revised manuscript should be resubmitted via the web system. Failure to resubmit the revised manuscript within 2 months without any notice from the corresponding author is regarded as a withdrawal. The corresponding author must indicate clearly what alterations have been made in response to the referee’s comments point by point. Acceptable reasons should be given for noncompliance with any recommendation of the referees.

IV. EDITORIAL POLICY
The Editor assumes that all authors listed in a manuscript have agreed with the following policy of JKMS on submission of manuscripts. Except for the negotiated secondary publication or special permission by Editor-in-Chief, manuscripts submitted to the Journal must not be previously deposited or published, for example preprint in medRxiv, bioRxiv or other platforms and journals and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed.

If a new author should be added or an author should be deleted after the submission, it is the responsibility of the corresponding author to ensure that the authors concerned are aware of and agree to the change in authorship. JKMS has no responsibility for such changes.

Minimum article processing charges are due for every accepted manuscript. All published manuscripts become the permanent property of the KAMS and may not be published elsewhere without written permission.

V. ETHICAL CONSIDERATIONS

Research Ethics
All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (http://www.councilscienceeditors.org/), International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/), World Association of Medical Editors (WAME, http://www.wame.org/), and the Korean Association of Medical Journal Editors (KAMJE, http://www.kamje.or.kr/intro.php?body=eng_index). All studies involving human subjects or human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Please refer to the principles embodied in the Declaration of Helsinki (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The approval should be described in the Methods section. For studies of humans including case reports, state whether informed consents were obtained from the study participants. The editor of JKMS may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. The JKMS will follow the guidelines by the Committee on Publication Ethics (COPE, http://publicationethics.org/) for settlement of any misconduct.

Conflict of Interest
The corresponding author of an article is asked to inform the Editor of the authors’ potential conflicts of interest possibly influencing
the research or interpretation of data. A potential conflict of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may include financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The Editor will decide whether the information on the conflict should be included in the published paper. In particular, all sources of funding for a study should be explicitly stated. The JKMS asks referees to let its Editor know of any conflict of interest before reviewing a particular manuscript.

**Authorship**

The JKMS follows the recommendations for authorship by the ICMJE, 2019 (http://www.icmje.org/icmje-recommendations.pdf) and Good Publication Practice Guidelines for Medical Journals 3rd Edition (KAMJE, 2019, https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13&per_page=). Authorship credit should be based on 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet conditions of 1, 2, 3, and 4. In addition, an author should be accountable for the parts of the work he or she has done and should be able to identify which co-authors are responsible for specific other parts of the work. Authors should have confidence in the integrity of the contributions of their coauthors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged as contributors not be authors. These authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

A corresponding author should be designated when there are two or more authors. The corresponding author is primarily responsible for all issues to the editor and audience. Any comment of the corresponding author is regarded as opinion of all coauthors.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.

**Redundant Publication and Plagiarism**

Redundant publication is defined as “reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)”. Characteristics of reports that are substantially similar include the following: (a) “at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication),” (b) “the subjects or study populations are the same or overlapped,” (c) “the methodology is typically identical or nearly so,” and (d) “the results and their interpretation generally vary little, if at all.”

When submitting a manuscript, authors should include a letter informing the editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to JKMS differs substantially from other materials. If all or part of your patient population was previously reported, this should be mentioned in the Methods, with citation of the appropriate reference(s).

**Clinical Trials**

**Obligation to register**

Clinical trial defined as “any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome” should be registered to the
primary registry to be prior publication. **JKMS** accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/en/), NIH ClinicalTrials.gov (http://www.clinicaltrials.gov/), ISRCTN Resister (www.ISRCTN.org), or the Clinical Research Information Service (CRIS), Korea CDC (https://cris.hih.go.kr/cris/index.jsp). The clinical trial registration number shall be published at the end of the abstract.

**Data sharing statement**


**VI. MANUSCRIPT PREPARATION AND FORMAT**

**Authorship**

**JKMS** accepts authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE).

**Original Articles**

**Manuscript Style**

The manuscript should be prepared according to the “ICMJE Recommendations for the Conducts, Reporting, and Publication of Scholarly Work in Medical Journals” (2019) (http://www.icmje.org). In addition to the ICMJE recommendation, a number of reporting guidelines have been developed by groups of experts to facilitate reporting of research studies or clinical trials (http://www.equator-network.org/library/). For reporting of randomized controlled trials, **JKMS** requires compliance with the statement of CONSORT (http://www.consort-statement.org/) and the ICMJE Statement on Data Sharing (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration).

**Manuscript Components**

All materials must be written in proper and clear English. The manuscript including tables and their footnotes, and figure legends, must be typed in one double space. Materials should be prepared with a standard 11-point font. The manuscript should be in the following sequence: title page, abstract and key words, introduction, methods, results, discussion, acknowledgments, disclosure, author contribution, ORCID iDs, references, figure legends, and tables. All pages should be numbered consecutively starting from the title page. All numbers should be written in Arabic numerals throughout the manuscripts except for the first word of a sentence. Figures should not be inserted in the main text. A combined figure file or individual figure files can be uploaded your figures separately from the main text file.

**File Formats**

Our preferred file type for new manuscript submissions is Microsoft Office Word (DOC). We will also accept WordPerfect (.WPD), and text (.TXT) documents or (.RTF) file format. For submission of drawings, photos, graphs, or combined figures, PPT and PDF formats are acceptable. We cannot accept graphic files other than the two programs. It is permissible to send low-resolution images for peer review, but we will ask for high-resolution files later. Acceptable file formats for video are .mov, .wmv, .mpg, .mpeg, or .mp4. The file size and running time of each video should be no more than 25 MB and 5 minutes, respectively.

**Title Page:**

The title page should contain the title of an article, full names of authors with their ORCID iDs, and institutional affiliation(s). If several authors and institutions are listed, it should be clearly indicated with which department and institution each author is affiliated by using superscript numbers in sequence. Information on corresponding author, including full name, academic degree, address (institutional affiliation, city, zip code, and country), and email address, should be given in a separate paragraph. Funding sources should be informed as a footnote in the title page. The running title should consist of no more than 8 words.
Abstract and Keywords:
The abstract should briefly describe the content of the manuscript in a structured format. The abstract should be structured as follows: Background, Methods, Results, and Conclusion. In principle, acronym and informal abbreviation should be avoided, but they, if needed, can be kept to an absolute minimum with proper identifications. Three to six keywords should be listed at the end on the Abstract page. For the selection of keywords, refer to Medical Subject Headings (MeSH) in PubMed, or at the internet site, http://www.nlm.nih.gov/mesh/MBrowser.html.

INTRODUCTION:
A brief background, references to the most pertinent papers general enough to inform readers, and the relevant findings of others should be included. It is recommended that the introduction includes ‘general and specific background’, ‘debating issue’, and ‘specific purpose of this study’.

METHODS:
The explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. Procedures that have been published previously should not be described in detail. However, new or significant modifications of previously published procedures need full descriptions. Clinical studies or experiments using laboratory animals or pathogens should mention approval of the studies by relevant committees in this section. The sources of special chemicals or preparations should be given along with their location (name of company, city and state, and country). Method of statistical analyses and the criteria for determining significance levels should be described. An ethics statement should be placed here when the studies are performed using clinical samples or data, and animals. An exemplary is shown below.

(Example for clinical study)
The present study protocol was reviewed and approved by the Institutional Review Board of PPP National University College of Medicine (approval No. 2018001). Informed consent was submitted by all subjects when they were enrolled.

(Example for animal study)
The procedures used and the care of animals were approved by the Institutional Animal Care and Use Committee in xxx University (approval No. 2018002).

(Example for clinical trials)
This is a randomized clinical trial on the second phase, registered at the Clinical Research Information Service (CRIS, http://cris.nih.go.kr), number KCT0002018. Or other international registration is acceptable. Manuscripts reporting interventional clinical trial should include data sharing plan following the ICMJE statement by referring to the ICMJE Statement on Data Sharing (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration).

(Description of participants)
Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

RESULTS:
This section should be presented logically using text, tables and illustrations. Excessive repetition of table or figure contents should be avoided. Results should not be presented in duplicate as table and figure.

DISCUSSION:
The data should be interpreted concisely without repeating materials already presented in the results section. Summary or conclusion should be included at the end of this section. We recommend authors to describe clinical or biomedical significance of the study. Speculation is permitted, but it must be clearly supported by results presented in the study or literature published.

https://jkms.org
ACKNOWLEDGMENTS:
The authors can list the names of persons, who helped the study but are not eligible as authors, in this section. Funding sources, which are informed in the title page, should not be written in this section.

DISCLOSURE:
All authors should disclose any financial and personal relationships with other people or organizations that could inappropriately affect the study. Even in case the authors have no conflicts of interest, the authors should declare it: All authors have no potential conflicts of interest.

AUTHOR CONTRIBUTIONS:
What authors have done for the study should be described in this section. To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation), as well as at least one of the writing contributions (original draft preparation, review and editing). Authors may also satisfy the other remaining contributions; however, these alone will not qualify them for authorship.

Contributions will be published with the final article, and they should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

An example:
Conceptualization: Hong GD. Data curation: Jang YS, Choi Y. Formal analysis: Kim CS. Methodology: Kim Y, Kim GD.; Software: Kim Y, Jang Ys. Validation:...... Investigation:...... Writing - original draft: Hong GD, Jang YS. Writing - review & editing: Choi Y, Kim Y, Kim CS.

REFERENCES:
References should be numbered in the order they appear in the text. Citation of references in the text should be identified with superscript Arabic numerals (for example, ..... the leading cause of death in Korea.1,2). References should be listed in the order of citation in the text with consecutive numbers in this section. The style for citing papers in periodicals is: name and initials of all authors, full title of article, journal name abbreviated in accordance with the PubMed style, year, volume, issue number and first and last page numbers. The style for a chapter of a book is: author and title of the chapter, editor of the book, title of the book, edition, volume, place (city), publisher, year, and first and last page numbers. All authors up to 6 can be listed. If author number is more than 6, the names of all authors after first 6 authors should be abbreviated to "et al". Using a software for reference management such as EndNote is encouraged.

Authors are responsible for the accuracy and completeness of their references and correct text citations. Papers in press may be listed among the references with the journal name and tentative year of publication. Grey materials are not allowed for references. Internet materials are acceptable with records of correct URL and accessed date.

Examples of reference style:

1. Journal

2. Book

3. Chapter in a book
4. Internet source

Tables and Figures:
Tables are prepared at the end of text file but figures should be submitted separately from the text. Figure legends should be typed at the end of text with Tables on separate sheets. Tables should be simple and should not duplicate information in figures. Title all tables and number them with Arabic numerals in the order of their citation. Type each table on a separate sheet. Explain all abbreviations. Each column should have an appropriate heading, and if numerical measurements are given, the unit should be added to column headings. The significance of results should be indicated by appropriate statistical analysis. Table footnotes should be indicated with superscripted lower-case letters in sequence: a, b, c, d ... All units of measurements and concentrations should be designated. Exponential terminology is discouraged. Flow diagram and complex biochemical structures should be prepared professionally. Graphics should be used only when a relevant point needs illustration. X-ray films or Polaroid photographs are not acceptable. Except for especially complicated drawings, which show a large amount of data, all figures are published in one-page or one column width. When the figures are reduced to the size of a single-column or of a single-page width, the smallest parts of the figure must be legible.

Points of observation should be noted with different symbols rather than with different types of lines and their significance can be directly shown in the body of the figure or in the legend. If a figure contains a left- or right-hand ordinate, explanation of the left ordinate should read in the upward direction and that of the latter should read downward.

All photographs should be of the highest quality. The preferred size of photograph is 8 × 8 cm, but one-page width (16.5 cm in width × 8 cm in length) is also acceptable. The author is responsible for submitting figure files that are of sufficient quality to permit accurate reproduction, and for approving the final color galley proof. All photographs should be correctly exposed, sharply focused, and prepared in files of 300 dpi or more. The JKMS assumes no responsibility for the quality of the photographs as they appear in the Journal. Current estimates for color reproduction can be obtained from the Editorial Office. The figure numbers, in Arabic numerals, should appear in figure legends. Multiple panels within one figure should be marked at the left upper corner using capital alphabet letters (A, B, C, D ...). Symbols, arrows, or letters used in photographs should contrast well with background. The legend for each light microscopic photographs should include names of stain and magnification. Electron microscopic photographs should have an internal scale marker. All kinds of figures may be reduced, enlarged or trimmed for publication by the Editor.

Figure legends: All the legends for figures should be typewritten in double space. Do not use separate sheets for each legend. Figure legends should describe briefly the data shown, explain any abbreviations or reference points in the photographs, and identify all units, mathematical expressions, abscissas, ordinates, and symbols. Description of informed consent for publication is required for figures which include potential privacy images.

Description of P value: P is always italicized and capitalized. In case that P values are statistically significant, the corresponding data should be marked with superscripted asterisks (P < 0.05, **P < 0.01, ***P < 0.001).

Abbreviations: Except for units of measurement, abbreviations are strongly discouraged. Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

Units of Measurement: Laboratory values are expressed using conventional units of measure, with relevant Systeme International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Figures and tables should use conventional units, with conversion factors given in legends or footnotes. The metric system is preferred for the expression of length, area, mass, and volume.

Names of Drugs, Devices, and Other Products: Generic names should be used. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name in the Methods section.
Gene Names, Symbols, and Accession Numbers: Authors describing genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.

Supplementary Materials
Authors can submit supplementary materials for online-only publication when there is insufficient space to include the materials in the main article. Supplementary materials should be original and important to the understanding and interpretation of the report. As supplementary materials will not be edited or formatted after publication, authors are responsible for the accuracy and presentation of this material.

Supplementary materials should be submitted in a single Word document or a single PDF file which should include all materials (information, tables, figures, and references). Each element included in supplementary material should be cited in the text of the main manuscript (e.g., Supplementary Table 1, Supplementary Fig. 1, Supplementary Methods). The first page of the online-only document should list the number and title of each element included in the document.

Invited Review Articles and Special Articles
Review or special articles are generally prepared in the same format as original articles, but the details of manuscript format may be flexible according to the contents. The abstract should be formed by an unstructured one-paragraph with less than 300 words. Word count, number of references, and number of figures and tables in the main body are not limited in these types of articles. Review articles will be accepted after editorial evaluation.

Case Reports
The manuscript should be in the following sequence: title page, abstract and key words, introduction, case description, discussion, acknowledgments, references, figures and figure legends. Maximums: word count from Introduction through Discussion, 1,500 words; number of figure parts, 6. For case reports of humans, state in the case description section whether informed consents for publication of clinical data were obtained from the study participants.

Brief Communication
A brief communication manuscript should be prepared in the following sequence: title page, abstract and key words, text without section titles, acknowledgments, references, and figures or tables. Maximums: one-paragraph unstructured abstract, 150 words; word counts of the text, 1,500 words; number of figure parts, 2.

Opinions
An abstract is not required, and text is limited to 1,500 words with references.

Images in This Issue
Original, high-quality images are considered for publication (subject to editing and abridgment). The title should contain no more than 12 words. No more than 3 authors may be listed. The legend should contain no more than 300 words. For figures, please review the ‘Tables and Figures’.

The legend to the image should succinctly present relevant clinical information, including a short description of the patient’s history, relevant physical and laboratory findings, clinical course, response to treatment (if any), condition at last follow-up and informed consent for publication. All labeled structures in the image should be described and explained in the legend. The legend should have callouts corresponding to each panel, if there is more than one.

Editorials and Correspondences
An abstract is not required. Maximum word count of the text is 1,000.

Author Summary
The Author Summary in Korean is requested only for Korean authors and for original articles, review articles, special articles, case
reports, brief communications, and images in this issue. In the first sentence, state what is already known that led to the present work. At the last sentence, state as concisely as possible the importance of the results for health and/or disease. Avoid listing statistical numbers unless it is compulsory for the proper understanding. The Author Summary will be checked by reviewing editor and published online in the “Forthcoming Issue” section upon acceptance. The files of published articles are supplied through an icon “Author Summary in Korean” in the electronic table of contents on the website of JKMS (https://www.jkms.org).

Graphic Abstract
A graphical abstract is required for original articles, review articles, special articles, case reports, brief communications, and images in this issue. The graphical abstract should clearly represent the topic of the article in a pictorial form designed to capture the attention of a wide readership. Authors must provide one image according to the guidelines in the section of Tables and Figures.

VII. INSTRUCTIONS FOR SUBMISSION OF REVISED MANUSCRIPTS
When you prepare a revised version of your manuscript, you should carefully follow the instructions given in the editor’s letter. Please submit an annotated copy describing the changes you have made. Failure to do so will cause a delay in the decision of your revision. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references and figures are cited in numeric order.

Revised manuscript submissions should include a point by point response to the reviewer comments. Authors should describe how each reviewer comment was addressed or why it was not be addressed, and clearly notice which paragraph in the manuscript was revised according to each comment. The response to reviewers will be shared with all reviewers. If they do not want to include data in the manuscript, authors may include the data supporting their argument in the response to reviewers file.

The annotated copy should have changes highlighted (not by using the Track Changes function in MS Word but by yellow highlighting) with notes in the text referring to the editor or reviewer query.

VIII. FIGURES AND TABLES FOR ACCEPTED MANUSCRIPTS
Graphs and illustrations: For publication of drawings, photos, graphs, or combined figures, we prefer the PPT format with a resolution of 300 or more dpi. Alternatively, the PDF format (≥ 300 dpi) is also acceptable. Layers should be retained (ie, do not “flatten” the image). If the graph or illustration was created in MS Excel or Word, we recommend that you submit the original file in the native format (.XLS for Excel, .DOC for MS Word). Files created by vector programs are best for accurately plotting and maintaining data points. Graphs, charts, and diagrams may be imported or copy/pasted into applications such as MS Word or PowerPoint for labeling and formatting, but must be accompanied by vector files created by the statistical software application. Electronic photographs-photomicrographs, electron micrographs, Western blots, radiographic images, ECG and EEG tracings, and so on and scanned images must have a resolution of at least 300 dpi.

If fonts are used in the artwork, they must be converted to paths or outlines or they must be embedded in the files. Color images must be created/scanned and saved, and submitted. Send the electronic original with appropriate labeling and arrows. Color is acceptable for charts and graphs. Do not use patterns or textures; use of three-dimensional graphs is discouraged unless all three axes are needed to depict data.

Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal’s column widths. All symbols must be defined in the figure caption. If the symbols are too complex to appear in the caption, they should appear on the illustration itself, within the area of the graph or diagram, not to the side.

IX. AUTHOR’S MANUSCRIPT CHECKLIST
1. Double-spaced typing with 11-point font
2. Sequence of title page, abstract and keywords, introduction, materials and methods, results, discussion, references, and tables and figure legends. All pages should be numbered consecutively starting from the title page.
3. Title page with article title, authors’ full name(s) and affiliation, address for correspondence (including e-mail address), running
title (less than 8 words), and footnotes or funding acknowledgments, if any.
4. Abstract in structured format for original articles and in unstructured format for others.
5. Text begins on a separate page including Introduction, Methods, Results and Discussion.
6. Give serial line numbers from the beginning in the main text.
7. All tables and figures should be cited in the text.
8. References listed in a proper format. Check that all references listed in the references section are cited in the text and vice versa.
9. A covering letter stating its scientific significance, the material has not been published previously, and will not be submitted for publication elsewhere, and stating conflicts of interest of all listed authors, if any.
10. Include a title for each table and figure (a brief phrase no longer than 15 words) and self-explanatory legend as needed.
11. Have each author read the manuscript and agree with this submission.

X. GALLEY PROOF

JKMS provides the corresponding author with galley proofs for their correction after accepting the manuscript. Corresponding authors will receive an edited document file and a copyright transfer form file by e-mail. Complete instructions will be provided with the e-mail for downloading and printing the files and for faxing the corrected page proofs to the publisher. Those authors without an e-mail address will receive traditional page proofs.

Corrections should be kept to minimum. The Editor retains the prerogative to question minor stylistic alterations and major alterations that might affect the scientific content of the paper. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries. Any fault found after the publication is the responsibility of the authors. We urge our contributors to proofread their accepted manuscripts very carefully. The corresponding author may be contacted by the Editorial Office, depending on the nature of the correction in the proof. If the proof is not returned or faxed to the Editorial Office within 48 hours, it may be necessary to reschedule the paper for a subsequent issue.

XI. COPYRIGHT

All authors of accepted manuscripts must sign a copy of the Journal’s “Authorship Responsibility and License Agreement” form and submit it to Fax: +82.2-794-3148 or E-mail: jkms@kams.or.kr. For the copyrights of the contributions published in JKMS see Creative Commons (Attribution-Noncommercial) at http://creativecommons.org.

Revised on 31 January 2020 (18th Revision)
Revised on 13 December 2019 (17th Revision)
Revised on 10 October 2018 (16th Revision)
Revised on 7 March 2018 (15th Revision)
Revised on 14 December 2012 (14th Revision)
Revised on 27 June 2011 (13th Revision)
Revised on 23 February 2010 (12th Revision)
Revised on 1 January 2010 (11th Revision)
Revised on 14 May 2009 (10th Revision)
Revised on April 2007 (9th Revision)
Revised on February 2000 (8th Revision)
Revised on April 1998 (7th Revision)
Revised on June 1997 (6th Revision)
Revised on August 1994 (5th Revision)
Revised on April 1994 (4th Revision)
Revised on February 1993 (3rd Revision)
Revised on March 1991 (2nd Revision)
First issued on September 1986