Revised on JAN 27, 2022

**1. About this journal**

**1-1. General information**   
  
The Pediatric Emergency Medicine Journal (Pediatr Emerg Med J, PEMJ; pISSN 2383-4897, eISSN 2508-5506) is the official peer-reviewed journal of the Korean Society of Pediatric Emergency Medicine (KSPEM). The KSPEM holds the copyright on all submitted articles. It launched on June 30, 2014. It is to be published **biannually, on June 30 and December 31.** Supplement issues may be published. **The journal is operated according to the Principles of Transparency and Best Practice in Scholarly Publishing 3rd ed (https://publicationethics.org/resources/guidelines-new/principles-transparency-and-best-practice-scholarly-publishing).** PEMJ is an **open access** journal. All articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The journal is indexed in KoreaMed (https://koreamed.org/), Synapse (https://synapse.koreamed.org/), KMbase (https://kmbase.medric.or.kr/), and Korea Citation Index (https://www.kci.go.kr/kciportal/main.kci).

Manuscripts for submission to PEMJ should be prepared according to the following instructions. For issues not addressed in these instructions, authors should refer to the Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals by the ICMJE (International Committee of Medical Journal Editor, <http://www.icmje.org/recommendations/>), and Good Publication Practice Guidelines for Medical Journals, 2nd ed (Korean Association of Medical Journal Editors, KAMJE, [https://www.kamje.or.kr/board/view?b\_name=bo\_publication&bo\_id=7&per\_page](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=)).

**1-2. Aims and scope**

PEMJ aims at pediatricians, emergency physicians, and other health care providers who are interested in pediatric emergency medicine. The journal focuses on both basic and clinical research of pediatric emergency medicine such as pathophysiology, epidemiology, diagnosis, prognosis, treatment, and simulation. PEMJ accepts **original articles, reviews, editorials, case reports, brief communications, correspondences, and special contributions**.

**1-3. Subscription information**

The PEMJ is freely distributed to members of the KSPEM and relevant institutions. Full text files are also freely available at the official (https://www.pemj.org) and mobile (pemj.org/m) websites. For subscription, please contact us.

**1-4. Editorial board**

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**PEMJ editorial office**  
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**2. For authors and reviewers**

**2-1. Information for contributors**

**I. General information**

PEMJ is the official journal of the KSPEM, published biannually. **The journal is operated according to the Principles of Transparency and Best Practice in Scholarly Publishing 3rd ed (https://publicationethics.org/resources/guidelines-new/principles-transparency-and-best-practice-scholarly-publishing).** There are no specific limits to contribution requirements, but the scope of content should be in accord with the "aims and scope" of the journal. PEMJ solicits competent investigators’ contributions including original articles, reviews, editorials, case reports, brief communications, correspondences, and special contributions. Authors should refer to the “Information for contributors” of the journal, the Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals by the ICMJE (<http://www.icmje.org/recommendations/>), and Good Publication Practice Guidelines for Medical Journals, 2nd ed (KAMJE, https://www.kamje.or.kr/board/view?b\_name=bo\_publication&bo\_id=7&per\_page).

**II. Editorial policy**

The editorial board presumes that all authors listed in a manuscript have agreed to the following policy of PEMJ on submission of manuscript.

Any authors may submit manuscripts of original articles, reviews, editorials, case reports, brief communications, correspondences, and special contributions written in Korean or English. Except for negotiated secondary publications, manuscripts submitted to the journal must be previously unpublished and not under consideration for publication elsewhere.

The editorial board reserves the right to make corrections, both literary and technical, to the papers. Under any circumstances, the identities of the reviewers will not be revealed. It is the author's responsibility to ensure that a patient's anonymity be carefully protected, to verify that any experimental investigation with human participants reported in the manuscript was performed with informed consent, and to follow all guidelines for experimental investigation with human participants required by the institution(s) with which all the authors are affiliated.

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

PEMJ is published biannually on JUN 30 and DEC 31. All published articles become permanent properties of KSPEM and they may not be published elsewhere without written permission.

**III. Research and publication ethics**

Regarding policies on research and publication ethics not addressed in these instructions, authors should refer to the Committee on Publication Ethics (COPE) guidelines on good publication (<http://publicationethics.org/>), the Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals by the ICMJE (<http://www.icmje.org/recommendations/>) or Good Publication Practice Guidelines for Medical Journals, 2nd ed (KAMJE, <https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page>).

**III-A. Statement of human and animal rights and informed consent**

Any investigations involving humans and animals should be approved by the institutional review board (IRB) or institutional animal care and use committee (IACUC), respectively, of the institution where the study took place. In addition, investigations with pathogens requiring a high degree of biosafety should obtain approval by relevant committee (institutional biosafety committee). Informed consent should be obtained, unless waived by the IRB, from patients (or legal guardians) who participated in clinical investigations. Human participants should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth or other protected healthcare information should not be disclosed. If experiments involve animals, the research should be based on national or institutional guidelines for animal care and use. Original articles submitted to PEMJ that address any investigation involving humans and animals should include a description about whether the study was conducted under an approval by the IRB (with or without patient informed consent) or IACUC, respectively. IRB no. is required for submission process, and if absent, the process cannot proceed.  
PEMJ can request an approval by the IRB or IACUC when necessary. It is noteworthy that a Korean act of bioethics and biosafety was revised on November 11, 2014.

**III-B. Authorship and author’s responsibility**

The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal’s administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflicts of interest (COI) forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the paper even after publication. Authors may appeal against the editorial decisions by e-mail (pemoffice@kspem.org).

Authors must meet all aspects of the following 4 criteria: (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. Any persons who do not meet any aspect of the above criteria, may be listed as contributors in the Acknowledgments section.

Only one corresponding author is allowed. A footnote indicating that the two first authors made equal contributions is permissible, as long as the authors certify that each had a "first author" role equally. The editorial board does not allow adding authors or changing the first or the corresponding authors once its decision of ‘Accept’ is made. Any change in the byline (addition or deletion of authors, change in the name order) requires a letter signed by all authors indicating agreement with the same. The editorial board has no responsibility for such changes.

**III-C. Originality and duplicate publication**

Manuscripts under review or published by other journals will not be accepted for publication in PEMJ, and articles published in this journal are not allowed to be reproduced in whole or in part in any type of publication without permission of the editorial board. Figures and tables can be used freely if original source is verified according to Creative Commons Non-Commercial License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a different journal that is not open access.

**III-D. Secondary publication**

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of ICMJE as followings: certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also being published in other journals, with the agreement of the authors and the editors of those journals. Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors should receive approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least 1 week (unless specifically negotiated otherwise by both editors).

The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient. The secondary version faithfully reflects the data and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: “This article is based on a study first reported in the title of journal, with full reference.”

**III-E. Conflicts of interest**

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The authors should disclose all potential COI. If there is a disclosure, the editors, reviewers, and readers can interpret the manuscripts with this understanding.

**III-F. Process to manage research and publication misconduct**

When the editorial board faces suspected cases of research and publication misconduct such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed COI, ethical problem, a reviewer who has appropriated an author’s idea or data, complaints against editors, and etc., the resolving process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The Research and Publication Ethics Subcommittee makes a decision on suspected cases. In this process, a debatable matter may be consulted to KAMJE.

**III-G. Data sharing**

The journal encourages authors to state the data sharing in their submission. Authors may state linking to a repository or declaring confidentiality of the data. All manuscripts reporting clinical trials must be submitted with a data sharing statement. If authors describe this in their manuscripts, the description will be published alongside their manuscripts.

**III-H. Intellectual property**

All published articles become permanent intellectual properties of the KSPEM, and they may not be published elsewhere without written permission. Copyrights of the articles are owned by the KSPEM. PEMJ is an open access journal. All articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**III-I. Post-publication discussions and corrections**

The post-publication discussion is available via the correspondences. Readers can express a concern about a published article by submitting a correspondence on the article within 8 weeks of publication. In a case of error in the article, it can be corrected through the author’s reply to the correspondence, erratum or retraction.

**III-J. Editorial responsibilities**

The editorial board will continuously work towards monitoring and safeguarding publication ethics: guidelines for retracting articles; plagiarism screening for all manuscripts (<https://crosscheck.ithenticate.com/en_us/login>), maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing errata, clarifications, retractions and apologies when needed; avoiding plagiarism, and fraudulent data. The responsibilities of the editorial board shall include: responsibility and authority to reject or accept article; avoid COI with respect to articles they reject/accept; acceptance of a paper when reasonably certain; promoting publication of erratum or retraction when errors are found; preservation of the anonymity of reviewers.

**IV. Preparing manuscripts**

**IV-A. Categories of manuscripts**  
PEMJ publishes original article, review, editorial, case report, brief communication, correspondence, and special contribution.

1. **Original article**: Original investigations in areas relevant to pediatric emergency medicine. Maximum 4,000 words, 10 tables or figures, and 30 references. Include a structured abstract and its length should not exceed 300 words. Additional material may be placed in appendices. Systematic reviews are critical assessments and evaluations of research (not simply summaries) that attempt to address a focused clinical question using methods designed to reduce the likelihood of bias. Meta-analyses combine this with aggregate analyses. This kind of manuscripts should be structured into the subheadings: introduction, main subject, and conclusion. Such articles must be compliant with relevant guidelines and include a narrative abstract and its length should not exceed 300 words. In case of systematic review, the length is limited to 5,000-8,000 words with a maximum of 100 references.
2. **Review**: Clinical reviews should address specific clinical questions or relevant issues. Such articles should summarize current research relevant to the questions they address, be evidence-based to the extent possible, be balanced, and detail the importance of the questions or issues. Include a narrative abstract and its length should not exceed 300 words. Do not combine a case report with your review. This kind of manuscripts should be structured into the subheadings: introduction, main subject, and conclusion. The length is limited to 5,000-8,000 words with a maximum of 100 references.
3. **Case report**: Case report must be a brief description of a previously undocumented disease process, a unique manifestation or treatment of a known disease process or unreported complications of treatment regimens. Entities previously reported elsewhere must be extremely important to be considered. Include an abstract with keywords, introduction, case, discussion focusing on the implications of the case reported, references, and figures or tables. Maximum 1,500 words, 20 references, and 4 tables or figures. The abstracts should not exceed 200 words.
4. **Correspondence**: Discussion, observations, opinions, corrections, and comments on topics appearing in PEMJ; very brief reports or other items of interest. Letters discussing a PEMJ article should be received within 8 weeks of the article's publication. The original authors will be given the opportunity to reply. Letters of topics unrelated to the science of medicine, as well as those containing personal criticisms, will not be published. An abstract is not required. Maximum 500 words, 5 references.
5. **Brief communication**: This kind of manuscript should be prepared in the following sequence: title page, abstract with key words, text without section titles, acknowledgments (if necessary), references, and tables or figures. Maximums: narrative abstract, 100 words; word counts of the text, 1,500 words; number of references, 20; figures, 2; table, 1.
6. **Editorials**: Authoritative comments or opinions on controversial matters with significant implications for pediatric emergency medicine; or, qualified, thorough analysis and criticism of PEMJ articles. Maximum 1,500 words.
7. **Special contribution**: This kind of manuscript does not conform to a traditional format. Please discuss with the editorial board before submission.
8. Authors should discuss with the editorial board if their article exceeds the maximum number of words, figures or tables allowed.

**IV-B. Reporting guidelines for specific study designs**

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

| **Initiative** | **Type of study** | **Source** |
| --- | --- | --- |
| **CONSORT** | Randomized controlled trials | [http://www.consort-statement.org](http://www.consort-statement.org/) |
| **STARD** | Studies of diagnostic accuracy | https://www.equator-network.org/reporting-guidelines/stard/ |
| **PRISMA** | Preferred reporting items of systematic reviews and meta-analyses | [http://www.prisma-statement.org](http://www.prisma-statement.org/) |
| **STROBE** | Observational studies in epidemiology | [http://www.strobe-statement.org](http://www.strobe-statement.org/) |
| **MOOSE** | Meta-analyses of observational studies in epidemiology | https://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/ |

**IV-C. Registration of clinical trial research**

Any research that deals with a clinical trial should be registered to the primary registry, such as the WHO International Clinical Trials Portal (<http://www.who.int/ictrp/en/>), NIH ClinicalTrials.gov (<http://www.clinicaltrials.gov/>), ISRCTN Resister (https://www.isrctn.com/), Netherlands Trial Register (<http://www.trialregister.nl/trialreg/index.asp>), and Clinical research information system (<https://cris.nih.go.kr/cris/index.jsp>). The clinical trial registration number should be published at the end of the abstract.

**IV-D. Preparing manuscripts**

1. We accept manuscripts written in English or Korean. **Even in Korean manuscripts, title page, abstract with keywords, references, tables, figures, and figure legends must be written in English.** Authors who are non-native speakers should receive English-editing service. All text files should be in Microsoft Word format (doc or docx, 2007 and above), and all figures need to be in JPG/JPEG/TIFF/PPT format. Files should not be uploaded as PDF. The manuscript should be typed in a 12-point font and double-spaced on A4 with 1 inch-margin on both sides.
2. The manuscript should be organized in the following order: full title page (including all the authors’ details) as a separate file; blinded main document in a single file, which starts with abstract with keywords, introduction, methods, results, discussion, ORCIDs (all authors), COI, funding sources, acknowledgments (optional), references, and figure legends; tables; and figures.
3. The use of abbreviations should be minimized. When used, they should be fully described at first appearance in the text and described in the parenthesis. Use of Korean terms need to be consistent with the latest version of lexicon published from Korean Medical Association (<http://term.kma.org/>). If Korean terms are unavailable (medical terms, proper nouns, place names, drug names or units), authors may use English terms. Even if Korean terms are poorly understandable, authors should use only Korean terms after describing the corresponding English terms in parentheses at first appearance. Leave blanks between English words and subsequent parentheses (*c.f*., no blanks between Korean words and parentheses).
4. Radiation measurements and laboratory values should be in accordance with the International System of Units (SI). However, some customarily used units (*e.g.*, mmHg) are acceptable. Leave blanks in front of units except % and ℃. P values should be typed in capital letters not in italics in the text (“P”) and should be marked as “P value” in the table.
5. PEMJ performs double-blinded review of the submitted manuscripts. **The authors' names, affiliations, and any other remarks that may identify the authors should not appear in the main document, figures, and appendices for the blinded review.** In case identifying details are found, the editorial board will ask the corresponding author to re-upload the files after deleting such details before referring peer review.
6. The names and locations (city or province/country or state) of the manufacturers of equipment and generic names should be given.
7. If you need subheadings, you should number them in following order: 1., 2., 3., 4., 1), 2), 3), 4), a., b., c., d.
8. Please also refer to PEMJ article templates and recent articles for style.

**IV-E. Title page**

Include the following items on the full title page.

1. Type of manuscript (*e.g.*, original article)
2. Title: **Both English (≤50 words) and Korean (≤50 letters) titles** are needed (Even English manuscripts need Korean titles).
3. Full names, affiliations, and order of all authors: Each author’s full name must be provided in the order of first name, middle name, and last name. Academic degree is not required. When authors from different institutions (name of academic institution is preferred) are included, the authors should be matched with their organizations by placing the relevant organization number in superscript after each author’s name.   
         *e.g.*, Jun Dong Park1   
               1Deartment of Pediatrics, Seoul National University College of Medicine, Seoul, Korea
4. Information of the corresponding author (ORCID, postal address, phone number, fax number, and e-mail address).
5. Running title: This title will be printed at the top of each page of the published paper and should be no longer than 10 words (including spaces).
6. Proof of English-editing (optional): Authors who are non-native speakers may indicate the fact of English-editing and name of the agency (*e.g.*, The manuscript underwent English-editing by ABC [URL]).

**IV-F. Main body**

The main body is a blinded document for review and should contain the following components in a single file, which starts with abstract and keywords, introduction, methods, results, discussion, ORCIDs (all authors), COI, funding sources, acknowledgments (optional), references, and figure legends. Tables and figures should not be embedded in the text.

1. **Abstract**  
   Abstracts for original articles should be 300 words or less, and structured into the subheadings: Purpose, Methods (include information on design, setting, participants, interventions, and main outcomes measured), Results, and Conclusion. But narrative abstracts are necessary in review, case report, and brief communication. In your results, you should emphasize the magnitude of findings over test statistics, ideally including the size of effect and its confidence intervals for the principal outcomes. Citations should not be used in the abstract. Abbreviations should be minimized and, if used, must be defined within the abstract by the full term followed by its abbreviation in parentheses. Keywords should be listed using 5-10 Medical Subject Headings (MeSH, <http://www.nlm.nih.gov/mesh/MBrowser.html>) joined by semicolons. In case of an RCT, the trials registry number should appear after the conclusion (*e.g.*, NCT01616745).
2. **Main body**   
   **1) Introduction**: The most effective introduction section should concisely argue how the topic is new, scientifically important, and clinically relevant. Usually, we recommend three paragraphs: The first paragraph to describe the circumstances or historical context that led you to investigate the issue. The second to describe why your investigation is consequential. What are its potential implications? How does it relate to issues raised in the first paragraph? Why is this specific investigation the next logical step? The last to explain the goals of this investigation: Clearly state the specific research objective or hypothesis and your primary outcome measure.   
   **2) Methods**:   
   - This section should include subsections with contents that detail the study design, study setting and population, study protocol, measurements or key outcome measures, and data analysis (include sample size determinations and other relevant information, the names of statistical tests, and software used).   
   - The role of funding organizations and sponsors in the conduct and reporting of the study should be included here.   
   - When equipment is used in a study, provide in parentheses the model number, name, and location of the manufacturer.   
   - If citing an in-press paper for the description of methods, please upload a copy of the in-press paper for the editor and reviewers. This in-press material will be handled with appropriate confidentiality.   
   - Research involving human participants or animals must meet local, legal and institutional requirements, and generally accepted ethical principles such as those set out in the Nuremberg Code, the Belmont Report, or the Declaration of Helsinki.   
   - Manuscripts reporting data involving human participants must indicate a positive review by an IRB or equivalent. This requirement includes studies that qualify for IRB expedited status. Most institutions require IRB review of studies that qualify for exempt status and that this determination be made by the IRB, not by the authors. The “Methods” section of the manuscript must explicitly state that IRB approval was obtained, that the IRB determined the study was exempt, or that the study did not involve human participants (*e.g.*, publicly available and previously de-identified information from national data sets, or other studies not meeting the definition of human participants research, additional information available at [www.hhs.gov/ohrp/policy/cdebiol.html](http://www.hhs.gov/ohrp/policy/cdebiol.html)). IRB approval number should be typed after this remark (*e.g.*, IRB no. ##-##-###). The “Methods” section should also indicate the type of consent used (written, verbal, or waived), and confirm that consent was obtained from all participants (unless waived by the IRB).   
   - Manuscripts reporting the results of investigations of live vertebrate animals must indicate approval by an IACUC or equivalent. We reserve the right to request submission of IRB or IACUC documentation at any time.   
   - When working with administrative databases, authors should be diligent in checking the validity of variables (*e.g.*, by cross-checking with other variables in the dataset) and patterns of missing data. Both of these factors can bias results. Authors should also recognize that causal inferences are generally limited when interpreting results from administrative data sources. For analyses using probability samples, care should be taken to use clusters, strata and weights in analyses and that substantially restricting such samples (*e.g.*, to small age groups) may create bias and unusual associations between variables.  
   - Authors considering performing survey projects and submitting survey manuscript should review the following commentary, which discusses some of the key features of survey methodology. (Mello MJ, Merchant RC, Clark MA. Surveying emergency medicine. Acad Emerg Med 2013;20(4):409-12.)   
   **3) Results**: This section should be concise, and include the statistical analysis. Results presented in tables or figures should be referred to in the text, but the material should not be presented again. In addition to the data collected in the study, the results should also indicate the success of protocol implementation (*e.g.*, was blinding successful, was there a high inter-rater reliability?). **In keeping with the recommendations of the Institute of Medicine regarding gender-specific research, ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors).** We ask that “all papers reporting the outcomes of clinical trials report on men and women separately unless a trial is of a sex-specific condition (such as endometrial or prostatic cancer).” (Women’s Health Research: Progress, Pitfalls, and Promise; National Academies Press 2010, available at <https://doi.org/10.1080/07399332.2011.562837>). If the study was done involving an exclusive population, for example in only one sex, authors should justify the reasons, except in obvious cases.

**4) Discussion**: Briefly summarize the results and how they relate to your area of investigation. Consider only those published articles directly relevant to interpreting your results and placing them in context. Do not stress statistical significance over clinical importance. Do not use a separate conclusion section, but instead append it as the last paragraph of the Discussion beginning something like: "In summary . . .” Take care that the conclusion is restricted to what can be justified by your experimental results. Discuss shortcomings and biases related to study design and execution.

1. **ORCIDs, COI, funding sources, and acknowledgments**   
   1) All authors must state their ORCIDs, and declare their COI and funding organizations or sponsors. It not applicable, they also should state the nonexistence of COI or funding source.

2)Persons who have made substantial contribution, but who are not eligible as authors are named in the acknowledgments (optional).

1. **References**   
   1) The list should be numbered consecutively in the order in which they are first mentioned in the text. Every reference must be cited at least once in the text. Each reference should be cited as superscripts (Vancouver style). Although the superscript should be typed after author’s surname, it should be typed at the end of the sentence but ahead of the period, if no author’s surname is typed in there. If authors’ number is less than three, all the authors’ surname should be typed. However, in case of three or more authors, the superscript should be located after the first author’s surname.  
   2) The abbreviated journal title should be used according to the NLM catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) or the KoreaMed (<http://www.koreamed.org/>).  
   3) If there are six or fewer authors in a reference, list all authors. If the number of authors is greater than six, list the initial six authors, and then abbreviate the rest of the authors with by “et al.”  
   4) Personal communications and unpublished data should be cited in the body of the paper in parentheses, not listed in the references section. Manuscripts that have been accepted for publication may be listed as “Forthcoming”; manuscripts that have been submitted or are under revision but have not been accepted should not be cited as references.  
   5) The use of abstracts that have not been published as full manuscripts is discouraged.  
   6) Authors are responsible for the accuracy and completeness of the references and text citations.  
   7) Number of references is limited to 100 in reviews, 30 in original articles (but, 100 in systematic reviews), 20 in case reports and brief communications, and 5 in correspondences. The style and punctuation for references should follow the format illustrated in the following examples. For types not addressed in these examples, the author is referred to the Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals by the ICMJE (<http://www.icmje.org/recommendations/>), and Good Publication Practice Guidelines for Medical Journals, 2nd ed (KAMJE, [https://www.kamje.or.kr/board/view?b\_name=bo\_publication&bo\_id=7&per\_page](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=)).

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*ONLINE*  
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1. **Tables**   
   Tables should be referenced in the main text in sequential order, and uploaded separately with the text. A descriptive title that is composed of a phrase without a period at the top of the table. Define all abbreviations in a footnote to the table. If necessary, footnote signs can be used as listed order; \*, †, ‡, §, ||, ¶, \*\*, ††, ‡‡, §§, ||||, ¶¶. If a table has been previously published should be accompanied by the written consent of the copyright holder and the footnote must acknowledge the original source.
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   Figures must be referenced in the text in sequential order. Figures should clarify and augment the text. Each figure should be submitted on a separate page. Legends should be typed in 12-point font, double-spaced, and located after the references with the titles in clauses. Figures in PDF are not acceptable. Photographs must be submitted electronically according to the following specifications: color photographs should be saved as TIF files in RGB at a minimum of 12.5 cm (5 in.) in width at 300 dpi; black and white photographs should be saved as TIF files in grayscale at a minimum of 12.5 cm (5 in.) in width at 300 dpi. **Authors should note that all photographs with discriminability of the patients’ identity (not limited to the face) must be submitted with the publication of patient information form and the authors take the legal responsibility in case of lawsuits.** Symbols, arrows or letters used to identify parts of the figures must be explained clearly in the legend. The illustrations of pathological tissue should state clearly the type of stain and the magnifying power (*e.g.*, H&E, ×400), and the main contents should be marked by signs or arrows on the picture. Line drawings should be original copies. A previously published figure should be accompanied by the footnote acknowledging the original source and the consent of copyright holder.

**V. Submitting manuscripts**

**V-A. First submission**

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