

# Instructions to authors

The *Kosin Medical Journal* (KMJ) is an international, open access, peer-reviewed, quarterly journal of medicine published online, in English, on March 31, June 30, September 30, and December 31 of each year. The Journal's publisher is the Kosin University College of Medicine. Anyone considering submitting a manuscript is advised to carefully read the aims and scope section of this journal. Manuscripts submitted to KMJ should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the International Committee of Medical Journal Editors (ICMJE) "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals."

## I. AIMS AND SCOPE

*The Kosin Medical Journal* (Kosin Med J, KMJ, pISSN 2005-9531, eISSN 2586-7024, <https://www.kosinmedj.org>), the official publication of Kosin University College of Medicine, is a peer-reviewed and open access journal of research in all medical fields, including medicine, medical science, medical ethics, medical policy, and medical education. Its regional focus is Korea, but it welcomes submissions from researchers all over the world.

The KMJ aims to communicate new medical information to medical personnel, and to facilitate the development of medicine, medical science, medical ethics, medical policy, and medical education, as well as the propagation of medical knowledge by publishing high-quality, evidence-based articles.

The KMJ publishes editorials, review articles, original articles, and case reports. All manuscripts should be creative, informative, and helpful for the diagnosis and treatment of medical diseases and the communication of valuable information about all fields of medicine, medical science, medical ethics, medical policy, and medical education.

## II. MANUSCRIPT SUBMISSION

Authors should submit manuscripts using the KMJ's electronic manuscript management system at <https://submit.kosinmedj.org>.

[kosinmedj.org](https://www.kosinmedj.org). Please log in first as a member of the system and follow the directions. **Manuscripts should be submitted by the corresponding author, who should supply the address, phone number, and email address for correspondence in the title page of the manuscript. If available, a fax number would be helpful.**

### Document forms

Before you log into the online submission portal, it is helpful to prepare the following documents as you will be asked to upload them during the electronic submission process.

- **Author statement forms**
- **A cover letter** that includes the address, telephone number, and email address of the corresponding author
- **English proofreading documentation**—authors whose native language is not English must show that their manuscript has been edited by an English-language proofreading or editing service

The revised manuscript should be submitted through the same web portal using 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 the KMJ, should be sent to:

Editor-in-Chief

Kosin Medical Journal Editorial Board Office

Kosin University College of Medicine

#262, Gamcheon-ro, Seo-gu, Busan 49267, Korea

Tel: +82-51-990-3088

Fax: +82-51-241-5458

E-mail: [office@kosinmedj.org](mailto:office@kosinmedj.org)

## III. CATEGORIES OF PUBLICATIONS

The KMJ publishes editorials, review articles, original articles, and case reports.

- **Editorials** are invited perspectives on an area of medical science that deal with active fields of research and current medical interests and provide fresh insights and debate.
- **Review articles** provide a concise review of a subject of importance to medical researchers. They are usually so-

licited by the Editor, but we will also consider unsolicited material. Please send us a Presubmission Inquiry before writing a review article.

- **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.

## IV. ETHICAL CONSIDERATIONS

### Authorship

The KMJ accepts authorship criteria recommended by the ICMJE (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>) and the Good Publication Practice Guidelines by the Korean Association of Medical Journal Editors (KAMJE, 2019, <http://kamje.or.kr>).

Each author is expected to have made a substantial contribution to the conception or design of the work; the acquisition, analysis, or interpretation of data; the creation of new software used in the work; or have drafted the work or substantively revised it; AND to have approved the submitted version (and any substantially modified version that involves the author's contributions to the study); AND to have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even those in which the author was not personally involved, are appropriately investigated and resolved, and the resolution documented in the literature.

Those who do not meet the above criteria should be acknowledged as contributors rather than authors. The corresponding 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.

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.

### Contributor Roles Taxonomy (CRediT)

- Conceptualization
- Data curation
- Formal analysis
- Funding acquisition
- Investigation
- Methodology
- Project administration
- Resources
- Software
- Supervision
- Validation
- Visualization
- Writing – original draft
- Writing – review and editing

The KMJ accepts notice of equal contributions for the first or corresponding authors when the study was clearly performed by co-first or co-corresponding authors. The KMJ does not allow authorship corrections after publication unless the editorial staff made an obvious mistake. Before publication, authorship can be changed if all authors request the authorship correction.

### Declaration of ethics including authorship

The corresponding author must agree to abide by research ethics guidelines, including those involving authorship, by including the following sentences in a cover letter.

“All of the bylined authors meet the ICMJE criteria for authorship. We well understand the privilege and responsibility of authorship of scientific publications. We declare that we are following global and/or local guidelines of research and publication ethics strictly including authorship.”

All authors should provide details of their position in the affiliated institution on the online submission system (e.g., professor, college lecturer, graduate student, researcher, college student, post-doctoral fellow, middle or high school teacher, or high school student, etc.).

### 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 in-

clude 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 the KMJ differs substantially from other materials. If all or part of a patient population was previously reported, this should be mentioned in the Methods, with citation of the appropriate reference(s). The duplication will be checked through crosscheck (<https://app.ithenticate.com>) or eTBLAST (<https://bio.tools/etblast>) before submission. If duplicate publication related to the papers in this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutes will be informed. There will also be penalties for the authors.

### **Secondary publication**

It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals established by the ICMJE (<http://www.icmje.org>).

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected in the form of a publication interval negotiated by the editors of both journals and the authors.
- 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 secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note reading, “This article is based on a study first reported in (journal title, with full reference)” —and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that

it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the US National Library of Medicine (NLM) does not consider translations to be “republications” and does not cite or index them when the original article was published in a journal indexed in MEDLINE.

### **Conflict of interest statement**

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors’ interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

### **Commercial sponsorships or funding**

The corresponding author must inform the editor of any commercial sponsorships or fundings.

### **Registration of the clinical trial research**

A 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 with the primary registry prior to publication. The KMJ accepts registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (<https://www.who.int/clinical-trials-registry-platform>), NIH ClinicalTrials.gov (<http://www.clinicaltrials.gov>), ISRCTN Resister ([www.ISRCTN.org](http://www.ISRCTN.org)), or the Clinical Research Information Service (CRIS), Korea CDC (<https://cris.nih.go.kr/cris/index.jsp>). The clinical trial registration number shall appear at the end of the abstract.

### **Data-sharing statement**

The KMJ accepts the “ICMJE Recommendations for Data Sharing Statement Policy.” All manuscripts reporting clinical trial results from July 1, 2018 should submit a data-sharing statement following the ICMJE guidelines. Authors can refer to the editorial, “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in JKMS Vol. 32, No. 7:1051-1053 ([http://crossmark.crossref.org/dialog/?doi=10.3346/jkms.2017.32.7.1051&domain=pdf&date\\_](http://crossmark.crossref.org/dialog/?doi=10.3346/jkms.2017.32.7.1051&domain=pdf&date_)

stamp=2017-06-05).

### **Statement of informed consent and IRB approval**

Copies of written informed consent and institutional review board (IRB) approval for clinical research (original article and case report) should be kept. Authors should include the IRB approval number in the manuscript. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. For studies involving human subjects, the method through which informed consent was obtained from the participants must be stated in the Methods section.

### **Statement on human and animal rights**

Clinical research should be done in accordance with the Ethical Principles for Medical Research Involving Human Subjects, as outlined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

### **Process to manage the research and publication misconduct**

When the Journal faces suspected cases of research and publication misconduct, such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and other issues, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board of the KMJ will discuss the suspected cases and reach a decision. The KMJ will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

### **Errata**

Errata provide a means of correcting errors that occur during the writing, typing, editing, or publication (e.g., a misspelling, dropped word or line, or mislabeling of a figure) of a published article. Errata can be submitted through the KMJ online manuscript management portal as a Microsoft Word file. In the Abstract section of the submission form (a required field), enter "Not Applicable" and upload the text of the proposed erratum. Please see a recent issue for correct formatting.

### **Author corrections**

If the addition or deletion of authors or a change to the order of authorship is required, the corresponding author must complete the authorship change form and submit it through the KMJ online manuscript management portal with the signature of all existing authors and new authors. In the Abstract section of the submission form (a required field), enter "Not Applicable." The text of the proposed erratum should be uploaded as a Microsoft Word file. When there is a request for a change by the author, the editorial committee assembles an ethics committee to judge whether the change is appropriate. If a new author should be added or an author should be deleted after submission, it is the responsibility of the corresponding author to ensure that all authors are aware of and agree to the change in authorship. The KMJ assumes no responsibility for such changes. Please see a recent issue for correct formatting.

### **Retractions**

Retractions are reserved for major errors or breaches of ethics that, for example, may call into question the source of the data or the validity of the results and conclusions of an article. Retractions should be submitted through the KMJ online manuscript management portal as a Microsoft Word file. In the Abstract section of the submission form (a required field), put "Not Applicable." Letters of agreement signed by all of the authors must be supplied as Miscellaneous Files Not for Publication (scanned PDF files). The retraction will be assigned to the journal's editor-in-chief, and the editor who handled the paper and the chair of the KMJ editorial board will be consulted. If all parties agree to the publication and content of the retraction, it will be sent to the journals department for publication.

For the policies on research and publication ethics not stated in the Instructions, Guidelines on Good Publication

(<http://publicationethics.org>) or Good Publication Practice Guidelines for Medical Journals (<http://kamje.or.kr>) can be applied.

## V. MANUSCRIPT PREPARATION AND FORMAT

### 1. General requirements

- Every manuscript should be written in English.
- The main document, including manuscript text and tables, should be prepared in MS Word.
- The manuscript should be double-spaced on 21.6 × 27.9 cm (US letter) or 21.0 × 29.7 cm (A4) paper with top, bottom, right, and left margins of 3.0 cm.
- All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages.
- Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. A spelled-out term followed by the abbreviation in parentheses should be used on first mention unless the abbreviation is widely recognized (e.g., UN for United Nations).
- The names and locations (city, state, and country) of manufacturers of equipment and non-generic drugs should be given.
- When quoting from other sources, supply a reference number after the author's name or at the end of the quotation (see References section).
- Authors should express all measurements in conventional units, using the International System (SI) of units.
- To make papers more readable and informative, mark the followings in italics.
  - Biological names of organisms: *Saccharomyces cerevisiae*, *E. coli*
  - Restriction enzymes and some enzymes: *EcoRI*, *Taq polymerase*
  - Names of genes: *src*, *c-H-ras*, *myc*
  - Latin words: *in vivo*, *in vitro*, *in situ*
  - Centrifugal acceleration: *g* (e.g., 100,000 *g*)

### 2. Reporting guidelines for specific study designs

Research reports frequently omit important information. As such, reporting guidelines have been developed for a num-

ber of study designs, and some journals may ask authors to follow them. Authors are also encouraged to consult the reporting guidelines relevant to their specific research design. A good source for reporting guidelines is the EQUATOR Network (<http://www.equator-network.org/home>) and the United States National Library of Medicine ([http://www.nlm.nih.gov/services/research\\_report\\_guide.html](http://www.nlm.nih.gov/services/research_report_guide.html)).

### 3. 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" (2021) (<http://www.icmje.org>). In addition to the ICMJE recommendation, a number of reporting guidelines have been developed by experts to facilitate reporting of research studies or clinical trials (<http://www.equator-network.org/library>). For reporting of randomized controlled trials, the KMJ requires compliance with the CONSORT statement (<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.html>).

#### Manuscript components

The manuscript, including tables and their footnotes and figure legends, should use the 12-point Times New Roman font and line spacing should be set to "double." The manuscript should be in the following sequence: title page, Conflicts of interest, Sources of funding, Author contributions, ORCID iDs, Abstract and Keywords, Introduction, Methods, Results, Discussion, Acknowledgments, References, Tables (each table complete with a title and footnotes), and Figure Legends (figures should be uploaded separately, not embedded in text). All pages should be numbered consecutively starting from the title page. All numbers should be written in Arabic numerals throughout the manuscript except for the first word of a sentence. Tables and figures should not be inserted in the main text. A combined table file can be uploaded separately from the main manuscript file. A combined figure file or individual figure files can be uploaded separately from the main manuscript.

#### File formats

Drawings, photographs, graphs, or combined figures can be

submitted as PDF files. We accept graphic files in the PDF, JPEG, or TIFF formats only. It is permissible to send low-resolution images for peer review, but we will ask for high-resolution files before publication. Acceptable file formats for supplemental video files are mov, wmv, mpg, mpeg, and mp4. The file size and running time of each video should be no more than 25 MB and 5 minutes, respectively.

### *Title page*

Include the following items on the title page: (1) the title of the manuscript (the title should be short, informative, contain the major keywords, and be no more than 200 characters in length, including spaces between words; acronyms and abbreviations should be avoided, and the species of any experimental animal must be indicated in the title); (2) an author list (include ORCID\*); (3) the names of each author's institutional affiliation; (4) the name, address, telephone number, and email address of the corresponding author; (5) the source of any research funding, if any, and a list of where and when the study has been presented in part elsewhere; and (6) a running title of no more than 50 characters.

\*ORCID: We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. Authors can obtain an ORCID at <http://orcid.org>. Registration is free to every researcher in the world.

### *Conflict of interest*

State any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically related issues.

### *Author contributions*

What authors have contributed to the study should be described in this section. To qualify for authorship, all contributors must meet at least one of the 12 core contributions defined by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation, funding acquisition, project administration, resources, supervision, and visualization), as well as at least one writing contribution (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 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: GDH. Data curation: YSJ, YC. Formal analysis: CSK. Methodology: YK, GDK.; Software: YK, YSJ. Validation:..... Investigation:..... Funding acquisition:..... Project administration:..... Resources:..... Supervision:..... Visualization:..... Writing - original draft: GDH, YSJ. Writing - review and editing: YC, YK, CSK.

### *Abstract and keywords*

The abstract should briefly describe the content of the manuscript in a structured format within 250 words. The abstract should be structured as follows; Background, Methods, Results, and Conclusion. Initialisms, acronyms and informal abbreviations should be avoided where possible; if needed, they should be kept to an absolute minimum and accompanied by proper definitions. Three to five keywords should be listed below the Abstract on the Abstract page. For the selection of keywords, refer to Medical Subject Headings (MeSH) in PubMed, or <http://www.nlm.nih.gov/mesh/MBrowser.html>.

### *Main text*

#### • 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 include a "General and specific background," "Debating issue," and "Specific purpose of this study."

#### • Methods

The explanation of the experimental methods used 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 require 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 supplied, along with their location (name of company, city and state, and country). The method of statistical analyses and the criteria for determining significance levels should be described. An ethics statement should be placed in this section when the studies are performed using clinical samples or data, and animals. Examples are provided below.

(For clinical study)

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

(For animal study)

The procedures used and the care of animals were approved by the Institutional Animal Care and Use Committee at xxxXXXXX University (approval No. 2018002).

(For clinical trials)

This was a randomized clinical trial at the second phase, registered at the Clinical Research Information Service (CRIS, <http://cris.nih.go.kr>), number KCT0002018.

Other international registration is acceptable. Manuscripts reporting interventional clinical trial should include a data-sharing plan following the ICMJE statement by referring to the ICMJE Statement on Data Sharing.

When describing participants, ensure correct use of the terms sex (for 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 involved an exclusive population, (e.g., only one sex), authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should describe how they determined race or ethnicity and justify their relevance.

#### • Results

This section should be presented logically and in a manner consistent with the Methods section. Tables and figures are recommended when they can present data more succinctly and clearly. Do not duplicate the content of tables or figures

in the Results section. Briefly describe the core results related to the conclusion in the text when data are provided in tables or in figures. In the Results section, audio or video files are also welcomed. Supplementary results can be placed in an Appendix.

#### • Discussion

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

#### *Acknowledgments*

The authors can list the names of persons who helped plan or conduct the study but are not eligible authors in this section. Funding sources, which are supplied on the title page, should not be duplicated in this section.

#### *References*

References should be numbered in the order they appear in the text and should not exceed 40 in number. Citation of references in the text should be identified with Arabic numerals in square brackets (for example, ..... the leading cause of death in Korea [1,2] and preceding any punctuation). References should be listed in the order they are cited in the text, with consecutive numbers in this section. The style for citing papers in periodicals is: last 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. Up to six authors can be listed in a reference; the names of all authors after the first 6 should be abbreviated to "et al." The use of software to manage references (e.g., EndNote) is recommended.

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. Gray literature sources are not allowed for references. Internet materials are acceptable with the correct URL and the date accessed.

Examples of reference style:

1. Journal

Kim TS, Kang SH, Kang PM, Ha H, Kim SD, Yoon J, et al. Clinical significance of serum neutrophil gelatinase-associated lipocalin in the early diagnosis of renal function deterioration after radical nephrectomy. *Kosin Med J* 2018;33:20-8.

Verbalis JG. Renal physiology of nocturia. *Neurourol Urodyn* 2014;33(Suppl 1):S6-9.

2. Book

Hong GD, Kim C, Park J. *KMJ reference style: a guide for authors*. 5th ed. Seoul, Korea: Daehakro Press; 2017.

3. Chapter in a book

Floch MH. Probiotics, probiotics and dietary fiber. In: Buchman A, editor. *Clinical nutrition: a guide for gastroenterologists*. Thorofare, NJ: SLAK Incorporated; 2005. p. 18-24.

4. Conference/meeting presentation

Morrow GR, Ryan JL, Kohli S. Modafinil for persistent post-treatment fatigue: an open label study of 82 women with breast cancer. *MASCC international symposia 2006*, Abstract 11-070.

5. Internet or electronic resource

Testa J. The Thomson Reuters journal selection process [Internet]. Philadelphia: Thomson Reuters; c2012 [cited 2013 Sep 30]. Available from: <http://wokinfo.com/essays/journal-selection-process>

**Tables and figures**

**Tables:** Tables are to be numbered in the order in which they are cited in the text. A table title should concisely describe the content of the table so that a reader can understand the table without referring to the text. Each table must be simple and provided on a separate page with its title. Explanatory matter is placed in the footnotes below the table and not in the title. All non-standard abbreviations should be explained in the footnotes. The symbols a), b), c), d), should be used (in that order) for footnotes. Statistical measures such as standard deviation (SD) or standard error (SE) should be identified. No vertical or horizontal rules should appear between table cells.

**Figures and legends for illustrations:** Figures must be submitted as separate files in JPEG, TIFF or PDF format (do not embed the figures in a Microsoft Word file). To supply figures in other file formats, contact the editorial office. All images should the following image resolutions or greater: line art

(an image composed of lines and text): 1,000 dpi; halftone (a continuous tone photograph, which contains no text): 300 dpi; or combination (line art and halftone): 600 dpi.

Photographs of recognizable persons should be accompanied by a signed release from the person in the photograph or an appropriate legal guardian authorizing reproduction. Written permission should be obtained for the use of all previously published illustrations (and copies of permission letters should be included).

Figures should be numbered, using Arabic numerals, in the order in which they are cited. In the case of multiple prints bearing the same number, use English letters immediately after the numerals to indicate the correct order. (e.g., Fig. 1A, Fig. 1B and C; Fig. 2A-D).

If any tables or figures are moved or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com>) or from the individual publisher if the materials are not from open access journals published under a Creative Commons license. If tables or figures are from open access journals, accurately describe the source of the journal in the footnote. Note that a free access journal is different from that of an open access journal, and it is necessary to obtain permission from the publisher of a free access journal when using tables or figures from these sources.

**Description of *p* value:** *p* is always italicized and in lower case. When *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. Define all abbreviations at first mention.

**Units of measurement:** Laboratory values are expressed using conventional units of measure, with relevant System International (SI) conversion factors, if necessary 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 of pharmaceuticals should be used. When proprietary brands are used, 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 number:** 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 MS 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.

### **4. Review articles**

Reviews are comprehensive analyses of specific topics. They are typically solicited by the Editor, but we also consider unsolicited material. Please send us a Presubmission Inquiry before writing a review article. All review articles undergo the same review process as other types of articles prior to acceptance. Reviews are organized as follows: title page, abstract (a single unstructured paragraph of no more than 250 words) and three to five keywords (as in MeSH), introduction, main text, conclusion, acknowledgments, references, tables, and figure legends. Reviews have no restrictions on word count or the number of figures and tables. However, authors should eliminate redundancies, emphasize the central message, and provide only the data necessary to convey that message. A review article is limited to less than

6,000 words, with a maximum of 100 references, excluding tables or figure legends.

### **5. Case reports**

Case reports will be published only in exceptional circumstances, if they illustrate a rare occurrence of clinical importance. The manuscript should be in the following sequence: title page, abstract (no more than 250 words) and three to five keywords (as in MeSH), introduction, case report(s), discussion, acknowledgments, references (no more than 20), tables, and figure legends. The manuscript should have no more than six tables or figures in total. For case reports involving humans, whether informed consent for publication of clinical data was obtained from the study participants must be stated in the case description section.

### **6. Editorials**

Editorials are invited by the Editor and should provide commentary on articles in the current issue. Editorial topics could include active areas of research, fresh insights, and debates in all fields of interest to KMJ readers. Editorials should not exceed 1,000 words, excluding references, tables, and figure legends. No more than 20 references should be cited. The manuscript should have no more than three tables or figures. Any article longer than these limits should be discussed with the editor.

**Table 1.** Specifications for publication types

Type of article	Original article	Review article	Case report	Editorial
Abstract (words)	250	250	250	NR
Text (words) <sup>a)</sup>	NL	6,000	1,500	1,000
References	40 <sup>b)</sup>	100	20	20
Tables and Figures	NL	NL	6	3

NL, not limited; NR, not required.

<sup>a)</sup>Maximum number of words is exclusive of the abstract, references, and figure legends.

<sup>b)</sup>Except meta-analyses or systematic reviews.

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during the revision process, all subsequent tables, references, and figures should be renumbered to ensure they are cited in order.

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- Abstract and Keywords**
  - Original article (structured—background, methods, results, and conclusion—within 250 words)
  - Review article (unstructured, ≤250 words)
  - Case report (unstructured, ≤250 words)

Three to five keywords as in MeSH
- Main text**
  - Original article (introduction, methods, results, discussion)
  - Review article (≤6,000 words), Case report (≤1,500 words), Editorial (≤1,000 words)

Turn on serial line numbering from the beginning of the main text.

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