JKMA Journal of the Korean Medical Association

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General Information

The *Journal of the Korean Medical Association* (JKMA) is the official peer-reviewed, open-access, monthly journal of the Korean Medical Association (KMA). Manuscripts for submission to the JKMA should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" (http//www.icmje.org).

Research and Publication Ethics

For the policies on the research and publication ethics not stated in these instructions, Guidelines on Good Publication (http://publicationethics.org/resources/guidelines) or Good Publication Practice Guidelines for Medical Journals (http://kamje.or.kr) can be applied.

1. Conflict of interest statement

Conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, and paid expert testimony, are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion (http://icmje.org). If there are any conflicts of interest, authors should disclose them in the manuscript. The conflict of interest may occur dur-ing research process; however, important point is the disclosure itself. If there is a disclosure, editors, reviewers, and reader can approach the manuscripts after understanding the situation where the research work was processed.

2. Statement of human and animal right

Clinical research should be done in accordance of the Ethical Principles for Medical Research Involving Human Subjects, outlined in the Helsinki Declaration of 1975 (revised 2013, (https://www.wma.net). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, such that patients' names, initials, hospital num-bers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, 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.

3. Statement of informed consent and institutional review board approval

Copies of written informed consents should be kept for studies on human subjects. For the clinical studies of human subjects, there should be a certificate, agreement, or approval by the Institutional Review Board (IRB) of author's institute. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

4. Registration of the clinical trial research

Any researches that deal with clinical trial should be registered to the primary national clinical trial registration site such as Korea Clinical Research Information Service (CRiS, http://cris.nih.go.kr), other primary national registry sites accredited by World Health Organization (https://www.who.int/clinical-trials-registry-platform) or ClinicalTrial.gov (https://clinicaltrials.gov), a service of the Unite States National Institutes of Health.

5. 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 conflict of interest 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 way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional infor-mation should questions about the paper arise after publication. Authors are responsible for the whole content of each article. Co-authorship should be based on 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; AND
2) Drafting the work or revising it critically for important intellectual content; AND
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.

If any persons who do not meet above four criteria, they may be placed as contributors in Acknowledgments section. Description of co-first authors or co-corresponding authors is also accepted if corresponding author believes that their roles are equally contributed.

6. Originality and duplicate publication

Manuscripts under review or published by other journals will not be accepted for publication, 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 of this journal can be used freely if original source is verified according to Creative Commons Attribution Non-commercial License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a other journal that is not open access.

7. Secondary publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" (http://www.icmje.org/publishing_4overlap.html) 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 have received 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]."

8. Process to manage the research and publication misconduct

When the Journal faces suspected cases of research and publication misconduct such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problem with a submitted manu-

script, a reviewer who has appropriated an author's idea or data, complaints against editors, and etc., the resolving process will be followed by flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). The discussion and decision on the suspected cases are done by Editorial Board.

9. Editorial responsibilities

Editorial board will continuously work for monitoring/safeguarding publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing corrections, clarifications, retractions and apologies when needed; no plagiarism, no fraudulent data. Editorial board checks manuscripts to confirm the originality of text through Similarity Check. If the value of similarity index is unexpectedly high, it will be screened more precisely on plagiarism or duplicate publication. Editors are always keeping following responsibilities: responsibility and authority to rejected/accept article; no conflict of interest respect to articles they reject/accept; acceptance of a paper when reasonably certain; promoting publication of correction or retraction when errors are found; preservation of anonymity of reviewers.

Manuscript Preparation

1. Qualification for Authors

Research article and practice guideline all medical researchers around the world. Correspondence can be submitted by any researchers or physicians. No qualification of authors is required for com-missioned articles.

2. Language and Terminology

Manuscripts for the Journal can be prepared in Korean or in English. In the case of Korean text, all tables, figures, and references should be prepared in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. Korean medical terms should be selected from the most recent edition of English-Korean Korean-English Medical Terminology published by KMA (http://term.kma.org). Vocabulary difficult to translate into Korean can be used in English. Abbreviations in English should be minimized, but when needed, write the full expression the first time it appears followed by its abbreviation in parentheses. Manuscripts submitted in Korean may be translated into English by the editorial office for publication, and the translated manuscripts are the responsibility of the corresponding author of the original paper.

3. Publication types

The Journal publishes Opinion, Review article on focused issues, Continuing education column, Pharmacotherapeutics, Research article, Practice guideline, Special contribution, Health technology, Health statistics of Korea, Medicine and Humanity, and Correspondence. Most manuscripts are commissioned but those of publication types such as Research article, Practice guideline, Special contribution, Health technology, Health statistics of Korea, Medicine and Humanity, and Correspondence may be unsolicited.

Opinion

It deals with views on the health care-related situation that might interest general physicians or specialists in specific fields. The selection of the subject and the assignment of the author are handled by the editorial committee or by an academic society commissioned by the editorial committee.

Review article in focused issue of this month

It covers a review that organizes up-to-date medical knowledge based on literature that can help general physicians as well as specialists in specific fields. The subject is recommended to have a multidisciplinary nature, and consists of three to five detailed subject papers. It is recommended that experts of various fields participate in detailed topic papers. The editorial committee or an academic society commissioned by the editorial com-mittee will handle the selection of the entire subject, the composition of the detailed subject, and the assignment of authors of the detailed subject.

Continuing education column

It is for the official continuing medical education (CME) for physicians in Korea who should attend the CME courses. It easily explains the latest important medical knowledge that can be

helpful to general physicians as well as specialists in specific fields. The study of this section and the dispatch of the answers to questions will be substitutes of the credits for CME. The selection of the subject and the assignment of the author are handled by the editorial committee or by an academic society commissioned by the editorial committee.

Pharmacotherapeutics

It covers a review paper that outlines up-to-date literature on drug therapy that can help general physicians as well as specialists in specific fields. The selection of the subject and the assignment of the author are handled by the editorial committee or by an academic society commissioned by the editorial committee.

Research article

It is an unsolicited publication. Manuscripts should be original and fall into one of the three categories: First, important clinical studies directly related to patient care; second, epidemiological data supporting evidence-based medicine; and third, highly practical translational research. We are particularly interested in the results of the first clinical trial among Korean people or well-standardized and randomly sampled national data.

Practice guideline

Manuscripts with this publication type can be either unsolicited or commissioned. We generally consider guidelines on relatively common diseases that can be encountered by general physicians or primary health care physicians. The content should be evidence-based one. A priority will be given to interdisciplinary works.

Special contribution

Manuscripts not fitting to other publication types may be included.

Health technology

It introduces new medical techniques that is helpful to ge-neral physicians as well as specialists in specific fields. The editorial committee may invite appropriate manuscripts, and the contribution may also be possible.

Health statistics of Korea

Manuscripts with this publication type can be either unsolicited or commissioned. We generally consider a manuscript analyzing the health statistics of Korea.

Medicine and Humanity

It publishes papers in the fields of medicine and the humanities, and may include history, music history, performing arts, philosophy, religion and art history related to medicine, and commemorates and celebrates Korean physicians who have made significant contributions to the development of Korean medicine.

Correspondence

It is a scientific comment on the previously published articles. Anyone can send correspondence to editor on the content of the papers. The response by authors will be followed.

4. Manuscript Preparation

Manuscripts should be prepared as a word-processor computer file with software such as Microsoft Word on 21.0 x 29.7 cm (A4) pages, double-spaced, with 3 cm margins at the top, bottom, and side margins. The text should be prepared in 10 point font.

1) Cover letter

General information about an article and its authors is presented on a cover page. It includes the article title (in Korean & English), running title (in Korean & English), author name (in Korean & English), affiliations of all authors (in Korean & English), and corresponding author (name and e-mail address in English). Title should be concise and distilled to present the content of text. Phrase or sentence type title (less than 10 words) is eligible.

2) Abstract

Abstract is written in English (160-250 words including subheadings).

The composition of English abstract according to the type of publication is as follows.

(1) Opinion, Focused issue, and Continuing education, Pharmacotherapeutics: According to the form of a review paper, di-

vided into three subheadings (① Purpose, ② current concepts, ③ discussion and conclusion) and prepared in one paragraph each.

(2) Research article: In accordance with the form of research article, prepared in one paragraph and divided into four subheadings (① Purpose, ② Methods, ③ Results, ④ Conclusion)

(3) Special contribution, Health statistics, Health technology, and Practice guideline: Prepare one of the types of review paper or research article according to the characteristics of the paper.

(4) Medicine and Humanity, Correspondence: Do not make English abstract

3) Keywords

At the bottom of the abstract, English and Korean keywords are listed in 3-5 words. English keywords are recommended to be selected in the list of Medical Subject Heading (MeSH, http://www.nlm.nih.gov/mesh). Korean keywords are recommend to be selected in the list of the KMA medical terminology version 6 (http://term.kma.org).

4) Main text

The text should be prepared using the following format.

(1) For proper nouns, generic names of medicine, and units of measurements, use the original terms. Numbers should be expressed in Arabic numerals, and standard metric units (International System of Units; SI units) should be used (mm, cm, kg, mL). Blood pressure and temperature may be used as mmHg, °C, etc.).

(2) The scientific names of biological organisms, including bacteria, fungi, and parasites, should be italicized, and fully spelled (e.g., *Toxocara canis*) when they first appear in the text, and written with a genus-abbreviated form (e.g., *T. canis*) thereafter.

(3) *P*-values (*P*), gene names, *in vivo*, *in vitro*, and *in situ* should be italicized.

(4) The company names and locations (city, state, and country) of each reagent and equipment should be provided, and chemical names of reagents and drugs should be used. [e.g., 2X PCR Premix (Genenmed Inc., Seoul, Korea), Prazi-quantel (Shinpoong Pharmaceutical Company Ltd., Seoul, Korea)].

(5) The composition of the Main text according to the type of publication is as follows:

Opinion: Without Introduction and Conclusion, only Main text is written in less than 2,000 words.

Focused issue, Continuing education, Pharmacotherapeutics: It consisted of Introduction, Main text (using subheadings), Conclusion, and is written in less than 5,000 words.

Research article: It consists of Introduction, Methods, Results, and Discussion, and is written in less than 5,000 words.

Practice guideline: It is consisted of Introduction, Main text (using subheadings), Conclusion, and is written in less than 7,000 words.

Special contribution, Health statistics: If review paper, its composition is equal to that of Focused issue. If research paper, its composition is equal to that of Research article.

Health technology: It consists of Introduction, Main text (using subheadings), and Conclusion, and is written in less than 5,000 words.

Medicine and Humanity: No special framework for composition. Main text is written in less than 700 words including photographs, brief history, summary of achievements, details of remembrance, etc.

Correspondence: No special framework for composition. Main text is written in less than 2,000 words.

5) Tables and figures

Tables and figures should be prepared in English and numbered in the order they are cited in the text. The title of a table should appear above the table, and the title and explanation of a figure should appear below it. Notes at the bottom of tables should be in the order of abbreviations and superscripts. Superscripts a), b), c), d)… should appear to the right of words. Statistical values are given in a format of an average with its standard deviation (SD) or standard error (SE). For photomicrography figures, staining methods, magnification values, and reference scales should be given. When a figure is com-posed of more than 2 figure parts, each figure may be captioned separately [e.g., Figure 1A. Chest radiograph shows …; Figure 1B. Transverse CT scan demon-

strates …] or together using a parenthesis [e.g., Figure 1 (A,B) CT scans obtained at levels of great vessels (A) and main bronchi (B), respectively, show …]. Figures' contrast should be at least 600 dpi with a width of 81 mm. Recommended format of figure is TIFF. When quoting tables and figures from other literature, the cited literature should be listed in the Reference list, and the citation and permission should be described. When photographs of patients were used, informed consents should be obtained from the patients.

6) ORCID

Open Researchers and Contributors ID (ORCID) of all authors should be described. (Example: Gil-Dong Hong, http://orcid.org/0000-0003-1234-5678). Authors without ORCID have to register at http://orcid.org.

7) Conflict of interest

The corresponding author should describe any potential conflicts of interest. Examples are financial support from any pharmaceutical companies and political pressures from any interest groups. When there is no conflicts of interest, the authors should describe such as "No potential conflict of interest relevant to this article was reported.".

8) Acknowledgments

If the paper was supported by various research funds, the details of the research funds shall be described. Although the role does not eligible as authors, the name and role of the contributors shall be described.

9) References

References should be in English. It should follow the Vancouver style and listed consecutively in the order they are cited in the text. Journal names should be abbreviated according to the journal list of United States National Library of Medicine (NLM) avail-able from: http://www.ncbi.nlm.nih.gov/sites/entrez and the list of KoreaMed Journals available from: http://www.koreamed.org. If a reference has up to six authors, include them all. If there are more than six authors, list the first three, followed by "et al.". For reference formatting issues not described here, the NLM Style Guide for Authors, Editors, and Publishers available from: http://www.nlm.nih.gov should be followed. The number of references according to the type of publication is as follows. Opinion, Focused issue, Continuing education, Pharmacotherapeutics, Special contribution, Health statistics, Health technology (less than 50), Research article, Practice guideline (less than 80), Medicine and Humanity, Correspondence (less than 10).

Entire book

Kim JS. Cerebral stroke. Garim Publishing Co; 2001.

Chapter in a book

Lee SH. Role of chemotherapy on brain metastasis. In: Kim DG, Lunsford LD, editors. Current and future management of brain metastasis. Karger; 2012. p. 110-114.

Online data

Food and Drug Administration. MedWatch. Accessed June 13, 2007. http://www.fda.gov/medwatch

Manuscript Submission

1. Electronic Submission of Manuscript

Authors are requested to submissions should be made using the online posting system. Before submission, check list should be checked by authors.

2. Article processing charge

Invited manuscripts are exempt from article processing charge. Korean authors who are members of the Korean Medical Association and have paid annual dues for at least three years will be charged 1,000,000 KRW per paper. All other Korean contributors will be invoiced 1,400,000 KRW before publication. Foreign authors are charged a fee of USD 1,000 for submitted manuscripts.

Peer Review Process

Each manuscript is peer-reviewed by two independent referees. If statistical analysis of data is included, a statistician will be additionally asked to review the manuscript. A decision to accept or reject manuscripts will be made by the Editorial Board. The

review and publication processes that are not described in the Instructions to Authors will incorporate the Editorial Policy Statements Approved by the Council of Science Editors Board of Directors (http://www.councilscienceeditors.org/). During peer review process, followings are required to reviewers: reviewers' opinion should be objective; reviewers should have no conflict of interest with respect to the research, the authors and/or the research funders; reviewers should point out relevant published work which is not yet cited; reviewed article should be treated confidentially.

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