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Research and publication ethics
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Publication types
Manuscript submission
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Review process
Manuscript preparation
General text style

RESEARCH AND PUBLICATION ETHICS

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Author and authorship

An author is considered as an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications. The ICMJE has recommended the following criteria for authorship: (1) substantial contributions to conception and design, acquisition, analysis, and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version

to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet criteria 1, 2, 3, and 4. These criteria are applicable to those journals that distinguish the authors from other contributors.

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Manuscripts are only accepted for publication in journals if they have not been published elsewhere. Manuscripts published in this journal should not be submitted for publication elsewhere. If the author(s) wishes to obtain a duplicate or secondary publication for various other reasons, such as for readers of a different language, he/she should obtain approval from the editors-in-chief of both the first and second journal.

Conflict of interest

Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence his/her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion. These conflicts of interest must be included as a footnote on the title page or in the acknowledgement section. Each author should certify the disclosure of any conflict of interest with his/her signature.

Protection of privacy, confidentiality, and written informed consent

The ICMJE has recommended the following statement for the protection of privacy, confidentiality, and written informed consent: The rights of patients should not be infringed without written informed consent. Identifying details should not be published in written descriptions, photographs, and pedigrees unless it is essential for scientific purposes and the patient (or his/her parents or guardian) provides written informed consent for publication. However, complete patient anonymity is difficult to achieve; therefore, informed consent should be obtained in the event that anonymity of the patient is not assured. For example, masking the eye region of patients in photographs is not adequate to ensure anonymity. If identifying

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Protection of human and animal rights

While reporting experiments that involve human subjects, it should be stated that the study was performed according to the Helsinki Declaration (<http://www.wma.net/en/30publications/10policies/b3/index.html>) and approved by the Research Ethics Committee (REC) or the IRB of the institution where the experiment was performed. A written informed consent should be obtained from all subjects. In the case of an animal study, a statement should be provided indicating that the experiment process, such as the breeding and the use of laboratory animals, was approved by the REC of the institution where the experiment was performed or that it does not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council, <http://www.nap.edu/readingroom/books/labrats/index.html>). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the editorial board.

Institutional Review Board

All submissions must state whether the study was cleared with the IRB and the associated IRB number within their manuscript. Only studies that were cleared will be due for review. This includes all retrospective studies as well.

Registration of the clinical research

Any research that deals with clinical trial should be registered to the primary national clinical trial registration site such as <http://cris.nih.go.kr/cris/index.jsp>, or other sites accredited by World Health Organization or ICMJE.

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PUBLICATION TYPES

Topics include Original articles, Reviews, Technical advances, Letters to the editor, and "How I do" it in the field of surgery.

Original articles: These include basic or clinical studies that are scientifically sound and original. The content should be helpful for the diagnosis and treatment of surgical diseases.

Reviews: Review articles shall be limited to invitation only selected by the Editorial Board according to a significant theme in areas relevant to the surgical field and whose authors are selected and referred on the basis of articles published in this or other journals.

Technical advance: These articles deal with a new experimental or computational method, test or procedure that are helpful regarding surgical procedures or with any novel surgical technique. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

Letters to the editor: These submissions include comments on published articles or opinions on hot issues in surgery.

How I do it: These are video clips related to surgery and advanced surgical technique, submitted for placement only on the Journal website. The video may be up to 10 minutes in duration. Invited video may be longer at the discretion of the editors. For high resolution and quality, video dimensions must be at least 640×480 or higher. The video must include audio narration explaining the procedure. Audio and text on the video must be in English. The available video formats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format. If the article is accepted for publication, the video will be digitized and permanently archived on the *Ann Surg Treat Res* website.

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the online system will lead you through the submission process in a step-by-step process. After entering all of the checklist items and information on the authors, manuscript title, abstract, keywords, and other details, you will be prompted to upload your files. Please attach any other related material with the submitted manuscript, so that the reviewers are aware of any potential overlap. Please contact the editorial office if you have difficulty in submitting a manuscript.

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MANUSCRIPT PREPARATION

Original articles

The manuscripts for original articles should be organized in the following order: title page, abstract, main text, conflict of interest, acknowledgement, references, tables, figure legends, and figures. Pages are numbered consecutively, beginning with the abstract as page 1.

Preferred file formats

Preferred file formats for the main text and tables are .doc, .docx or .rtf. The file format of figures should be .ppt, .jpg or .tif. The manuscript should be double spaced on 21.0×29.7 cm

(A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 12 pt.

Title page

Please state the title of the article, full name of each author, authors' affiliations, and running title. For authors with different affiliations, the authors should be marked "1," "2," "3," and so forth in Arabic numerals, which should appear in superscript at the top-right-hand corner of the author's name and before the affiliation. Also include the name, postal address, telephone, FAX, and e-mail of the corresponding author, and the place and date of any scientific meetings where the material may have been presented. The running title must be within 10 words in English.

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Abstract

The word count should not exceed 250 words in a structured format (see below). Neither the authors' names nor their affiliations should appear on the Abstract page.

Purpose: State why the study was done, the main aim.

Methods: Describe patients, laboratory materials, and other methods used and the nature of the study (randomized clinical trial, retrospective review, experimental study, etc.).

Results: State the main findings, including important numerical values.

Conclusion: State the main conclusion, highlighting controversial or unexpected observations.

Keywords: These should be listed at the bottom of the abstract to be used as index terms, 5 words or less. Medical Subject Heading (MeSH; <http://www.nlm.nih.gov/mesh>) terms are highly recommended for selection of keywords.

Main text

The main text of the manuscripts should have pages for the INTRODUCTION, METHODS, RESULTS, DISCUSSION sections, CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following DISCUSSION.

INTRODUCTION: Briefly describe the purpose(s) of the

investigation, including relevant background information.

METHODS: Describe the research plan, materials or subjects, and methods used. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as precisely as possible. When quoting specific materials, equipment, or proprietary drugs, the name and address of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names. Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables.

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

RESULTS: RESULTS should be presented in logical sequence in the text, tables, and illustrations and repetitive presentation of the same data in different forms should be avoided. Any data mentioned in the Methods must be presented in the RESULTS section.

DISCUSSION: Results should be interpreted for readers. Emphasize new and important observations. Do not merely repeat the contents of the Results. Explain the meaning of the observations with its limitations. The answer to the purpose of the research should be connected to the results.

CONFLICTS OF INTEREST: Any conflicts of interest should be disclosed.

ACKNOWLEDGMENTS: Include the names of those who contributed substantially to the work described in the manuscript, but who have not fulfilled the requirement for authorship. Also mention sources of funding for research or publication.

References

The journal reference follows the description below. Otherwise, it follows Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>). The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI Databases ([\[ncbi.nlm.nih.gov/journals\]\(http://www.ncbi.nlm.nih.gov/journals\)\). The reference number should be cited in the main text in square brackets, e.g., \[1\]. All authors' names are listed when there are six or fewer authors. When there are more than six authors, only the first six authors' names are given, followed by 'et al.' Limit the number of references to 30 for original articles.](http://www.</p></div><div data-bbox=)

- Journal article

1. Jeong DH, Park MG, Melich G, Hur H, Min BS, Baik SH, et al. Laparoscopic repair of parastomal and incisional hernias with a modified Sugarbaker technique. *J Korean Surg Soc* 2013;84:371-6.
2. Nilsson H, Stranne J, Stattin P, Nordin P. Incidence of groin hernia repair after radical prostatectomy: a population-based nationwide study. *Ann Surg* 2013 Jun 6 [Epub]. <https://doi.org/10.1097/SLA.0b013e3182975c88>.

- Book

3. Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Philadelphia: Elsevier Saunders; 2012.

- Chapter in a book

4. Neumayer L, Vargo D. Principles of preoperative and operative surgery. In: Townsend CM Jr., Beauchamp RD, Evers BM, Mattox KL. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Philadelphia: Elsevier Saunders; 2012. p.211-39.

- Dissertation

5. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul (KR): Seoul National University; 2009.

- Conference paper

6. Rice AS, Brooks JW. Cannabinoids and pain. In: Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-46.

- Online sources

7. American Cancer Society. Cancer reference information [Internet]. Atlanta (GA): American Cancer Society; c2009 [cited 2011 Mar 10]. Available from: http://www.cancer.org/docroot/CRI/CRI_0.asp.

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 the reader can understand the table without referring to the text. Each table must be simple and typed on a

separate page with its heading above it. Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All nonstandard abbreviations are explained in the footnotes. Footnotes should be indicated by a), b), c) as superscripts. Statistical measures, such as the standard deviation (SD) or standard error of the mean (SEM), should be identified. Vertical and horizontal rules between entries should be omitted.

Figures

Figures contain graphs, line drawings, photographs or video files, etc. Each figure should be supplied as a single file. For figures with multiple panels, use an uppercase letter after the numeral to indicate the order of the panels, e.g., Fig. 1A, Fig. 1B. Illustrations in color are encouraged and will be printed at the authors' cost. Label each illustration with the figure number. Indicate the scale of size for photomicrographs. Include brief, but comprehensive, footnotes. The contrast of figure files should be at least 600 dpi. Refer to the Guidelines for Digital Art (<http://art.cadmus.com/da/guidelines.jsp>). Written permission should be obtained for the use of all published illustrations and copies of permission letters should be included.

Video clips related to surgery and advanced surgical technique can be submitted for placement on the Journal website. The video may be up to 1 minute in duration. The available video formats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format.

Review articles

These are organized as follows: title page, unstructured abstract less than 300 words, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, MAIN BODY, CONCLUSION sections. CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following CONCLUSION. The number of references should be limited to 80. Otherwise, it keeps the style and format of original articles.

Technical advance

It should be organized as follows: title page, unstructured abstract, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, MAIN BODY, CONCLUSION sections. CONFLICTS OF INTEREST and ACKNOWLEDGMENTS paragraphs may be included following CONCLUSION. The number of references should be limited to 10. When dealing with surgical techniques, the procedure should be described as detailed as possible and figures added to ease understanding so that the readers may duplicate the techniques described.

Letters to the editor

It is organized as follows: title page, main text, and references. The word count should not exceed 1,000.

How I do it

These are video clips related to surgery and advanced surgical technique, submitted for placement only on the Journal website. The video may be up to 10 minutes in duration. It has to contain a title page same as original articles. Invited video may be longer at the discretion of the editors. For high resolution and quality, video dimensions must be at least 640×480 or higher. The video must include audio narration explaining the procedure. Audio and text on the video must be in English. The available video formats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format. If the article is accepted for publication, the video will be digitized and permanently archived on the Ann Surg Treat Res website.

GENERAL TEXT STYLE

Verb tense: Authors should use the past tense to describe past events and data. Use the present tense for authors' opinion and generally accepted facts.

Description of localities: The names and locations (city, [state], nation) of manufacturers of equipment and non-generic drugs should be given. For Korean localities, refer to the Guidelines for the Romanization of Korean localities available at http://www.korean.go.kr/09_new/dic/rule/rule_roman.jsp.

Units: SI units should be used for measurements. The unit of temperature is degrees Celsius (°C).

Abbreviations: Any abbreviation must be used consistently and must be defined at the first use. Commonly used abbreviations would be described in article without explanation. Refer to 'Abbreviation, Acronym and Unit'.

Annals of Surgical Treatment and Research provides a list of the official abbreviations. Otherwise, any unofficial abbreviation should be used where they appear in the text at least three times, and be explained in parentheses at the first time in the text. Do not use abbreviation(s) in the title.

α -FP	alpha-fetoprotein	HCV	hepatitis C virus
ACTH	adrenocorticotrophic hormone (adrenocorticotropin)	HDL	high density lipoprotein
ADP	adenosine diphosphate	HDV	hepatitis D (delta) virus
ADPase	adenosine diphosphatase	HIV	human immunodeficiency virus
ALP	alkaline phosphatase	HLA	histocompatibility leukocyte antigen
ALT	alanine aminotransferase	HPF	high power field
AMP	adenosine monophosphate	HPLC	high performance liquid chromatography
ANC	absolute neutrophil count	HPV	human papilloma virus
anti-HAV	antibody to hepatitis A virus	IFN	interferon
anti-HBc	antibody to hepatitis B core antigen	Ig	immunoglobulin
anti-HBe	antibody to hepatitis B e antigen	IL	interleukin
anti-HBs	antibody to hepatitis B surface antigen	kb	kilobase
anti-HCV	antibody to hepatitis C virus	Km	Michaelis constant
anti-HDV	antibody to hepatitis D (delta) virus	LDH	lactic dehydrogenase
aPTT	activated partial thromboplastin time	LDL	low density lipoprotein
AST	aspartate aminotransferase	MHC	major histocompatibility complex
ATP	adenosine triphosphate	MRI	magnetic resonance imaging
ATPase	adenosine triphosphatase	mRNA	messenger RNA
BCG	bacillus Calmette-Guérin	n	number in study group
bp	base pair(s)	NANB	non-A, non-B (hepatitis)
BUN	blood urea nitrogen	No.	number(s)
CA 125	cancer antigen 125	NS	not significant
CA 19-9	carbohydrate antigen 19-9	NSAID	nonsteroidal anti-inflammatory drug
cAMP	adenosine 3',5'-cyclic monophosphate	OD	optical density
cDNA	complementary DNA	PCR	polymerase chain reaction
CEA	carcinoembryonic antigen	PET	positron emission tomography
cGMP	guanosine 3',5'-cyclic monophosphate	PG	prostaglandin
CNS	central nervous system	PGI	prostacyclin
CRP	C-reactive protein	PNS	peripheral nervous system
CSF	cerebrospinal fluid	PSA	prostate specific antigen
CT	computed tomography	PT	prothrombin time
DNA	deoxyribonucleic acid	RBC	red blood cell
ECG	electrocardiography	RFLP	restriction fragment length polymorphism
EDTA	ethylenediaminetetraacetic acid	RIA	radioimmunoassay
ELISA	enzyme-linked immunosorbent assay	RNA	ribonucleic acid
EMG	electromyography	RT-PCR	reverse transcription polymerase chain reaction
ESR	erythrocyte sedimentation rate	TG	triglyceride
FACS	fluorescence-activated cell sorter	TGF	transforming growth factor
FDP	fibrinogen degradation product	TNF	tumor necrosis factor
FISH	fluorescence in-situ hybridization	TXA ₂	thromboxane A ₂
γ -GT	gamma glutamyltranspeptidase	UDCA	ursodeoxycholic acid
H&E	hematoxylin and eosin stain	UV	ultraviolet
HAV	hepatitis A virus	VIP	vasoactive intestinal polypeptide
HBcAg	hepatitis B core antigen	vol	volume(s)
HBeAg	hepatitis B e antigen	vs.	versus
HBsAg	hepatitis B surface antigen	WBC	white blood cell
HBV	hepatitis B virus	wt	weight

▀ Measurements and Units of Measure ▀

Combining Prefixes

T	tera- (10^{12})
G	giga- (10^9)
M	mega- (10^6)
k	kilo- (10^3)
h	hecto- (10^2)
da	deca- (10^1)
d	deci- (10^{-1})
c	centi- (10^{-2})
m	milli- (10^{-3})
μ	micro- (10^{-6})
n	nano- (10^{-9})
p	pico- (10^{-12})
f	femto- (10^{-15})
a	atto- (10^{-18})

Units

A	ampere(s)
Å	angstrom(s)
cal	calorie(s)
CFU	colony-forming unit(s)
C	coulomb(s)
cpm	counts per minute
cps	counts per second
cm ³	cubic centimeter(s) (not cc)
Ci	Curie(s)
cycle/min	cycles per minute
cycle/sec	cycles per second
Da	dalton(s)
day(s)	day(s) (do not abbreviate)
dL	deciliter(s)
°C	degree(s) Celsius
d	density
dpm	disintegrations per minute
dps	disintegrations per second
eV	electron volt(s)
Eq	equivalent(s)
°F	degree(s) Fahrenheit
F	farad
ft	foot(feet)
G	gauss
g	gram(s)
$t_{1/2}$	half-life
H	henry(ies)
Hz	hertz
hr	hour(s)
in	inch(es)
IU	international unit(s)

J	joule(s)
K	kelvin
kcal	kilocalorie(s)
kDa	kilodalton(s)
kg	kilogram(s)
L	liter(s)
×	magnification
m	meter(s)
μ g	microgram(s)
μ L	microliter(s)
μ m	micrometers (do not use microns)
mL	milliliter(s)
mmHg	millimeter(s) of mercury
min	minute(s)
mol/L	molar
mol	mole(s)
mo	month(s)
Ω	ohm(s)
osm	osmole(s)
oz	ounce(s)
Pa	pascal(s)
lb	pound(s)
psi	pound-force per square inch
rpm	revolutions per minute
rps	revolutions per second
sec	second(s)
U	unit(s)
V	volt(s)
W	watt(s)
wk	week(s)
yr	year(s)

Statistical Terms

ANOVA	analysis of variance
CI	confidence interval
r	correlation coefficient
df	degrees of freedom
\bar{x}	mean
χ^2 -test	chi-square test
NS	not significant
n	number of observations
OR	odds ratio
P	probability
SD	standard deviation
SE	standard error
SEM	standard error of the mean
t-test	Student t-test
F	variance ratio