

Annals of Coloproctology (Ann Coloproctol, ACP) is the official journal of the Korean Society of Coloproctology and Asia Pacific Federation of Coloproctology (APFCP), published bi-monthly in English. It was launched in 1985 and was designated as an official journal of APFCP in 2019.

The journal aims to contribute to in depth development, cure of diseases of coloproctology, and improvement of public health. The ACP is mainly interested in surgical issues of diseases originating from the lower digestive system such as colon, rectum, anus, and small bowel.

Contents of ACP are meaningful for clinicians who are participated in management of colorectal disease such as colorectal surgeons, surgical oncologist, medical oncologist, radiation oncologist, colorectal pathologist, radiologist, and gastroenterologist. Indeed, it also appeals to researchers and clinicians who are interested in low gastrointestinal tract disease. Medical students, administrator, other health professionals, and policy makers would be get information from ACP.

The journal publishes original articles, invited review articles, case reports, technical notes, brief communications, guidelines, editorials, letters to the editor, and videos in the field of coloproctology. Submitted manuscripts should not contain previously published material and should not be under consideration for publication elsewhere.

Manuscripts for submission to ACP should be prepared according to the following instructions. ACP follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

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The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals, DOAJ; the World Association of Medical Editors, WAME; and Open Access Scholarly Publishers Association, OASPA; <https://doaj.org/bestpractice>). Furthermore, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

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Authorship credit should be based on: (1) substantial contributions to conception and design, acquisition of data, and/or

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- A list of each author's role and ORCID ID should accompany the submitted paper.
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All submitted manuscripts should be original and should not be under consideration for publication by other scientific journals at the same time. No part of an accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. If duplicate publication of any paper published in this journal is detected, the authors will be announced in the journal, their institutions will be informed, and penalties will be imposed upon the authors.

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Manuscripts may be republished if they satisfy the conditions for secondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

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All authors 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 re-

lated issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Statement of human and animal rights

Clinical research should be conducted in accordance with the WMA Declaration of Helsinki: Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. For human, identifiable information, such as patients' names, initials, hospital numbers, 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.

Registration of clinical trial research

Any research involving a clinical trial should be registered with the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRiS, <http://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform/network>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

Statement of informed consent and IRB approval

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

Description of participants

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex 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.

Processes to manage research and publication misconduct

Should the journal encounter 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 discovered with the submitted manuscript, a reviewer appropriating an author's idea or data, complaints against editors, and other issues, resolution processes will follow the applicable COPE flowchart (<http://publicationethics.org/resources/flowcharts>). Suspected cases will be discussed and decided upon by the Editorial Board of ACP.

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The Editorial Board will continuously work to monitor and safeguard publication ethics through: guidelines for retracting articles; maintaining the integrity of the academic record; precluding business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preserving reviewers' anonymity.

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ACP focuses on original article containing clinical and experimental studies, case reports, editorials, brief communications, technical notes, letters to the editor, video, invited review articles, and guidelines. Any physicians or researchers throughout the world can submit a manuscript provided its scope is appropriate. Manuscripts should be submitted in English. Medical terminology should be written in accordance with the most recent edition of *Dorland's Illustrated Medical Dictionary*.

SUBMISSION AND PEER REVIEW PROCESS

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- **Online submission:** Manuscripts are directly submitted to ACP via the journal's submission page (<https://submit.coloproctol.org/>). Once you have registered and logged into your account, the online system will lead you through the orderly steps of the submission process. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication. For assistance, please contact us via e-mail (editor@coloproctol.org), telephone (+82-2-2040-7737), or fax (+82-2-2040-7735).
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 - English proof-reading (nonobligatory): Authors may choose to provide a certificate verifying that their manuscript has been edited by an English proofreading service.

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- **Review process:** This journal reviews all manuscripts received. A manuscript is first reviewed for its format and then sent to the 3 most relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. Authors' names and affiliations are removed during peer review. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. The decision to accept or reject a manuscript is based on the critiques and recommended decisions of the referees. An initial decision will normally be made within 4 weeks of receiving a manuscript, and reviewers' comments are sent by e-mail to the corresponding author. Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate, item-by-item, the alterations that have been made in response to each of the refer-

ees' comments. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. A final decision on acceptance or rejection for publication is forwarded to the corresponding author by the Editorial Office.

- **Appeals of decisions:** Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail their reasons for their appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available form (<https://publicationethics.org/appeals>). ACP does not consider second appeals.
- **Process after acceptance:** If the manuscript is finally accepted, the proofreading will be sent to the corresponding author after manuscript editing and/or English proofreading. After proofreading, the abstract of manuscript appears at the journal homepage and PubMed as an epub ahead of print. This will be replaced with the final version of full article once the article publication is completed.

MANUSCRIPT PREPARATION

General guideline

- The main document containing the manuscript text and tables should be prepared using Microsoft Word program.
- The manuscript should be double-spaced on 21.6 × 27.9 cm (letter size) or 21.0 × 29.7 cm (A4) paper, with 3.0 cm top, bottom, and left margins.
- All manuscript pages should be numbered consecutively, beginning with the abstract as page 1.
- Neither authors' names nor their affiliations should appear on any of the manuscript pages.
- Use only standard abbreviations: use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the manuscript title. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention, unless the abbreviation is a standard unit of measurement.
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- When quoting from other sources, give a reference number after the author's name or at the end of the quotation.
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- To make papers more readable and informative, the following should be written in italics:
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 - Names of genes: *src*, *c-H-ras*, *myc*
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Reporting guidelines for specific study designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

1. ORIGINAL ARTICLES

Original articles report basic or clinical investigations. Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. An original article manuscript should be organized in the following sequence: title page; abstract and keywords; main text (introduction, methods, results, and discussion); acknowledgments; references; tables; figure legends; and figures.

The cover letter should confirm that neither the submitted material nor portions thereof have been published previously or are under consideration for publication elsewhere. It should also 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.

- **Title page:** Include the following items on the title page: the paper's title, the name of the authors, and the name of their current affiliation. If the author's affiliation is different, then separate it with a semicolon according to the author's order. 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. At the bottom of the title page, write the corresponding author's address, phone, fax, and e-mail address, and, if necessary, state the source of any research funding.
- **Abstract and Keywords:** The abstract should be concise, containing no more than 250 words, and describe, using a structured format, the purpose, methods, results, and conclusion of the study. Up to 5 keywords should be listed immediately below the abstract to be used as index terms. We strongly recommend using Medical Subject Headings (MeSH) keywords (<https://meshb.nlm.nih.gov>).
- **Introduction:** Briefly describe the purpose of the investigation, including relevant background information.
- **Methods:** Describe, in the following order, 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 an experimental methodology is the paper's main focus, describe the process in detail so as to recreate the experiment as closely as possible. The sources of special chemicals or reagents should be given, along with the source location (company name, city, state/province, and country). Methods of statistical analysis and criteria for statistical significance should be described. Studies performed using clinical samples or data, and those involving animals, must include information on the IRB/ethics committee approval or waiver and informed consent.

An example is shown below. "We conducted this study in compliance with the principles of the Declaration of Helsinki. The study's protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consents were obtained/Informed consent was waived."

- **Results:** The results should be presented in a logical sequence in the text. Tables and illustrations and repetitively present the same data in different forms should be avoided. The results should not include material appropriate to the discussion.
 - **Discussion:** Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the results. Explain your interpretation of the observations, along with the limits of their application; connect any conclusions to the purpose of the research. In a concluding paragraph, summarize the results and what they mean.
 - **Acknowledgments:** All persons who have made substantial contributions, but not met the criteria for authorship, are acknowledged here. All sources of funding applicable to the study should be explicitly stated here.
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- **Journal articles:**
 1. Yoo HY, Choi J, Kim J, Chai YJ, Shin R, Ahn HS, et al. Unexpected appendiceal pathologies and their changes with the expanding use of preoperative imaging studies. *Ann Coloproctol* 2017;33:99-105.
 2. Caselli RJ, Dueck AC. Longitudinal modeling of age-related memory decline and the APOE epsilon4 effect. *N Engl J Med* 2009;361:255-63.
 3. Son GM, Ahn HM, Lee IY, Ha GW. Multifunctional indocyanine green applications for fluorescence-guided laparoscopic colorectal surgery. *Ann Coloproctol* 2021 Jun 9 [Epub]. <https://doi.org/10.3393/ac.2021.05.07>.
 - **Entire book:**
 4. Gordon PH, Nivatvongs S, editors. Principles and practice of surgery for the colon, rectum, and anus. 3rd ed. New York, NY: Informa Healthcare USA; 2007.
 - **Part of a book:**
 5. Maa J, Kirkwood KS. The appendix. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Philadelphia, PA:

Elsevier Saunders; 2012. p. 1279-93.

- **Dissertation:**

6. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul (KR): Seoul National Univ.; 2017.

- **Conference paper:**

7. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. 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:**

8. American Cancer Society. Cancer A-Z [Internet]. Atlanta (GA): American Cancer Society; c2017 [cited 2017 Sep 15]. Available from: <https://www.cancer.org/cancer.html>.

9. National Cancer Information Center. Cancer incidence [Internet]. Goyang (KR): National Cancer Information Center; c2016 [cited 2017 Sep 20]. Available from: http://www.cancer.go.kr/mbs/cancer/subview.jsp?id=cancer_040101000000.

- **Tables:** Tables must be numbered in the order in which they are cited in the text. A table's title, to be placed immediately above the table, should concisely describe its contents to enable a reader to understand the table without referring to the text. Each table must be simple and typed on a separate page. Explanatory matter is placed in footnotes below the tabular matter, and not included in the title. All nonstandard abbreviations are also explained in the footnotes. Footnotes should be indicated by superscript a, b, c, d, etc. Statistical measures, such as SD or SE, should be identified. Vertical rules and horizontal rules between entries should be omitted.
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Reviews are invited by the editor and should be comprehensive analyses of specific topics. They are organized as follows: title page; abstract and keywords; main text (introduction, body text, and conclusion); acknowledgments; references; tables; figure legends; and figures. There should be an unstructured abstract of no more than 200 words. The length of the text, excluding references, tables, and figures, should not exceed 7,500 words. References should not exceed 100.

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Case reports will be published only in exceptional circumstances, namely when they illustrate a rare occurrence of clinical importance. Case reports should address issues of importance to medical researchers and should preferably contain helpful illustrations. A case report manuscript should be organized in the following sequence: title page; abstract and keywords; main text (introduction, case report, and discussion); acknowledgments; references; tables; figure legends; and figures. The abstract should be unstructured and not exceed 150 words. The total number of figures and tables should be no more than 5. References should not exceed 15.

4. TECHNICAL NOTES

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5. BRIEF COMMUNICATIONS

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Guideline articles are similar to Research articles, but focus on

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Editorials are invited by the editor and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in all fields of coloproctology. Editorials should not exceed 2,000 words, excluding references, tables, and figures. References should not exceed 10.

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Final version

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Questions regarding manuscript submission may be sent to:

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Summary of manuscript preparation

Article type	Manuscript preparation	Recommended maximum for article
Original article	Title page (with acknowledgments) Abstract (structured) & Keywords Text (Introduction, Methods, Results, Discussion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 250 Total ^{a)} : no limit Reference: no limit
Review article ^{b)}	Title page (with acknowledgments) Abstract (unstructured) & Keywords Text (Introduction, Body text, Conclusion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 200 Total: 7,500 Reference: no limit
Case report ^{c)}	Title page (with acknowledgments) Abstract (unstructured) & Keywords Text (Introduction, Case report, Discussion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 150 Total: no limit Table & Figure ≤5 Reference: 15
Technical note	Title page (with acknowledgments) Abstract (unstructured) Text (Introduction, Technique, Discussion) References Tables (each table on separate page) Figure legends Figure (as separate file)	Abstract: 250 Total: 1,500 Reference: 15
Brief communication	Title page (with acknowledgments) Text References Tables (each table on separate page) Figure legends Figure (as separate file)	Abstract: No Total: 1,500 Reference: 15
Guideline	Title page (with acknowledgments) Abstract (structured) & Keywords Text (Introduction, Body text, Conclusion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 250 Total: 7,500 Reference: no limit
Editorial ^{b)}	Title page (with acknowledgments) Text References If needed, tables and figures	Abstract: No Total: 2,000 Reference: 10
Letter to the editor	Title page (with acknowledgments) Text References If needed, tables and figures	Abstract: No Total: 1,000 Reference: 10
Video	Title page (with acknowledgments) Abstract (unstructured) & Keywords Text References	Abstract: No Total: 1,500 Reference: 15

^{a)}The maximum length of total is exclusive of the abstract, references, tables, and figure legends. ^{b)}Invited only. ^{c)}We do not publish case reports except for rare exceptions.

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2. Authors believe the manuscript represents valid work and have reviewed the final version of the manuscript and approve it for publication.
3. All authors certify that neither the material nor similar material has been and will be submitted to any other publication prior to its appearance in the Annals of Coloproctology by them or by colleagues at their institution.
4. Authors are obligated to honor any reasonable request by the editors for additional materials on subjects that are described in the paper.
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- Input an accurate name, institutional affiliation, address and contact number (telephone number, fax number and e-mail address) of corresponding author in.

2. Contents of main body

- The abstract does not exceed 250 words (purpose, methods, results, conclusion) for original articles and guidelines; 200 words for reviews; 150 words for case reports; and 250 words for technical notes.
- First characters of five or less key words should be capitalized.
- Manuscript should be written at 10 points fonts in double space texts using MS-Word.
- Introduction should provide specific background and purpose.
- Subjects should be composed of homogeneous groups and methods should provide proper reasons and standards for being chosen in the research.
- Results should describe only findings coinciding with purpose of the research objectively and should avoid duplication of contents of a table if a table is presented.
- Discussion should deal with whether the results coincide with purpose or hypothesis of the research and emphasize new and important findings. It should present rationality and accuracy of the results by comparing with findings of other researchers.
- In the discussion facts not related with the study should not be cited.

3. Writing main body

- Numerals should be used as Arabic ones and weights and measures should be expressed with the metric system. All units should use SI system.
(Ex.) cm, kg, mL, mmHg, sec., etc.
- The names and locations (city, state, and country) of manufacturers should be included in parentheses when mentioning instruments, reagents, drugs, etc.
- Leave a space between numerals and units.
(Ex.) 60 mL, 170 cm.
- Leave a space between English and parentheses or numerals and parentheses.

(Ex.) tumor necrosis factor (TNF), 36 female patients (11%), 1 of 41 (2.4%), prolapse (n=12).

- References cited in the text should be numbered by means of Arabic numbers in the order of their appearance and the Arabic numbers should be written after family names of authors or ends of sentences (periods) with brackets.
(Ex.) Min [1] reported ---, --- significant [2], --- environment [3-7].
- When authors are one or two, write family names of all authors. When they are more than two, write “et al.” after family name of first author.
(Ex.) Hwang and Mun [3] found ---, Sim et al. [4] said ---, Wong and Pemberton [3] determined ---, Rothenberg et al. [4] reported ---

4. References

- Only references cited in the text should be numbered in the order of their appearance.
- A same reference should not be cited with different numbers.
- Even local literatures also should be written in English.
- For overseas literatures the first letter of name of author following his or her family names should be capitalized.
- All of no more than 6 co-authors should be written. When co-authors are more than 6, end with “et al.” after sixth author.
- Abbreviations of journals should conform to the “List of Journals Indexed in Index Medicus” and “List of journals Indexed in KoreaMed” including the latest abbreviations.
- References should be presented according to Submission Requirements.

5. Tables

- Tables should be numbered in the order of their appearance in the text and Arabic numerals in separate pages.
- Tables should be descriptive enough by themselves and the text should not duplicate contents of the tables.
- Horizontal lines are a single line and vertical lines do not exist.
- The titles of table should be written in clauses and phrases and only the first letters of the titles should start with capital letters. Within tables only the first letter of each item should be capitalized.
- Abbreviations should be explained below without changing lines.

(Ex.) PCR, polymerase chain reaction; SD, standard deviation.

- Symbols should be used in the order of ^a, ^b, ^c, ^d, and ^e.
(Ex.) ^aStatistically significant.
- Check the accuracy of numbers in tables again.

6. Drawings and figures (Fig.)

- Drawings and figures should be numbered in the order of their appearance in the text and presented clearly with Arabic numerals.
- Image files should be attached tiff, gif, jpeg, and ppt with minimum width of 107 mm, and a minimum resolution of 300 dpi for color figures, 500 dpi for black and white figures, and 1,000 dpi for line art figures.

- Line drawings should be original. When drawings of other papers are cited, provide permission of the original author(s) principally.
- Explanation on figures should be numbered on other page and their titles and explanations should be presented in clauses and in complete sentences respectively.
- When several drawings or figures are numbered with a same numeral, they are identified with characters of A, B, and C after Arabic numerals.
(Ex.) Fig. 1A ---, Fig. 1B ---
- Microscopic pictures should be associated with their staining methods and magnification.
(Ex.) H&E, × 400.

(Please check the boxes above.)

Common Abbreviations and Acronyms

α-FP	alpha-fetoprotein	LDH	lactic dehydrogenase
ALT	alanine aminotransferase	LDL	low density lipoprotein
ANOVA	analysis of variance	M	molar (mM)
aPTT	activated partial thromboplastin time	meq	milliequivalent(s)
AST	aspartate aminotransferase	MHC	major histocompatibility antigen
ATP	adenosine triphosphate (CTP)	min	minute(s)
BCG	bacillus Calmette-Guérin	mmHg	millimeter(s) of mercury
bp	base pair(s)	mo	month(s)
BUN	blood urea nitrogen	mol	mole(s)
CA 125	cancer antigen 125	MRI	magnetic resonance imaging
CA 19-9	carbohydrate antigen 19-9	mRNA	messenger RNA
cal	calorie(s) (kcal)	n	number in study group
cAMP	adnosine 3',5'-cyclic monophosphate (cGMP)	No.	number(s)
cDNA	complementary DNA	NS	not significant
CEA	carcinoembryonic antigen	NSAID	non-steroidal anti-inflammatory drug
χ²-test	chi-square test	°C	degree of Celcius
Ci	curie(s) (mCi)	OD	optical density
cpm	count(s) per minute	P	probability
CRP	C-reactive protein	PET	positron emission tomography
CT	computerized tomography (abdominal CT)	PCR	polymerase chain reaction
D	Dalton (kD)	PSA	prostate specific antigen
DNA	deoxyribonucleic acid	PT	prothrombin time
ELISA	enzyme-linked immunosorbent assay	r	correlation coefficient
EMG	electromyography	RFLP	restriction fragment length polymorphism
FACS	fluorescence-activated cell sorter	RIA	radioimmunoassay
FDP	fibrinogen degradation product	RNA	ribonucleic acid
g	gram (kg)	RT-PCR	reverse transcriptase PCR
g	unit(s) of gravity	sec	second(s)
γ-GT	gamma glutamyltranspeptidase	SD	standard deviation
hr	hour(s)	SEM	standard error of the mean
H&E	hematoxylin and eosin stain	t test	Student's t test
HDL	high density lipoprotein	U	unit(s)
HPLC	high performance liquid chromatography	UV	ultraviolet
HPV	human papilloma virus	V	volt(s)
Ig	immunoglobulin (IgG)	vol	volume(s) (vol/vol)
IU	international unit(s)	wk	week(s)
kb	kilobase	wt	weight (wt/vol)
L	liter (mL)	yr	year(s)

