Instructions for Authors

Annals of Coloproctology (Ann Coloproctol, ACP) is the official journal of the Korean Society of Coloproctology and Asia Pacific Federation of Coloproctology (APFCP), published bimonthly in English. It was launched in 1985 and was designated as an official journal of APFCP in 1999.

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/recommendations/) from the International Committee of Medical Journal Editors (ICMJE).

RESEARCH AND PUBLICATION ETHICS

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).

Authorship

Authorship credit should be based on: (1) substantial contributions to conception and design, acquisition of data, and/or 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 it are appropriately investigated and resolved. Every author should meet all four of these conditions. Copyright assignment must also be completed by every author.

- A list of each author’s role and ORCID ID should accompany the submitted paper.
- Correction of authorship: After initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or rearranging the order of authors) must be explained in a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. ACP does not correct authorship after publication unless a mistake has been made by the editorial staff. Changes will be done by COPE flowcharts. One of the outcomes of the COPE flowcharts is to publish a correction.
- Contributorship: Any researcher, who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the ‘Acknowledgments’ section of the article. We encourage authors to fully acknowledge the contribution of patients and the public to their research where appropriate.

Originality and duplicate publication

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.

Secondary publication

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

Conflict-of-interest statement

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/en/30publications/10policies/b3/). 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.

**Editorial responsibilities**

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.

**COPYRIGHTS, OPEN ACCESS, OPEN DATA, ARCHIVING, AND DEPOSIT POLICY**

**Copyright**

Copyright in all published material is owned by the Korean Society of Coloproctology. Authors must agree to transfer copyright during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

**Open access policy**

ACP is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to be permitted for use of tables or figures published in ACP in other periodicals, books, or media for scholarly and educational purposes. This is in accordance with the Budapest Open Access Initiative definition of open access. It also follows the open access policy of PubMed Central at the United States National Library of Medicine (NLM) (https://www.ncbi.nlm.nih.gov/pmc/).

**Open data policy**

ACP encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

**Archiving policy**

The full text of ACP has been archived in PubMed Central (PMC)/Europe PMC (http://www.ncbi.nlm.nih.gov/pmc/journals/2062/), National Library of Korea (https://www.nl.go.kr/) from the 4th issue of Volume 26, 2010. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (http://www.sherpa.ac.uk/), authors can archive pre-print (i.e., pre-refereeing) and post-print (i.e., final draft post-refereeing). Authors can archive publisher’s version/PDF. ACP provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central and National Library of Korea.
PUBLIC TYPES, QUALIFICATION FOR AUTHORS, AND LANGUAGE

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

Submission

- 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).

- Author’s checklist: You will first be requested to complete the Author’s Checklist (https://coloproctol.org/authors/checklist.php). Before submitting a new manuscript, please ensure that every point listed in the Author’s Checklist has been addressed.

- Document forms: Before logging into the online submission system, you should prepare the following documents, which you will be asked to upload during electronic submission:
  - Copyright transfer agreement
  - Cover letter: A cover letter must be included, indicating the address, telephone and fax numbers, and e-mail address of the corresponding author.
  - English proof-reading (nonobligatory): Authors may choose to provide a certificate verifying that their manuscript has been edited by an English proofreading service.

Peer review process

- 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 referees’ 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 (https://publicationethics.org/appeals). ACP does not consider second appeals.

- Process after acceptance: If the manuscript if 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.
- The names and locations (city, state, and country only) of manufacturers of equipment and nongeneric drugs should be given.
- When quoting from other sources, give a reference number after the author’s name or at the end of the quotation.
- Authors should express all measurements in conventional units, using International System (SI) units.
- To make papers more readable and informative, the following should be written in italics:
  - Biological names of organisms: Saccharomyces cerevisiae, E. coli
  - Restriction enzymes and some other of enzymes: EcoRI, Taq polymerase
  - Names of genes: src, c-H-ras, myc
  - Latin: in vivo, in vitro, in situ
  - Centrifugation force: 100,000 g
Abstract should be concise, from or connections to pharmaceutical companies, political also state any potential conflict of interest that could influence or are under consideration for publication elsewhere. It should (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.

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 $^{a}$, $^{b}$, $^{c}$, 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.

- References: In the text, references should be cited with Arabic numerals in brackets, numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text. List all authors for sources with no more than 6 authors; if there are more than 6, list the first 6 authors followed by "et al." If an article has been published online, but not yet assigned an issue or page numbers, the digital object identifier (DOI) should be supplied. Journal titles should be abbreviated following the MEDLINE style. Other types of references not described below should follow the NLM's "Samples of Formatted References for Authors of Journal Articles" (https://www.nlm.nih.gov/bsd/uniform_requirements.html).

- Journal articles:


- Entire book:


- Part of a book:

• Dissertation:

• Conference paper:

• Online sources:

- 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.

- Figures: Figures should be submitted as separate files. All file types (tiff, gif, jpeg, and ppt) may be submitted for evaluation by reviewers. However, if an article receives approval for publication, files must be submitted as .tiff or .pdf. In the case of color photos, they must be saved and submitted in CMYK formats. Black-and-white pictures, such as CT and MRI images, must be submitted in grayscale mode. It should have 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. It is recommended that drawings and pictures should be in full color. For multiple prints bearing the same figure number, use English letters after numerals to indicate the correct order: e.g., Fig. 1A --, Fig. 1B. Figures should be numbered, using Arabic numerals, in the order in which they are cited. A figure caption should be a one-sentence description, rather than a phrase or a paragraph.

If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (https://www.copyright.com/) or from the individual publisher, except where the materials concerned have been published in an open access journal under the Creative Commons license. For tables or figures from an open access journal, simply verify the source of the journal precisely in the accompanying footnote. Please note the distinction between a free-access journal and an open access journal: it is necessary to obtain permission from the publisher of a free-access journal for using tables or figures published therein. Examples are shown below:
Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier. OR
Reprinted (Modified) from Weiss et al. [2], according to the Creative Commons License.

2. REVIEWS

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.

3. CASE REPORTS

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

Technical notes are brief reports of new surgical technique(s) in the field of colorectal disease. Images should be included in contents. Videos may be included with submission but video clips longer than 2 minutes are recommended to submit as Video. Text for technical note should not be more than 1,500 words and contain no more than 15 references. Technical note should be organized as following format(s): abstract (no more than 250 words: unstructured), introduction, technique, discussion, acknowledgments, references, table, and figure legends. While patient results may be included, individual case reports or case series should not be included in the text. The focus of the manuscript should be on the technique itself.

5. BRIEF COMMUNICATIONS

Brief communications are concise descriptions of new findings of general interest. They are are organized as follows: title page; main text; acknowledgments; references; tables; figure legends; and figures. They should not be more than 1,500 words and contain no more than 15 references.

6. GUIDELINES

Guideline articles are similar to Research articles, but focus on
providing evidence-based recommendations that will influence clinical research and practice. These can be consensus-based statements of reporting standards or clinical practice guidelines.

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 structured abstract (purpose, methods, results, conclusion) of no more than 250 words. The length of the text, excluding references, tables, and figures, should not exceed 7,500 words. The number of references is not limited.

7. EDITORIALS

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.

8. LETTERS TO THE EDITOR

Letters to the editor should include brief important comments, useful to readers, concerning previously published articles in the journal. They should not exceed 1,000 words. The Editorial Board reserves the right to edit letters to the editor and decide whether they should be accepted or rejected for publication. References should not exceed 10.

9. VIDEO

Video clips are submissions where the video is the major component of the article. Text for video should not be more than 1,500 words. References should not exceed 15. Text should be limited to that which provides a brief introduction to the video only and should NOT include case reports or results. Any editing of the video will be the responsibility of the author(s). The file resolution must be 16:9 or 4:3. Only avi, wmv, mpg, mpeg, mpg-2, mp4, mov, swf, and flv are accepted. After acceptance for publication of the paper to which any video file relates, all copyrights in the video file are automatically transferred to the Korean Society of Coloproctology.

MANUSCRIPTS ACCEPTED FOR PUBLICATION

Final version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

Manuscript corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 working days when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript’s publication may be postponed to the next issue.

Gallery proof

The author(s) will receive the final version of the manuscript as a PDF file. Within 2 working days of receipt, authors must notify the Editorial Office (or printing office) of any errors found in the file. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as errata or corrigenda (depending on responsibility for the error).

Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal’s Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of author’s errors) or errata (corrections of publisher’s errors) in a later issue of the journal.

ARTICLE PROCESSING CHARGES

Accepted manuscripts are published on the implicit understanding that the author(s) will pay the costs of publication, including page charges. The basic page charge for the article is USD 500 for all published manuscripts. Illustrations, photographs, electron micrographs, color plates, and other special illustrations will be reproduced at the author’s expense at cost prices.

Waiver policy

ACP waivers to papers whose corresponding authors are based in countries classified by the World Bank as low-income economics as July the year before submitted year. Please request your waiver at the point of submission. To request a waiver please contact editor@coloproctol.org. In order to ensure that a paper’s waiver status does not influence the editor's decision about an article, editors are not made aware when a waiver has been granted.

CONTACT INFORMATION

Questions regarding manuscript submission may be sent to:

Editorial Office
Room 1519, Suseo Hyundai Venture-vill, 10 Bamgogae-ro 1-gil, Gangnam-gu, Seoul 06349, Korea
Tel: +82-2-2040-7737, Fax: +82-2-2040-7735
E-mail: editor@coloproctol.org
**Summary of manuscript preparation**

<table>
<thead>
<tr>
<th>Article type</th>
<th>Manuscript preparation</th>
<th>Recommended maximum for article</th>
</tr>
</thead>
</table>
| 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*: 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 |

\(\text{a)}\) The maximum length of total is exclusive of the abstract, references, tables, and figure legends. \(\text{b)}\) Invited only. \(\text{c)}\) We do not publish case reports except for rare exceptions.
Article Serial Number:
(for Editorial Office use only)

Complete copyright to the manuscript entitled:

Article Title: ________________________________________________________________
Author Name: _______________________________________________________________

is transferred to the Korean Society of Coloproctology, if and when the manuscript is accepted for publication in the Annals of Coloproctology.

Conditions of Submission

1. Authors have participated sufficiently in the conception and design of the work, the analysis of the data, and the writing of the manuscript.
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.
5. The material as presented in the version accepted for publication in the Annals of Coloproctology may not be used in any other journals without the prior permission of the Korean Society of Coloproctology.

First Author: ___________________________ Sign ___________________________ Date _____ / _____ / _____
Corresponding Author: ___________________________ Sign ___________________________ Date _____ / _____ / _____
Please check each item for manuscript submission and mark ✓ in ☐.

1. Cover page
☐ 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.

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