

*Annals of Coloproctology* (Ann Coloproctol) is the official journal of the Korean Society of Coloproctology, published bi-monthly in English. The journal publishes full-length original papers, case reports, editorials, brief communications, letters to the editor, and invited review articles 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 *Annals of Coloproctology* should be prepared according to the following instructions. *Annals of Coloproctology* 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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COPYRIGHTS, OPEN ACCESS, OPEN DATA,  
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## 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>).

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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

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

### Statement of human and animal rights

Clinical research should be conducted in accordance with the WMA Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Helsinki Declaration 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 per-

formed 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.

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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 (<http://www.who.int/ictrp/network/primary/en/>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

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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.

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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 *Annals of Coloproctology*.

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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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The full text of *Annals of Coloproctology* has been archived in PubMed Central (PMC)/Europe PMC/PMC Canada (<http://www.ncbi.nlm.nih.gov/pmc/journals/2062/>) from the 4th issue of Volume 26, 2010.

#### Deposit policy

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### PUBLICATION TYPES, QUALIFICATION FOR AUTHORS, AND LANGUAGE

*Annals of Coloproctology* focuses on clinical and experimental studies, case reports, reviews, editorials, letters to the editor, and book reviews. 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* or the most recent edition of *English-Korean Korean-English Medical Terminology*, published by the Korean Medical Association (<http://term.kma.org>).

## SUBMISSION AND PEER REVIEW PROCESS

### Submission

- **Online submission:** Manuscripts are directly submitted to *Annals of Coloproctology* via the journal's homepage (<http://jksc.colon.or.kr/>). 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 ([colon@kams.or.kr](mailto:colon@kams.or.kr)), telephone (+82-2-2040-7737), or fax (+82-2-2040-7735).
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- **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:
  - Author statement forms
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### 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. *Annals of Coloproctology* does not consider second appeals.

## 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

### 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](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 principal 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 (IRB 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](https://www.nlm.nih.gov/bsd/uniform_requirements.html)). The number of references is limited to 30 for original article.

- **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.

- **Entire book:**

3. 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:**

4. 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:**

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

- **Conference paper:**

6. 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 publication:**

7. Matsuda T, Sumi Y, Yamashita K, Hasegawa H, Yamamoto M, Matsuda Y, et al. Anatomy of the transverse mesocolon based on embryology for laparoscopic complete mesocolic excision of right-sided colon cancer. *Ann Surg Oncol* 2017 Sep 5 [Epub]. <https://doi.org/10.1245/s10434-017-6070-5>.

- **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 inci-*

dence [Internet]. Goyang (KR): National Cancer Information Center; c2016 [cited 2017 Sep 20]. Available from: [http://www.cancer.go.kr/mbs/cancer/sub-view.jsp?id=cancer\\_040101000000](http://www.cancer.go.kr/mbs/cancer/sub-view.jsp?id=cancer_040101000000).

- **Tables:** Tables must be numbered in the order in which they are cited in the text. A table's caption, 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 caption. 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:** Upload each figure as a single image file in either uncompressed TIFF, PNG, EPS, PDF, or PPT format, with a resolution of at least 600 dpi (dots per inch). 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.

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## 2. 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. There should be no more than 5 figures, including tables, and no more than 15 references.

## 3. 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. The number of references is limited to 100 for review article.

## 4. 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.

## 5. 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 and up to 10 references. The Editorial Board reserves the right to edit letters to the editor and decide whether they should be accepted or rejected for publication.

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### 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, PNG, EPS, PDF, or PPT 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 de-

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Questions regarding manuscript submission may be sent to:

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