Instructions for authors

Annals of COLOPROCTOLOGY

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GENERAL INFORMATION

Annals of Coloproctology (Ann Coloproctol, ACP) is the official journal of the Korean Society of Coloproctology (KSCP), the Asia Pacific Federation of Coloproctology (APFCP), the Unitary Italian Society of Colon-Proctology-ETS (SIUCP-ETS), the Nigerian Society for Colorectal Disorders (NSCRD), and the Society of Colorectal Surgeons, Singapore (SCRS). Established in 1985, ACP became the official journal of APFCP in 2019 and was subsequently designated as the official journal of SIUCP-ETS in 2024, NSCRD in 2025, and SCRS in 2026.

As an international, peer-reviewed, open access journal, ACP aims to contribute to the in-depth development, cure of colorectal diseases, and improvement of public health. The scope of ACP includes basic and clinical research in colorectal surgery, physiology, epidemiology, and pathophysiology. ACP is mainly interested in surgical issues of diseases originating from the lower digestive system such as colon, rectum, anus, and small bowel. These diseases include colorectal cancer, anal cancer, inflammatory bowel disease, benign colonic disease, anorectal disorders, functional diseases, and pelvic floor disorders. In addition, ACP has a regional focus on Asia but welcomes submissions from researchers worldwide.

Contents of ACP is primarily aimed at doctors, nurses, basic researchers, and other health professionals involved in the management of colorectal disease, including colorectal surgeons, surgical oncologists, medical oncologists, radiation oncologists, colorectal pathologists, radiologists, and gastroenterologists. Its contents are also relevant to researchers and clinicians interested in lower gastrointestinal tract disease. ACP may also be of interest to administrators, policy makers, and students seeking to understand recent trends in the field of colon and rectal issues.

ACP publishes original articles, reviews, technical notes, brief communications, guidelines, editorials, letters to the editor, and videos related to the field of coloproctology. ACP is published bimonthly on the last day of February, April, June, August, October, and December.

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 (https://www.icmje.org/recommendations/) by the International Committee of Medical Journal Editors (ICMJE).

ARTICLE PROCESSING CHARGES

Accepted manuscripts are published with the understanding that the author(s) will cover the costs of publication, including page charges. The basic page charge for published manuscripts is US $500. Any photographs, electron micrographs, color plates, and other special illustrations will also be reproduced at the author's expense at cost prices.

ACP offers waivers and discounts to papers whose authors are based in countries classified as low-income economies by the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups) in the year prior to submission. Requests for waivers should be made at the time of submission. Please contact the Editorial Office (editor@coloproctol.org) to request a waiver. In order to ensure that a paper's waiver status does not influence the editor's decision, editors are not informed when a waiver has been granted.

MANUSCRIPT PREPARATION

ACP focuses on original articles containing clinical and experimental studies, study protocols, 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.

General guideline

- Manuscripts should be prepared using Microsoft Word (doc or docx format). They should be formatted on A4 (21.0×29.7 cm) or US Letter (21.6×27.9 cm) paper, with margins of at least 2.54 cm (1 inch) on all sides.
- Texts should be double-spaced with the same normal, plain font throughout, preferably 11-point Times New Roman.
- 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.

- 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.
- Abbreviations should be spelled out at first use, the abbreviation following in parentheses, and should be used consistently thereafter. Use only standard abbreviations, as the use of nonstandard abbreviations can be confusing to readers. Avoid using abbreviations in the manuscript title.
- The names of the manufacturers of equipment and drugs should be given. When both the nonproprietary and proprietary names of a drug are used in text, while the nonproprietary name should appear first, with the proprietary name capitalized and in parentheses, the manufacturer does not need to be listed after the proprietary name.
- When quoting from other sources, give a reference number after the author's surname or at the end of the quotation.
- Authors should express all measurements in conventional units, using International System of Units (SI units).
- As a general rule, statistical values should be reported to 3 decimal places, with a consistent number of decimal places maintained by including trailing zeros where appropriate.
- P-values should not be expressed as 0 or 1; $P = 0$ should be reported as $P < 0.001$, and $P = 1$ as $P > 0.999$.
- Percentages should be reported to 1 decimal place; however, 2 decimal places may be used when the denominator is 10,000 or greater. Trailing zeros should not be added to percentages that are whole numbers (i.e., 50/100 = 50% not 50.0%).
- To make papers more readable and informative, the following should be written in italics:
  - Biological names of organisms (e.g., *Saccharomyces cerevisiae*, *E. coli*)
  - Restriction enzymes and some other of enzymes (e.g., *EcoRI*,-*Taq polymerase*)
  - Names of genes (e.g., *src, c-H-ras, myc*)
  - Words of Latin origin (e.g., *in vivo, in vitro, in situ*)
  - Centrifugation force (e.g., 100,000 *g*)

Title page

The title page should include the following items:

- **Title:** The article title should be concise and precise. The title should be written in sentence case, meaning the first letter of the first word and any proper nouns are capitalized, as in a typical sentence. Generic drug names should be used in the title, not brand names. The title should also indicate the study design. If the study involved human participants, the country where the study was conducted should be included.
- **Authors and affiliations:** First, middle, and last names should be included for each author. For authors with different affiliations, the authors should be indicated by superscripted Arabic numerals (e.g., [1], [2], [3], etc.) at the top-right-hand corner of the author's name and before the affiliation. If authors are affiliated with multiple departments and hospitals, affiliations should be arranged in the order of authors and demarcated with a number.
- **ORCID:** All authors are required to provide their ORCIDs. Authors without an ORCID should register for one at the ORCID website (https://orcid.org/).
- **Corresponding author:** The corresponding author's name, academic degree, affiliation, address (with postal code), and email address should be included.
- **Author contributions:** The contributions of all authors must be described using the contributor roles outlined by CRediT (Contributor Roles Taxonomy; https://credit.niso.org/).
- **Conflict of interest:** Authors should disclose any potential conflict of interest. If there are no conflicts of interest to declare, authors should include the following sentence: "No potential conflict of interest relevant to this article was reported."
- **Funding:** All sources of funding applicable to the study should be explicitly stated. Providing a FundRef ID is suggested, including the name of the funding agency, the country, and, if available, the grant number provided by the funding agency. If the funding agency does not have a FundRef ID, please ask the agency to contact the FundRef registry (fundref.registry@crossref.org). A detailed description of the FundRef policy can be found at at the Crossref website (https://www.crossref.org/services/funder-registry/).
- **Acknowledgments:** All persons who have made substantial contributions, but do not meet the criteria for authorship, should be acknowledged here.
- If any of the sections in the manuscript are not applicable, please include the heading and write "Not applicable." for that section.

Article types

The type of articles published in ACP are summarized in Table 1.

1. ORIGINAL ARTICLES

Original articles report basic or clinical investigations. Original articles should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Methods, Results, and Discussion), References, Tables, Figure legends, and Figures. Original articles should not include more than a total of 7 tables or figures.

- **Abstract and Keywords:** The abstract should be concise, containing no more than 250 words, with the following headings: Purpose, Methods, Results, and Conclusion. Up to 5 keywords should be listed at the bottom of the abstract to be used as in-

Table 1. Summary of published article types

Article type	Abstract	Text[a]	Reference
Original article	Structured (Purpose, Methods, Results, Conclusion; maximum: 250 words)	Introduction, Methods, Results, Discussion (no word count limit, maximum Tables and Figures: 7)	50
Review article[b]	Unstructured (maximum: 200 words)	Introduction, Body text, Conclusion (maximum: 7,500 words)	
Study protocol	Structured (Background, Study design, Outcome, Trial Registration [if applicable]; maximum: 250 words)	Introduction, Methods, Discussion (maximum: 5,000 words; maximum Tables and Figures: 7)	50
Technical note	Not required	Introduction, Technique, Discussion (maximum: 1,500 words)	15
Brief communication	Not required	Maximum: 1,500 words	15
Guideline	Unstructured (maximum: 250 words)	Introduction, Body text, Conclusion (maximum: 7,500 words)	No limit
Editorial[b]	Not required	Maximum: 2,000 words	10
Letter to the editor	Not required	Maximum: 1,000 words	10
Video	Not required	Maximum: 1,500 words	15

Exceptions can be made only with the editor's approval.
[a]The maximum word count limit does not include the abstract, references, tables, and figure legends. [b]Invited only.

dex terms. ACP strongly recommends using Medical Subject Headings (MeSH) keywords (https://meshb.nlm.nih.gov/).

- **Main text:** Original articles should be structured into following main sections:
  - *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 company name. 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 the ethics statement (approval from the institutional review board/ethics committee and informed consent) An example is as shown in the following: "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 from the patients./The requirement for informed consent was waived."
  - *Results:* The results should be presented in a logical sequence in the text. Tables and Figures repetitively presenting the same data in different forms should be avoided. The results should not include materials appropriate for 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.
- **References:** In the text, references should be cited with Arabic numerals in square brackets, numbered in the order of appearance. In the References, the references should be numbered and listed in the 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." For articles published online, but not yet assigned an issue or page numbers, the DOI should be supplied. Journal titles should be abbreviated following the the style used in the list of journals indexed in the US National Library of Medicine (NLM) Catalog (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals). Other types of references not described below should follow NLM's Samples of Formatted References for Authors of Journal Articles (https://www.nlm.nih.gov/bsd/uniform_requirements.html). The number of references for original articles is limited to 50. Exceptions can be made only with the editor's approval.

- 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. 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. Elsevier Saunders; 2012. p. 1279–93.

- Dissertation:

6. Hong GD. The relationship between low serum cholesterol level and cancer mortality [Dissertation]. Seoul National University; 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, USA. IASP Press; 2003. p. 437–46.

- Online sources:

8. American Cancer Society. Cancer A-Z [Internet]. American Cancer Society; c2017 [cited 2017 Sep 15]. Available from: https://www.cancer.org/cancer.html
9. National Cancer Information Center. Cancer incidence [Internet]. Korean. National Cancer Information Center; c2020 [cited 2021 Sep 20]. Available from: http://www.cancer.go.kr/

- **Tables:** Tables must be numbered in the order in which they are cited in the text. The table title, placed immediately above the table, should concisely describe its contents to enable the readers to understand the table without referring to the text. Each table must be simple and typed on a separate page. Explanatory matters should be placed in footnotes below the tabular matter, and not included in the title. All nonstandard abbreviations should be also explained in the footnotes. Footnotes should be indicated by superscripted lowercase letters (e.g., a, b, c, etc.). Statistical measures, such as standard deviation or standard error, should be identified. Vertical and horizontal rules between entries should be omitted.
- **Figure legends:** Figure legends should be included in the main text on a separate page. Figures should be numbered, using Arabic numerals, in the order in which they are cited. For multiple panels within the same figure number, use English letters after the numeral to indicate order (e.g., Fig. 1A, Fig. 2B, C). Microscopic images should be described with staining method and magnification rate (e.g., hematoxylin-eosin, original magnification ×100). For figures depicting averages or proportions, use bar or line graphs, and include measures such as standard deviation or standard error, along with P-values.
- **Figures:** Figures should be submitted as separate files (TIFF, GIF, JPEG, or PPT). Submission of original figure files is recommended at the time of manuscript submission. After acceptance, authors must provide the original figure files upon request. Electron microscopic photographs should have an internal scale marker. Figures can be marked with arrows, letters, or other indicators, if necessary. 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, with a 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. Full color drawings and pictures are recommended.
- If any tables or figures are taken or modified from other papers, authors must obtain permission through the Copyright Clearance Center (https://www.copyright.com/) or from the original publisher, unless they are from an open access journal under the Creative Commons License. For tables or figures from an open access journal, simply cite the source of the journal in the accompanying footnote. Please note the distinction between a free access journal and an open access journal: authors must obtain permission when using tables or figures published in free access journals. Examples are shown in the following: "Reprinted/Modified/Adapted from Tanaka et al. [48], with permission of Elsevier." OR "Reprinted/Modified/Adapted from Weiss et al. [2], available under the Creative Commons License."

2. REVIEW ARTICLES

Review articles are invited by the editor and should be about comprehensive analyses of specific topics. Review articles should be organized in the following sequence: Title page, Abstract (unstructured) and Keywords, Main text (Introduction, Body text, and Conclusion), References, Tables, Figure legends, and Figures. The abstract should not exceed 200 words. The length of the text, excluding references, tables, and figures, should not exceed 7,500 words. The number of references for review articles is limited to 100. Exceptions can be made only with editor's approval. Systematic reviews are considered as review articles but should follow the format of original articles, including a structured abstract (Purpose, Methods, Results, Conclusion) and a main text organized into Introduction, Methods, Results, and Discussion sections.

3. STUDY PROTOCOLS

Study protocols detail the rationale, objectives, design, methodology, and statistical plan for a planned or ongoing prospective study (e.g., clinical trials, systematic reviews, large cohort studies) in the field of coloproctology. Study protocols are accepted only if the study has not yet completed its primary data analysis and approved by the institutional review board or the ethics committee with the trial registration information, if applicable. Trial registration is mandatory for any clinical trials; approved registries for clinical trials need to meet the ICMJE Clinical Trial Registra-

tion guidelines. Study protocols should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Methods, and Discussion), References, Tables, Figure legends, and Figures.

- **Abstract and Keywords:** The abstract should be concise, containing no more than 250 words, with the following headings: Background, Study design, Outcome, and Trial Registration number (if applicable). Up to 5 keywords should be listed at the bottom of the abstract to be used as index terms. ACP strongly recommends using Medical Subject Headings (MeSH) keywords (https://meshb.nlm.nih.gov/).
- **Main text:** Study protocols should be structured into following main sections:
  - Introduction: Briefly describe the scientific background, the necessity of the study, and clearly state the primary and secondary objectives/hypotheses.
  - Methods: This is the core section and must be highly detailed to ensure reproducibility. It must describe: study design (e.g., randomized controlled trial, systematic review), study setting, participant/patient criteria (inclusion/exclusion), intervention and comparison groups, clearly defined primary and secondary outcomes (including measurement methods and time points), sample size calculation and justification, data collection/management, and the full statistical analysis plan.
  - Discussion: Address potential limitations (e.g., risk of bias), strategies for managing deviations, and plans for the dissemination of results. A clear statement of the current trial status (e.g., "not yet recruiting," "recruiting") should be included.

4. TECHNICAL NOTES

Technical notes are brief reports of new surgical technique(s) in the field of colorectal disease. Technical notes should be organized in the following sequence: Title page, Main text (Introduction, Technique, and Discussion), References, Tables, Figure legends, and Figures. Images should be included in contents. 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. Videos may be included with submission but video clips longer than 2 minutes are recommended to be submitted as a Video. Technical notes should not exceed 1,500 words and include no more than 15 references. Exceptions can be made only with the editor's approval.

5. BRIEF COMMUNICATIONS

Brief communications are concise descriptions of new findings of general interest. They should be organized in the following sequence: Title page, Main text, References, Tables, Figure legends, and Figures. They should not exceed 1,500 words and include no more than 15 references. Exceptions can be made only with the editor's approval.

6. GUIDELINES

Guidelines are similar to original 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 in the following sequence: Title page, Abstract (unstructured) and Keywords, Main text (Introduction, Body text, and Conclusion), References, Tables, Figure legends, and Figures. The abstract should not exceed 250 words. The length of the text, excluding references, tables, and figures, should not exceed 7,500 words. There is no limit to the number of references for guidelines.

7. EDITORIALS

Editorials are invited by the editor and should be commentaries on articles recently published 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. The number of references should not exceed 10. Exceptions can be made only with the editor's approval.

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. The number of references should not exceed 10. Exceptions can be made only with the editor's approval.

9. VIDEOS

Videos are submissions where the video is the major component of the article. Text for a video should not exceed 1,500 words. The number of 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 format files are accepted. Upon acceptance all copyrights in the video file will automatically transfer to KSCP.

Supplementary materials

Supplementary material refers to files related to a specific article, provided by the authors for publication alongside their article. These materials typically include additional content that could

not be included in the print version, such as appendices or extra tables. All supplementary materials should be cited consecutively in the main text. A list of all supplementary materials should be included at the end of the manuscript file. All supplementary materials will be available online alongside the full-text article.

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 should follow the relevant reporting guidelines (Table 2). The submission of the checklists as supplementary materials is recommended; checklists should list which page of your research article each checklist item appears. Recommended sources include the EQUATOR Network (https://www.equator-network.org/) and the Research Reporting Guidelines and Initiatives (https://www.nlm.nih.gov/services/research_report_guide.html).

Table 2. Reporting guidelines for specific study designs

Guideline	Type of study	Source
CONSORT	Randomized controlled trials	https://www.equator-network.org/reporting-guidelines/consort/
STROBE	Observational studies	https://www.equator-network.org/reporting-guidelines/strobe/
PRISMA	Systematic reviews and meta-analyses	https://www.equator-network.org/reporting-guidelines/prisma/
PRIMSA-P	Study protocol	https://www.equator-network.org/reporting-guidelines/prisma-protocols/
SPIRIT	Study protocol	https://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/

RESEARCH AND PUBLICATION ETHICS

ACP adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations (https://www.icmje.org/recommendations/); the Principles of Transparency and Best Practice in Scholarly Publishing (https://doaj.org/apply/transparency/), a 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); and the Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13/). All processes of handling research and publication misconduct shall follow in accordance with COPE guidance (https://publicationethics.org/).

Authorship

Authorship credit should be based on the 4 ICMJE criteria: (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. All authors should meet all 4 criteria.

- **Correction of authorship:** Authors are strongly advised to ensure that the author group, the corresponding author, and the order of authors are correct at the time of submission. Changes to authorship, including the addition or removal of authors or changes in author order, are generally not permitted during the revision process but may be considered in exceptional cases with sufficient justification. Any request for authorship changes must be submitted as a letter to the Editor, providing a detailed explanation for the change and written confirmation (email or letter) from all authors indicating their agreement. The letter must be signed by all listed authors, including any authors being added or removed. Changes to authorship are not permitted after acceptance of the manuscript. After publication, authorship will not be altered unless an error has been made by the editorial office; any such changes will be handled in accordance with COPE guidance and may result in a published correction.
- **Contributors:** Any researcher who have made substantial contributions to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support, but do not meet all 4 ICMJE criteria for authorship, should have their contributions acknowledged in the Acknowledgments section of the article. ACP encourages authors to properly acknowledge the contributions of patients and the public to their research when appropriate.
- **Role of corresponding author:** The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest statement forms, are properly completed. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and co- operate with any requests from the journal for data or additional information or questions about the article. The corresponding author must complete and sign the copyright trans-

fer agreement and conflict of interest disclosure form.

- Recommendations for working with people with personal connections: Authors who intend to include minors (under the age of 19 years) or their family members (such as spouse, children, or relatives) in their research, including publishing or presenting papers together, should clearly indicate this in the cover letter. For further information, please refer to the Guidelines for Preventing Illegitimate Authorship by the National Research Foundation of Korea (https://eng.nrf.re.kr/).
- Use of artificial intelligence (AI)-assisted technologies: ACP adheres to ICMJE guidelines regarding the use of AI in manuscript preparation. AI-assisted technologies, including chatbots, cannot be listed as authors. However, generative AI tools may be used to improve readability and language accuracy but not for creating or altering images in submitted manuscripts, except for adjustments like brightness, contrast, or color balance, which must not obscure original information. If AI is integral to the research, details should be included in the Methods section. Authors must disclose any use of AI tools in manuscript preparation, specifying the tools used, their versions, and their role. It must be clearly reported in a dedicated section of the Methods, or in the Acknowledgements section for article types lacking a Methods section. Plagiarism of text or images by AI is strictly prohibited, and AI-generated material cannot be cited as a primary source.

Originality and duplicate publication

All submitted manuscripts must be original and should not be under consideration for publication by other scientific journals at the same time. Duplication of any part of an accepted manuscript in another scientific journal without the approval of the Editorial Board is strictly prohibited. If any instances of duplicate publication are discovered, the authors will be publicly acknowledged in the journal, their affiliated institutions will be notified, and appropriate penalties will be imposed on the authors.

Secondary publicationy

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

Conflict of interest

A conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) their actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflicts of interest. Nevertheless, the potential for a conflict of interest can exist regardless of whether an individual believes that the relationship affects their scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honorarium, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and science itself. However, conflicts can also occur from personal relationships, academic competition, or intellectual passion (https://www.icmje.org/disclosure-of-interest/). Conflicts of interest may also arise during the research process; however, the important point is the disclosure itself. To ensure the credibility of the journal and the authors, it is essential that all conflicts of interest are disclosed. If there are any conflicts of interest, authors should inform the editor and disclose them in the manuscript. In particular, all sources of funding applicable to the study should be explicitly stated. Disclosing conflicts of interest allows editors, reviewers, and readers to approach the manuscript with an understanding of the situation under which the research work was performed.

Statement of human and animal rights

Clinical research should be conducted in accordance with the World Medical Association (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. All clinical studies involving human participants should include a certificate, agreement, or approval from the Institutional Review Board (IRB). For clinical studies with animal subjects, there should be a certificate, agreement, or approval from the Institutional Animal Care and Use Committee (IACUC). ACP will not consider any studies involving humans or animals without appropriate approval. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB/IACUC approval and study conduct. For human subjects, identifiable information such as names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should adhere to the guidelines outlined in the National or Institutional Guide for the Care and Use of Laboratory Animals and must be performed with ethical consideration for all experimental animals.

Statement of informed consent

Informed consent should be obtained from patients who participated in the clinical investigations, unless waived by the IRB or the ethics committee. For individuals who cannot provide consent independently, including those from vulnerable popula-

tions—such as minors, the elderly, racial or ethnic minorities, individuals with certain health conditions, or those who are socioeconomically disadvantaged—consent should be obtained from a legally authorized representative or parent/guardian. For images of human subjects, explicit permission must be acquired as part of the consent process, and such images should only be included if essential for scientific purposes. Even when consent is obtained, identifying details should be omitted unless necessary. Authors must ensure that any modifications made to anonymize individuals in photographs do not compromise the scientific accuracy. If consent is not obtained, it is generally insufficient to anonymize an image simply by using eye bars or facial blurring.

Registration of clinical trial research

Any research involving clinical trials should be registered with the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS; https://cris.nih.go.kr/), a primary national registry site accredited by the World Health Organization (https://www.who.int/clinical-trials-registry-platform/network/), or ClinicalTrials.gov (https://clinicaltrials.gov/).

Description of participants

Ensure correct use of the terms "sex" (when reporting biological factors) and "gender" (when reporting identity, psychosocial, or cultural factors). Unless inappropriate, the sex and/or gender of study participants, animals, or cells should be reported, and the methods used to determine them should be described. If the study was conduced exclusively in one population, such as one sex, the authors should provide justification for the exclusion of the other population, unless it is obvious (e.g., in the case of prostate cancer). The method used to determine race or ethnicity and its relevance should also be defined by the authors.

Management of research and publication misconduct

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ACP Editorial Office
Room 1519, Suseo Hyundai Venture-vill, 10 Bamgogae-ro 1-gil,
Gangnam-gu, Seoul 06349, Korea
Tel: +82-2-2040-7737
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