

Instructions for authors

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Annals of Coloproctology (Ann Coloproctol, ACP) is the official journal of the Korean Society of Coloproctology (KSCP) and the Asia Pacific Federation of Coloproctology (APFCP). ACP was launched in 1985 and was designated as the official journal of APFCP in 2019.

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/>) from 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 USD 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 for authors based in low-income countries as classified by the World Bank (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519/>) as of July 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.

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/). Furthermore, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/guidance/Flowcharts/>).

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. The corresponding author must complete and sign the copyright transfer agreement and conflict of interest disclosure form.

- A list of each author's role and ORCID should accompany the submitted paper.
- Correction of authorship: After the initial submission of the manuscript, any changes regarding authorship, such as adding

or deleting author(s) or changing the order of authors, must be explained in a letter to the editor from the authors involved. The letter must include the following from the corresponding author: (1) an explanation for the change in authorship and (2) a written confirmation (email or letter) from all authors that they agree with the change in authorship. This letter must be signed by all authors of the paper including the author(s) being added or removed. ACP does not alter authorship after publication unless a mistake has been made by the editorial staff. Any changes will be done in accordance with COPE flowcharts, and a correction may be published as a result.

- **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 cooperate with any requests from the journal for data or additional information or questions about the article.
- **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://www.cre.re.kr/>).

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 publication

Manuscripts may be republished if they satisfy the conditions for secondary publication outlined by 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. Copies of written informed consents should be kept for studies involving human subjects. Images of human subjects should only be used if the information is essential for scientific purposes and explicit permission has been obtained as part of the consent. Even with consent, identifying details should be omitted if they are not necessary. Authors must ensure that any alterations made to maintain the anonymity of individuals in photographs do not compromise the scientific accuracy of the image. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned.

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/>), a service of the US National Institutes of Health.

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 conducted 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

In case the journal encounters suspected cases of research and publication misconduct, such as redundant (duplicate) publica-

tion, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by COPE (<https://publicationethics.org/guidance/Flowcharts/>). The discussion and decision on the suspected cases are carried out by the Editorial Board in accordance with the Regulations of the Research Ethics Council.

Editorial responsibilities

The Editorial Board is committed to maintaining high standards of publication ethics and will continuously work towards this goal by providing guidelines for retracting articles; preserving the integrity of academic record; prioritizing intellectual and ethical standards over commercial interests; publishing corrections, clarifications, retractions and apologies when necessary; and preventing plagiarism and fraudulent data. The responsibilities of editors include the authority to accept or reject articles; ensuring that there is no conflict of interest with regards to the articles they accept or reject; promoting the publication of corrections or retractions when errors are discovered; and preserving the anonymity of reviewers.

EDITORIAL POLICY

Copyright

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Article sharing (author self-archiving) policy

ACP is an open access journal, which allows authors to freely share their research in various ways, such as preprint servers, social media platforms, conferences, and educational materials, in accordance with our open access policy. However, authors are strictly prohibited from submitting the same manuscript to multiple journals.

Data sharing 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 manuscripts.

ACP accepts the ICMJE Recommendations for data sharing statement policy on clinical trials (<https://www.icmje.org/recommendations/>). Authors may also refer to the editorial, “Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in the Journal of Korean Medical Science vol. 32, no. 7, p. 1051–3 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving policy

The full text of ACP has been archived in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/2062/>) and the National Library of Korea (<https://nl.go.kr/>) since 2010 (from the 26th volume). ACP ensures the long-term availability of its contents, even if the journal is no longer in publication, through archiving in PubMed Central, Korea Citation Index (<https://www.kci.go.kr/>), and the National Library of Korea.

Preprint policy

ACP allows authors to submit preprints to the journal. A preprint

refers to a version of a scholarly paper that precedes formal peer review and publication in a peer-reviewed scholarly journal. Submitting a preprint to ACP will not be considered as duplicate submission or publication. ACP advises authors to mention the existence of the preprint, along with its DOI, in the cover letter during the submission process. Failure to do so may result in a plagiarism check program (Similarity Check) flagging the submission for excessive duplication. The preprint will go through the same peer review process as any other submission. If accepted for publication, the authors are encouraged to update the preprint with a link to the published article in ACP, including the DOI. It is highly recommended that authors cite the published article in ACP instead of the preprint in their future submissions to other journals.

Peer review policy

All papers, including those invited by the editor, are subject to a rigorous peer review process. ACP follows a double-blind peer review policy, in which the identities of both the authors and reviewers are kept anonymous throughout the review process. However, the editor managing the review process will have visibility of the authors and reviewers’ identities. The Editorial Board selects reviewers based on expertise, publication history, and past reviews. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only the editor, which is known as “independent review.” The editor is responsible for the final decision on whether to accept or reject a manuscript. An initial decision is typically made within 4 to 8 weeks of receipt of the manuscript. The review process and editorial decision are not published on the article page.

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 steps of the submission process. All articles submitted to the journal must comply with the instructions. Failure to do so will result in the return of manuscript and possible delay in publication. For assistance, please contact the Editorial Office (email: editor@coloproctol.org, tel: +82-2-2040-7747).
- **Author checklist:** You will first be requested to complete the Author Checklist (<https://coloproctol.org/authors/checklist.php/>). Before submitting a new manuscript, please ensure that every point listed in the Author 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 and conflict of interest disclosure form
- Cover letter: A cover letter must be included, indicating the address and email address of the corresponding author.
- English proofreading (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:** ACP reviews all received manuscripts. A manuscript is first reviewed for its format and then sent to a minimum of 2 independent expert reviewers of the field to assess the quality of the paper. 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 reviewers. An initial decision will normally be made within 4 weeks of receiving a manuscript, and reviewers' comments are sent by email 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 reviewers' 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 1 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 COPE (<https://publicationethics.org/appeals/>). ACP does not consider second appeals.

MANUSCRIPT PREPARATION

ACP focuses on original articles containing clinical and experimental studies, 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

- 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, as the 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 the first mention, unless the abbreviation is a standard unit of measurement.
- The names of the manufacturers of equipment and nongeneric drugs should be given.
- 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 (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 NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

1. ORIGINAL ARTICLES

Original articles report basic or clinical investigations. Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. An original article manuscript should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Methods, Results, and Discussion), 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:

- *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. If an author does not have an ORCID, they can register for one at the ORCID website (<https://orcid.org/>). Registration is free to all researchers.
- *Corresponding author:* The corresponding author's name, affiliation, address (with postal code), and email address should be included.
- *Author contributions:* The contributions of all authors must be described using 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, authors should include the following sentence: "The authors have no conflicts of interest to declare."
- *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 number of the grant 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 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.

• **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. ACP strongly recommends using Medical Subject Headings (MeSH; <https://meshb.nlm.nih.gov/>) keywords.

• **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 information on the IRB/ethics committee approval or waiver 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 illustrations 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 brackets, numbered in the order of appearance. In the References, 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 DOI should be supplied. Journal titles should be abbreviated following the NLM title abbreviation. 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). There is no limit to the number of references for original articles.

- **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: Dostrovsky 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]. National Cancer Information Center of Korea; c2017 [cited 2021 Sep 20]. Available from: https://ncc.re.kr/main.ncc?uri=english/sub04_Statistics

- **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 read-

er 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 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.

- **Figures:** Figures should be submitted as separate files. All file types (TIFF, GIF, JPEG, or PPT) may be submitted for evaluation by reviewers. However, if an article receives approval for publication, files must be submitted as TIFF or PDF files. 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 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. It is recommended that the 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 1-sentence description, rather than a phrase or a paragraph.

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2. REVIEW ARTICLES

Review articles are invited by the editor and should be about comprehensive analyses of specific topics. A review article manuscript should be organized in the following sequence: Title page, Abstract and Keywords, Main text (Introduction, Body text, and Conclusion), References, Tables, Figure legends, and Figures. The abstract should be unstructured and should not exceed 200 words. 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. The length of the text, excluding references, tables, and figures, should not exceed 7,500 words. The number of references should not exceed 100.

3. 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 be submitted as a Video. Technical notes should not exceed 1,500 words and include no more than 15 references. A technical note should be organized in the following sequence: Title page, Abstract (unstructured) and Keywords, Main text (Introduction, Technique, and Discussion), References, Tables, Figure legends, and Figures. 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.

4. BRIEF COMMUNICATIONS

Brief communications are concise descriptions of new findings of general interest. They are 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.

5. 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 and Keywords, Main text (Introduction, Body text, and Conclusion), References, Tables, Figure legends, and Figures. There should be a structured abstract (Purpose, Methods, Results, and Conclusion) of no more than 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.

6. 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. The number of references should not exceed 10.

7. 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.

8. VIDEOS

Video clips 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 for publication of the paper with the related video file, all copyrights in the video file will automatically transfer to KSCP.

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.

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Summary of manuscript preparation

Article type	Manuscript preparation	Maximum recommended article length
Original article	Title page (with acknowledgments) Abstract (structured) & Keywords Text (Introduction, Methods, Results, Discussion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 250 Total ^a : no limit Reference: no limit
Review article ^b	Title page (with acknowledgments) Abstract (unstructured) & Keywords Text (Introduction, Body text, Conclusion) References Tables (each table on separate page) Figure legends Figures (as separate files)	Abstract: 200 Total: 7,500 Reference: no limit
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

^aThe maximum length of total is exclusive of the abstract, references, tables, and figure legends. ^bInvited only.