

Instructions to Authors

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The Korean Journal of Anesthesiology (KJA) is an international, English-language, open-access, and Peer-reviewed journal for anesthesiology, critical care, and pain medicine. As an official scientific journal of the Korean Society of Anesthesiologists, the KJA published monthly until 2014 and will now publish bimonthly in 2015. Its abbreviated title is "Korean J Anesthesiol." The KJA publishes definitive articles that can improve clinical care or guide further research in the field of anesthesiology. Manuscripts for submission to the KJA should be written according to the following policies. The KJA follows the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication*, available at: www.icmje.org/, if otherwise not described below.

Editorial Policy

The Editor assumes that all authors listed in a manuscript have agreed with the following policy of the KJA on submission of manuscript. Except for the negotiated secondary publication, manuscript submitted to the KJA must be previously unpublished and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed. If a new author should be added or an author should be deleted after the submission, it is the responsibility of the corresponding author to ensure that the author concerned are aware of and agree to the change in authorship. The KJA has no responsibility for such changes. Minimum publication charges and additional fee for reprints will due on every manuscript. Color illustrations are charged to the authors. All published manuscripts become the permanent property of the Korean Journal of Anesthesiology and may not be published elsewhere without written permission.

General information

1. Publication types

The KJA focuses on clinical research, experimental research, case reports, reviews, letter to the editor, book reviews, statistical round, and editorials.

2. Language

Manuscripts submitted to the KJA should be compiled in English. Spellings should abide by American spellings. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. Accepted manuscripts are requested to be proofread by professional English editors.

3. Submission of manuscript

In addition to members of the Korean Society of Anesthesiologists, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Authors

are requested to submit their papers electronically by using the online manuscript submission system, available at: <http://www.editorialmanager.com/kja>. Authors, reviewers, and editors send and receive all correspondences through this system. Final revisions by authors should be submitted within 1 week of the request.

4. Peer review process

Under any circumstances, the identities of the reviewers will not be revealed and the reviewers will be blinded to the names of the authors and the institution from which the manuscripts have been sent. Submitted manuscripts will be reviewed by 2 or more experts in the corresponding field. The Editorial Board may request authors to revise the manuscripts according to the reviewer's opinion. After revising the manuscript, the author should upload the revised files with a reply to each item of the reviewer's opinion. The author's revisions should be completed within 90 days after the request. If it is not received by the due date, the Editorial Board will not consider it for publication again. To extend the revision period to more than 90 days, the author should negotiate with the Editorial Board. The manuscript review process should be finished the second review. If the authors wish further review, the Editorial Board may consider it. The Editorial Board will make a final decision on the approval for publication of the submitted manuscripts and can request any further corrections, revisions, and deletions of the article text if necessary. Statistical editing is also performed if the data need professional statistical review by a statistician. The review and publication processes that are not described in the Instructions for Authors will be incorporated into the Editorial Policy Statements approved by the Council of Science Editors Board of Directors, available at: www.councilscienceeditors.org/.

5. Article processing charge and publication fee

There is no charge for submitting and processing a paper. But, the KJA charges a publication fee for each printed page of KRW. Publication fees are waived if the affiliation of first and corresponding author is outside Korea. An additional fee will be charged for color prints.

6. Copyrights

Copyrights of all published materials are owned by the KJA. On behalf of co-author(s), corresponding author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/update.html). A copy of the form is made available to the submitting author within the Editorial Manager submission process.

7. Open access

KJA is an Open Access journal accessible for free on the Internet. Accepted peer-reviewed articles are freely available on the journal website for any user, worldwide, immediately upon publication without additional charge.

Research and publication ethics

For the policies on research and publication ethics that are not stated in these instructions, the Good Publication Practice Guidelines for Medical Journals, available at: www.kamje.or.kr/intro.php?body=publishing_ethics, or the Guidelines on Good Publication, available at: publicationethics.org/, can be applied.

1. Conflict-of-interest statement

At the time of manuscript submission, the KJA requires corresponding author to summarize all authors' conflict of interest disclosures. A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (www.icmje.org/conflicts-of-interest/). The corresponding author is required to complete and submit the ICMJE Form for Disclosure of Potential Conflicts of Interest. All sources of funding should be declared as a section of "acknowledgment" at the end of the text. At the time of manuscript acceptance, the KJA asks authors to confirm and update their disclosure statements. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement, and additional action may be taken as necessary.

2. Statement of informed consent

Copies of written informed consents and Institutional Review Board (IRB) approval for clinical research are recommended kept. The editor or reviewers may request copies of these documents to make potential ethical issues clear.

3. Statement of human and animal right

Clinical research should be done in accordance of the Ethical Principles for Medical Research Involving Human Subjects, outlined in the Helsinki Declaration of 1975 (revised 2000). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

4. Registration of the clinical trial research

Any researches that deals with clinical trial are strongly recommended to be registered to the primary national clinical trial registration site such as Korea Clinical Research Information

Service (cris.nih.go.kr/) or other sites accredited by WHO or International Committee of Medical Journal Editor such as ClinicalTrials.gov (clinicaltrials.gov/).

5. Reporting guidelines

The KJA recommends a submitted manuscript to follow reporting guidelines appropriate for various study types. Good sources for reporting guidelines are the EQUATOR Network (www.equator-network.org/) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

6. Authorship

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, 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 the work are appropriately investigated and resolved. Authors should meet these 4 conditions. If the number of authors is greater than 6, there should be a list of each author's role for the submitted paper. KJA has a strict policy on changes to authorship after acceptance of the article and will only consider changes in the most extraordinary situations once the article is accepted.

7. Plagiarism and duplicate publication

Plagiarism is the use of previously published material without attribution. The KJA editorial office screens all submitted manuscripts for plagiarism, using a sophisticated software program, prior to peer review. When plagiarism is detected at any time before publication, the KJA editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit <http://www.publicationethics.org>. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a different journal that is not open access.

8. Secondary publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: www.icmje.org/.

Manuscript preparation

1. Word processors and format of manuscript

A manuscript must be written in proper and clear English. The manuscript, including tables and their footnotes, and figure legends, must be typed in one double space. Materials should be prepared with a standard 12-point typeface or greater (Times and Times New Roman typefaces are preferred). The manuscript should be in the following sequence: cover letter (optional), title page file, manuscript (title and running title, abstract and key words, introduction, materials and methods, results, discussion,

references, tables, and figure legends), figures, other submission elements. All pages should be numbered consecutively starting from the title page. All numbers should be written in Arabic numerals throughout the manuscripts. Our preferred file format is DOCX or DOC. A single PDF file containing all materials in a file including figures and figure legends. In that case, authors should add line numbers throughout the document. Manuscript containing anything in headers and footers, except of page numbers, will be returned to authors. If your PDF submission is accepted, you will be asked to upload your final document file in DOCX or DOC format as well. Make sure to update your PDF file with the most recent version of your manuscript.

2. Abbreviation of terminology

Abbreviations should be avoided as much as possible. When they are used, full expression of the abbreviations following the abbreviated word in parentheses should be given at the first use.

For example: target controlled infusion (TCI)

After that, "TCI" can be used instead of "target controlled infusion." Common abbreviations, however, may be used, such as DNA. Abbreviation can be used if it is listed as a MeSH subject heading (<http://www.ncbi.nlm.nih.gov/mesh>).

3. Word-spacing

1) Leave 1 space for each side, using arithmetic marks as +, -, ×, etc.

Ex) 24 ± 2.5

Leave no space for hyphen between words.

Ex) intra-operative

2) Leave 1 space after ", "and"; ". Leave 2 spaces after ". " and " : " .

3) Using parentheses, leave 1 space each side.

4) Brackets in parentheses, apply square brackets.

Ex) ([])

4. Citations

1) If a citation has 2 authors, write as "Hirota and Lambert." If there are more than 3 authors, apply 'et al.' at the end of the first author's surname. Ex) Kim et al. [1].

2) Citation should be applied after the last word or author's surname.

Ex) It is said that hypertension can be brought [1] and the way to injure brain [2] is...

Ex) Lee et al. [3] reported...

Ex) Choi and Kim [4] reported...

3) Apply citation before a comma or period.

Ex) ...is reported [1],

4) Identify reference by several or coupled Arabic numbers, enclosed in square brackets on the line as [1,3,5].

5. Arrangement of manuscript

ALL articles should be arranged in the following order.

Cover letter (optional)

Title Page file, uploaded separately

Manuscript, as a single file in word processing format (eg, .doc), consisting of Title and running title, Abstract (if required for the article type; see relevant section), Body Text, References, Tables, Figure Legends, if any (in numerical order, on the same page); be

sure to number all pages of the manuscript file

Figures (each Figure should be a separate file in figure file format)

Other submission elements (Supplemental Digital Content, etc.)

Each new section's title should begin on a new page. The conclusion should be included in the discussion section. Number pages consecutively, beginning with the first page. Page numbers should be placed at the middle of the bottom of page. For survey-based clinical studies, the original survey document does not need to be included in the body of the manuscript but may be supplemented in an appendix.

6. Organization of manuscript

1) Clinical or Experimental research

(1) Title page

① Title

Title should be concise and precise.

For the title, only the first letter of the first word should be capitalized.

Ex) Effect of smoking on bronchial mucus transport velocity under total intravenous anesthesia.[O]

Ex) Effect of Smoking on Bronchial Mucus Transport Velocity under Total Intravenous Anesthesia.[X]

② Author information

First name, middle initial, and last name of each author, with their highest academic degree(s) (M.D., Ph.D., etc.), and institutional affiliations; make sure the names of and the order of authors as they appear on the Title Page and entered in the system match exactly.

③ Running title

A running title of no more than 40 characters, including letters and spaces, should be described. If inappropriate, the editorial board may revise it.

④ Corresponding author

Name, mailing address, phone number, and e-mail address of the corresponding author.

⑤ Previous presentation in conferences

Title of the conference, date of presentation, and the location of the conference may be described.

⑥ Acknowledgments

Persons or institutes who contributed to the papers but not enough to be coauthors may be introduced. Financial support, including foundations, institutions, pharmaceutical and device manufacturers, private companies, or intramural departmental sources, or any other support should be described.

⑦ Funding statement

Disclosure of all financial support for the work, including departmental or institutional funding/support.

⑧ Conflicts of interest

Any conflicts of interest for any or all authors within the 36 months of submission. If no competing interests, please add the following statement: "The authors declare no competing interests."

If any of these elements are not applicable to your submission, write "not applicable" after the number and topic; for example, "Prior Presentations: Not applicable."

(2) Manuscript

① Title and Running title

② Abstract

All manuscripts should contain a structured abstract that is written only in English. Provide an abstract of no more than 250 words. It should contain 4 subsections: Background, Methods, Results, and Conclusions. Quotation of references is not available in the abstract. A list of keywords, with a minimum of 4 and maximum of 10 items, should be included at the end of the abstract. The selection of keywords should be from MeSH (<http://www.ncbi.nlm.nih.gov/mesh>) and should be written in small alphabetic letters with the first letter in capital letter. Separate each word by a semicolon (;), and mark a period (.) at the end of the last word.

Ex) Keywords: Carbon dioxide; Cerebral vessels; Oxygen; Spinal analgesia.

Ex) Keywords: Fentanyl; Gamma-aminobutyric acid; Meperidine; Methadone; Morphine-6-glucuronide.

③ Introduction

The introduction should address the purpose of the article concisely and include background reports that are relevant to the purpose of the paper.

④ Materials and Methods

· The materials and methods section should include sufficient details of the design, subjects, and methods of the article in order, as well as the data analysis methods and control of bias in the study. Sufficient details need to be addressed in the methodology section of an experimental study so that it can be further replicated by others.

· When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the Institutional Review Board for the study. When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by Institutional Board for the Care and Use of Laboratory Animals. "American Society of Anesthesiologists physical status classification" should not be abbreviated. As a rule, subsection titles are not recommended.

· Units

Laboratory information should be reported in International System of Units [SI].

· Exceptions

A. The unit for volume is "L", others in "dl, ml, µl".

Ex) 1 L, 5 ml

B. The units for pressure are mmHg or cmH₂O.

C. Use Celsius for temperature

D. Units for concentration are M, mM, µM.

E. When more than 2 items are presented, diagonal slashes are acceptable for simple units. Negative exponents should not be used.

Ex) mg/kg/min [O], mg · kg⁻¹ · min⁻¹ · [X]

F. Leave 1 space between number and units.

Ex) 5 mmHg

Exception) 5%, 36°C

G. Units of time

Ex) hour: 1 h = 60 min = 3600 s, day: 1 d = 24 h = 86400 s

· Drug Names and Equipment

Use generic names. If a brand name must be used, insert it in parentheses after the generic name. Provide ® or ™ as a superscript and manufacturer's name, and country.

· Ions

Ex) Na⁺ [O], Mg²⁺ [O], Mg⁺⁺ [X], Mg⁺² [X]

Ex) Premedicated magnesium [O]

Ex) Premedicated Mg²⁺ [O]

· Statistics

Authors should abide by the recent version of 'Formatting Statistics' posted in the 'Instructions to Authors' of the KJA homepage.

⑤ Results

Results should be presented in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all of the data in the tables or illustrations in the text; emphasize or summarize only the most important observations. Results can be sectioned by subsection titles but should not be numbered. Citation of tables and figures should be provided as Table 1 and Fig. 1.

⑥ Discussion

The discussion should be described to emphasize the new and important aspects of the study, including the conclusions. Do not repeat the results in detail or other information that is given in the Introduction or the Results section. Describe the conclusions according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Conclusions may be stated briefly in the last paragraph of the Discussion section.

⑦ References

The description of the journal reference follows the descriptions below. Otherwise, it follows the NLM Style Guide for Authors, Editors, and Publishers (Patrias, K. Citing medicine: the NLM style guide for authors, editors, and publishers [Internet]. 2nd ed. Wendling, DL, technical editor. Bethesda (MD): National Library of Medicine (US); 2007 [updated 2009 Jan 14; cited 2009 May 1]. Available at: www.nlm.nih.gov/citingmedicine).

· References should be obviously related to documents and should not be exceed 30. References should be numbered consecutively in the order in which they are first mentioned in the text. Provide footnotes in the body text section. All of the references should be stated in English, including author, title, name of journal, etc.

· If necessary, the editorial board may request original documents of the references.

· The journal title should be listed according to the List of Journals Indexed for MEDLINE, available at: www.nlm.nih.gov/archive/20130415/tsd/serials/lji.html or the List of KoreaMed Journals, available at: koreamed.org.

· Six authors can be listed. If more than 6 authors are listed,

only list 6 names with 'et al.'

- Provide the start and final page numbers of the cited reference.
- Abstracts of conferences are not allowed to be included in the references. The American Society of Anesthesiologists (ASA) refresher course lecture is not acceptable as a reference.

· Description format

A. Regular journal

Author name. Title of journal Name of journal published year; volume: start page- final page.

Ex) Rosenfeld BA, Faraday N, Campbell D, Dorman T, Clarkson K, Siedler A, et al. Perioperative platelet activity of the effects of clonidine. *Anesthesiology* 1992; 79: 256-61.

Ex) Hirota K, Lambert DG. Ketamine: its mechanism(s) of action and unusual clinical uses. *Br J Anaesth* 1996; 77: 441-4.

Ex) Kang JG, Lee SM, Lim SW, Chung IS, Hahm TS, Kim JK, et al. Correlation of AEP, BIS, and OAA/S scores under stepwise sedation using propofol TCI in orthopedic patients undergoing total knee replacement arthroplasty under spinal anesthesia. *Korean J Anesthesiol* 2004; 46: 284-92.

Ex) '2006; 7(Suppl 1): 64-96' 2007; 76: H232-8'

B. Monographs

- Author. Book name. Edition. Place, press. Published year, pp (start page)-(End page).

· If reference page is only 1 page, mark 'p'.

· Mark if it is beyond the 2nd edition.

Ex) Nuwer MR. Evoked Potential monitoring in the operating room. 2nd ed. New York, Raven Press. 1986, pp 136-71.

C. Chapter

Ex) Blitt C. Monitoring the anestheized patient. In: *Clinical Anesthesia*. 3rd ed. Edited by Barash PG, Cullen BF, Stoelting RK: Philadelphia, Lippincott-Raven Publishers. 1997, pp 563-85.

D. Electronic documents

Ex) Grainge MJ, Seth R, Guo L, Neal KR, Coupland C, Vryenhoef P, et al. Cervical human papillomavirus screening among older women. *Emerg Infect Dis* [serial on the Internet]. 2005 Nov [2005 Nov 25]. Available from www.cdc.gov/ncidod/EID/vol11no11/05-0575.htm.

E. Online journal article

Sampson AL, Singer RF, Walters GD. Uric acid lowering therapies for preventing or delaying the progression of chronic kidney disease. *Cochrane Database Syst Rev* 2017; 10: CD009460.

F. Advance access article

Baumbach P, Gotz T, Gunther A, Weiss T, Meissner W. Chronic intensive care-related pain: Exploratory analysis on predictors and influence on health-related quality of life. *Eur J Pain* 2017. Advance Access published on Nov 5, 2017. doi:10.1002/ejp. 1129.

⑧ Table

- Type or print each table on a separate sheet of paper.
- Number tables consecutively in the order of their first citation in the text.
- Supply a brief title
 - Tables should be more than 4 rows and should not be over 1 page.
- Except for titles and first letters, all of the text in the tables should be written in small alphabetic letters. In demographic data, sex would be provided as M/F, and age in yr. Data of year, weight, height, and any other units would be provided with 1 decimal place.
- "±" sign in the upper column of table should be lined up with the lower column.
- Footnotes should be provided consecutively in order of the cited tables or statistics.
- Marks for footnote should be given in order of *, [†], [‡], [§], ^{||}, [¶], **, ^{††}, ^{†††}... When marks are used to explain items of the table, indicate them with superscripts.
- Define all abbreviations except those approved by the International System of Units. Define all abbreviations every time they are repeated.

⑨ Legends for figures and photographs

- All of the figures and photographs should be described in the text separately.
- The description order is the same as in the footnotes in tables and should be in recognizable sentences.
- Define all abbreviations every time they are repeated.

(3) Figures and illustrations

- ① Korean Journal of Anesthesiology publishes in full color, and encourages authors to use color to increase the clarity of figures. Please note that color figures are used without charge for online reading. However, since it will be charged upon the publication, authors may choose to use colors only for online reading.
- ② Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray). Avoid colors that are difficult to see on the printed page (e.g., yellow) or are visually distracting (e.g., pink). Figure backgrounds and plot areas should be white, not gray. Axis lines and ticks should be black and thick enough to clearly frame the image. Axis labels should be large enough to be easily readable, and printed in black.
- ③ Figures should be uploaded as separate tif, jpg, pdf, gif, ppt files. Width of figure should be 84 mm (one column). Contrast of photos or graphs should be at least 600 dpi. Contrast of line drawings should be at least 1,200 dpi. The powerpoint file (ppt, pptx) is also acceptable. Number figures as "Fig. (Arabic numeral)" in the order of their citation (ex. Fig. 1).
- ④ Photographs should be submitted individually. If Figure 1 is divided into A, B, C and D, do not combine it into 1, but submit each of them separately. Authors should submit line drawings in black and white.
- ⑤ In horizontal and vertical legends, the letter of the first English word should be capitalized.

- ⑥ Connections between numbers should be denoted by “-”, not “~”. Do not space the numbers (ex. 2–4).
- ⑦ Figures (line drawings) should be clearly printed in black and white.
- ⑧ Figures should be explained briefly in the footnotes. The format is the same as the table format.
- ⑨ An individual should not be recognizable in the photographs or X-ray films unless written consent of the subject has been obtained and is provided at the time of submission.
- ⑩ Pathological samples should be pictured with a measuring stick.

(4) Video (movie) clip(s)

The Korean Journal of Anesthesiology publishes supplemental video (movie) clip(s) that will be available online. Authors should submit videos according to our video submission guidelines.

2) Case Reports

A case report is almost never a suitable means to describe the efficacy of a treatment or a drug; instead, an adequately powered and well-controlled clinical trial should be performed to demonstrate such efficacy. The only context in which a case report can be used to describe efficacy is in a clinical scenario, or population, that is so unusual that a clinical trial is not feasible. Case reports are considered to be research studies when the authors have the intention of publishing the outcome while providing a patient with treatment. In such cases, the authors should obtain approval from the Institutional Review Board and written informed consent before administering treatment. If these steps are impossible, Institutional Review Board approval and patient consent for publication should be obtained a short time after providing treatment and prior to submission to Korean Journal of Anesthesiology.

Rarity of a disease condition is itself not an acceptable justification for a case report.

(1) Title page: Same as clinical and experimental studies.

(2) Manuscript

- ① Title and Running title.
- ② Abstract: Should not be divided into sections and should not exceed 150 words.
- ③ Introduction: Should not be separately divided. Briefly describe the case and background without a title.
- ④ Case report: Describe only the clinical statement that is directly related to diagnosis and anesthetic management.
- ⑤ Discussion: Briefly discuss the case, and state conclusions at the end of the case. Do not structure the conclusion section separately.
- ⑥ References: Do not exceed 15 references.
- ⑦ Tables and figures: Proportional to clinical and experimental studies.

3) Reviews

Review articles synthesize previously published material into an integrated presentation of our current understanding of a topic. Review articles should describe aspects of a topic

in which scientific consensus exists, as well as aspects that remain controversial and are the subject of ongoing scientific disagreement and research. Review articles should include unstructured abstracts equal to or less than 250 words in English. Figures and tables should be provided in English. Body text should not exceed 30 A4 pages, and the number of figures and tables should be equal to or less than 6.

4) Letters to the Editor

Letters to the Editor could be accepted as the essential prerequisite for the Korean Board of Anesthesiology and Pain Medicine examination. The article will be chosen among Original articles and Case reports submitted to KJA by the Editorial Board.

Authors will be asked to change the format if they accept to submit the article as Letters to the Editor.

Letters to the Editor also should include brief constructive comments on the articles published in KJA and interesting cases. Letters to the Editor should be submitted no more than 3 months after the paper has been published. Letters to the Editor cover individual articles not described by any of the above categories. The short manuscripts with a constructive note on the Journal or the anesthesiology at large are welcome.

Title pages should be formatted as those of clinical research papers. The body text should not exceed 1,000 words and should have no more than 5 references. A figure or a table may be used. A maximum of five authors is allowable. Letter may be edited by the Editorial Board and if necessary, responses of the author of the subject paper may be provided.

5) Book Reviews and Announcements

Book reviews as well as News of Scientific Societies and scientific meeting dates in Korea or abroad can be included. Their formats will be same as Letter to the Editor.

6) Statistical Round

A Statistical Round is a narrative review of the application of contemporary quantitative sciences to issues of concern to anesthesia researchers. A Statistical Round involves a focused discussion on one or more unique or interesting statistical analysis methods that has previously been published in this journal or expresses the general policies or opinions of the Statistical Round Board. They are solicited by the Statistical Round Board and reviewed by the Statistical Editor. There are no word limits to or rules regarding the structure of a Statistical Round. They should have an unstructured abstract of no more than 250 words in English. All articles in a Statistical Round will be published in English and translated into Korean for the convenience of Korean readers. The Korean version of the Statistical Round will be published only on the Web page of the Journal (www.ekja.org). The inclusion of sample datasets as Web (Supplemental) content is encouraged.

7. Recently revised instructions for authors are applied from the January 2018 submissions.