

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 (KSA), the KJA published monthly until 2014 and 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. Additionally, KJA gladly reviews and publishes negative results for which publication will benefit clinical practice and promote further research activity. 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 Except for the negotiated secondary publication, manuscript submitted to the KJA must be previously unpublished and not be under consideration for publication elsewhere.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 All published manuscripts become the permanent property of the KSA and may not be published elsewhere without written permission.

General information

1. Publication types

The KJA focuses on Original articles (Clinical trial/Experimental research, Meta-analysis), Case reports, Reviews, Letters to the editor, 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 KSA, 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: <https://www.editorialmanager.com/kja/default.aspx>. Authors, reviewers, and editors send and receive all correspondences through this system.

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 institutions 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 30 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 30 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 Ed-

itors 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 until policy change. But, the KJA charges a publication fee for each printed page of KRW. Publication fees are waived if the affiliation of corresponding author is outside Korea.

6. Copyrights

Copyrights of all published materials are owned by the KSA. 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" (<http://www.icmje.org/recommendations/>). A copy of the form (https://ekja.org/authors/copyright_transfer_agreement.php) is made available to the submitting author within the Editorial Manager submission process.

7. Open access

KJA is an open access journal. Accepted peer-reviewed articles are freely available on the journal website for any user, worldwide, immediately upon publication without additional charge. Articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. To use the tables or figures of KJA in other periodicals, books or media for scholarly, educational purposes, the process of permission request to the publisher of KJA is not necessary. This is in accordance with the Budapest Open Access Initiative definition of open access. It also follows the open access policy of PubMed Central at United States National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pmc/>). All the content of the journal is available immediately upon publication without embargo period.

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: https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13, or the Guide-

lines on Good Publication, available at: publicationethics.org/, can be applied.

1. Conflict-of-interest statement

Conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence or bias his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to having a great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, 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, or of the science itself. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (<http://www.icmje.org/conflicts-of-interest/>). If there are any conflicts of interest, authors should disclose them in the manuscript. The conflicts of interest may occur during the research process as well; however, it is important to provide disclosure. If there is a disclosure, editors, reviewers, and reader can approach the manuscript after understanding the situation and the background of the completed research.

2. Statement of informed consent and Institutional Review Board approval

If the study in the article is on human subjects or human-originated material, informed consent for the study and the Institutional Review Board (IRB) approval number needs to be provided. Copies of written informed consents and IRB approval for clinical research should be kept. If necessary, 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 2013) (available from: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Authors should indicate whether the procedures were conducted in accordance with the Helsinki Declaration-2013 in the Text. 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 should be registered with 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](http://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 Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network (www.equator-network.org/) and the U.S. National Library of Medicine's (NLM's) Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html). The appropriate checklist (and flow diagram, if applicable) must be included with each submission.

6. Authorship

Authorship credit should be based on: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; AND 2) drafting the article or revising it critically for important intellectual content; AND 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 equal to or greater than 2, there should be a list of each author's role in the submitted paper. Authors are obliged to participate in peer review process. All others who contributed to the work who are not authors should be named in the Acknowledgements section. 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/.

9. Feedback after publication

If the authors or readers find any errors, or contents that should be revised, it can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum or a retraction. If there are any revisions to the article, there will be a CrossMark description to announce the final draft. If there is a reader's opinion on the published article with the form of Letter to the editor, it will be forwarded to the authors. The authors can reply to the reader's letter. Letter to the editor and the author's reply may be also published.

9-1. Process to manage the research and publication misconduct

When the Journal faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board of KJA will discuss the suspected cases and reach a decision. KJA will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

9-2. Policy of Article withdrawal, retraction, and replacement

1) Article withdrawal

Articles in Press (articles that have been accepted for publication but which have not been formally published and will not yet have the complete volume/issue/page information) that include errors, or are discovered to be accidental duplicates of

other published article(s), or are determined to violate our journal publishing ethics guidelines in the view of the editors (such as multiple submission, bogus claims of authorship, plagiarism, fraudulent use of data or the like), may be “Withdrawn”.

2) Article retraction

Errors serious enough to invalidate a paper’s results and conclusions (Infringements of professional ethical codes, such as multiple submission, bogus claims of authorship, plagiarism, fraudulent use of data or the like) may require retraction.

3) Article replacement

Replacement (retraction with republication) can be considered in cases where honest error (e.g., a misclassification or miscalculation) leads to a major change in the direction or significance of the results, interpretations, and conclusions. If the error is judged to be unintentional, the underlying science appears valid, and the changed version of the paper survives further review and editorial scrutiny, then replacement of the changed paper, with an explanation, allows full correction of the scientific literature.

See also the National Library of Medicine’s policy on retractions and the recommendations of the International Committee of Medical Journal Editors (ICMJE) concerning corrections and retractions, or <https://publicationethics.org/resources/guidelines>.

9-3. Appeals and complaints

KJA adheres to COPE guidelines regarding appeals to editorial decisions and complaints. For additional information, please visit <https://publicationethics.org/core-practices>.

Data sharing statement

KJA accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines from 1 July 2018. Authors may refer to the editorial, “Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors,” in *Annals* on 6 June 2017 (http://www.icmje.org/news-and-editorials/data_sharing_june_2017.pdf).

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

New Roman typeface is preferred). The manuscript should be in the following sequence: cover letter (optional), title page file, manuscript (title and running title, abstract and keywords, 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. 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.
Leave no space for hyphen between words.
- 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.

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.
- 3) Apply citation before a comma or period.
- 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. Statistical Analysis

- 1) Describe the statistical tests employed in the study with enough detail so that readers can reproduce the same results if the original data are available. The name and version of the statistical package should be provided.
- 2) Authors should describe the objective of the study and hypothesis appropriately. The primary/secondary endpoints are predetermined sensibly according to the objective of the study.¹
- 3) The characteristics of measured variables should determine the use of a parametric or nonparametric statistical method. When a parametric method is used, the authors should describe whether the basic statistical assumptions are met.^{2,3}
- 4) For an analysis of a continuous variable, the normality of data should be examined. Describe the name and result of the particular method to test normality.
- 5) When analyzing a categorical variable, if the number of events and sample is small, exact test or asymptotic method with appropriate adjustments should be used. The standard chi-squared test or difference-in-proportions test may be performed only when the sample size and number of events are sufficiently large.
- 6) The Korean Journal of Anesthesiology (KJA) strongly encourages authors to show confidence intervals. It is not recommended to present the P value without showing the confidence interval. In addition, the uncertainty of estimated values, such as the confidence interval, should be described consistently in figures and tables.⁴
- 7) Except for study designs that require a one-tailed test, for example, non-inferiority trials, the P values should be two-

tailed. A P value should be expressed up to three decimal places (not as "P < 0.05"). If the value is less than 0.001, it should be described as "P < 0.001" but never as "P = 0.000." For large P value greater than 0.1, the values can be rounded off to one decimal place, for example, P = 0.1, P = 0.9.

- 8) A priori sample size calculation should be described in detail.⁵ Sample size calculation must aim at preventing false negative results pertaining to the primary, instead of secondary, endpoint. Usually, the mean difference and standard deviation (SD) are typical parameters in estimating the effect size. The power must be equal to or greater than 80 percent. In the case of multiple comparisons, an adjusted level of significance is acceptable.⁶
- 9) It is recommended using mean \pm SD or median (Q1, Q3) format to present representative values of continuous variables. Results must be written in significant figures. The measured and derived numbers should be rounded off to reflect the original degree of precision. Calculated or estimated numbers (such as mean and SD) should be expressed in no more than one significant digit beyond the measured accuracy. Therefore, the mean \pm SD of body weight in patients measured on a scale that is accurate to 0.1 kg should be expressed as 65.45 \pm 2.52 kg.
- 10) Except when otherwise stated herein, authors should conform to the most recent edition of the American Medical Association Manual of Style.⁷

¹Lee S, Kang H. Statistical and methodological considerations for reporting RCTs in medical literature. *Korean J Anesthesiol* 2015; 68: 106-15.

²Kim TK. T test as a parametric statistic. *Korean J Anesthesiol* 2015; 68: 540-6.

³Nahm FS. Nonparametric statistical tests for the continuous data: the basic concept and the practical use. *Korean J Anesthesiol* 2016; 69: 8-14.

⁴Park S. Significant results: statistical or clinical? *Korean J Anesthesiol* 2016; 69: 121-5.

⁵In J. Considerations when calculating the sample size for an inequality test. *Korean J Anesthesiol* 2016; 69: 327-31.

⁶Lee S and Lee DK. What is the proper way to apply the multiple comparison test? *Korean J Anesthesiol* 2018; 71: 353-60.

⁷<http://www.amamanualofstyle.com/>

7. 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.

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 Conflict of interest

It should be disclosed here according to the statement in the Research and publication ethics regardless of existence of conflict of interest. If the authors have nothing to disclose, please state: "No potential conflict of interest relevant to this article was reported."

⑦ Funding

Funding to the research should be provided here. Providing a FundRef ID is recommended including the name of the funding agency, 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 that agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org). Additional detailed policy of FundRef description is available from <http://www.crossref.org/fundref/>.

⑧ Acknowledgments

Any persons that contributed to the study or the manuscript, but not meeting the requirements of an authorship could be placed here. For mentioning any persons or any organizations in this section, there should be a written permission from them.

⑨ IRB number

⑩ Clinical trial registration number

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 6 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 semicomma (;), and mark a period (.) at the end of the last word.

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 IRB for the study and the IRB approval number needs to be provided. 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.
- Clearly describe the selection of observational or experimental participants. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors

should justify why, except in obvious cases (e.g., prostate cancer). For additional information, please visit <http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>.

- Reports of randomized trials must conform to the revised CONSORT guidelines and should be submitted with the CONSORT flow diagram. The CONSORT checklist should be submitted as a separate file along with the manuscript. The CONSORT statement, checklist, and flow diagram can be found at <http://www.consort-statement.org> or EQUATOR Network (<https://www.equator-network.org/home/>)

- Units

Laboratory information should be reported in International System of Units [SI]. Please refer to *A Guide for Biological and Medical Editors and Authors*, 6th Edn. Baron DN and Clarke HM, ed. (2008), CRC Press. or visit <http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>

- Exceptions

- A. The unit for volume is “L”, others in “dl, ml, µl”.
- 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.
- F. Leave 1 space between number and units.
Exception) 5%, 36°C

- 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]

- Statistics

Statistical methods must be described with enough detail so that readers can reproduce the same results if the original data available. The KJA strongly encourages authors to show confidence intervals. It is not recommended to present the P value without showing the confidence interval. A sample size calculation should be described in detail. Sample size calculation must aim at preventing false negative results pertaining to the primary, instead of secondary, endpoint.

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 il-

lustrations 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 50. For exceeding the number of references, it should be negotiated with the Editorial Board. 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 anesthetized 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 wwwnc.cdc.gov/eid/article/11/11/05-0575_article

E. Online journal article

Ex) 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. Papers that have been submitted and accepted for publication should be included in the list, with the phrase 'in press' replacing volume and page number. Authors should be prepared to give the volume and page number at the time of proof correction.

Ex) 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 *, †, ‡, §, II, ¶, **, ††, ‡‡... 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 The KJA 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. 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) Other submission elements (Video submission)

The KJA publishes supplemental video (movie) clip(s) that will be available online. Not only recording of the abstract, text, audio or video files, but also data files should be added here.

Each video clip should clearly illustrate the primary findings within an adequate amount of viewing time and be discussed in the text. Authors should provide appropriate labeling (e.g., arrows, abbreviations of anatomic structures, etc.) in the video clips. However, all identifying information, including patient name and/or ID number, hospital name, and date of the procedure, should be removed.

Video clips should contain succinct teaching points that must be supported by the current literature or standard reference texts, preferably those most accessible to the general reader. The adequacy of the teaching points will be evaluated during the review process and finally confirmed by the editorial board at the end of the review process.

Video clips are uploaded as the last file(s) at the time of manuscript submission and should be marked as supplementary video files.

① The video clip(s) should have simple file names (e.g., Video 1***, Video 2***) and include the appropriate extension (e.g., .mov, .mpg).

② The maximum number of video clips is 20.

③ The video clip(s) should be playable on both Windows and MAC computers. The video clip(s) should be tested for play-

back before submission, preferably on computers not used for their creation, to check for any compatibility issues.

④ Individual video files should be a minimum of 480 x 320 pixels (smaller clips will not be accepted) and a maximum of 2 GB. Files of < 15 MB will be rejected outright unless special arrangements have been made with the editorial board prior to submission. Approval of files of > 2 GB will be made at the end of the review process.

⑤ Supplemental still images that correspond to the respective video clip(s) should be, but are not always required to be, accompanied by legends. The video clip file name(s) should refer to the corresponding figure number(s).

2) Systematic review and meta-analysis

Systematic reviews are systematic, critical assessments of literature and data sources in order to answer a specific question, and/or includes a statistical technique leading to a quantitative summary of results and examining sources of differences in results among studies, if any. The subtitle should include the phrase “A systematic review” and/or “A Meta-analysis.”

Organization of systematic review and meta-analysis: Same as clinical and experimental studies, except,

- All systematic reviews and meta-analyses should be registered at an appropriate online public registry (eg, PROSPERO; <http://www.crd.york.ac.uk/PROSPERO/>), and registration information should be included with the submission.
- Authors of reports of meta-analyses of clinical trials should submit the PRISMA flow diagram. The PRISMA checklist should be submitted as a separate file along with the manuscript. For information regarding PRISMA guidelines, please visit <http://www.prisma-statement.org> or EQUATOR Network (<https://www.equator-network.org/home/>). Systematic reviews and meta-analyses of observational studies in epidemiology should be reported according to MOOSE guidelines. For more information regarding MOOSE guidelines, please visit <http://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/>.
- No limitation the number of the references.

3) 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 of humans must state in the text that informed consent to publication was obtained from the patient or guardian. Authors should submit copies of written informed consents by using the online manuscript submission system. If it is unavailable, the IRB approval should be needed. Copy of IRB approval should be kept. If necessary, the editor or reviewers may request copies of these documents. 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: All case reports should contain a structured abstract that is written only in English. Provide an abstract of no more than 150 words. It should contain 3 subsections: Background, Case, and Conclusions. A list of keywords, with a minimum of 6 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 semicomma (;), and mark a period (.) at the end of the last word.

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. For exceeding the number of references, it should be negotiated with the Editorial Board.

⑦ Tables and figures: Proportional to clinical and experimental studies.

4) 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. References should be obviously related to documents and should not be exceed 100. For exceeding the number of references, it should be negotiated with the Editorial Board. Body text should not exceed 30 A4

pages, and the number of figures and tables should be equal to or less than 6.

5) Letters to the Editor

Letters to the Editor also should include brief constructive comments on the articles published in KJA and interesting cases. Book reviews as well as news of scientific societies and scientific meeting dates in Korea or abroad can be included. Letters to the editor of humans must state in the text that informed consent to publication was obtained from the patient or guardian. Authors should submit copies of written informed consents by using the online manuscript submission system. If it is unavailable, the IRB approval should be needed. Copy of IRB approval should be kept. If necessary, the editor or reviewers may request copies of these documents. 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.

Cover 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. For exceeding the number of references, it should be negotiated with the Editorial Board. 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.

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 (<https://ekja.org>). The inclusion of sample datasets as Web (Supplemental) content is encouraged.

8. Recently revised instructions for authors are applied from February 2021 submissions.