

INSTRUCTIONS TO AUTHORS

Intestinal Research (Intest Res) is the official journal of Asian Organization for Crohn's and Colitis (AOCC) and the joint publication of Chinese Society of IBD (CSIBD), Japanese Society for IBD (JSIBD), Korean Association for the Study of Intestinal Diseases (KASID), Taiwan Society of IBD (TSIBD) and Colitis and Crohn's Foundation (India) (CCF, India).

The aim of the journal is to provide broad and in-depth analysis of small and large intestinal diseases, especially inflammatory bowel disease, and to serve as an important medium for the dissemination of state-of-the-art articles on those diseases in the Asia-Pacific region and beyond. In particular, we are interested in studies that highlight the characteristics of inflammatory bowel disease especially in the Asian population.

As a journal specialized in clinical and translational research in the lower gastroenterology field, it encompasses multiple aspects of diseases originated from the small and large intestines. The journal also seeks to propagate and exchange useful innovations, both in ideas and in practice, within the research community. As a mode of scholarly communication, it encourages scientific investigation through the rigorous peer-review system and constitutes a qualified and continual platform for sharing studies of researchers and practitioners. Specifically, the journal presents up-to-date coverage of medical researches on the physiology, epidemiology, pathophysiology, clinical presentations, and therapeutic interventions of the small and large intestinal diseases. General topics of interest include inflammatory bowel disease, colon and small intestine cancer or polyp, endoscopy, irritable bowel syndrome and other motility disorders, infectious enterocolitis, intestinal tuberculosis, rare small bowel diseases, and so forth.

Manuscripts submitted to *Intestinal Research* should be prepared according to the following instructions. *Intestinal Research* follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

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RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals; the World Association of Medical Editors; and Open Access Scholarly Publishers Association; <https://doaj.org/best-practice>). Furthermore, the full process of handling research and publication misconduct should follow the COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

1. Research Ethics

The manuscripts with following misconduct or dishonest act cannot be published either online or in journals.

- Forgery (Fabrication): Record or reporting with making up data or research results that do not exist.
- Alteration (Falsification): Manipulate research data, equipment, processes, or results intentionally to distort research contents or results.
- Plagiarism: Using others' ideas, research process, contents, and/or results without proper authorization or citation.

2. Originality and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for

possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

- Secondary Publication: It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

3. Authorship and Author's Responsibility

Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and/or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Every author should meet all of these 4 conditions. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

- Correction of authorship after publication: *Intestinal Research* does not correct authorship after publication unless a mistake has been made by the editorial staff. Authorship may be changed before publication but after submission when an authorship correction is requested by all of the authors involved with the manuscript.
- Corresponding author and first author: *Intestinal Research* allows co-first authors or co-corresponding authors if corresponding author believes that their roles are equally con-

tributed.

- Author's contribution should be stated according to CRediT (<https://casrai.org/credit/>) standard. Person who made genuine contributions, yet not active and sufficient enough to be co-authors should be stated on Acknowledgments.

4. Statement of Human and Animal Rights

- When reporting experiments on human subjects, the manuscript must include a statement of acquirement of informed consent after indicate all possible physical and psychological damages on subjects and/or their guardians before the experiment is conducted, in accordance with the World Medical Association Declaration of Helsinki (<http://www.wma.net>).
- In case of clinical research including clinical trial, the manuscript must include a statement of approval from Institutional Review Board (IRB) or ethic committee (revised June 2009) and status of informed consent (revised October 2017).
- In case of clinical trial, we recommend register the clinical trial in public registry site that matches the criteria established by ICMJE or WHO to ensure scientific objectivity and transparency of study procedure (revised June 2010).
- Author must have obtained informed consent from identifiable patient, if author plan to include any personal information including photo, image, illustration and video. Any information that could have revealed patient's and research subjects' identities, such as name, initials, ethnicity, occupation or date of birth, should not appear as much as possible. Formal consents are waived for the use of entirely anonymized image from which the individual cannot be identified (revised October 2017).
- When reporting experiments on animals, authors should describe the measures they have taken to ease pains and inconvenience to the subjects, and a statement identifying whether the NIH Guide for the Care and Use of Laboratory Animals or Institutional Guide for the Care and Use of Laboratory Animals was followed. When necessary, Editorial Board asks for approval letter issued by Institutional Animal Care and Use Committee or Animal Ethics Committee.

5. Conflict of Interest

The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest

statement. Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

6. Management Procedures for the Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problem with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and etc., the resolving process will follow the flowchart provided by the COPE (<https://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are done by the editorial board.

7. Corrections of Errors (revised August 2018)

Intestinal Research will publish corrections as soon as possible detailing changes from and citing the original publication when errors are detected. We follow the ICMJE and COPE guidelines where applicable. An erratum refers to a production error, caused by the journal. A corrigendum refers to an error made by the authors. Authors who notice an error should contact the editorial office of the journal.

8. Editorial Responsibilities

The editorial board will continuously work for monitoring/safeguarding publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing corrections, clarifications, retractions and apologies when needed; no plagiarism, no fraudulent data. The editorial board checks manuscripts to confirm the originality of the text through Similarity Check. If the value of similarity index is unexpectedly high, it will be screened more precisely on plagiarism or duplicate publication. Editors are always keeping the following responsibilities: responsibility and authority to reject/accept article; no conflict of interest with respect to articles they reject/accept; acceptance of a paper only when reasonably certain; promotion of correction or retraction publication when errors are found; preservation of anonymity of the reviewers.

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1. Copyright

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2. License

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3. Data Sharing

The Journal 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 manuscript.

- Clinical Trials: *Intestinal Research* accepts the ICMJE Recommendations for data sharing statement policy. Authors may 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 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

4. Archiving Policy

The full text of *Intestinal Research* has been archived in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/2608/>), National Library of Korea (<https://www.nl.go.kr/>) from the first issue of Volume 12, 2014. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e., pre-refereeing), but they can archive post-print (i.e., final draft post-refereeing). Authors can archive publisher's version/PDF. *Intestinal Research* provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central and National Library of Korea.

MANUSCRIPT PREPARATION

1. General Principles

- MS Word (.doc) should be used for manuscripts. The manuscripts must be written with double-spacing and 3 cm margins on A4 sized format.
- The pages of manuscripts must be numbered consecutively, beginning on the abstract and located at the center of the footer.
- Manuscripts should be written in English. Medical terminology should be followed by the recent terminology book. For abbreviations, authors can refer to the “Common Abbreviations and Acronyms” provided by the journal. Other abbreviations, which are not listed on it, must be defined at the first mention in the text using parentheses. Abbreviations should be used in case that they appear in the text at least 3 times. Do not use abbreviation(s) in the title. It is helpful if a separate list is provided of any abbreviations.
- When the use of reagents or devices is reported in the text, the name of manufacturer, city, state, and country should be indicated.
- The use of the International System of Units (SI) is encouraged.
- The text of original articles is organized in the following order; title page, abstract, introduction, methods, results, discussion, acknowledgments, references, figure legends, and tables.

2. Adherence to Reporting Guidelines

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

3. Title Page

- **Basic information:** The title page should have the following information in order. Article title, authors (affiliation, name), shortened title, contact information for corresponding authors (name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence regarding the manuscript). A short running title should be provided if the article title is longer than 12

words. When authors have multiple affiliations, list the affiliation where most of the research was conducted. Other affiliations should follow the major affiliation with superscripts on each of them. The superscripts (only Arabic numerals) should refer to the co-authors belonging to the various affiliations as the first author.

- **Additional information:** In addition to basic information, information that requires disclosure should be mentioned here. This will be included at the end of the published article.

1) **Funding source:** Authors must declare all financial, if relevant, any editorial assistance received to support the underlying research project and/or the preparation of the article for submission.

2) **Conflict of interest:** The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues.

3) **Author contribution:** What authors have done for the study should be described in this section. *Intestinal Research* participates in the CRediT standard for author contributions. The contributions of all authors must be described using the CRediT Taxonomy of author roles. For each of the categories in the example below, please enter the initials of the authors who contributed to that category. If listing more than 1 author in a category, separate each set of initials with a space. If no one contributed in a category, you may leave that box blank. The corresponding author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

An example:

Conceptualization: AB. Methodology: AB, CD, EFG. Formal analysis: EFG. Funding acquisition: AB. Project administration: AB. Visualization: CD, EFG. Writing-original draft: CD, EFG. Writing-review and editing: AB, CD, EFG. Approval of final manuscript: all authors.

4) **ORCID:** We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. To have an ORCID, authors should register in the ORCID website (<http://orcid.org/>). Registration is free to every

researcher in the world.

- 5) *Non-author contributors*: A brief acknowledgment of persons who made a genuine contribution, yet not active and sufficient enough to be co-authors.

4. Abstract and Keywords

- Abstracts for original articles must be 200–250 words and should be divided with the headings: Background/Aims, Methods, Results, Conclusions. Case reports and reviews should be an unstructured paragraph, and it must be 150–200 words. No references should be cited in the abstract.
- Keywords: A list of keywords (3–5 words) should be provided below the abstract. Each keyword should start with a capitalized letter, and be separated by a semicolon. Use of terms from the medical subject headings (MeSH) list of National Library of Medicine is recommended (<http://www.nlm.nih.gov/mesh/meshhome.html>).

5. Main Text

1) *Original Articles*

All original manuscripts must include the following:

- Introduction: Provide a context or background for the study, which must be explicitly related to the aims of the study. The introduction should not contain either results or conclusions.
- Methods: Describe the plan of research, characteristics of subjects, and the length and methods of observation in as much details as possible. Statistical methods used should be outlined. Indicate that the study has received the permission from the ethical committee for experiments on human subjects, and from the animal experiments committee for experiments on animals. Description of participants follows the ICMJE recommendations - 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). Authors should define how they determined race or ethnicity and justify their relevance.
- Results: Results should be presented in logical sequence in the text. Tables and illustrations and repetitive presentation of the same data in different forms should be avoided.

The results should not include material appropriate to the discussion. All data in the text must be presented consistently.

- Discussion: Discussion should explain results in relation to any hypotheses advanced in the introduction. This may include an evaluation of the methodology and of the relationship of new information to the existing corpus of knowledge in that field. Emphasize the new and important aspects of the study and the conclusions that follow from them in the context of the aim of the study.

2) *Case Reports*

General rules for original articles apply to other types of manuscripts as well. The format should include introduction, case report, and discussion which are similar to that of an original article. The abstract must be 150–200 words and list keywords of 3–5 words. Describe briefly the case and other issues that are only directly related to the case. Avoid an exhaustive literature review, but provide a focused discussion on the aspects of interest that the reported case brings in. List no more than 20 references.

3) *Reviews*

Review articles, focused on specific topics of research, are submitted only if requested by the editorial board. The format and structure of review articles follow those of original articles, but authors can change them freely, if necessary. An abstract must be included in 150–200 words.

4) *Letters to the Editor or Brief Communication*

The journal welcomes readers' comments on articles published recently in the journal or topics of interest. Letters to the editor or brief communication will be the rapid publication of new findings of unique importance in clinical settings that lead to the new direction of a short and concise communication. It could be organized in the following sequence: the title, main text (not divided into separate section), references, tables, and figures. Abstract is not required. The number of tables and figures in total should not exceed 3. References should not exceed 10.

5) *Editorial*

Editorials express opinions on current topics of interest or provide comments on papers published elsewhere in the same issue. Editorials are usually solicited by the editor. Tables and/or figures may be included. References should not exceed 10.

6) *Perspective, Statement or Commentary*

Perspective or Commentary present a viewpoint on an important area of research. Perspective focus on a specific field or subfield within a larger discipline and discuss current advances and future directions. Perspective or commentary is written only at the invitation of the Editorial Board. The formatting requirements for Perspectives or Commentary are similar to those for Letters to the Editor. Statements are welcome on any topic. They can be overview statements, comments about surveys, and evidence-based or eminence-based consensus recommendations. They should contain a tight linear argument and be more than just a mini-review. The format and structure of Statements follow those of Review Articles.

7) *Images of the Issue*

General rules for case reports apply to images as well. This section presents unusual or classic, challenging or informative images. The format should include title page, question with short case description, answers, references and images. Discussion should include important features of the images, differential diagnosis, and clinical significance. Number of references should be less than 5. Up to 4 figures of high quality are accepted.

8) *Corrigenda and Errata*

6. References

References should be numbered consecutively as a superscript in the order in which they are first mentioned in the text, and listed at the end of the manuscript. The names of all authors should be cited up to 6 authors; in case there are more than 6 authors, the first 3 authors should be cited, followed by the expression "et al." The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). Abstracts are not accepted as a reference. Other types of references not described below should follow ICMJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html). Please refer to the following examples.

• Journal articles

1. Kim KO, Chiorean MV. Advanced neoplasia detection using chromoendoscopy and white light colonoscopy for surveillance in patients with inflammatory bowel disease. *Intest Res* 2020;18:438-446.
2. Sood A, Ahuja V, Midha V, et al. Colitis and Crohn's Founda-

tion (India) consensus statements on use of 5-aminosalicylic acid in inflammatory bowel disease. *Intest Res* 2020;18:355-378.

3. Parsonnet J. Helicobacter pylori: the size of the problem. *Gut* 1998;43(Suppl 1):S6-S9.
4. Min JK, Yang HJ, Kwak MS, et al. Deep neural network-based prediction of the risk of advanced colorectal neoplasia. *Gut Liver* 2020 Dec 20 [Epub]. <https://doi.org/10.5009/gnl19334>.

• Books

5. Day RA. How to write and publish a scientific paper. 3rd ed. Phoenix: Oryx, 1988.
6. Costa M, Furness JB, Llewellyn-Smith IF. Histo-chemistry of the enteric nervous system. In: Johnson LR, ed. *Physiology of the gastrointestinal tract*. Volume 1. 2nd ed. New York: Raven, 1987:1-40.

• Websites

7. American Cancer Society. Facts about cancer pain [Internet]. c2020 [cited 2020 Dec 20]. <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain/facts-about-cancer-pain.html>.

7. Table

Each table must be simple and typed on a separate page. All tables should be numbered consecutively in the order in which they are first mentioned in the text. Each table should have a clear and self-explanatory title (a form of clause or phrase is encouraged) without a period. Capitalize the first letter of nouns and adjectives. Vertical rules and horizontal rules between entries should be omitted. If abbreviations are used, provide with a note showing the original terms at the bottom of the table. For footnotes, use the following symbols, in sequence: a, b, c, d, e, f, g, h, i...

8. Figure legends

Figure legends should be typed double-spaced on a separate sheet. Provide with a subtitle and explanation for the figure in English as brief as 1 paragraph. When presenting a microphotograph, indicate stain methods and level of magnification.

9. Figure

Only high-resolution figure files (minimum 300 dpi) should be submitted, preferably in JPEG, GIF or TIF format. Each figure should be submitted in a separate single file. Figures should be numbered consecutively in the order in which they are first

mentioned in the text. Symbols, arrows, and letters should be used to indicate parts of illustrations. If a figure has been published previously, acknowledge the original source and submit written permission from the copyright holder to reproduce the figure. The authors should state at the bottom of the figure that they received the permission. All types of figures may be reduced, enlarged, or trimmed for publication by the editor.

SUBMISSION AND PEER-REVIEW PROCESS

1. Online Submission System

All manuscripts must be submitted through the online submission system of the journal (<http://www.irjournal.org/submission>). If you have any questions, please contact the Editorial Office.

Intestinal Research Editorial Office

Address: Room 305, Lotte Gold Rose II, 31 Seolleung-ro

86-gil, Gangnam-gu, Seoul 06193, Korea

Tel: +82-2-957-6145, Fax: +82-2-957-6146

E-mail: thekasid@gmail.com

2. Peer Review

- All papers, including those invited by the Editor, are subject to peer review. A manuscript is first reviewed for its format and adherence to the aims and scope of the journal. If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions for Authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool.
- The journal uses a double-blind peer-review process: the reviewers do not know the identity of the authors, and vice versa. All manuscripts undergo peer review by at least 3 reviewers with relevant expertise who are selected by the editorial board. If the data need professional statistical review by a statistician, statistical editing is performed.
- The editorial board has the right to revise and edit the styles and structures of submitted manuscripts within the context if necessary. Once the decision on publication as an accept, revision or reject is made, it is directly notified to the corresponding author. After the final draft of manuscripts are proven to be appropriate according to the publication policies and styles of the journal, the decision of

publication is finalized and expected publication date will be given. Rejected manuscripts are not to be considered again.

- The decision to publish will be made by the editorial board of the journal after the peer review. IR's average turnaround time from submission to decision is 4–8 weeks. The editor is responsible for the final decision whether the manuscript is accepted or rejected.
- 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 the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). *Intestinal Research* does not consider second appeals.

3. Copyright Transfer Agreement

Upon the submission of manuscripts, all authors must sign and submit the “Copyright Transfer Agreement Form,” and it is not permitted to change the first or corresponding author, or to add or remove co-author(s) once the manuscript is submitted. The Copyright Transfer Agreement Form must be submitted through the online submission system of the journal (<http://www.irjournal.org/submission>).

4. Ethical Policies Checklists

Upon the submission of manuscripts, corresponding author must check and sign the “Ethical policies checklists.” This form must be submitted through the online submission system of the journal (<http://www.irjournal.org/submission>).

5. Manuscripts Checklists

Before the submission, the authors are advised to check the “Author’s checklist” (<http://www.irjournal.org/authors/checklist.php>) for the correct composition. The editorial board may return the submitted manuscripts if they are not correctly composed according to the “checklist” for technical reasons. Authors should revise their manuscripts according to the regulations before resubmission.

6. Submission by Editors

Final decisions regarding manuscript publication are made by

the editor-in-chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

FINAL PREPARATION FOR PUBLICATION

1. Final Version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the 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. 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.

2. Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The

author(s) must respond within 2 days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

3. Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 2 days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

4. Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors.

ARTICLE PROCESSING CHARGES

There is no article processing charge or submission-related fees to author-side until there is a policy change.

NOTICE: These recently revised instructions for authors will be applied beginning with the January 2021 issue.