Acute and Critical Care

| pISSN 2586-6052 | eISSN 2586-6060

Instructions for Authors

1992. 5. 13. Enacted
2017. 2. 22. Revised
2017. 5. 17. Revised
2018. 5. 21. Revised
2018. 11. 23. Revised
2021. 12. 1. Revised
2024. 12. 3. Revised

Acute and Critical Care (Acute Crit Care, ACC) is the official scientific journal of the Korean Society of Critical Care Medicine (KSCCM), with the purpose of publishing research and therapeutic achievements in the field of critical care medicine. ACC is published quarterly on the last day of February, May, August, and November. Manuscripts for submission to ACC should be written according to the following instructions for authors. The Editorial Board will make the final decision on approval for the publication of submitted manuscripts and the publication order of accepted manuscripts. The Editorial Board considers ethics, rationality, originality, and scientific significance in accepting submitted manuscripts, and can request further corrections, revisions, and deletions of articles, if necessary. ACC follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals available at: http://www.icmje.org/, if otherwise not described below.

RESEARCH AND PUBLICATION ETHICS

The *Acute and Critical Care* journal adheres completely to the ethical guidelines for research and publication described in the Guidelines on Good Publication (http://publicationethics.org/resources/guidelines), the ICMJE Recommendations (http://www.icmje.org), and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; (http://doaj.org/bestpractice). Furthermore, all processes addressing research and publication misconduct shall follow the flowchart of COPE (http://publicationethics.org/resources/flowcharts).

1. Statement of Human and Animal Rights and Informed Consent

Any investigations involving humans and animals should be approved by the Institutional Review Board and Animal Care Committee, respectively, of the institution at which the study took place. ACC will not consider any studies involving humans or animals without appropriate approval. Informed consent should be obtained, unless waived by the institutional review board, from patients who participated in clinical investigations. Human subjects' names, initials, hospital, dates of birth or other personal or identifying information should not be used. Images of human subjects should not be used unless the information is essential for scientific purposes and explicit permission has been given as part of the consent. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, authors should provide assurances that such alterations do not distort scientific meaning. Formal consents are not required for the use of entirely anonymized images from which the individual cannot be identified- for example, x-rays, ultrasound images, pathology slides or laparoscopic images, provided that these do not contain any identifying marks and are not accompanied by text that might identify the individual concerned. If consent has not been obtained, it is generally not sufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. If experiments involve animals, the research should be based on national or institutional guidelines for animal care and use. Original articles submitted to ACC that address any investigation involving humans and animals should include a description about whether the study was conducted with approval of the institutional review board (with or without patient informed consent) and animal care committee, respectively, of the institution at which the study was conducted. ACC may also request an approval by the institutional review board or animal care committee for other types of articles when necessary. The content of each article is the responsibility of the authors and not of ACC.

2. Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as https://cris.nih.go.kr/cris/index.jsp, or other primary national registry sites accredited by the World Health Organization (http://www.who.int/ictrp/network/primary/en/) or clinicaltrial.gov (http://clinicaltrials.gov/), a service of the United States National Institutes of Health.

3. Conflicts of Interest

A conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) their actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from being negligible to having great potential for influencing judgment. Not all relationships represent true conflicts of interest. On the other hand, the potential for a conflict of interest can exist regardless of whether an individual believes that the relationship affects their scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, 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, and science itself. However, conflicts can occur for other reasons, 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; however, the important point is the disclosure itself. Disclosure allows the editors, reviewers, and readers to approach the manuscript with an understanding of the situation under which the research work was processed.

4. Authorship

Authorship credit should be based on (1) substantial contributions to the 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 four conditions. If the number of authors is greater than six, a list should be included of each author's role for the submitted paper. Policies on research and publication ethics that are not stated in the Instructions can be found in the Guidelines on Good Publication (http://publicationethics.org/) or Good Publication Practice Guidelines for Medical Journals (http://kamje.or.kr/).

5. Originality and Duplicate Publication

Manuscripts that are under review or have been published by other journals will not be accepted for publication in ACC, and articles published in this journal are not allowed to be reproduced, in whole or in part, in any type of publication without the permission of the Editorial Board. Figures and tables can be used freely if the original source is verified according to the Creative Commons Non-Commercial License. It is mandatory that all authors resolve any copyright issues when citing a figure or table from a different journal that is not open-access. Regarding duplicate publication, plagiarism, and other problems related to publication ethics, the "Good Publication Practice Guidelines for Medical Journals" (https://www.kcse.org/resources/, http://publicationethics.org, https://www.kamje.or.kr/board/lists?b_name=bo_publication) should be followed.

6. Secondary Publication

It is possible to republish a manuscript if it satisfies the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by International Committee of Medical Journal Editors, available from: http://www.icmje.org/ as follows:

Certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also published in other journals with the agreement of the authors and the editors of those journals. Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors).

The paper for secondary publication is intended for a different group of readers; therefore, an abbreviated version could be sufficient. The secondary version faithfully reflects the data

and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: "This article is based on a study first reported in the [title of journal, with full reference]."

7. Management of Research and Publication Misconduct

When the Journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflicts of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, or complaints against editors, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). Discussions and decisions on suspected cases are conducted by the Editorial Board.

8. Editorial Responsibilities

The Editorial Board will continuously work to monitor/safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and ensuring that there is no plagiarism and no fraudulent data in publications. Editors maintain the following responsibilities: the responsibility and authority to reject/accept articles; no conflicts of interest with respect to articles they reject/accept; the acceptance of a paper when reasonably certain; promoting the publication of corrections or retractions when errors are found; and the preservation of the anonymity of reviewers.

MANUSCRIPT PREPARATION

Manuscripts should be written in English. Medical terminology should conform to the most recent edition of Dorland's Illustrated Medical Dictionary.

1. General Principles

1) Word processors and format of manuscript

Manuscripts should be submitted in the file format of Microsoft Word 2003 or higher. Manuscripts should be typed on an A4-sized document, be double-spaced, and use a font size of 12 point with margins of 2 cm on each side and 3 cm for the upper and lower ends. Double spaces should be left between the lines.

2) Abbreviation of terminology

Abbreviations should be avoided as much as possible. One word should not be expressed through an abbreviation, although more than two words may be expressed through an abbreviation. The full term for which the abbreviation stands should be used at its first occurrence in the text. Abbreviations should not be present in the title. Common abbreviations, however, may be used, such as DNA.

3) Units

The use of International Standardized (SI) units is encouraged. These are AVAILABLE at https://physics.nist.gov/cuu/Units/index.html or https://physics.nist.gov/cuu/pdf/sp811.pdf.

4) Machine and equipment

When the use of reagents or devices is reported in the text, the name of the manufacturer should be indicated.

5) Statistics

Statistical methods must be described and the program used for data analysis, and its source, should be stated.

6) Arrangement of manuscript

The article should be organized in the order of Title page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conflict of Interest, Acknowledgments, Open Researcher and Contributor ID (ORCID), Authors' contributions, References, Table, Figure, and Figure Legends.

The title of each new section should begin on a new page. Number pages consecutively, beginning with the abstract page. Page numbers should be placed at the middle of the bottom of each page.

7) Reporting guidelines for specific study designs

Research reports frequently omit important information. As such, reporting guidelines have been developed for a number of study designs that some journals may ask authors to follow. Authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source for reporting guidelines is the EQUATOR Network (http://www.equator-network.org/home/) and the United States National Institutes of Health/National Library of Medicine (http://www.nlm.nih.gov/services/research_report_guide.html).

2. Organization of Manuscript – Original Article

1) Title page

① Title: The title should be concise and precise. Only the first letter of the first word in the title should be capitalized. The title should use generic drug names, not brand names.

② Authors and affiliations: First, middle, and last names should be included for each author. If the author is affiliated with multiple departments, this should be included in a footnote by their name. If authors are affiliated with multiple departments and hospitals, affiliations should be arranged in the order of authors and demarcated with a number.

③ Running head: A running head of no more than 50 characters including letters and spaces should be included in English. If the included running head is inappropriate, the Editorial Board may revise it.

④ Corresponding author: The corresponding author's name, postal code, address, telephone number, fax number, e-mail address should be included.

⑤ Conflict of Interest

If there are any conflicts of interest, authors should disclose them in the manuscript. Disclosures allow editors, reviewers, and readers to approach the manuscript with an understanding of the situation and background of the completed research. If there are no conflicts of interest, authors should include following sentence: "No potential conflict of interest relevant to this article was reported."

⑥ Funding

Funding for the research should be provided here. Providing a FundRef ID is suggested, including the name of the funding agency, the country, and if available, the number of the grant provided by the funding agency. If the funding agency does not have a FundRef ID, please ask the agency to contact the FundRef registry (email: fundref.registry@crossref.org). A detailed description of the FundRef policy can be found at http://www.crossref.org/fundref/.

⑦ ORCID (Open Researcher and Contributor ID)

All authors are recommended to provide an ORCID. To obtain an ORCID, authors should register at the ORCID website: https://orcid.org. Registration is free for all researchers.

⑧ Authors' contributions

The work authors have conducted for the study should be described in this section. To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation), as well as at least one of the writing contributions (original draft preparation, review, and editing). Authors may also satisfy the other contributions; however, these alone will not qualify them for authorship. Contributions will be published with the final article and they should accurately reflect contributions to the work. The submitting 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. The information concerning sources of author contributions should be included in this section at the submission of the final version of the manuscript (at the first submission, this information should be included in the title page).

Examples of authors' contributions are as follows:

Conceptualization: MHC. Data curation: JH. Formal analysis: YIA. Funding acquisition: MHC. Methodology: MHC, JH, YIA. Project administration: YIA. Visualization: MHC, JH, YIA. Writing – original draft: JH, YIA. Writing – review & editing: MHC, JH, YIA.

⑨ Acknowledgments

Individuals or institutions that contributed to the paper but whose contributions were not substantial enough to warrant co-authorship may be acknowledged in a separate section. Financial support, including foundations, institutions, pharmaceutical and device manufacturers, private companies, intramural departmental sources, or any other support should be described.

2) Main page

① Abstract

All manuscripts should contain a structured abstract. Abstracts should be no more than 250 words in length and must have the following headings: Background, Methods, Results, and Conclusions. The quotation of references must not be included in the abstract.

② Keywords

A maximum of 6 keywords should be listed, immediately after the abstract, in alphabetical order. Each key word should be

separated by a semicolon (;). The authors should use MeSH (Medical Subject Heading) terms in their key words (https://meshb.nlm.nih.gov/).

③ Key Messages

A list of 2 or 3 key messages is required. This provides a quick structured synopsis of the important findings of your manuscript and their meaning. This section is limited to 50-100 words or less.

④ Introduction

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

⑤ Materials and Methods

When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the IRB for the study, and agreement from the patients. When reporting experiments with animal subjects, the authors should indicate whether the handling of animals was supervised by the Institutional Board for the Care and Use of Laboratory Animals. Sufficient details need to be addressed in the methodology section of an experimental study so that it can be further replicated by others. 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 involved an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should also define how they determined race or ethnicity and justify their relevance. If it is necessary to include institutional affiliations, the names of institutions should be blinded to ensure anonymity.

⑥ Results

Results should be presented in a 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.

⑦ Discussion

Discussion should emphasize the new and important aspects of the study, including the conclusions. Do not repeat the results in detail or other information that is included in the Introduction or Results sections. 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.

⑧ References

References should be obviously related to the document and cited in sequential order in the text. The description of the Reference section is provided below. The References follow the NLM Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine) if not specified below.

References should be identified in text with full-size Arabic numerals on the line and in square brackets [ ]. All of the references should be stated in English, including author, title, and name of journal. If necessary, the reviewers and the Editorial Board may request original documents of the references. In the Reference section, 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). Journal titles that are not listed in the Catalog should follow the ISO abbreviation as described in "ISO 4:1997 Information and documentation--Rules for the abbreviation of title words and titles of publications" (http://www.iso.org/iso/home/store/catalogue_tc/catalogue_detail.htm?csnumber=3569).

Up to six authors may be listed. If a reference has more than six authors, only list the first six authors with "et al." Provide the start and end page numbers of the cited reference.

Examples of reference style

A. Journal Article

Authors. Article title. Journal title Published year;Volume: Start-End page.

1. Lee DH, Kim EY, Seo GJ, Suh HJ, Huh JW, Hong SB, et al. Global and regional ventilation during high flow nasal cannula in patients with hypoxia. Acute Crit Care 2018;33:7-15.
2. Bernard GR, Artigas A, Brigham KL, Carlet J, Falke K, Hudson L, et al. The American-European Consensus Conference on ARDS: definitions, mechanisms, relevant outcomes, and clinical trial coordination. Am J Respir Crit Care Med 1994;149:818-24.
3. Orengo CA, Bray JE, Hubbard T, LoConte L, Sillitoe I. Analysis and assessment of abinitio three-dimensional prediction, secondary structure, and contacts prediction. Proteins

1999;43(Suppl 3):149-70.

B. Book
Authors. Book title. Edition*. Publisher; Published year.
*Mark edition if it is beyond the 2nd edition.
4. Nuwer MR. Evoked potential monitoring in the operating room. 2nd ed. Raven Press; 1986.

C. Book Chapter
Authors of chapter. Title of chapter. In: Editors of book, editor(s). Title of book. Edition. Publisher; Published year. p. Start-End page.
5. Blitt C. Monitoring the anesthetized patient. In: Barash PG, Cullen BF, Stoelting RK, editors. Clinical anesthesia. 3rd ed. Lippincott-Raven; 1997. p. 563-85.

D. Electronic Format
Electronic publication before print
6. Lee OJ, Cho YH, Hwang J, Yoon I, Kim YH, Cho J. Long-term extracorporeal membrane oxygenation after severe blunt traumatic lung injury in a child. Acute Crit Care 2017 Feb 10 [Epub]. https://doi.org/10.4266/acc.2016.00472
Website
7. Sage Terapeutics. A study with SAGE-547 for superrefractory status epilepticus [Internet]. U.S. National Library of Medicine; 2000 [cited 2016 Nov 12]. Available from: https://clinicaltrials.gov/ct2/show/NCT02477618?term=NCT02477618&rank=1

⑨ Tables
- Each table should be consecutively typed or printed on a separate sheet of paper in the order of citation in the text.
- Supply a brief title at the top of the table. The titles of tables start with "Table 1."
- Footnotes should be provided consecutively in order of the information, statistics, and abbreviations. Footnoted information should be referenced using superscript small letters (ex; a, b) in alphabetical order.

⑩ Legends of Figures and Illustrations
All figures and photographs must be described separately within the text. The description order must be the same as in the footnotes in tables and should be in recognizable sentences. In microscopic pictures, staining methods and magnification ratio should be indicated.

3) Figures and Illustrations
- ACC publishes in full color and encourages authors to use color to increase the clarity of figures. Authors must submit figures and illustrations as electronic files.
- Figures should be submitted as separate electronic files:
  - TIFF format is preferred.
  - JPEG is acceptable if it is the original format.
- Each figure must be of good quality, higher than 300 dpi resolution with good contrast and sharpness. Figures must be sized to 4 inches. If possible, submit the original file without any modifications.
- Submit files of figures and photographs separately from the text of the paper. Number figures as "Figure Arabic numeral" in the order of their citation (ex. Figure 1). If a figure is divided into more than two images, mark each figure with Arabic numerals and a capital letter (Ex. Figure 1A, Figure 1B).
- Authors should submit line drawings in black and white.
- Figures should be explained briefly in the titles.
- An individual should not be recognizable in photographs or X-ray films provided at the time of submission.
- Radiographic prints must have arrows for clarity if applicable.
- Pathological samples should be pictured with a measuring stick

3. Organization of Reviews
The Editorial Board requests review articles of particular titles and text. Author can describe text that is not itemized. Review articles should include unstructured abstracts equal to or less than 250 words in English. Key words should follow ordinary processes. The length of the text excluding references, tables, and figures should not exceed 5,000 words.

4. Organization of Letters to the Editor
Letters to the Editor should include brief constructive comments that concern a published article; a short, free-standing opinion; or a short, interesting case. Letters to the Editor should be submitted no more than 6 months after the relevant paper has been published. The main text should not exceed 1,000 words and the total number of references is limited to 5. Letters may be edited by the Editorial Board, and if necessary, responses from the author of the relevant paper may be provided. The responses should have the same format of Letters to Editor.

5. Images in Critical Care
The images section must be of high scientific quality and val-

ue and provide didactic and self-explanatory lessons. Images must be unique and adhere to ethical standards with patient/relative approval when appropriate and ensure protection of patient identity and privacy.

The total text should not exceed 200 words. A maximum of five authors is permitted. Up to 5 references are allowed. No abstract is required.

The legend for the image should concisely present relevant clinical information, including a short description of the patient's history, relevant physical and laboratory findings, clinical course, response to treatment (if any), and condition at last follow-up. All labeled structures in the image should be described and explained in the legend.

6. Other Publication Types

Other publication types such as guidelines, brief reports, and history articles may be accepted. The recommended format can be discussed with the Editorial Board.

MANUSCRIPT SUBMISSION

1. Submission Process

1) Authors are requested to submit their papers electronically using the online manuscript submission system available at: http://submit.accjournal.org/. Under this online system, only corresponding authors and first authors can submit manuscripts. The process of reviewing and editing will be conducted entirely through this system.
2) Authors and reviewers may check the progress of reviews and related questions/answers on this system. All progress in reviews will also be informed to corresponding authors.
3) Upon submission of a manuscript, authors should send a statement of copyright release and author agreement, which must be signed by all authors, by scanned file to the Editorial Office.
4) A proof by authors should be submitted within one week of the request.
5) During submission process, the authors ORCIDs will be requested. The corresponding author's ORCIDs is mandatory.

2. Article Processing Charge

There are no author submission fees. All costs for the submission process are supported by the Publisher.

3. Contact

For queries about manuscript submission, please contact:

Editorial Office #805-806, Yongseong Biztel, 109 Hangang-daero, Yongsan-gu, Seoul 04376, Korea
Tel: +82-2-2077-1533, Fax: +82-2-2077-1535,
Email: acc@accjournal.org

PEER REVIEW AND PUBLICATION PROCESS

1. Screening after Submission

1) Screening process will conducted after submission. If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions to authors, it may be returned to the author immediately after receipt and without a review.
2) Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (https://www.crossref.org/services/similarity-check/), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening.
3) The criterion for similarity rate for further screening is usually 15%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for Similarity Check screening are as follows: It excludes quotes, bibliography, small matches of 6 words, small sources of 1%, and the Methods section.

2. Peer Review Process

Under no circumstances will the identities of the reviewers be disclosed. Additionally, the reviewers will remain blinded to the names of the authors and their affiliated institutions.

1) 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 revised part should be marked as red font with underline.
2) 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.
3) The manuscript review process typically concludes after the second round of review. If further revision is requested, the Editorial Board may consider it.
4) The Editorial Board may request authors to correct English to reach a certain standard and authors should accept the request.

5) The Editorial Board will make a final decision on the approval of the submitted manuscript for publication and can request any further corrections, revisions, and deletions of the article text if necessary. Statistical editing is also performed if the data requires professional statistical review by a statistician.

3. Process after Acceptance

If the manuscript is finally accepted, the proofreading will be sent to the corresponding author after professional manuscript editing and/or English proofreading. Proofreading should be performed again by the authors to correct any misspellings or errors.

Before final proofreading, the manuscript may appear at the journal homepage as an epub ahead of print with a unique DOI number for rapid communication. The epub ehead of print version will be replaced by the replacement XML file and a final PDF.

4. Fee for Publication and Reprints

There is no article processing charge but an additional fee for reprints or color prints will be charged to authors. However, this policy could be changed in the future.

5. Copyright and Open access

Copyrights ownership is to be transferred to the KSCCM. The authors should submit "Authorship Responsibility and License Agreement Form" at the time of manuscript submission. This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

6. Clinical Data Sharing Policy

ACC accepts the ICMJE recommendations for data sharing statement policy (http://icmje.org/icmje-recommendations.pdf). All manuscripts reporting clinical trial results are recommended to submit a data sharing statement following the ICMJE guidelines from 1 January 2019. Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in JKMS Vol. 32, No. 7:1051-1053 (http://crossmark.crossref.org/dialog/?doi=10.3346/jkms.2017.32.7.1051&domain=pdf&date_stamp=2017-06-05).