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Yeungnam University Journal of Medicine (YUJM) is the official journal of College of Medicine Yeungnam University and is published four times a year (January 31, April 30, July 31, and October 31). The goal of the YUJM is to publish high quality manuscripts dedicated to clinical or basic research. Any authors affiliated with an accredited biomedical institution may submit manuscripts of editorials, review articles, original articles, case reports, image vignettes, and communications. Manuscripts are received with the understanding that they are not under simultaneous consideration by any other publications, and that the authors realize that the identities of the reviewers are kept confidential. The editors reserve the right to make corrections, both literary and technical, to the papers. The agreement of copyright transfer from all the authors should be sent with the manuscript submission. A copyright transfer form is available at the journal homepage.

Editorial policy

The editor assumes that all authors listed in a manuscript have agreed with the following policy of the YUJM on submission of manuscript. Except for the negotiated secondary publication, manuscript submitted to the journal must be previously unpublished and not be under consideration for publication elsewhere.

The purpose of editing is to improve the quality of the paper and to make it possible to convey the topic to readers as briefly as possible. Appropriate peer reviewers are selected to evaluate the creativity and scientific basis of the paper. We also determines the appropriateness of charts and figures. Submitted papers are first reviewed by the editorial committee and rejected if the form is inappropriate or the contents are inadequate.

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Journals" (<http://www.icmje.org>).

Compliance with ICMJE Recommendations: The journal adheres completely to the ethical guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; (<http://doaj.org/bestpractice>)).

Ethical considerations

Research ethics

All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org>), International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org>), World Association of Medical Editors (WAME, <http://www.wame.org>), and the Korean Association of Medical Journal Editors (KAMJE, https://www.kamje.or.kr/en/main_en). All studies involving human subjects or human data must be reviewed and approved by a responsible Institutional Review Board (IRB). Please refer to the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee (IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The approval should be described in the Methods section. For studies of humans including case reports and image vignettes, state whether informed consents were obtained from the study participants. The editor of YUJM may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. The YUJM will follow the guidelines by the Committee on Publication Ethics (COPE,

<http://publicationethics.org>) for settlement of any misconduct.

Conflicts of interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing the research or interpretation of data. A potential conflicts of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may include financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The Editor will decide whether the information on the conflicts should be included in the published paper. In particular, all sources of funding for a study should be explicitly stated. The YUJM asks referees to let its editor know of any conflicts of interest before reviewing a particular manuscript.

Authorship

Each author is expected to have made substantial contribution to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work; or have drafted the work or substantively revised it; AND to have approved the submitted version (and any substantially modified version that involves the author's contribution to the study); AND to have agreed both to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work, even ones in which the author was not personally involved, are appropriately investigated, resolved, and the resolution documented in the literature.

Those who do not meet the above criteria should be acknowledged as contributors instead of authors. 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 contribution ahead of this time.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgements. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.

Contributor Roles Taxonomy (CRediT)

- Conceptualization
- Data curation
- Formal analysis
- Funding acquisition
- Investigation
- Methodology
- Project administration
- Resources
- Software
- Supervision
- Validation
- Visualization
- Writing - original draft
- Writing - review & editing

Redundant publication and plagiarism

Redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)." Characteristics of reports that are substantially similar include the following: (a) "at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication)," (b) "the subjects or study populations are the same or overlapped," (c) "the methodology is typically identical or nearly so," and (d) "the results and their interpretation generally vary little, if at all."

When submitting a manuscript, authors should include a letter informing the editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to YUJM differs substantially from other materials. If all or part of your patient population was previously reported, this should be mentioned in the Methods, with citation of the appropriate reference(s).

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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 by International Committee of Medical Journal Editors (ICMJE), available from <http://www.icmje.org>. These are:

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version faithfully reflects the data and interpretations of the primary version.
- The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, "This article is based on a study first reported in the (journal title, with full reference)"—and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations as "republications" and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

Registration of the clinical trial research

Clinical trial defined as "any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome" should be registered to the primary registry to be prior publication. YUJM accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (<http://www.who.int/ictrp/en/>), NIH ClinicalTrials.gov (<http://www.clinicaltrials.gov>), ISRCTN Register (www.ISRCTN.org), or the Clinical Research Information Service (CRIS), Korea CDC (<https://cris.nih.go.kr/cris/index.jsp>). The clinical trial registration number shall be published at the end of the abstract.

Data sharing statement

YUJM 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 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).

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 YUJM will discuss the suspected cases and reach a decision. YUJM will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

For the policies on research and publication ethics not stated in the Instructions, Guidelines on Good Publication (<http://publicationethics.org>) or Good Publication Practice Guidelines for Medical Journals (<http://kamje.or.kr>) can be applied.

Categories of publications

YUJM publishes editorials, review articles, original articles, case reports, image vignettes, and communications. Editorials are invited perspectives on an area of medical science, dealing with very active fields of research, current medical interests, fresh insights and debates. Review articles provide a concise review of a subject of importance to medical researchers written by an invited expert in medical science. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers. Case reports deal with clinical cases of medical interest or innovation. Image vignettes present state-of-the-art imaging that can be used in the evaluation of unusual clinical cases. Communications are interesting and instructive information for readers.

Manuscript submission

The main document with manuscript text and tables should be prepared with a Microsoft Word program. Authors should submit manuscripts via the online submission system (<https://submit.e-yujm.org/>). Please log in first as a member of the system and follow the directions. Manuscripts should be submitted by the corresponding author, who should indicate the address and phone number for correspondence in the title page of the manuscript. If available, a fax number and e-mail address would be helpful. The revised manuscript should be submitted through the same web

system under the same identification numbers. Items pertaining to manuscripts submitted for publication, as well as letters or other forms of communication regarding the editorial management of YUJM, all correspondences and business communications should be sent to:

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Yeungnam University Journal of Medicine
Yeungnam University College of Medicine
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Upon completion of the review, authors will receive notification of the Editor's decision by e-mail with comments offered by the reviewers. Revised manuscripts must be submitted within 3 months of the date on the decision letter.

Acceptance of manuscripts is based on many factors, including the importance, originality, and priority of the research. Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee may recommend "accept", "minor revision", "major revision", or "reject." If there is a marked discrepancy in the decisions between two referees or between the opinions of the author and referee(s), the editor may send the manuscript to another referee for additional comments and a recommended decision. The reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions. Names and decisions of the referees are masked. A final editor's decision on acceptance or rejection for publication is forwarded to the corresponding author from the editorial office.

The usual reasons for rejection are topics that are too specific and target audience that is too limited, insufficient originality, serious scientific flaws, poor quality of illustrations, or absence of a message that might be important to readers. Rarity of a disease

condition is itself not an acceptable justification for case report and image vignette. The peer review process takes usually 2–4 weeks after the manuscript submission.

Revisions are usually requested to take account of criticisms and comments made by referees. The revised manuscript should be re-submitted via the web system. Failure to resubmit the revised manuscript within 2 months without any notice from the corresponding author is regarded as a withdrawal. The corresponding author must indicate clearly what alterations have been made in response to the referee's comments point by point. Acceptable reasons should be given for noncompliance with any recommendation of the referees.

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Manuscript preparation

Review article

Review articles are usually solicited by the Editor-in-Chief. However, unsolicited Reviews will be also considered. Authors should contact the Editor-in-Chief in advance to determine the appropriateness of their review articles for publication. All Review articles will undergo peer review. An abstract is required whereas Materials and methods section and a Results section are not required (no more than 250 words). The length of review articles is limited to 5,000-8,000 words with a maximum of 100 references. Also, there should be no more than 3 authors.

Original article

Original articles should begin with the title page followed by an abstract; a list of key words; an Introduction, Materials and methods, Results, Discussion, References (no more than 30), and tables and/or illustrations.

1) Title page

The title page should contain the following information: (1) title (less than 150 characters, including spaces); (2) author list (first name, middle name, and last name); (3) name of the institutions at which the work was performed; (4) acknowledgment of research support; (5) name, address, telephone, fax number, and e-mail address of the corresponding author; (6) running title (less than 50 characters, including spaces).

2) Abstract

Abstract must be organized and formatted according to the following headings: Background, Methods, Results, and Conclusion. The abstract length is typically no more than 250 words.

3) Keywords

List 3-6 keywords from the list provided in Index Medicus under "Medical Subject Heading (MeSH)."

4) Text

The text of manuscripts must have the following sections: Introduction, Materials and methods, Results, and Discussion. The body of the manuscript should be written as concisely as possible. All pages of the manuscript should be numbered.

Introduction

This should provide a context or background for the study and states the specific purpose or research objective of or hypothesis tested by the study. This may include mention of papers most closely related to the article, and of the problem.

Materials and methods

Explanation of the experimental methods should be concise but sufficient to allow other workers to reproduce the results. This provides the technical information, apparatus (the manufacturer's name and brief address) and procedures. Give references and brief descriptions for the methods that have been published. Describe statistical methods with enough detail to enable a reader with access to the original data to verify the reported results. Define statistical terms, abbreviations, and most symbols.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural fac-

tors), and, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or 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

This should include a concise textual description of the data presented in tables and figures.

Discussion

This section includes the new and important aspects of the study and the conclusions. The data should be interpreted concisely. Speculation is permitted, but it must be supported by the data presented by the authors.

References

References should be numbered consecutively in the order in which they are first mentioned in the text, with numbers in square brackets before any closing punctuation. They should be listed on a separate document under the heading "References," and double-spaced. Reference format should conform to that set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals. 5th ed." (JAMA 1997;277:927-34). Titles of journals should be abbreviated according to the Index Medicus style.

Reference style:

Journal articles

List all authors when six or less; when seven or more, list the first six and add et al.

Vega KJ, Pina I. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.

Verbalis JG. Renal physiology of nocturia. *Neurourol Urodyn* 2014;33(Suppl 1):S6-9.

Book

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

Luzikov VN. Mitochondrial biogenesis and breakdown. Galkin AV, translator; Roodyn DB, editor. New York: Consultants Bureau; 1985. p. 362

Book chapter

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

Web resources

Polgreen PM, Diekema DJ, Vandenberg J, Wiblin RT, Chen YY, David S, et al. Risk factors for groin wound infection after femoral artery catheterization: a case-control study. *Infect Control Hosp Epidemiol* [Internet]. 2006 [cited 2007 Jan 5];27:34-7. <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>

Testa J. The Thomson Reuters journal selection process [Internet]. Philadelphia: Thomson Reuters; 2012 [cited 2013 Sep 30]. <http://wokinfo.com/essays/journal-selection-process>

5) Tables

Tables should fit within a single page. The Table's legend may include any pertinent notes and must include definitions of all abbreviations and acronyms that have been used in the Table. For footnotes, the following symbols should be used in this sequence: a), b), c), d), e), f), g), h), etc. Authors are obligated to indicate the significance of their observations by appropriate statistical analysis.

6) Illustrations

Figures must be cited consecutively using Arabic numerals. Authors must submit illustrations as electronic files. Acceptable figure file formats are JPEG, TIFF, and PPT/PPTX. Each figure needs to be prepared in a resolution higher than 300 dpi with good contrast and sharpness. The file size of each submitted figure should not exceed 10 MB per figure. If the patient's photograph is presented in a paper, it should be manipulated to make it difficult to recognize. Patients introduced in the manuscripts should be informed and aware that their photographs, videotapes, and other images (imaging records) will be released by the authors, and the authors should attach the Authorization and Release Form available at the YUJM website (<https://www.e-yujm.org/authors/ethics.php>) including each patient's signature. If the patient is a minor, a written consent of the guardian must be submitted.

7) Legends for tables and illustrations

Typed legends that use double-spacing should start on a separate page with Arabic numerals corresponding to the Tables or Illustrations. When symbols, arrows, numbers, or letters are

used to identify parts of the Tables or Illustrations, they should be individually identified and explained clearly in the legend.

8) Abbreviations

Authors should limit the use of abbreviations to an absolute minimum. Abbreviations are not to be used in titles. Abstracts may contain abbreviations for terms mentioned many times in the abstract section, but each term must be identified the first time it is mentioned.

9) Unit of measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperature should be in degrees Celsius. Authors must consult the information for authors for the particular journal and should report laboratory information in both the local and International System of Units (SI).

Case report

Case reports should consist of an Abstract, Keywords, Introduction, Case, Discussion, and References (no more than 20). Case reports should have fewer than nine authors. The abstract should be concisely written (no more than 250 words).

Image vignette

The manuscript for Image vignette should be organized in the following sequence: a summary of the presentation, imaging features and discussion. No abstract is required for this manuscript. There should be no more than five references and no more than two figures. Total length should be no longer than 500 words (excluding figure legends, ethical statements, conflicts of interest, author contributions, ORCID, and references).

Communications

Although communication articles are not limited in the format, they should contain a self-standing abstract and references. The abstract should be concisely written and not exceed 250 words.

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