

The Keio Journal of Medicine

INSTRUCTIONS FOR AUTHORS

Aims and Scope

The Keio Journal of Medicine (KJM) is the peer-reviewed online medical journal of Keio University School of Medicine. KJM, in publication **since 1952**, publishes articles focused on clinical and experimental medicine, nursing, pharmacy, public health, and other health-related fields to support the professional and educational needs of its readership. As an official publication of Keio Medical Society, KJM is indexed in PubMed, Medline, Index Medicus, Scopus and Web of Science (BIOSIS).

Supporting the medical field at large, we serve as a repository of clinical and experimental information, contributing as an invaluable resource to physicians, researchers, nurses, pharmacists, and other medical professionals around the world. To this end, KJM welcomes submissions from authors and doctors worldwide. All articles are freely accessible online at J-stage, Japan's largest platform for academic journals.

KJM is devoted to publishing original articles, reviews and case reports in the field of medicine, life sciences, nursing, pharmacy, public health, and other health sciences. Reviews are available upon request and at the discretion of the Editorial Board Members. Clinico-pathological conference and letters to the editor will also be considered for publication. For more information on the types of articles published, see the journal's instruction for authors.

Editorial Information:

KJM endeavors to make initial decisions on manuscripts within 30 - 45 days after submission, aiming to offer authors the most expedient form of publication possible. After acceptance, manuscripts are immediately processed and are published online as advanced publication within approximately average 7 - 14 days. The periodical is issued quarterly: March, June, September and December.

Online Manuscript Submission

Manuscripts should be submitted via KJM's online submission and peer review website (known as ScholarOne Manuscripts) at <http://mc.manuscriptcentral.com/kjm>.

- Simply log on to ScholarOne Manuscripts and follow the onscreen instructions for all submissions (you will need to register before your first submission to KJM).
- For figures, submission of original and editable artwork files is encouraged. Digital photograph files should have a resolution of at least 300 dpi.
- If you have any technical problems or questions related to the electronic submission process or uploading your files, please contact our Support Desk. For other inquiries, please contact our Editorial Office.

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Prerequisites for Publication

Papers will be received on the understanding that they have not been published in whole or in part elsewhere.

1. Copyright Transfer

The Editorial Board reserves the right to revise the manuscripts when required. KJM owns all copyright to any work published in the Journal. Any material submitted, whether appearing in the journal or not, may not be used, reproduced, or transmitted without the written consent of KJM.

The Copyright Transfer Statement, which is available at: <https://www.kjm.keio.ac.jp/authors/copyright.pdf>, must be signed by corresponding author and must be submitted to the journal's editorial office by uploading it as a PDF file at the same time that you submit your manuscript via ScholarOne Manuscripts.

IMPORTANT: Upon receipt of the Certification for Manuscript Submission, manuscripts are officially recognized as submissions.

2. Authorship

Authors should meet all four criteria for authorship listed in the International Committee of Medical Journal Editors (ICMJE) recommendations (<http://www.icmje.org>). All authors are expected to take responsibility for the content of the manuscript submitted to KJM. It is the responsibility of all listed authors of the article to have contributed in a meaningful and identifiable way to the design, analysis, and reporting of the work and to agree and provide final approval for all aspects of the work. All authors will be contacted by email at submission to ensure that they are aware of, and approve of, the submission of the manuscript, its content, and its authorship.

3. Conflicts of Interest

KJM's conflicts of interest policy is compliant with ICMJE recommendations.

For more information, please see (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html>).

Authors must state all possible conflicts of interest in the

manuscript, including financial, consultant, institutional, and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated at the end of the main text before the references (see example below). All relevant conflicts of interest and sources of funding should be included between the text and references of the manuscript with the heading “Conflicts of Interest.”

For example:

“Conflicts of Interest: ‘Author A’ reports grants and non-financial support from ‘Company 1’ during the conduct of the study and grants and personal fees from ‘Company 2’ outside the submitted work. ‘Author B’ has a patent, ‘Patent 1234567,’ licensed to ‘Company 3’ and is President of ‘Foundation X.’ ‘Author B’ receives no compensation for this position, but The Foundation pays expenses for travel to its annual meeting. The remaining authors have disclosed that they do not have any conflicts of interest.”

Authors who have no conflicts of interest to declare need to insert the following statement between the text and references:

“Conflicts of Interest: The authors have declared that no conflict of interest exists.”

4. Human/Animal Experimental Subjects

When reporting research dealing with any types of data from human subjects (both observational studies and interventional studies) or animal subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee, such as the Institutional Review Board (IRB)/Ethics Committee/Animal Welfare Committee, along with the IRB approval number.

5. Human Rights Statement

For studies involving human subjects, the following statement should be included in the Materials and Methods section:

“Ethical approval: All procedures followed were in accordance with the ethical standards of the responsible committee at which the studies were conducted (IRB approval number XXXXX) and with the Helsinki Declaration of 1964 and later versions. Informed consent to be included in the study, or the equivalent, was obtained from all patients.”

If authors did not obtain an IRB approval number, an IRB approval form should be submitted with the article and a statement should be inserted in the Materials and Methods section affirming that IRB/Ethics Committee/Animal Welfare Committee approval has been obtained.

Identifying information of patients or human subjects – including names, initials, addresses, admission dates, hospital numbers, or any other data that could be used to identify them – should not be published in written descriptions or photographs unless the information is essential for scientific purposes, and the patient (or their parent/guardian) has given written informed consent to publish.

If any identifying information about patients is included in the article, the following sentence should also be included:

“Additional informed consent was obtained from all patients for which identifying information is included in this article.”

6. Animal Studies

For studies with animals, include/indicate the following information in the Materials and Methods section. State that all institutional and national guidelines for the care and use of laboratory animals were followed and that the studies were approved by a research ethics committee at the institution or practice at which the studies were conducted.

7. Informed Consent

Informed consent for publication of identifiable images from human research participants (or a parent or legal guardian for participants under the age of 16 years) must be confirmed by a statement attesting that the authors have obtained consent for publication of the images. If the participant is deceased, consent must be sought from the next of kin of the participant. In all such instances, all reasonable measures must be taken to protect patient anonymity. Black bars over the eyes are not acceptable means of anonymization. Images without appropriate consent must not be submitted for publication.

If identifying information about participants is given in an article, the following statement should be included in the Materials and Methods section: “Additional informed consent was obtained from all participants for whom identifying information is included in this article.”

8. Clinical Trial Registration

KJM follows the ICMJE, which uses the World Health Organization’s definition (<http://www.who.int/ictrp/en>) of a clinical trial.

The ICMJE defines a clinical trial as:

“Any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.” Health-related interventions include any intervention (e.g., drugs, surgical procedures, devices, behavioral treatments, dietary interventions, or process-of-care changes) used to modify a biomedical or health-related outcome. Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

If a manuscript describes the work or outcomes of a clinical trial, the trial must be registered at one of the registries that the journal deems to be compliant (see below).

Authors must also provide or submit the original protocol upon request and provide the registration identification number and the URL for the trial’s registry upon submission in the Materials and Methods section.

Non-exhaustive list of compliant registries:

<http://www.clinicaltrials.gov/> (Clinical Trials)

<http://isrctn.org/> (ISRCTN Registry)

<http://www.umin.ac.jp/ctr/> (UMIN Clinical Trials Registry)

9. Copyright Permissions

Authors wishing to include figures and/or tables that have already been published elsewhere are required to obtain permission from the copyright owner(s) (and pay any associated costs) for both the print and online formats. The source should be given in the article.

Authors wishing to reuse their own work (e.g., figures, tables) that was originally published in KJM do not need to request permission as long as it is not for commercial use. However, the reproduced material must be accompanied by a full citation of the original source, and the author is required to clearly state the copyright holder in the figure legend, table footnote, etc. as appropriate.

10. Policy on Secondary Publication

A secondary publication of a full-length paper, which is not indexed in Medline, may be considered in our journal only when the manuscript contains important information that deserves to be disseminated to a significantly different readership from that of the original publication. Further details on acceptable forms of secondary publication can be found at <http://www.icmje.org>. For more information, please contact our Editorial Office.

11. Accelerated Reviews of Manuscripts

The reviewing of manuscripts by the Editorial Committee may be accelerated on an exceptional basis when urgent publication is desired. The author must state the specific reasons for the request to accelerate the review process when submitting the manuscript via ScholarOne Manuscripts. The reasons should be described in the Cover Letter box or in an attached cover letter.

12. Posting preprints on preprint servers

The Keio Journal of Medicine supports the sharing of your data on preprint servers such as bioRxiv, medRxiv, PsyArXiv, and SportRxiv prior to publication. The original manuscript submitted to The Keio Journal of Medicine may be posted on preprint servers at any time.

We do, however, ask that you respect the following policies:

- 1) Authors are required to report their intent to post manuscripts on preprint servers at the time of submission to The Keio Journal of Medicine.
- 2) Authors are required to inform the DOI of the final accepted manuscript to relevant preprint servers.

Types of Manuscripts

1. Original Articles are scientific reports of the results of original research in clinical and experimental medicine. New, significant, innovative, and original findings are suitable as original articles.

2. Review Articles are usually invited by the editors. They should contain at least 1 figure or table.

3. Case Reports should contain information which significantly advances our knowledge on medical sciences or practice and are to be presented as concisely as possible. The number of references should be kept to an absolute minimum.

4. Clinico-Pathological Conferences are usually invited by the editors and educate the reader about rare but clinically important diseases. Readers wish to learn about every facet of the case presented and not about unrelated material, so avoid extraneous information that has little bearing on the case at hand.

5. Letters to the Editor may deal with material in published articles or they may raise new issues. Short clinical and experimental observations may also be presented as Letters to the Editor.

Preparation of Manuscripts

Manuscripts should be double-spaced with 3-cm margins on only one side of the paper.

The title and introduction should be prepared in a way that readers outside the field are able to comprehend the aim and significance of the study.

It is highly recommended that authors consult with colleagues with different expertise to review the manuscript before submission to identify terminology and concepts that might be difficult for non-specialist readers to understand.

1. Cover Letter As part of the initial submission, the author must explain the originality or essence of his/her paper in a cover letter. Revised manuscripts should be accompanied by a cover letter explaining how the manuscript has been changed and a separate point-by-point response to reviewers' comments.

2. Title Page The title page should bear the title of the paper and the name(s) of the author(s), together with the address(es) at which the work was carried out. Please note that the title should be concise and comprehensible to readers outside the field. The name, full postal address, and e-mail address of the corresponding author who will be responsible for reading the proofs should be given on the first page. A running title must also be provided (not exceeding 50 characters including spaces).

3. Summary A summary must appear on the second page of the paper; it should be no longer than 250 words and should be a single paragraph. It should state the subject, new findings, and conclusions of the article in generally intelligible terms. A summary is not required for clinico-pathological conferences or letters to the editor.

4. Keywords Up to five keywords identifying the nature of the subject matter may be used to alert readers. Keywords should be listed below the summary. Use terms from the medical subject headings list of *Index Medicus*.

5. Text Papers should be written clearly in good scientific English. Avoid laboratory slang and minimize jargon.

For original articles, the article should follow the usual layout for scientific papers and be as brief as full documentation allows (rarely exceeding 20 printed pages). The text should be organized in the following order:

(1) Introduction:

The section should contain a clear statement of the purpose of the work, the reasons for undertaking the research, and pertinent background of the study that allows readers outside the field to understand the purpose and significance of the work.

(2) Materials and Methods:

Description of methods should be brief, but with sufficient detail to enable the experiments to be repeated by the readers. The design of the study or experiments, any specific procedures used, and statistical analyses must be described clearly and carefully. References to other papers describing the techniques may be given. The name and location (city and state/country) of commercial suppliers of uncommon chemicals, reagents, or instruments should be mentioned.

(3) Results:

The results should be presented concisely. Tables and figures should be used only if they are essential for the comprehension of the data.

(4) Discussion:

The purpose of the discussion is to interpret the results and to relate them to existing knowledge in the field. Information already given in the introduction or results should not be repeated.

For review articles and letters to the editor, appropriate subheadings should be used.

For case reports, the text may be arranged as follows, or the headings may be modified as necessary:

(1) Introduction**(2) Case Presentation****(3) Discussion**

For Clinico-Pathological conferences, the text should contain the following sections:

(1) Introduction:

This should summarize what is about to be presented and the reasons why the case was chosen. Please prepare this section in a way that general readers outside the field are able to comprehend the aim and significance of the study.

(2) Case Presentation:

This part contains a succinct narrative of the case itself. Figures, photographs, and tables with data can be included.

(3) Discussion:

The discussion should be a focused presentation of the differential diagnostic procedure and include comments by guest speakers.

(4) Pathology Presentation:

This part summarizes the pathological findings.

(5) Final Diagnosis:

This should be one sentence giving the final diagnosis.

(6) Key Points:

Authors should include a brief summary of the case (maximum 50 words) composed of a bulleted list of up to four key points. These should cover what is already known about the condition, what the current case adds to our experience, and what we should learn from the case.

6. Acknowledgments All acknowledgments, including those of financial support, should be given here. Acknowledgments of people precede those of financial support. Names of grant sources should be spelled out.

7. References References should be numbered consecutively in the order of citation in the text. Abbreviations for titles of medical periodicals should conform to those in the latest edition on *Index Medicus*. In the reference list, give the names of all authors. Authors are responsible for the accuracy of the references.

(1) Periodicals:

1. Boatman JB, Boucek MM, Rabinovitz MJ: Mitochondrial swelling during cold exposure of the rat and hamster. *Am J Physiol* 1962; 202: 1037–1040.
2. Kennedy CR, McCann DC, Campbell MJ, Law CM, Mullee M, Petrou S, Watkin P, Worsfold S, Yuen HM, Stevenson J: Language ability after early detection of permanent childhood hearing impairment. *N Engl J Med* 2006; 354: 2131–2141.

(2) Books:

1. Irving L: Comparative anatomy and physiology of gas transport mechanisms. In: Fenn WO, Rahn H, eds, *Handbook of Physiology*, Washington DC, American Physiological Society, 1964; 177–212.

Only papers that are published or in press may be cited in the reference list.

8. Tables Tables should be numbered (Arabic numerals) in the order in which they are referred to in the text. Each table should have a brief title, be on a separate page, and be double-spaced throughout. Non-standard abbreviations should be used sparingly and must be defined in a legend at the bottom of the table. Table citations in the text should be boldface (e.g., **Table 1**). For table titles, use lower case letters with only the first letter capitalized.

9. Figures All illustrations (line drawings and photographs) are classified as figures. Digital photograph files should have a resolution of at least 300 dpi. Figures should be cited in consecutive order in the text. Figure citations in the text should be boldface. The abbreviation “Fig.” should be used when using parenthesis (e.g., **(Fig. 1)**), otherwise the word “Figure” should be spelled out (e.g., **Figure 1**) throughout the text. If a figure consists of multiple parts, capital letters (A, B, C, etc.) should be used to label them (e.g., **Fig. 1A**). Legends for the figures should be double-spaced, in numerical order, and on a separate page. Non-standard abbreviations should be defined in legends. For figure titles, use lower case letters with only the first letter capitalized.

The magnification of microphotographs should be indicated in the legends or a bar should be included in the figure to indicate the scale (or both). Lettering of figures requires careful attention. Illustrations may be submitted in the final size or larger for reduction by the printer. Symbols and lines should be chosen to remain legible after the degree of reduction that will be used.

10. Electronic Supplementary Material Electronic supplementary material will be published in the on-line version only. It may consist of information that cannot be printed: animations, video clips, sound recording information that is more convenient in electronic form: sequences, spectral data, etc. Please include in each file the following information: article title, journal name, author names; affiliation and email address of the corresponding author. Please always use MPEG-1(.mpg) format.

11. Abbreviations, Symbols, and Typesetting Standard abbreviations for certain substances and for units of measurement do not need to be defined. Other abbreviations that are considered to be non-standard should be kept to a minimum and must be spelled out on first usage, followed by the abbreviation in parentheses. Mark gene names for typesetting in italics to distinguish them from gene products of the same or similar name, ad hoc designations for genes, gene segments, and gene clusters, families, complexes, or groups. In general, genotypes should be italicized; phenotypes should not be italicized. Using italics for emphasis should be avoided throughout the text.

Publication Fee

The publication fee is **80,000 JPY** per article (exclusive of Japanese consumption tax). The corresponding author will be invoiced before publication.

The Journal reserves the right to modify the charges without prior notification.

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