

The Keio Journal of Medicine

INSTRUCTIONS TO AUTHORS

The Keio Journal of Medicine (KJM) publishes original articles on research in clinical, laboratory, and experimental medicine. Reviews (by invitation only), case reports, and correspondence will also be considered.

Online Manuscript Submission

Manuscripts should be submitted online 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: http://www.kjm.keio.ac.jp/page/authors_top.html, must be signed by corresponding author and must be submitted to the journal's editorial office by uploading it as a PDF file or by fax (+81-3-3351-3116) 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. Ethics

Authors must provide assurance that all human and animal studies were approved by Institutional Review Board(s) (a specific declaration of approval should be given in the text).

3. Conflict of Interest/Financial Disclosure Statement

Authors should disclose in the online submission system any commercial affiliation or consultancy that could be construed as a conflict of interest with respect to the submitted data.

4. 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.

5. Accelerated Reviews of Manuscripts

The reviewing of manuscripts by the Editorial Committee may be accelerated on an exceptional basis when publication, if approved, would be urgent. 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.

Types of Manuscripts

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

2. Reviews 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.

Preparation of Manuscripts

Manuscripts should be double-spaced with 3-cm margins on only one side of the paper. Manuscripts should follow the usual layout for scientific papers and be as brief as full documentation allows (rarely exceeding 20 printed pages).

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. 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.

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 abstract. 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 case reports, the text should be arranged as follows: (1) Introduction, (2) Case Presentation, (3) Discussion. For original articles, 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 to the study.

(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.

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. 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.

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For page charges, see the table below (not including tax).
The corresponding author will be invoiced after publication.

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