

Instructions for authors

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Ewha Medical Journal (EMJ) is an open access, peer-reviewed journal published quarterly by Ewha Womans University College of Medicine and Ewha Medical Research Institute (last day of April, July, October, and January). EMJ aims to publish high-quality research and information at the intersection of biomedical science, clinical practice, and medical education, presented in understandable, clinically useful formats to inform health care practice and improve patient outcomes.

Manuscripts should adhere to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE; <http://www.icmje.org/recommendations/>), unless otherwise specified.

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1. Article processing charge
2. Research and publication ethics
3. Manuscript preparation
4. Manuscript submission, peer review process & post-publication discussions
5. Abbreviations, Acronyms and Unit

1. Article processing charge

There are no author submission fees or other publication-related charges. All cost for the publication process is supported by the Publisher.

2. Research and publication ethics

It is available at: <https://www.e-emj.org/policy/ethics.php>

3. Manuscript preparation

A. Article type

EMJ publishes seven categories of publications: original articles, review articles, case reports, health statistics, guidelines, protocols, data paper, images and solutions, editorials, opinions, correspondence, and letters to the editor. Other publication types are negotiable with editorial office.

Original articles: Original articles present results of basic and clinical investigations that are well-documented and meet the scrutiny of critical readers.

Review articles: Invited reviews provide a comprehensive analysis of specific topics. Submitted reviews should be systematic reviews and meta-analyses covering topics of interest.

Case reports: Case reports are published under exceptional circumstances to illustrate rare occurrences of clinical significance. They should address important issues for medical researchers and preferably include helpful illustrations.

Health statistics: Health statistics primarily focus on presenting and analyzing quantitative data related to health, healthcare, and public health. The content should contain numerical data, statistical analyses, and trends related to various health indicators, disease prevalence, healthcare utilization, mortality rates, and other health-related metrics. Data sources are usually from national health surveys, registries, administrative databases, or other large-scale data collection efforts.

Guidelines: Clinical practice guidelines and other types of guidelines are welcomed. Clinical practice guidelines are systematically developed statements designed to assist practitioners and patients in making decisions about appropriate healthcare for specific clinical circumstances. Reporting Guidelines provide structure for reporting research studies to improve the quality and transparency

of research reporting Ethics guidelines address ethical considerations in clinical practice or research.

Protocols: Protocols comprehensively and precisely describe a planned or ongoing research study. It typically includes background and rationale for the study, specific objectives or hypotheses, detailed methodology (study design, participants, interventions, outcomes), statistical analysis plan, ethical considerations, and dissemination plans for results.

Data paper: Data papers aim to provide detailed descriptions of datasets, making them discoverable, citable, and reusable by other researchers. A data paper typically includes description of the dataset, methods used to collect the data, data validation and quality control procedures, information on how to access the data, any limitations or caveats about the data.

Images and solutions: These manuscripts are published for educational purposes only under exceptional circumstances, when they illustrate rare occurrences of clinical importance.

Editorials: Editorials are invited comments on recently accepted manuscripts, published subjects, present emerging topics, or interesting events.

Opinions: Opinion pieces offer creative perspectives on medical issues.

Correspondence: Correspondence typically provides a platform for readers to discuss current issues in medicine or share brief observations and opinions. Correspondence includes brief reports of novel findings, discussions of timely medical issues, professional opinions on current topics in medicine, or other topics not dealt as a formal article.

Letters to the editor: Letters provide rapid publication of new findings of unique importance in clinical settings, recent opinions on articles, or topics of interest published in the journal.

Others: Other publication types, such as important announcements in medicine or medical education, may be accepted. Contact the editorial office to discuss the required format with the Editorial Board. Articles from medical students are accepted at the editors' discretion.

B. General requirements

Language: Manuscripts for original or review articles may be written in Korean or English. Manuscripts for case reports or images and solutions should be written in English. Proper proofreading is required.

File format: Submissions should be uploaded as Microsoft Word files, with figures in separate files. Manuscripts must be double-spaced on A4 paper (210 × 297 mm) with 30 mm margins on all sides. Number all manuscript pages consecutively, starting with the abstract as page 1. Do not include authors' names or affiliations in the manuscript.

Anonymization: Submit the title page and manuscript as separate files, ensuring the manuscript is anonymized for double-blind peer review.

Units & terms: Use SI units and follow Dorland's Illustrated Medical Dictionary for medical terminology.

Use of generative artificial intelligence (AI) platforms-assisted technologies: EMJ has adopted policies, as specified by the ICM-JE, regarding the use of generative AI platforms assisted technologies in the preparation of materials intended for publication in the journal if they are not provided as below:

Generative AI platforms, including language models, chatbots, image creators, or similar technologies, may be employed to enhance readability and language accuracy in scientific writing. However, chatbots or other AI-assisted technologies cannot be listed as authors. Authors are generally not required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of manuscript submission. However, if the statistical analyses were made by AI-assisted technologies, the authors should disclose it with details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. If simulated data or other essential data are generated by AI-assisted technologies, it should be disclosed. Authors should affirm that there is no plagiarism of text or images in materials produced by AI. The authors have responsibility for AI-assisted work. It is not acceptable to cite AI-generated material as a primary source in the References section. AI-generated material used for analysis should be disclosed as a supplementary material. The editorial office uses a tool to check for AI-generated text.

C. Key features

Key features and limits of articles are summarized in Table 1 below. However, the limits are negotiable with the editor.

Table 1. Key features and limits of articles

Type of article	Abstract (words)	Text (words)*	References	Tables and figures
Original article	Structured, 250	3,000	40	10
Review article	250	5,000	50	10
Case report	150	2,000	20	10
Health statistics	250	3,000	40	15
Guidelines	250	5,000	100	15
Protocols	250	3,000	40	10
Data paper	250	3,000	40	10
Images and solution	NR	1,500	10	5
Editorial	NR	1,500	10	5
Opinion	NR	1,500	10	5
Correspondence	NR	1,500	10	5
Letter to the editor	NR	1,500	10	5

NR, not required

*Excluding abstract, references, tables, and figure legends.

D. Reporting guidelines

For specific study designs, such as randomized controlled trials, diagnostic accuracy studies, meta-analyses, observational studies, and non-randomized studies, authors should follow the relevant reporting guidelines. Recommended sources include the EQUATOR Network (<https://www.equator-network.org/>) and the National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

EMJ requires compliance with the reporting guidelines summarized in Table 2 for the listed article types.

Table 2. Reporting guidelines for specific study designs

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	https://www.equator-network.org/reporting-guidelines/consort/
TREND	Non-randomized controlled study	https://www.cdc.gov/trendstatement/index.html
STROBE	Observational studies	https://www.equator-network.org/reporting-guidelines/strobe/
STARD	Diagnostic/prognostic studies	https://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Systematic reviews and meta-analyses	https://www.equator-network.org/reporting-guidelines/prisma/
CARE	Case reports	https://www.equator-network.org/reporting-guidelines/care/

Initiative	Type of study	Source
AGREE	Clinical practice guidelines	https://www.equator-network.org/reporting-guidelines/the-agree-reporting-checklist-a-tool-to-improve-reporting-of-clinical-practice-guidelines/
SPIRIT	Protocol	https://spirit-statement.org
COREQ	Qualitative study	https://www.equator-network.org/reporting-guidelines/coreq/

E. Manuscript organization for original article

Organize your manuscript file as follows:

Title page (upload separately)

Manuscript file: 1) Abstract & keywords, 2) Body text, 3) References list (beginning on a new page), 4) Tables (each beginning on a new page), 5) Figures legends (upload figures in separate files)

Supplementary materials (upload separately)

F. Title page

This section should include the type of manuscript; manuscript title; running title; full names and affiliations of all authors; full name, institutional affiliation, postal address, and email of the corresponding author; ORCID; authors' contributions; any conflict of interest; any financial assistance; data availability; and acknowledgments.

Running title: Less than 10 words

Author names: Names of authors should be given in full without abbreviation. In the listing of author names, any degree or professional title, such as MD or PhD, should not be included.

Affiliations: Departments and institutions of the authors. If from multiple institutions, use superscript numbers (1, 2, 3, etc.) to indicate specific affiliations.

Corresponding author: Full name, institutional affiliation, postal address, and email address.

ORCID: Providing ORCIDs for all authors is recommended (<https://orcid.org/>).

Authors' contributions: Describe contributions using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>). Contributors must meet at least one core role (conceptualization, data curation, formal analysis, investigation, methodology, soft-

ware, validation) and one writing role (original draft preparation, review, and editing). Authors who do not meet these requirements will not qualify for authorship.

Conflict of interest: Disclose any potential conflicts of interest, including employment, consultancy, ownership, or close relationships with organizations affected by the manuscript. If none, include the statement: “No potential conflict of interest relevant to this article was reported.”

Funding: Funding for the research should be detailed here. Provision of a FundRef ID is recommended, including the name of the funding agency, country, and (if available) the number of the grant provided by the funding agency. If the funding agency lacks a FundRef ID, please ask that agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org).

Data availability: Include a statement indicating where the data supporting the article’s results can be found, with hyperlinks to publicly archived datasets if applicable.

Acknowledgments: List contributors who do not meet authorship criteria, such as those providing technical help, writing assistance, or general support. Disclose any writing assistance and the entity that funded it.

Supplementary materials: Supplemental material refers to files related to a specific article, provided by the authors for publication alongside their article. These materials typically include additional content that could not be included in the print version, such as appendices or extra tables. All supplemental materials will be available online alongside the full-text article. Include a listing of supplementary materials at the end of the manuscript file, and ensure they are cited consecutively in the text of the manuscript.

G. Abstract & keywords

Abstract: For original articles, provide a structured abstract of less than 250 words with the following headings: Objectives, Methods, Results, Conclusion. Ensure all data in the abstract appear in the manuscript text or tables. For review articles, provide an unstructured abstract of up to 250 words. For case reports, provide an unstructured abstract of up to 150 words. The limit of the word count for other publication types is available at Table 1.

Keywords: List up to five keywords in alphabetical order at the bottom of the abstract. Refer to Medical Subject Headings (MeSH, <http://www.ncbi.nlm.nih.gov/mesh/MBrowser.html>)

for keyword selection.

H. Main text

The main text of an original article must be prepared under the following subheadings: Introduction, Methods, Results, and Discussion. Case report should be organized with Introduction, Case Presentation, and Discussion. In addition to these types, manuscripts that fall under specific reporting guidelines must be prepared accordingly.

Introduction: Provide a brief background, referencing the most relevant papers to inform readers. Describe pertinent findings of others and include the specific questions addressed by your investigation.

Methods: Organize this section as follows: ethics statement, study design, materials and/or participants, methods, and statistical analysis. For a more specific description, refer to the specific reporting guidelines corresponding to the study design (Table 2).

Ethics statement: For studies involving human participants or human-originated material, include the IRB approval number and informed consent. For animal investigations, state adherence to national research committee guidelines. If no IRB number is available, discuss this with the editor during the review process.

Study design: State the study design, whether it is a descriptive analysis, randomized controlled study, cohort study, or meta-analysis.

Materials and/or participants: Clearly detail the materials used in the research to facilitate follow-up studies. List any purchased materials with their source or manufacturer. Describe research participants with parameters such as age, sex, region, school, country, date of intervention period, occupation, etc. Explain reasons for inclusion or selection of participants and reasons for excluding certain groups. Non-English questionnaires may be included as supplementary materials.

Methods: Reference reporting guidelines when describing analytic methods. Cite well-known methods with references and note any modifications. Describe novel methods precisely. Document complicated statistical analyses in the supplementary materials if necessary. Clearly state the duration of observation, survey, experiment, analysis, or follow-up.

Statistical analysis: Meticulously describe the statistical analysis. State the computer programs used for statistical analysis, including the name, manufacturer, and software version. Include measurement error or uncertainty, such as confidence intervals along with P-values.

Additionally, ensure the correct use of the terms “sex” (biological factors) and “gender” (identity, psychosocial, or cultural factors). Unless inappropriate, report the sex and/or gender of study participants, as well as the sex of animals or cells, and describe the methods used to determine these. If the study involves an exclusive population, such as only one sex, provide a justification, except in obvious cases (e.g., prostate cancer). Define how race or ethnicity was determined and justify their relevance.

Results: Present findings logically using text, tables, and figures. Avoid excessive repetition of table or figure contents. Emphasize or summarize important observations at the end of this section.

Discussion: Interpret data concisely without repeating material from the Results section. Speculation is allowed if supported by the data and well-founded. The summary and conclusion should be brief, written in the context of the research purpose.

I. References

All references should be listed in the order of citation in the text, with corresponding numbers.

- Identify references in the main text with corresponding numbers in square brackets. For example, “K-HINT has been developed [1,2].” for the first two in-text citations.
- List all authors up to a maximum of six. For papers with more than six authors, list the first three followed by “et al.”
- Use the abbreviated journal title according to the NLM Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the List of KoreaMed Journals (<https://koreamed.org/Journal-BrowserNew.php>). Other types of references not described below should follow Citing medicine: The NLM style guide for authors, editors, and publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>).
- Examples of reference style

- Journal articles

1. Cho CM, Cheong HI, Lee JW. Severe acute kidney injury with familial renal hypouricemia confirmed by genotyping of SLC22A12. *Ewha Med J* 2020;43(2):35-38.[https://doi.org/](https://doi.org/10.12771/emj.2020.43.2.35)

10.12771/emj.2020.43.2.35

2. Bernsdorf M, Balslev E, Lykkesfeldt AE, Kroman N, Harder E, von der Maase H, et al. Value of postoperative reassessment of estrogen receptor α expression following neoadjuvant chemotherapy with or without gefitinib for estrogen receptor negative breast cancer. *Breast Cancer Res Treat* 2011;128(1):165-170. <https://doi.org/10.1007/s10549-011-1535-x>
3. Suzuki S, Kajiyama H, Shibata K, Ino K, Nawa A, Sakakibara K, et al. Is there any association between retroperitoneal lymphadenectomy and survival benefit in ovarian clear cell carcinoma patients? *Ann Oncol* 2008 Mar 19 [Epub]. <http://dx.doi.org/10.1093/>

- Entire book and book chapter

4. Gordon PH, Nivatvongs S. Principles and practice of surgery for the colon, rectum and anus. 2nd ed. St Louis: Quality Medical Publishers; 1992.
5. Dozois RR. Disorders of the anal canal. In: Sabiston DC, Lysterly HK, editors. Textbook of surgery: the biological basis of modern surgical practice. 15th ed. Philadelphia: W.B. Saunders; 1997. p.1032-1044.

- Online sources

6. American Cancer Society. Cancer reference information [Internet]. Atlanta (GA): American Cancer Society; c2009 [cited 2010 Aug 10]. Available from: http://www.cancer.org/docroot/CRI/CRI_0.asp
7. National Cancer Information Center. Cancer incidence [Internet]. Goyang (KR): National Cancer Information Center; c2009 [cited 2010 Aug 10]. Available from: <http://www.cancer.go.kr/cms/statics>

J. Tables and figures

Tables: Each table should begin on a new page, with the table number and title above the table and explanatory notes below. Table numbers must correspond to the order in which they are cited in the text. Tables should be self-explanatory, and the data presented should not be duplicated in the text or figures.

- Designate all units of measurement and concentration.
- Indicate footnotes with symbols in the following order: 1), 2), 3), 4), 5), 6).
- List abbreviations in a footnote in alphabetical order.
- Avoid unnecessary longitudinal lines.
- If using previously published tables, cite the source in the footnote.

Figures:

- Color and grayscale images should be at least 300 dpi. Line drawings must be high-quality black on white graphics.
- Each figure should be submitted as a single file in PPT, JPG, GIF, or PDF format.
- Figure numbers should correspond to the order in which they are mentioned in the text.
- Figure legends should be listed after the reference list in the manuscript file. Legends should provide a brief but comprehensive explanation of all figure information. Include the name of the stain and magnification for light microscopic photographs.
- If the figure has been previously published, cite the source in the legend.

Videos: Video files must be compressed to the smallest possible size while maintaining high resolution and quality.

- Video submissions should be in MPEG4, AVI, WMV, or ASF format.
- Videos should be no larger than 30 MB and no longer than 5 minutes.
- Include a video legends page with a brief description of the content of each video, beginning on a new page after the figure legends page.

Permission: If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com/>) or from the individual publisher, unless the materials are from an open access journal under the Creative Commons license. For open access journal materials, simply verify the source in the accompanying footnote. Note the distinction between free-access and open access journals: permission from the publisher is required for using tables or figures from free-access journals.

Examples:

- Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier.
- Reprinted (Modified) from Weiss et al. [2], according to the Creative Commons License.

K. Organization of other types

Review articles: If it is a narrative review, it consisted of Introduction, Methods, Results, and Discussion. In the Methods section, the ethics statement, study design, and literature search strategy should be mentioned. In the Discussion section, interpretation, suggestions, limitations, and conclusion should be mentioned. If

the manuscript is a systematic review or meta-analysis, it should be described according to the PRISMA statement in Table 2.

Case reports: It should be described according to CARE statement in Table 2.

Health statistics: It should be described according to the STROBE statement in Table 2.

Guidelines: Clinical practice guidelines should be described according to the AGREE in Table 2. Other guidelines can be described based on AGREE, but not mandatory.

Protocols: It should be described according to the SPIRIT in Table 2.

Data paper: It consisted of Introduction, Methods, Data, and Discussion. Data should be available publicly from data archiving sites, including Zenodo, Harvard Dataverse, Open Science Framework, and Genbank.

Images and solutions: No sectional division is required. Image and interpretation are enough.

Editorials: No specific format is required.

Opinions: No specific format is required.

Correspondences: No specific format is required.

Letters to the editor: Add the target article and mention the comment.

4. Manuscript submission, peer review process & post-publication discussions

A. Online submission

Manuscripts can be submitted directly to EMJ via the journal's submission page (<https://submission.e-emj.org/>). After registering and logging into your account, the online system will guide you through the submission process step-by-step. Detailed submission instructions are available on the website. For assistance, please contact us via email at E600091@ewha.ac.kr.

B. Peer review process

It is available at: <https://www.e-emj.org/policy/policies.php#2>.

C. post-publication discussions

It is available at: <https://www.e-emj.org/policy/policies.php#2>.

5. Abbreviations, Acronyms and Unit

The *Ewha Medical Journal* provides a list of the official abbrevia-

tions. Otherwise, any unofficial abbreviation should be used where they appear in the text at least three times, and be explained in parentheses at the first time in the text. Do not use abbreviation(s) in the title.

Abbreviations, Acronyms and Unit (PDF) [↓](#)