

Instructions for Authors

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Anesthesia and Pain Medicine (APM) is the official scientific journal of Korean Society of Neuroscience in Anesthesiology and Critical Care (KSNACC), The Korean Society for Anesthetic Pharmacology (KSAP), The Korean Society of Obstetric Anesthesiologists (KSOA), The Korean Society of Pediatric Anesthesiologists (KSPA), Korean Neuromuscular Research Society (KNRS), Korean Society of Cardiothoracic and Vascular Anesthesiologists (KSCVA), Korean Society of Transplantation Anesthesiologists (KSTA), and The Korean Spinal Pain Society (KSPS) and Korean Society of Regional Anesthesia (KSRA), and Korean Society for Airway Management (KSAM). The abbreviated title is "Anesth Pain Med". It is published four times a year on the last day of January, April, July, and October in English.

I. Editorial Policy

The Editor assumes that all authors listed in a manuscript have agreed with the following policy of the APM on submission of manuscript. Except for the negotiated secondary publication, manuscript submitted to the APM must be previously unpublished and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed. Minimum publication charges and additional fee for reprints will due on every manuscript. All published manuscripts become the permanent property of the Korean Society of Anesthesiologists (KSA) and may not be published elsewhere without written permission. APM adheres completely to 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>) if otherwise not described below.

II. General Information

1. Publication types

APM focuses on clinical research, experimental research, case reports, reviews, and letters to the editor, online images and various introductions.

2. Language

APM publishes articles in English. Manuscript submitted in Korean will be translated into English by the society after acceptance, Korean version will be published only on the website (www.anesth-pain-med.org).

Spellings should abide by American spellings. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. Accepted manuscripts are requested to be proofread by professional English editors.

3. Submission of manuscripts

In addition to members of the Korean Society of Anesthesiologists, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Authors are requested to submit their papers electronically by using the online manuscript submission system, available at: <http://submit.anesth-pain-med.org>. Authors, reviewers, and editors send and receive all correspondences through this system. Final revisions by authors should be submitted within 1 week of the request.

4. Data Availability Statement

Data sharing is encouraged by the APM, but a Data Availability Statement will be required and published with the manuscript. Authors will be provided the following options during submission or may use draft their own.

- The datasets generated during and/or analyzed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATASETS]
- The datasets generated during and/or analyzed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.
- The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.
- Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.
- All data generated or analyzed during this study are included.

ed in this published article [and its supplementary information files].

- The data that support the findings of this study are available from [third party name] but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of [third party name].

5. Peer review process

APM uses double-blind review, which means that both the reviewer and author identities are concealed from the reviewers, and vice versa, throughout the review process. To facilitate this, authors need to ensure that their manuscripts are prepared in a way that does not give away their identity. If one or more of editors are involved as authors, the editor(s) should not be involved in the peer reviewer selection, evaluation, or decision process. 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. Additions and amendments to the revised manuscript should be highlighted in red. The author's revisions should be completed within 60 days after the request. If it is not received by the due date, the Editorial Board will not consider it for publication. To extend the revision period to more than 60 days, the author should negotiate with the Editorial Board. The manuscript review process should be finished the second review. If the reviewers wish further review, the Editorial Board may consider it. The Editorial Board will make a final decision on the approval for publication of the submitted manuscripts and can request any further corrections, revisions, and deletions of the article text if necessary. Statistical editing is also performed if the data need professional statistical review by a statistician. The review and publication processes that are not described in the Instructions for Authors will be incorporated into the Editorial Policy Statements approved by the Council of Science Editors Board of Directors, available at: www.councilscienceeditors.org/.

6. Article processing charge and publication fee

There is no submission-related fee. Article processing charge (APC) of KRW 300,000 (USD 250) per article will be issued to the corresponding author. APC is waived if the affiliations of the first and corresponding authors are outside Korea. APC for invited

articles is also waived.

7. Copyrights and secondary publication

Copyrights of all published materials are owned by the APM. On behalf of co-author(s), corresponding author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals". A copy of the form is made available to the submitting author within the online manuscript submission process. It is possible to republish manuscripts if ONLY the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: <http://www.icmje.org>

8. Open access

APM is an Open Access journal accessible for free on the Internet. Accepted peer-reviewed articles are freely available on the journal website for any user, worldwide, immediately upon publication without additional charge.

III. Research and Publication Ethics Guidelines

For the policies on research and publication ethics, the "Good Publication Practice Guidelines for Medical Journals" (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13) or the "Ethical Guidelines on Good Publication" (<http://publicationethics.org/resources/guidelines>) or "Ethical Considerations in the International Committee of Medical Journal Editors" (<http://www.icmje.org/recommendations>) are applied.

1. Conflict-of-interest statement

The corresponding author is required to summarize all authors' conflict of interest disclosures. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (www.icmje.org/conflicts-of-interest). A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationships, (3) academic competition, and

(4) intellectual passion. These conflicts of interest must be included as a footnote on the title page or in the Acknowledgements section.

All sources of funding should be declared on the title page or in the Acknowledgements section at the end of the text. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement, and additional action may be taken as necessary.

If one or more of editors are involved as authors, the authors should declare conflict of interests.

Ex) AAA has been an editor of the *Anesthesia and Pain Medicine* since 2017; however, he was not involved in the peer reviewer selection, evaluation, or decision process of this article. No other potential conflicts of interest relevant to this article were reported.

2. Statement of informed consent

Copies of written informed consents and Institutional Review Board (IRB) approval for clinical research are recommended kept. The editor or reviewers may request copies of these documents to make potential ethical issues clear.

3. Protection of privacy, confidentiality, and written informed consent

Identifying details should not be published in written descriptions, photographs, or pedigrees unless it is essential for scientific purposes and the patient (or his/her parents or guardian) provides written informed consent for publication. Additionally, informed consent should be obtained in the event that anonymity of the patient is not assured. For example, masking the eye region of patients in photographs is not adequate to ensure anonymity. If identifying characteristics are changed to protect anonymity, authors should provide assurance that alterations do not distort scientific meaning. When informed consent has been obtained, this should be indicated in the published article.

4. Protection of human and animal rights

In the reporting of experiments that involve human subjects, it should be stated that the study was performed according to the Helsinki Declaration of 1975 (revised 2013) (Available from <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) and approved by the Institutional Review Board (IRB) of the institution where the experiment was performed. Clinical studies that

do not meet the Helsinki Declaration will not be considered for publication. Identifying details should not be published (such as name, initial of name, ID numbers, or date of birth).

In the case of an animal study, a statement should be provided indicating that the experimental processes, such as the breeding and the use of laboratory animals, were approved by the Research Ethics Committee (REC) of the institution where the experiment was performed or that they did not violate the rules of the REC of the institution or the NIH Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council, <https://www.nap.edu/catalog/5140/guide-for-the-care-and-use-of-laboratory-animals>). The authors should preserve raw experimental study data for at least 1 year after the publication of the paper and should present this data if required by the Editorial Board.

5. Registration of the clinical research

It is recommended that all clinical trials be registered in the primary registry before submission. APM accepts registration in any of the primary registries that participate in the World Health Organization (WHO) International Clinical Trials Portal (<http://www.who.int/ictrp/en>), NIH ClinicalTrials.gov (<http://www.clinicaltrials.gov>), or Korea Clinical Research Information Service (CRiS, <http://cris.nih.go.kr>).

6. Reporting guidelines

The APM recommends a submitted manuscript to follow reporting guidelines appropriate for various study types. Good sources for reporting guidelines are the EQUATOR Network (www.equatornetwork.org) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

7. Author and authorship

An author is considered as an individual who has made substantive intellectual contributions to a published study and whose authorship continues to have important academic, social, and financial implications.

Authorship credit should be based on: (1) substantial contributions to the conception or design of the work, or to the acquisition, analysis, or interpretation of data for the work; (2) the drafting of the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement on taking accountability for the accuracy or

integrity of the work. Authors should meet these four criteria. These criteria distinguish the authors from other contributors.

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. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Journals generally list other members of the group in the Acknowledgments section.

8. Plagiarism and duplicate publication

Plagiarism is the use of previously published material without attribution. Prior to peer review, all manuscripts are screened for plagiarism by the Editor-in-Chief using iThenticate. When plagiarism is detected at any time before publication, the APM editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit <http://www.publicationethics.org>. Text copied from previously published work is interpreted using the following taxonomy:

- 1) Intellectual theft
Deliberate copying of large blocks of text without attribution
- 2) Intellectual sloth
Copying of “generic” text, e.g., a description of a standard technique, without clear attribution
- 3) Plagiarism for scientific English
Copying of verbatim text, often from multiple sources
- 4) Technical plagiarism
Use of verbatim text without identifying it as a direct quotation but citing the source
- 5) Self-“plagiarism”

Manuscripts are only accepted for publication if they have not been published elsewhere. Manuscripts published in this journal should not be submitted for publication elsewhere. Duplicate submissions identified during peer review will be immediately rejected. Duplicate submissions that are discovered after publication will be retracted. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from a different journal that is not open access.

When duplicate publication is detected, the APM editorial office will notify the counterpart journal on this violation. Additionally, it will be notified to the authors’ affiliation and penalties will be imposed on the authors. It is possible to repub-

lish manuscripts if the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: www.icmje.org. If the author or authors wish to obtain a duplicate or secondary publication for reasons such as publication for readers of a different language, the author(s) should obtain approval from the Editors-in-Chief of both the first and second journal.

IV. Manuscript Preparation

APM recommends compliance with some or all of the following guidelines (www.equatornetwork.org/library).

CONSORT for reporting of randomized controlled trials (<http://www.consort-statement.org>)

STARD for reporting of diagnostic accuracy studies (<http://www.stard-statement.org>)

STROBE for reporting of observational studies in epidemiology (<http://www.strobe-statement.org>)

PRISMA for reporting of systematic reviews (<http://www.prisma-statement.org>)

MOOSE for reporting of observational studies (<http://www.emgo.nl/kc/reporting-your-study-results-in-a-scientific-article>)

GLOBAL ADVANCES in Health and Medicine for reporting of clinical cases (<http://www.gahmj.com>)

1. Word processors and format of manuscripts

A manuscript must be written in proper and clear English or Korean. Our preferred file format is DOCX or DOC. Manuscripts should be typed double-spaced on A4-sized paper, using 12 point font in English, using 10 point font in Korean.

2. Abbreviation of terminology

Abbreviations should be avoided as much as possible. When they are used, full expression of the abbreviated words should be provided at the first use, with the abbreviation following in parentheses.

Ex) target controlled infusion (TCI)

After that, “TCI” can be used instead of “target controlled infusion.” Common abbreviations may be used, however, such as DNA. Abbreviations can be used if they are listed as a MeSH subject heading (<https://www.ncbi.nlm.nih.gov/mesh>).

3. Word spacing

- 1) Leave 1 space on each side when using arithmetic marks

such as +, -, ×, etc.

Ex) 24 ± 2.5

Leave no space when using hyphen between words.

Ex) intra-operative

2) When using parentheses, leave 1 space on each side in English, and leave no space in the Korean manuscript.

3) When using brackets in parentheses, apply square brackets.

Ex) ([])

4) Manuscripts in Korean should obey the rules of Korean spelling (www.korean.go.kr).

4. Citations

1) If a citation has 2 authors, write as “Hirota and Lambert”. If there are more than 3 authors, apply “et al.” at the end of the first author’s surname.

Ex) Kim et al. [1]

2) Citations should be applied after the last word.

Ex) It is said that hypertension can be induced [1] and the way to injure the brain [2] is...

Ex) Choi and Kim [1] reported...

3) Apply citations before a comma or period.

Ex) ...is reported [1],

4) Several or coupled superscripts can be written as [1-5] or [1,3,5].

5. Arrangement of manuscript

The manuscript should be organized in the order of title, abstract, introduction, materials and methods, results, discussion, acknowledgments, references, tables, figures, and figure legends. Figures should be uploaded as separate files. The title of each new section should begin on a new page. The conclusion should be included in the discussion section. Number pages consecutively, beginning with the first page of the manuscript. Page numbers should be placed at the middle of the bottom of the page. For survey-based clinical studies, the original survey document does not need to be included in the body of the manuscript but may be included as a supplement in an appendix.

6. Organization of manuscript

1) Clinical or experimental research

(1) Cover page (upload separately)

① Title

Title should be concise and precise. The first word should be capitalized. Drug names in the title should be written with generic names, not brand names. For the

title, only the first letter of the first word should be capitalized.

Ex) Effect of smoking on bronchial mucus transport velocity under total intravenous anesthesia [○]

Ex) Effect of Smoking on Bronchial Mucus Transport Velocity under Total Intravenous Anesthesia [×]

Provide drug names as generic names, not product names.

Ex) In CPR, Isosorbide Dinitrate is, [○]

Ex) In CPR, Isosorbide Dinitrate (Isoket®) is, [×]

Ex) In CPR, Isoket® is, [×]

② Running title

A running title of no more than 40 characters, including letters and spaces in Korean, or 10 words in English, should be provided. If this title is inappropriate, the Editorial Board may revise it.

③ Author information

First name, middle initial, and last name of each author, with their highest academic degree(s) (M.D., Ph.D., etc.), and institutional affiliations; make sure the names of and the order of authors as they appear on the Title Page and entered in the system match exactly.

④ Previous presentation in conferences

Title of the conference, date of presentation, and the location of the conference may be described.

⑤ Funding statement

Disclosure of all financial support for the work, including departmental or institutional funding/support.

⑥ Conflicts of interest

Any conflicts of interest for any or all authors within the 36 months of submission. If no competing interests, please add the following statement: “The authors declare no competing interests.” If any of these elements are not applicable to your submission, write “not applicable” after the number and topic; for example, “Prior Presentations: Not applicable.”

(2) Manuscript

① Title and Running title (without author information)

It should be the same as the Cover page.

② Abstract

All manuscripts should contain a structured abstract that is written only in English. Authors should provide an abstract of no more than 250 words. It should contain 4 subsections: Background, Methods, Results, and Conclusions. Citation of references is not permitted in the abstract. A list of key words at least 4,

with a maximum of 10 items, should be included at the end of the abstract. Key words should be selected from MeSH (<https://www.ncbi.nlm.nih.gov/mesh>), and these should be written in small letters with the first letter capitalized. Separate each word with a semicolon (;), and include a period (.) at the end of the last word. Ex) Keywords: Carbon dioxide; Cerebral vessels; Oxygen; Spinal analgesia.

③ Introduction

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

④ Materials and Methods

The materials and methods section should include sufficient details regarding the design, subjects, and methods of the research in order, as well as methods used for data analysis and control of bias in the study. Sufficient details must be provided in the methodology section of an experimental study so that it can be further replicated by others.

Institute and author names should be avoided.

When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the Institutional Review Board for the study. When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by the Institutional Board for the Care and Use of Laboratory Animals. Demographic data should be included in the materials and methods section if applicable. As a rule, subsection titles are not recommended. If several study designs were used, then subtitles can be used without assigning numbers.

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 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.

- Units Laboratory information should be reported using the International System of Units [SI], available at: <https://www.nist.gov/pml/special-publication-811>

<Exceptions >

A. The unit for volume is “L,” while others should be written as “dl, ml, μ l”.

Ex) 1 L, 5 ml

B. The units for pressure are mmHg or cmH₂O. instead of Pascal.

C. Use Celsius for temperature. °C

D. Units for concentration are M, mM, μ M.

Ex) μ mol/L; [×]

E. When more than 2 items are presented, diagonal slashes are acceptable for simple units.

Negative exponents should not be used.

Ex) mg/kg/min [O], mg · kg⁻¹ · min⁻¹ [×]

F. Leave 1 space between number and units, except %, °C.

Ex) 5 mmHg

Ex) 5%, 36°C

G. Units of time

Ex) hour: 1 h = 60 min = 3,600 s, day: 1 d = 24 h = 86,400 s

- Machines and equipment

Provide model name and manufacturer’s name, and country. Do not put “’” between words when writing the names of countries.

Ex) U.S.A. [×], USA [O]

For drug names, use generic names. If a brand name should be used, insert it in parentheses after the generic name. Provide[®] or [™] as a superscript and the manufacturer’s name and country.

- Ions

Ex) Na⁺[O], Mg²⁺[O], Mg⁺⁺[×], Mg⁺²[×]

Ex) Premedicated magnesium [O]

Ex) Premedicated Mg²⁺ [O]

⑤ Results

Results should be presented in a logical sequence in the text, tables, and figures, giving the main or most important findings first. Do not repeat all of the data provided in the tables or figures in the text; emphasize or summarize only the most important observations. Results can be sectioned by subsection titles but should not be numbered. Citation of tables and figures should be provided as Table 1 and Fig. 1.

Type or print each table on a separate page. Figures should be uploaded as separate tif, jpg, pdf, gif, ppt files.

⑥ Statistics

Precisely describe the methods of statistical analysis and computer programs used. Mean and standard

deviation should be described as mean \pm SD, and mean and standard error should be written as mean \pm SEM. Median and interquartile should be described as median (1Q, 3Q). When displaying P values, use a capital P and do not put a “-” between “P” and “value”.

- A. Describe the statistical tests employed in the study with enough detail so that readers can reproduce the same results if the original data are available. The name and version of the statistical package should be provided.
- B. Authors should describe the objective of the study and hypothesis appropriately. The primary/secondary endpoints are predetermined sensibly according to the objective of the study.
- C. The characteristics of measured variables should determine the use of a parametric or nonparametric statistical method. When a parametric method is used, the authors should describe whether the basic statistical assumptions are met. For an analysis of a continuous variable, the normality of data should be examined. Describe the name and result of the particular method to test normality.
- D. When analyzing a categorical variable, if the number of events and sample is small, exact test or asymptotic method with appropriate adjustments should be used. The standard chi-squared test or difference-in-proportions test may be performed only when the sample size and number of events are sufficiently large.
- E. The APM strongly encourages authors to show confidence intervals. It is not recommended to present the P value without showing the confidence interval. In addition, the uncertainty of estimated values, such as the confidence interval, should be described consistently in figures and tables.
- F. Except for study designs that require a one-tailed test, for example, non-inferiority trials, the P values should be two-tailed. A P value should be expressed up to three decimal places (ex. P = 0.160 not as P = 0.16 or P < 0.05). If the value is less than 0.001, it should be described as “P < 0.001” but never as “P = 0.000.” For large P value greater than 0.1, the values can be rounded off to one decimal place, for example, P = 0.1, P = 0.9.
- G. A priori sample size calculation should be de-

scribed in detail. Sample size calculation must aim at preventing false negative results pertaining to the primary, instead of secondary, endpoint. Usually, the mean difference and standard deviation (SD) are typical parameters in estimating the effect size. The power must be equal to or greater than 80 percent. In the case of multiple comparisons, an adjusted level of significance is acceptable.

- H. When reporting a randomized clinical study, a CONSORT type flow diagram, as well as all the items in the CONSORT checklist, should be included. If limited in terms of the space of the manuscript, this information should be submitted as a separate file along with the manuscript.
- I. Results must be written in significant figures. The measured and derived numbers should be rounded off to reflect the original degree of precision. Calculated or estimated numbers (such as mean and SD) should be expressed in no more than one significant digit beyond the measured accuracy. Therefore, the mean (SD) of cardiac indices in patients measured on a scale that is accurate to 0.1 L/min/m² should be expressed as 2.42 (0.31) L/min/m².
- J. Except when otherwise stated herein, authors should conform to the most recent edition of the American Medical Association Manual of Style.

⑦ Discussion

The discussion should be described to emphasize the new and important aspects of the study, including the conclusions. Do not repeat in detail the results or other information that is provided in the introduction or the results section. 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 Funding

Financial support, including foundations, institutions, pharmaceutical and device manufacturers, private companies, or intramural departmental sources, or any other support, should be described.

⑧ Acknowledgments

Persons or institutes that contributed to the manuscript but not sufficiently to be coauthors may be recognized.

⑩ References

- References should be obviously related to docu-

ments and should not exceed 30. References should be numbered consecutively in the order in which they are first mentioned in the text. Provide citations in the body text. All references should be listed in English, including author, title, name of journal, etc.

- The format for references follows the descriptions below. Otherwise, it follows the NLM Style Guide for Authors, Editors, and Publishers (Patrias, K. *Citing medicine: the NLM style guide for authors, editors, and publishers* [Internet]. 2nd ed. Wendling, DL, technical editor. Bethesda (MD): National Library of Medicine (US); 2007 [updated 2015 Oct 2; cited Year Month Day]. Available at: www.ncbi.nlm.nih.gov/books/NBK7256/).
- If necessary, the Editorial Board may request original documents for the references.
- The journal title should be listed according to the List of Journals Indexed for MEDLINE, available at: <https://www.nlm.nih.gov/archive/20130415/tsd/serials/lji.html>, or the List of KoreaMed Journals (journal browser of KoreaMed Services), available at: <http://koreamed.org/JournalBrowserNew.php>.
- Six authors can be listed. If there are more than 6 authors, only list 6 names with “et al.”
- Provide the start and final page numbers of the cited reference.
- Abstracts of conferences may not be included in the references. The American Society of Anesthesiologists (ASA) refresher course lecture is not acceptable as a reference.
- Description format

A. Regular journal

Author name. Title of article. Name of journal published year; volume: start page-final page.

Ex) Rosenfeld BA, Faraday N, Campbell D, Dor-man T, Clarkson K, Siedler A, et al. Perioperative platelet activity of the effects of clonidine. *Anesthesiology* 1992; 79: 256-61.

Ex) Hirota K, Lambert DG. Ketamine: its mechanism(s) of action and unusual clinical uses. *Br J Anaesth* 1996; 77: 741-4.

Ex) Kang JG, Lee SM, Lim SW, Chung IS, Hahm TS, Kim JK, et al. Correlation of AEP, BIS, and OAA/S scores under stepwise sedation using propofol TCI in orthopedic patients undergoing total knee replacement arthroplasty under spinal anesthesia. *Korean J Anesthesiol* 2004; 46: 284-92.

Journal article volume with supplement

Ex) Doherty JS, Froom SR, Gildersleve CD. Pediatric laryngoscopes and intubation aids old and new. *Paediatr Anaesth* 2009; 19 Suppl 1: 30-7.

Journal article issue with supplement

Ex) Lee S, Han JW, Kim ES. Butyrylcholinesterase deficiency identified by preoperative patient interview. *Korean J Anesthesiol* 2013; 65(6 Suppl): S1-3.

B. Monographs

- Author. Book name. Edition. Place, press. Published year, pp (start page)-(End page).

- If reference page is only 1 page, mark ‘p’

- Note if it is beyond the 2nd edition.

Ex) Nuwer MR. Evoked potential monitoring in the operating room. 2nd ed. New York, Raven Press. 1986, pp 136- 71.

- Translated documents cannot be used as references. The original documents should be provided as references.

C. Chapter

Any separate author of a chapter should be provided.

Ex) Blitt C. Monitoring the anesthetized patient. In: *Clinical Anesthesia*. 3rd ed. Edited by Barash PG, Cullen BF, Stoelting RK: Philadelphia, Lippincott -Raven Publishers. 1997, pp 563-85.

D. Electronic documents

Ex) Grainge MJ, Seth R, Guo L, Neal KR, Coupland C, Vryenhoef P, et al. Cervical human papillomavirus screening among older women. *Emerg Infect Dis* [serial on the Internet]. 2005 Nov [2005 Nov 25]. Available from wwwnc.cdc.gov/eid/article/11/11/05-0575_article.

E. Online journal article

Ex) Sampson AL, Singer RE, Walters GD. Uric acid lowering therapies for preventing or delaying the progression of chronic kidney disease. *Cochrane Database Syst Rev* 2017; 10: CD009460.

F. Advance access article

Ex) Baumbach P, Gotz T, Gunther A, Weiss T, Meisner W. Chronic intensive care-related pain: Exploratory analysis on predictors and influence on health-related quality of life. *Eur J Pain* 2017. Advance Access published on Nov 5, 2017. doi:10.1002/ejp.1129.

⑪ Tables

- Only one table is to be drawn per page in the order cited in the text.
- The title of the table is to be in English and written

at the top of the table in the form of a phrase.

- Words in the table excluding the title should use capital letters for the first word, and the following words are to be written in small letters.
- For demographic data, gender is recorded as M/F, age as yr, (if necessary, use days or months in children) without decimal point. The “±” sign within the table is to be aligned with the rows above and below.
- Footnotes are to be written in the following order: “Values are mean ± SD (or SEM) or median (1Q, 3Q);” the explanations for the groups and the abbreviations in order of appearance, and statistics. Abbreviations apart from internationally recognized abbreviations are to be explained with their full spellings at the bottom of the table. Full spellings are to be presented even for repeated abbreviations for each table in order of appearance.
- Significance marks are to conform to the Vancouver style (Uniform Requirements for Manuscripts Submitted to Biomedical Journals. JAMA 1997; 227: 927-34). In other words, these must be in the order of ^{*}, [†], [‡], [§], ^{||}, [¶], ^{**}, ^{††}, ^{‡‡}, ^{§§} and written as superscripts.

⑫ Legends for figures and photographs

- All of the figures and photographs should be described in the text separately.
- The description order is the same as in the footnotes in tables and should be in recognizable sentences.
- Define all abbreviations every time they are repeated.

(3) Figures and Photographs

- ① APM encourages authors to use color to increase the clarity of figures. Please note that color figures are used without charge.
- ② Standard colors should be used (black, red, green, blue, cyan, magenta, orange, and gray). Avoid colors that are difficult to see on the printed page (e.g., yellow) or are visually distracting (e.g., pink). Figure backgrounds and plot areas should be white, not gray. Axis lines and ticks should be black and thick enough to clearly frame the image. Axis labels should be large enough to be easily readable, and printed in black.
- ③ Figures should be uploaded as separate tif, jpg, pdf, gif, or ppt files. Width of figure should be 84 mm (one column). Contrast of photos or graphs should be at least 600 dpi. Contrast of line drawings should be at least 1,200 dpi. Number figures as “Fig. (Arabic numeral)” in the order of their citation (ex. Fig. 1).
- ④ Photographs should be submitted individually. If Fig.

1 is divided into A, B, C, and D, do not combine it into 1, but submit each of them separately. Authors should submit line drawings in black and white.

- ⑤ In horizontal and vertical legends, the letter of the first English word should be capitalized.
 - ⑥ Connections between numbers should be denoted by “-”, not “~”. Do not space the numbers (ex. 2-4).
 - ⑦ An individual should not be recognizable in photographs or X-ray films unless written consent has been obtained from the subject and is provided at the time of submission.
 - ⑧ Pathological samples should be pictured with a measuring stick.
- #### (4) Video (movie) clip(s)

The APM publishes supplemental video (movie) clip(s) that will be available online. Authors should submit videos according to our video submission guidelines.

- ① Each video clip should clearly illustrate the primary findings within an adequate amount of viewing time and should be discussed in the text. Authors should provide appropriate labeling (e.g., arrows, abbreviations of anatomic structures, etc.) in the video clips. However, all identifying information, including patient names and/or ID numbers, hospital names, and dates of the procedures, should be removed.
- ② Video clips should contain succinct teaching points that must be supported by the current literature or standard reference texts, preferably those most accessible to the general reader. The adequacy of the teaching points will be evaluated during the review process and finally confirmed by the Editorial Board at the end of the review process.
- ③ Video clips are uploaded as the last file(s) at the time of manuscript submission and should be marked as supplementary video files.
- ④ The video clip(s) should have simple file names (e.g., Video 1, Video 2) and should include the appropriate extension (e.g., .mov, .mpg, .avi).
- ⑤ The maximum number of video clips is 20.
- ⑥ The video clip(s) should be playable on Microsoft Windows OS. The video clip(s) should be tested for playback before submission, preferably on computers not used for their creation, to check for any compatibility issues.
- ⑦ Individual video files should be a minimum of 480 × 320 pixels (smaller clips will not be accepted) and a maximum of 2 GB. Files of < 15 MB will be rejected outright unless special arrangements have been

made with the editorial board prior to submission. Approval of files of > 2 GB will be made at the end of the review process.

- ⑧ Supplemental still images that correspond to the respective video clip(s) should be, but are not always required to be, accompanied by legends. The video clip file name(s) should refer to the corresponding figure number(s).
- ⑨ The author will be able to find additional information in the Figures and photographs section.

2) Case Reports

A case report is almost never a suitable means to describe the efficacy of a treatment or a drug; instead, an adequately powered and well-controlled clinical trial should be performed to demonstrate such efficacy. The only context in which a case report can be used to describe efficacy is in a clinical scenario, or population, that is so unusual that a clinical trial is not feasible. Case reports of humans must state in the text that informed consent to publication was obtained from the patient or guardian. Copies of written informed consents should be kept. If necessary, the editor or reviewers may request copies of these documents. If these steps are impossible, Institutional Review Board approval should be obtained prior to submission. Rarity of a disease condition is itself not an acceptable justification for a case report.

- (1) Cover page: Same as that for clinical and experimental studies.
- (2) Abstract: All case reports should contain a structured abstract that is written only in English. Provide an abstract of no more than 150 words. It should contain 3 subsections: Background, Case, and Conclusions. A list of keywords, with a minimum of 3 and maximum of 10 items, should be included at the end of the abstract.
- (3) Introduction: Should not be separately divided. Briefly describe the case and background without a title.
- (4) Case report: Describe only the clinical information that is directly related to the diagnosis and anesthetic management.
- (5) Discussion: Briefly discuss the case, and state conclusions at the end of the case. Do not structure the conclusion section separately.
- (6) References: The number of references should be less than 15. However, if necessary, the number of reference can be added in accordance with the decision of the editorial committee.
- (7) Tables and figures: Proportional to those for clinical and experimental studies.

3) Reviews

Review articles synthesize previously published material into an integrated presentation of our current understanding of a topic. Review articles should describe aspects of a topic in which scientific consensus exists, as well as aspects that remain controversial and are the subject of ongoing scientific disagreement and research. Review articles should include unstructured abstracts written in English equal to or less than 250 words. The organization should be in order of abstract, introduction, text following each title, conclusion and references. Figures and tables should be provided in English. Body text should not exceed 30 A4-sized pages, and the number of figures and tables should each be less than 6. However, if necessary, the number of pages, number of figures and tables can be added in accordance with the decision of the editorial committee.

4) Letters to the Editor

Letters to the Editor should include brief constructive comments that concern previously published articles and interesting cases. Letters to the Editor should be submitted no more than 3 months after the paper has been published.

- (1) Cover pages should be formatted in the same way as those of clinical research papers. The corresponding author should be the first author. A maximum of five authors is allowable.
- (2) The body text should not exceed 1,000 words and should have no more than 5 references. A figure or a table may be used.
- (3) Letters may be edited by the Editorial Board, and if necessary, responses by the author of the subject paper may be provided.

5) Book reviews and announcements

Book reviews as well as news of scientific societies and scientific meeting dates in Korea or abroad can be included. Their formats will be same as those of Letters to the Editor.

6) Images and Videos in APM

This feature is intended to capture the sense of visual discovery and variety that anesthesiologists experience.

- (1) The title should contain no more than 8 words. No more than 2 authors should be listed.
- (2) The legend should contain no more than 250 words.
- (3) If there is more than one panel, please label them Panel A, Panel B, etc.
- (4) The legends to the images and videos should briefly 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 the last follow-up.