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General rules for manuscripts

1. Contribution Requirement and Scope of Content

There are no specific limits to contribution requirements, but the scope of content should be in accordance with the “Aims & Scope” of the journal. The manuscript categories are listed as: editorial, original article, review article, case report, brief communication, commentary or opinion, and letters to the editor.

2. Copyright and Creative Commons License

The Korean Society for Phlebology is the owner of all copyright to papers published in the *Ann Phlebology*, and has the right to publish, reproduce, distribute, and print the contents in other types of media. They are distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>). Authors of accepted papers must complete the Copyright Transfer Agreement. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, illustrations, and tables.

3. General Guidelines

The manuscript guidelines for the *Ann Phlebology* are based on the “Uniform Requirements for the Manuscripts Submitted to Biomedical Journals” published by the International Committee of Medical Journal Editors (<https://www.icmje.org>), and instructions which are not mentioned in the present guidelines are referred to the guidelines stated in the Uniformed Requirements.

1) Categories of manuscripts

Manuscripts include editorial, original article, review article, case report, brief communication, commentary or opinion, and letters to the editor.

Editorial

Editorial provides authoritative opinion on topics of current interest or trends described in essay form without abstract.

Original article

Original articles should report basic experimental and clinical investigations that are well documented and acceptable to critical readers.

Review article

Review articles contain a comprehensive review of a subject of importance to the readers, and are commissioned by the editorial board to an invited expert in the field.

Case report

Case reports are considered for publication when at least one of the following criteria is met: (a) a rare condition is reported, (b) atypical clinical and laboratory findings are observed, (c) new diagnostic or therapeutic methods are introduced.

Brief communication

In cases of reporting new findings or techniques, describe it briefly in an essay form with an abstract.

Commentary or opinion

Comment briefly on subjects that need further explanation or discussion about articles published on the journal.

Letters to the editor

Describe a brief proposal or question for the journal.

2) Language of manuscript

All manuscripts must be written in clearly understandable English. Correct medical terminology should be used, and jargon should be avoided. Use of abbreviations should be minimized and restricted to those that are generally recognized. When using an abbreviated word, it should be spelled out in full on first usage in the manuscript followed by the abbreviation in parentheses. Numbers should be written in

Arabic numerals, but must be spelled out when placed in the beginning of a sentence. Measurements should be reported using the metric system, and hematologic and biochemical markers should be reported in International System (SI) of Units. All units must be preceded by one space except percentage (%), temperature (°C), and degree (°).

4. Research and Publication Ethics

All manuscripts should be written with strict adherence to the ethical guidelines recommended by the International Committee of Medical Journal Editors (<https://www.icmje.org>). Issues of ethical misconduct, plagiarism, and duplicate/redundant publication will be judged and dealt with according to the “Good Publication Practice Guideline for Medical Journals” (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13&per_page=). For original article involving human subjects, the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) should be upheld, and must be approved by a recognized Institutional Review Board (IRB) or research ethics committee. It is recommended to obtain signed consent from the patient (or their parent/guardian) for a Case Report or Case Series, especially when the unique nature of the incident allows for the potential identification of the subject (e.g., patients over 100 years old, manuscripts with photographs, images, or those involving rare diseases). Additionally, it is essential to maintain patient confidentiality by keeping details anonymous, particularly those unrelated to the disease/condition, such as occupations. In instances where obtaining informed consent proves challenging—for example, if the patient has deceased and the author is unable to secure signed consent from the guardian or family—it is necessary for the authors to explicitly state that they have made diligent efforts to contact the relatives. Furthermore, the article must emphasize that sufficient anonymization has been carried out to prevent any harm to the patient or their family. Experiments involving animals should comply with the NIH guidelines for the use of laboratory animals (<https://olaw.nih.gov/>) and/or be reviewed by an appropriate committee (Institutional Animal Care and Use Committee, IACUC) to ensure the ethical treatment of animals in research. The content of each article is responsible of the authors. For the policies on the research and publication ethics not stated in this instruction, International standards for editors and authors (<https://publicationethics.org/resources/resources-and-further-reading/international-standards-editors-and-authors>) can be applied.

1) Originality and duplicate publication

All submitted manuscripts should be original and should not be considered by other scientific journals for publica-

tion at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. If duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutes will be informed. There will also be penalties for the authors. If the author(s) wishes to obtain a duplicate or secondary publication for various other reasons, such as for readers of a different language, he/she should obtain approval from the Editors-in-Chief of both the first and second journal.

2) Authorship

Those who made a substantial intellectual contribution in writing the manuscript should be included as an author. The authorship requires substantial contributions to (a) the conception and design or analysis and interpretation of the data, (b) the drafting of the article or critical revision for important intellectual content, (c) final approval of the version to be published, and (d) agreement accountable for all aspects of the work in ensuring the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The other contributions including providing funding or simple technical support should be mentioned in the Acknowledgments section. The primary investigator is designated the first author of the study, unless contested by the other authors. The corresponding author is directly responsible for communication and revision of the submitted manuscript. The corresponding author must submit all authors' signatures in the Copyright Transfer Form. Any authorship changes after submission must be agreed by all of the authors and approved by the editorial board when they submit the revised manuscript.

3) Conflicts of interest

All authors are required to report potential conflicts of interest that could inappropriately influence the author's work. This includes any financial or other relationships with commercial entities whose products or services are related to the subject matter in the manuscript, or sociopolitical issues that can cause conflict.

4) Registration of clinical trial research

Clinical trials should be registered with a primary national clinical trial registration site such as <https://cris.nih.go.kr>, or other sites accredited by the WHO or the International Committee of Medical Journal Editors (<https://www.icmje.org>), preferably prospectively, and the registration number, the registry name, and access details should be included in the paper.

5) Sex and gender equity in research

Ann Phlebology is particularly interested in experiments involving both male and female subjects studied at the same time, and the sufficient sample size to ensure meaningful statistical comparisons. Please ensure the correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors). Any paper utilizing subjects (cells, animals, and humans) of only one sex must state the sex of the samples in the paper, with the obvious exception of sex-specific issues (e.g., uterus or prostate). For cellular research, the sex of origin of cells used should be described. Authors must also state the rationale for using samples from one sex rather than from both. It is recommended for authors to follow the SAGER (Sex and Gender Equity in Research) guidelines (<https://doi.org/10.1186/s41073-016-0007-6>).

5. Manuscript Submission

Manuscripts should be submitted via our online manuscript submission system (<https://www.annphlebology.org/submission>). Submitted manuscripts are initially examined for format, and then appointed a submission number. The date of final review for the manuscript will be the date of acceptance for publication. For nonbiased peer review, authors' names and institutional affiliations should not be mentioned in the text. If there is any inquiry concerning manuscript submission, contact the address below.

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1) Copyright transfer

All submitted manuscripts must be accompanied by the official Submission Application & Copyright Transfer Form of the Korean Society for Phlebology. The Form must contain the title of the manuscript, date of submission, names of all authors, authors' affiliations, and written signatures. Note the corresponding author and provide his/her affiliation, e-mail, telephone and fax numbers, and mailing address. The Form must be submitted via our online manuscript submission system.

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2) Subscription fare and publication charges

Hard copy of the *Ann Phlebology* is distributed in free of charge to the members of the Korean Society for Phlebology and selected institutions. Publication charges for the authors are free.

6. Peer Review Process

Submitted manuscripts will be reviewed by Two peer reviewers selected from the Board's database of expert reviewers. Following review, the Editorial Board will decide whether the manuscript will be 1) acceptance, 2) minor revision, 3) major revision, or 4) rejection. For manuscripts which are either accepted for publication following revision or subject to major revision, the corresponding author must resubmit the revised manuscript online. The revised manuscript should have the changes highlighted by using the Track Changes tool in Microsoft Office Word. In addition, the corresponding author must reply to both reviewers' comments point by point, and explain in detail what changes were made in the manuscript. When considered necessary, the Editorial Board may make changes to the structure and phrases of the manuscript without compromising the integrity of the original paper. After completion of the peer review process, the Editorial Board will determine acceptance for publication and notify the corresponding author by e-mail. Manuscripts which do not comply with the present guidelines will be notified for correction or withheld from publication. When a manuscript is not resubmitted within **2 weeks of notification**, it will be considered that the authors have withdrawn the manuscript from submission. Manuscripts accepted for publication are generally published in order of submission, depending on the category of the manuscript and the date of acceptance for publication.

Detailed rules for manuscripts

1. Manuscript Preparation

Use Microsoft Office Word and ensure correct spelling and grammar. Setup the MS Word document for 1-inch margins on letter or A4-sized paper. The manuscript must be written in **12-point font** and the sentences must be double-spaced, including tables and figure legends. Each page should be numbered in the middle of the lower margin, and all sentenc-

es must be numbered sequentially throughout the entirety of the manuscript, starting with the Title Page. All papers must be accompanied by a Title Page. The Title Page should contain the title of the manuscript, the authors' names, academic degrees, and respective affiliations. The corresponding author must be identified, and his or her contact information (e-mail, telephone, and fax numbers) should be listed. The title should clearly describe the objective of the study and contain less than 20 words. All the words in the title should be in capital letters except for prepositions, articles, and conjunctions. Provide a short running title containing less than 10 words. Title pages or notes related to the text should not be included in the submitted file before the approval for publication.

2. Form of Manuscripts: Original Article

The original articles should be structured in the following order: Abstract, Introduction, Methods, Results, Discussion, Conflicts of interest, Acknowledgments (when applicable), References, Tables, Figure legends, and Figures. Maximum page count (excepting tables and figures) is limited to 20 pages.

1) Abstract

A structured abstract with the headings of Objective, Methods, Results, and Conclusion must succinctly describe the paper in 250 words or less. Use complete sentences and do not number the results. At the end of the Abstract, list up to 3 relevant Key Words which are in accordance to the Medical Subject Headings (MeSH) in the Index Medicus (<https://www.nlm.nih.gov/mesh>).

2) Introduction

Clearly present the objective of the study and its relationship to earlier work in the field. A brief background to inform the readers of the relevance of the study may be necessary. However, avoid extensive review of the literature.

3) Methods

Describe the participants or research materials of the study, and explain in detail the inclusion and exclusion criteria for both the experimental and control groups. Describe the experimental methods in a logical and systematic manner so that they can be reproducible by another investigator. Experimental drugs should be stated in the generic name. When proprietary brands are used, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name. When using experimental devices or other products, state the brand name then follow with the name of the manufacturer, city (state), and country in parentheses, e.g., Flow Cytometer (Coulter Electronic Inc., New York, NY, USA). To ensure anonymity during the peer review process, the authors' affiliations or institutional setting of the

study should not be revealed. Statistical analysis and criteria for determining significance should be described in enough detail to allow the knowledgeable reader with access to the original data to verify the reported results.

4) Results

Summarize and describe logically the significant findings and trends observed in the results using text, figures and tables. Avoid extensive repetition of contents of the tables and figures in the text. In statistical expression, mean and standard deviation should be described as mean \pm SD, and mean and standard error as mean \pm SE. In general, p-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; p-values smaller than 0.001 should be reported as p<0.001.

5) Discussion

Interpret the results in respect to the objective of the study, and describe differences with previous studies and significant findings which lead to the deduction of the conclusion. Refrain from excessive review of historic studies, textbook facts, or irrelevant references. Accentuate newly obtained observations from the study, and include significant limitations of the study.

6) Conflicts of interest

This includes any financial or other relationships with commercial entities whose products or services are related to the subject matter in the manuscript, or sociopolitical issues that can cause conflict.

7) Acknowledgments

Persons who have made contributions to the study, but who are not eligible for authorship can be named in this section. Their contribution must be specified, such as data collection, financial support, statistical analysis, or experimentation. The corresponding author must inform the named contributor of the acknowledgment, and acquire consent before manuscript submission.

8) References

- (1) Cite only references which are quoted in the text. Limit the number of references 30.
 - (2) When quoting a reference in the text, refrain from stating the author's last name, and identify references with Arabic numerals in brackets such as (1), (2-4), and (5,7,9). If there are two authors, all authors' last names are included. If there are three or more authors, "et al." is attached after the first author's last name.
e.g., Noguera and Williams (3) is ~; Goldberg et al. (4) is ~
 - (3) The references should be listed in order of citation in the text.
-

- (4) List all authors when there are 6 or fewer; when there are 7 or more, list the first 6, followed by “et al.”
- (5) Journal names should be abbreviated according to the format listed in the Index Medicus. If the journal is not listed in the Index Medicus, refer to the list of title word abbreviations by the ISSN network (<https://www.issn.org>).
- (6) For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers (<https://www.nlm.nih.gov/citingmedicine>).

Journals

1. Dylke ES, Ward LC, Meerkin JD, Nery L, Kilbreath SL. Tissue composition changes and secondary lymphedema. *Lymphat Res Biol* 2013;11:211-8.
2. Tabibiazar R, Cheung L, Han J, Swanson J, Beilhack A, Dadras SS, et al. Inflammatory manifestations of experimental lymphatic insufficiency. *PLoS Med* 2006;3:e254.
3. Cohnheim J. Congenitales quergestreigtes muskelsarkom der nieren. *Virchows Arch* 1875;65:64. Cited from Sell S. Stem cell origin of cancer and differentiation therapy. *Crit Rev Oncol Hemotol* 2004;51:1-28.

Book & Chapter of book

4. Sussman C, Bates-Jensen B, eds. *Wound care: a collaborative practice manual for health professionals*. 3rd ed. Philadelphia: Lippincott Williams and Wilkins; 2007. p.263-78

Proceedings of academic conference

5. Harnden P, Joffe JK, Jones WG. Germ cell tumours V. *Proceedings of the 5th Germ Cell Tumour Conference*; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Thesis (Dissertation)

6. Choi EN. *Self-care of lymphedema and quality of life in the mastectomy patients [dissertation]*. Ulsan: Ulsan University; 2012.

Webpage

7. *Clinical practice guidelines in oncology - v.2*. 2006. National Comprehensive Cancer Network. (URL). Accessed July 17th, 2005.

9) Tables

Tables should be submitted separately from the text, and each table should be created in MS Word on separate pages, using double space throughout. They should be simple, self-explanatory, and not redundant with the text or the figures. Limit 5 tables per manuscript. The title of the tables should be written in phrases, and capitalized the first letter of the first word. The title should be placed above the table, and abbreviations and footnotes are placed under the table. Number the tables

in order of appearance in the text (e.g., Table 1, Table 2). All abbreviations used in the table must be spelled-out in full under the table in the following order: abbreviation, comma, full word (e.g., RM, rehabilitation medicine). Table footnotes should be indicated in superscripts in the following order: a), b), c)... but p-values should be indicated by asterisk (e.g., *p<0.05, **p<0.01, ***p<0.001).

10) Figure legends

Legends should be submitted separately from the text, and each legend should be typed on separate pages. They should be written in full sentences to describe the content of the figure, and only the first letter of the legend should be capitalized. For lengthy legends continuing beyond one line, the left margin of the following lines should start at the same point as the first line. Any symbols, marks or abbreviations made in the figure must be explained in the legend. Figures containing histologic slides should be accompanied by legends explaining tissue origin, stain method, and microscopic amplification (e.g., H&E stain, ×100).

11) Figures

Figures should be uploaded online as separate files and numbered in order of appearance in the text (e.g., Fig. 1). When a single numbered figure contains 2 or more figures, the figure should be numbered with an alphabet letter following the number (e.g., Fig. 1A, Fig. 1B). Indicate focus points in the figures with markers such as arrows and arrowheads, etc. Image files must be of resolutions higher than 300 dpi, and less than 3 MB, in JPEG, GIF, TIFF, or Microsoft PowerPoint format. A single numbered figure containing more 2 or more figures such as Fig. 1A and Fig. 1B should be uploaded as a single file. Original drawings/photographs should be used for line drawing figures, and drawings/photographs from other sources should have approval from the original author.

Other forms of publication

1. Case Report

General guidelines and order of manuscript preparation are the same as for the original article. Case reports are considered for publication only if they report rare conditions, atypical clinical and laboratory findings, and novel diagnostic or therapeutic approaches.

The Editorial Board will determine whether the case report fulfills the above criteria for acceptance of publication. The manuscript is structured in the order of Abstract, Introduction, Case report, Discussion, Acknowledgments (when applicable), References, Tables, and Figures. The abstract should be nonstructured and limited to 150 words, with no more than 3 Key Words attached. The introduction should briefly state the background and significance of the case. The actual

case report should describe the clinical presentation and the diagnostic and therapeutic measures taken. The discussion should focus on the uniqueness of the case and should not contain extensive review of the disease or disorder. The combined number of tables and figures is limited to 5, and the number of references is limited to 15. Maximum page count (excepting tables and figures) is limited to 7 pages.

2. Review Article

The invited review is a focused review of a specific topic written by an expert in the field nominated by the Editorial Board. The abstract should contain no more than 250 words and 3 Key Words. The text is structured in the order of Introduction, Main text, and Conclusion, Acknowledgments (when applicable), and there is no limit to the number of references. Maximum page count (excepting tables and figures) is limited to 30 pages.

3. Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study
CONSORT	Randomized controlled trials
STARD	Studies of diagnostic accuracy
PRISMA	Preferred reporting items of systematic reviews and metaanalyses
STROBE	Observational studies in epidemiology
MOOSE	Studies in epidemiology

Manuscripts after acceptance

1. Final Version Upload

When accepted for publication, the authors' institutional affiliations should be inserted into the text of the final revised manuscript and uploaded **to the off-line submission system**. The references must be hyperlinked as instructed online. Files containing figures should be of the highest resolution (at least 300 dpi for color figures, and 900 dpi for line art and graphs) should be also be uploaded in JPEG, GIF, or TIFF format, and must be named according to the figure number (e.g., Fig1.jpg).

2. Galley Proof

Galley proofs will be sent to the corresponding author for final corrections. Corrections should be kept to a minimum, must be returned within 7 days, otherwise publication may be delayed. Any fault found after the publication is the responsibility of the authors. We urge our contributors to proofread their accepted manuscripts very carefully. After the publication, if there are critical errors, they should be corrected as Corrigendum or Erratum.

3. Publication

The Editorial Board retains the right to request minor stylistic and major alterations that might influence the scientific content of the paper. The final manuscript will be published following final approval by the Editor-in-Chief. The ANN PHLEBOLOGY is the official journal of the Korean Society for Phlebology (KSP) and is published bi-annually on the last days of June and December.