

INSTRUCTIONS FOR AUTHORS

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September 4, 2019
January 28, 2019
January 7, 2019
December 17, 2018
July 17, 2018
June 18, 2018

Manuscripts for submission to *Journal of Wound Management and Research* (JWMR) should be prepared according to the following instructions. JWMR follows the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* (ICMJE Recommendations, available from: <http://www.ICMJE.org>) if not otherwise described below. Any physician, nurse or researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Only original manuscripts that have not been published elsewhere and that are not currently submitted for inclusion in another publication will be considered for publication in JWMR; neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted elsewhere before appearing in JWMR (in part or in full, in English or in another language), and will not be submitted elsewhere unless rejected by JWMR or withdrawn by the author(s). If an author violates this requirement, the Editorial Board may reject the manuscript or impose a moratorium on submission of new manuscripts from the author. If deemed sufficiently serious, the Editorial Board can refer the matter for investigation to the author's academic institution or hospital, to the appropriate state or local disciplinary body.

SUBMISSION OF MANUSCRIPTS

All manuscripts should be submitted online via the journal's website (<http://submit.jwmr.org>) by the corresponding author. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so may result in return of the manuscript and possible delay in publication. Send all correspondence regarding submitted manuscripts to:

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EDITORIAL POLICIES

Decisions concerning editing, revision, acceptance, or rejection of any manuscript are made by the Editor-in-Chief based on the reviews of the associate editors and guest reviewers.

Editing may include shortening an article, reducing the number of illustrations or tables, or changing the paper's format.

Successfully revising a manuscript does not guarantee acceptance.

The Editor-in-Chief maintains the right to submit accepted manuscripts to further reviews, revisions, and possible change of status based on potential LEGAL, ETHICAL, and BIOSTATISTICAL ISSUES which become evident prior to publication. This may result in the article being further revised or even withdrawn from publication entirely at any point during the publication process. The Editor-in-Chief also reserves the right to make editorial and literary changes, and accepted articles may be subject to further copy-editing to conform to journal style.

RESEARCH AND PUBLICATION ETHICS

The journal adheres to the ethical guidelines for research and publication described in Good Publication Practice Guidelines for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7), Recommendations of International Committee of Medical Journal Editors (<http://www.icmje.org/recommendations>) and Guidelines on Good Publication (<http://publicationethics.org/resources/guidelines>).

Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a primary national clinical trial registration site, such as <http://cris.nih.go.kr/>, or other sites accredited by the WHO as listed at <http://www.who.int/ictcp/en/>.

Conflict of Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial or non-financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, **all sources**

of funding applicable to the study (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc. from government, commercial, or private foundation parties) should be explicitly stated. Conflict of interest is a condition not a behavior.

Statement of Informed Consent

Copies of written informed consent and institutional review board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (i.e., verbal or written) also needs to be stated in the Methods section. For **studies where individual human subjects may be recognized and identified by image records and/or medical information, written informed consent** must be obtained. The Patient Photographic and Videographic Consent, Authorization and Release Form available at the JWMR website (<http://jwmr.org/authors/photographic.php>) can be used for informed consent. For research with animal subjects, studies should be approved by an Institutional Animal Care and Use Committee (IACUC).

Patient Photographic and Videographic Consent

Patients introduced in the manuscripts should be informed and aware that their photographs, videos, and other images (imaging records) will be released by the authors, and the authors should attach an Authorization and Release Form available at the JWMR website (<http://jwmr.org/authors/photographic.php>) or equivalent form from the institute involved in patient care (not necessarily in English but acknowledgeable to the Editorial Board) including each patient's signature **if the patient can be identified by these images**.

Statement of Human and Animal Rights

All human investigations must be conducted according to the principles expressed in the World Medical Association Declaration of Helsinki (June 1964) and subsequent amendments (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

Authorship

Authorship credit should be based on (1) substantial contribu-

tions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting or revising the article critically for important intellectual content; (3) final approval of the version to be published; (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet all of these four conditions.

- If the number of authors is greater than six, there should be a list of each author's role for the submitted paper.
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or rearranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. A copyright assignment must be completed by every author.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

Research and Publication Misconduct

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The Editorial Board of JWMR takes reasonable steps to identify and prevent the publication of papers where research misconduct has occurred, including plagiarism, citation manipulation, and data falsification/fabrication, among others. This includes carefully examining all submitted manuscripts to check whether the ethical guidelines of the ICMJE and COPE have been abided by. In no case shall the Editors encourage such misconduct, or knowingly allow such misconduct to take place.

In the event that the Editors are made aware of any allegation of research misconduct relating to a published article in JWMR such as redundant (duplicate) publication, plagiarism, data fabrication, undisclosed conflicts of interest, reviewer's appropriation of an author's idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The Editorial Board of JWMR will discuss the suspected case(s) and reach a decision. JWMR will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

ENGLISH LANGUAGE ASSISTANCE

Original contributions are welcomed from any country, and manuscripts may be submitted in either English or Korean, but the prose used in manuscripts submitted in English must conform to acceptable English usage. Negative comments from editors or reviewers about the English-usage in manuscripts from authors who are not native speakers of English can contribute or even lead to a decision to reject a paper. For this reason, we encourage authors to consider seeking English-language revision assistance, and *require documentary proof of professional English editing/proofreading from third party author service firms or individuals for all manuscripts submitted from Korea, whether including a native English-speaking co-author or not.* (This does not necessarily apply to non-native English speaking authors submitting from other nations). There are many firms or individuals providing such professional services that authors can turn to; JWMR does not recommend one firm over another, however some helpful references are available from the English Language Assistance tab on the journal website. JWMR does not take responsibility for any services offered by these reference firms; the use of these firms is at the author's own expense and risk, and does not guarantee acceptance or preference for publication.

PEER REVIEW PROCESS

All contributions will be initially assessed by the editors for its format and adherence to the aims and scope of the journal. If the manuscript does not fit the aims and scope of JWMR or does not adhere to the Instructions for Authors, it may be returned to the author immediately and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. Papers deemed suitable will then be evaluated by a minimum of two independent peer reviewers (none of whom share affiliations with any of the authors) selected by the editors to assess the scientific quality of the paper. If the contents of the manuscript include statistical analyses, a Statistics Editor specializing in biomedical statistics will also be asked to review the statistical context. The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa.

An initial decision will be made by a designated Editor after the reviewers have submitted their comments, which will then be sent to the corresponding authors. The Editor-in-Chief is responsible for the final decision regarding acceptance or rejection of articles. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. The reviewers' comments will be sent to the corresponding author. Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate the alterations that have been made in response to the reviewers' comments in a response note, and the alterations should be presented in red lettering on the submitted revised file(s). Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. The Editorial Office should be notified if additional time is needed or if an author chooses not to submit a revision. Authors can track the progress of a manuscript on the journal's website.

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Data Sharing

JWMR encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: JWMR accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the Journal of Korean Medical Science (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving

Full text of JWMR has been archived in the National Library of Korea (http://www.nl.go.kr/nl/search/bookdetail/onlineJour.jsp?contents_id=JNL-000000099653&topF1=title_author&kwd=Journal+of+Wound+Management+and+Research&dan=&yon=&disabled=&media=&web=&map=&music=&etc=&archive=&cip=&kolisNet=&korcis=) from the 13th volume, 2017. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e. pre-refereeing), but they can archive post-print (i.e. final draft post-refereeing). Authors can archive the publisher's version PDF. Electronic backup and preservation of access to the journal content in the event the journal is no longer published is provided by archiving in the National Library of Korea.

MANUSCRIPT PREPARATION

Publication Type

JWMR publishes editorials, review articles, original articles, case reports, ideas and innovations, book reviews, letters, and communications.

1. Editorials are invited perspectives on an area of wound heal-

ing, dealing with research, current interests, fresh insights, and debates.

2. Review articles provide a concise review of a subject of importance to wound healing researchers written by an invited expert.
3. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently documented to be acceptable to critical readers.
4. Case reports/ideas and innovations deal with clinical cases of scientific interest or innovation.
5. Book reviews introduce new books to wound care practitioners. Authors or publishing companies are also welcome to submit their recently published books to the Editorial Office.
6. Letters are short original research articles on issues important to researchers.
7. Communications are short articles with interesting and instructive information for readers.

General Guidelines

1. The main document with the manuscript text and tables should be prepared with in an MS Word or RTF format in English or Korean.
2. The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0 × 29.7 cm) paper with 2.5 cm margins on the top, bottom, right, and left.
3. There should be no mention of the institution where the work was carried out, especially in the Abstract and Methods section. If the institution should be inserted, include it after acceptance of an article.
4. Even with Korean-language manuscripts, abstract with keywords, tables, figures, and references should be prepared in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. Korean medical terms should be selected from the most recent edition of English-Korean Korean-English Medical Terminology published by the Korean Medical Association (KMA), which can be found at <https://term.kma.org/>. Terms difficult or inappropriate to translate into Korean can be used in English.
5. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.
6. Drug and chemical names should be stated in standard chemical or generic nomenclature.
7. Units of measure should be presented according to the International System (SI) of units. All units must be preceded by one space except percentage (%) and temperature (°C).

8. Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.
9. Statistical expression: mean and standard deviation should be described as mean \pm SD, and mean and standard error as mean \pm SE. P-values should be described as P<0.05 or P=0.003.
10. Generic and brand name of medicine: for medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.

Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

Manuscripts will not be acceptable for publication unless they meet the following editorial requirements. In general, manuscripts must include 1) Title page, 2) Structured abstract and Keywords, 3) Main text (Introduction, Methods, Results, Discussion), 4) Conflict of interest, 5) References, 6) Tables, and 7) Figure legends.

1) Title page

A running title (no more than 40 characters in length), manuscript title, and each author's full name and affiliation including the name of the country, should be provided. For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (1, 2, 3...). All persons designated as authors should be qualified for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. A 'corresponding author' for reprints should be indicated, and full contact information (including address, telephone number, fax number, and e-mail) should be provided. Any financial disclosure or support (grant number, institution, and location), basis on a thesis or dissertation article (authors, title and degree, place and year of publication), acknowledgments (persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, e.g., "scientific adviser," "data collection," or "participation in clinical trial," and all sources of funding applicable to the study should be stated here

explicitly), and presentation history (name of the meeting, date and location) at a meeting should be included if relevant.

2) Abstract and Keywords

The abstract should contain the following components in the order listed: Background, Methods, Results, and Conclusion. It should not exceed 250 words for original articles and reviews, and 200 words for case reports or ideas and innovations. Only Medical Subject Headings (MeSH) authorized words should be used for the keywords, and 3 to 5 keywords should be listed just after the abstract. The first letter of a keyword should be capitalized (e.g., Wound healing; Debridement).

3) Main Text

Introduction The purpose of the investigation, including relevant background information, should be briefly described.

Methods The research plan, the materials (or subjects), and the methods used should be described, in that order. When the experimental methodology is the main issue of the paper, the process should be described in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, and country). If relevant, information on the IRB/IACUC approval and informed consent should be included. Methods of statistical analysis and criteria for statistical significance should be described. 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).

Results The results should be presented in logical sequence in the text, tables, and illustrations. The text should not repeat all the data in the tables or figures, but describe important points and trends.

Discussion Observations pertaining to the results of research and other related materials should be interpreted for your readers. New and important observations should be emphasized; the contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limits, should be explained, and within the limits of the research results, the conclusion should be connected to the purpose of the research.

4) Conflict of Interest

The corresponding author of an article is asked to inform the

editor of all of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stockownership or options, royalties, or patents filed, received, or pending). In particular, **all sources of funding applicable to the study** should be explicitly stated. Conflict of interest is a condition not a behavior.

5) References

References should be obviously related to the content of the submitted paper and should not exceed 25 for original articles. References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1], [1,4], or [1-3], at the end of the related sentence in the text. The abbreviated journal title should be used according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the List of KoreaMed Journal Information (<https://journals.koreamed.org>). If there are three or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than three, list the initial three authors, and replace the names of the following authors with 'et al.'. Unpublished observations and personal communications should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the text. Abstracts published in a citable journal may be cited. To cite a paper accepted but not yet published, state the paper's DOI number. References must be verified by the author(s) against the original documents. Other types of references not described below should follow Citing Medicine: The NLM style guide for authors, editors, and publishers (<http://www.ncbi.nlm.nih.gov/books/NBK7256/>). Sample references are given below:

Journal Articles

1. Pak C, Lim J, Kim BK, et al. Portable ultrasonic surgery system for chronic wounds: a multicenter randomized controlled clinical trial and in vitro characterization. *J Wound Manag Res* 2019;15:5-10.
2. Chang CC, Allori AC, Wang E, et al. A quantitative 3D analysis of coronoid hypertrophy in pediatric craniofacial malformations. *Plast Reconstr Surg* 2011 Oct 7 [Epub]. <http://doi.org/10.1097/PRS.0b013e31823aea5b>.

Books

3. Weinzweig J. *Plastic surgery secrets plus*. Philadelphia: Mosby Elsevier; 2010.
4. Thorne CH. Otoplasty and ear reconstruction. In: Thorne CH, Bartlett SP, Beasley RW, et al., editors. *Grabb and Smith's plastic surgery*. 6th ed. New York: Lippincott Williams & Wilkins; 2006. p. 302-24.

Website

5. American Society of Plastic Surgeons (ASPS). *Plastic surgery statistics* [Internet]. Arlington Heights: ASPS; c2019 [cited 2019 Sep 25]. Available from: <https://www.plasticsurgery.org/news/plastic-surgery-statistics>.

6) Tables

Tables should be typed double-spaced on separate pages within the manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. If numerical measurements are given, the unit of measurement should be included in the column heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All nonstandard abbreviations should be defined in footnotes. For special remarks, lower case letters in superscripts ^{a),b),c),d),e),...} should be used.

7) Figures

Each figure should be submitted in a separate file, at a resolution of more than 300 dpi. Lettering and identifying marks should be clear, and the type size should be consistent on each figure. Capital letters should be used for specific areas of identification in a figure. Symbols, lettering, and numbering should be distinctly recognizable so that when the figure is reduced for publication each item will still be legible. Short titles (less than 10 words) and detailed explanations belong in the figure legends, not on the illustrations themselves. Figure legends should not be included in the same file as the figure, but placed instead on a page at the end of the manuscript. The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Only the first letter of the first word in the title and data should be capital letters. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (ex: Fig. 1A, Fig. 1B, C). Do not label the original picture by using capital letters within the figure. Instead, send the original files labeled accordingly in the file name. The figures will be labeled during the editing process by our staff. The illustrations of pathological tissue should state clearly the

type of staining and the used magnification (ex: H&E, $\times 400$), and the main contents should be marked by signs or arrows on the picture. The Editorial Office may request that hand-drawn illustrations be redrawn by a graphic designer, if necessary.

Patient confidentiality: where figures include individuals of whatever age who are recognizable or whose identity may be deduced from the context, written consent must be obtained for publication. All identifying features not considered relevant to the text should be obscured.

ORIGINAL ARTICLES

Manuscripts on original work should contain a maximum of 10 type-written pages for the contents of the text, 15 sheets of figures, and 25 references.

EDITORIAL

Editorials are invited by the editors. Editorial topics could include active areas of research, fresh insights, and debates in all fields of wound healing. Editorials should generally not exceed 2,000 words, excluding references, tables, and figures.

REVIEW ARTICLES

Review and topic papers will be requested by the editors. They are generally prepared in the same format as original articles, but the details of the manuscript format may be flexible according to the contents. Manuscripts are limited to 5,000 words of text and include a 250-word summary in the place of the unstructured abstract. References should not exceed 100.

CASE REPORTS/IDEAS AND INNOVATIONS

Case reports should be unique, that is, never reported or similar to previously reported cases but with unique characteristics related to location, presenting different symptoms, or using a new diagnosis or management modality. They should include an abstract, introduction, case(s) or idea(s), discussion, references, tables, and figures legend in that order. The case report/idea and innovation should not exceed 5 type-written pages and 15 references. The abstract should be unstructured and its length should not exceed 200 words.

BOOK REVIEWS

Book reviews provide a review of a newly published book on wound healing by an invited expert. They are usually unstructured and do not require abstracts.

LETTERS

This section of the journal is set aside for critical comments

directed to a specific article that has recently been published in the journal. Letters should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. The letters and replies should be prepared according to journal format. Illustrative material can be accepted only with the permission of the editors. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The title of your letter should be identical to the title of the published article being discussed. The Editor-in-Chief reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

COMMUNICATIONS

Texts for the communications section are non-scientific articles that do not follow the structure of a formal journal article. They should address practical concerns or topics that would be of special interest to JWMR readers such as reports on professionally related travel or volunteer work.

MANUSCRIPTS AFTER ACCEPTANCE

Accepted manuscripts will first be proofread and edited by an English Editor and the Editor-in-Chief, and the resulting Final Revision will be sent to the corresponding author for confirmation. Any additional questions, inquiries and disagreements on English editing should be resolved before agreeing to the Final Revision manuscript, which will then be passed on to the Manuscript Editor. The Manuscript Editor will correct the manuscript such that it meets the standard publication format, and the edited manuscript will be sent to the publishing company and will subsequently be in press.

A gallery proof PDF file will be dispatched from the publishing company to the corresponding author for checking the copyedited and typeset article before publication. Any changes should be returned within 48 hours after receipt of the PDF files. No significant changes should be made to alter the interpretation of the results. Only minor changes, such as correcting typographical errors or critical changes to maintain the article's accuracy, are allowed. If there are too many changes during the author's proofreading process, those changes will not be accepted and the paper can be considered for re-submission. Authors should do their best to ensure the accuracy of the proofs. The publisher reserves the right to deny any changes that do not affect the accuracy of the content. Prompt response to Editorial Office requests for additional information or improved figures is necessary to ensure timely publication. Delays in providing nec-

essary additional information may result in publication delays. Articles may be moved to another issue or encounter delays in publication as determined necessary by the publisher and Editorial Office. To the degree possible, corresponding authors will be contacted regarding any unforeseen delay in publication. After publication, if there are critical errors, they should be corrected as Corrigendum (corrections of the author's errors) or Erratum (corrections of the publisher's errors).

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