

# Instructions for Authors

## Toho Journal of Medicine

(Revised November 1st, 2018)

### I. Aim and Scope

Toho Journal of Medicine (“the Journal”) is an official, English-language, peer-reviewed journal, issued quarterly by the Medical Society of Toho University. The Journal publishes a variety of papers in the form of review articles, original research articles, short communications, case reports, data, or reports. It is the policy of the Journal to provide health professionals with texts and knowledge that are considered essential in the field of basic and clinical research in medical science.

### II. Manuscript Preparation

#### 1. Manuscript Types

- Review articles: Provide a broad and comprehensive overview on a specific field or topic in the medical science.
- Original research articles: Present detailed studies of original research and its new findings.
- Short communications: A brief and concise report for preliminary, but novel, research findings.
- Case reports: Reports rare medical or clinical cases that have significant educational information for diagnosis and treatment.
- Data: Reports the detailed analyses or new scientific findings from collected data related to medical science.
- Reports: Include a result of study that does not necessarily include the new findings yet still educationally

valuable information.

#### 2. General Instructions

All articles should be typed in a normal-width English font, double-spaced throughout, and have margins of sufficient width. There should be only a single space between words, after semicolons, periods and colons.

Articles submitted by non-native English speakers will not be considered for publication unless they have undergone final editing and correction by an editor specialized in medical English. Non-native authors should indicate the name and contact information of the English editor they have engaged for this purpose, and, if possible, the manuscript should be accompanied upon submission by a Certificate of Editing signed by the editor. If the quality of the English in the manuscript is deemed inadequate, the manuscript will be returned to the author(s) for correction and resubmission.

This guideline is based in part on “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals” as published by the International Committee of Medical Journal Editors (ICMJE). For any information that is not mentioned in these guidelines, authors should refer to the ICMJE Recommendations, which are available at [www.icmje.org](http://www.icmje.org).

Article Types	Abstract (Word Limit)	Headings (Word Limit*)	Figures/Tables**	References***
Review articles	Unstructured (250)	— (6,000)	≤8	≤100
Original research articles	Introduction, Methods, Results, Conclusions (250)	Introduction, Methods, Results, Discussion (6,000)	≤8	≤40
Short communications	Unstructured (150)	— (1,500)	≤2	≤15
Case reports	Unstructured (150)	— (3,000)	≤8	≤15
Data	Unstructured (150)	— (3,000)	≤8	≤15
Report	Unstructured (150)	— (3,000)	≤8	≤15

\*Word Limit: applicable only to the main text (abstract, bibliography, reference list and words used in tables and figures are not included in the word count).

\*\*Figures/Tables: the total number of figures and tables allowed for the specific manuscript type.

\*\*\*References: the total number of citations allowed for the specific manuscript type.

### 3. Manuscript Formatting

The items described in sections below should each be prepared on separate pages for submission:

#### *Title, Author Name(s), Affiliation(s), Running Title, Corresponding Author*

The above information should be included on the first page. The title should clearly and concisely reflect the content of the manuscript. The running title, which appears at the top of each odd-numbered page in the Journal, should be no more than five words. The contact information for the corresponding author should include the author's name, affiliation, telephone number, fax number, and e-mail address.

#### *Abstract*

A structured or unstructured abstract should summarize the content and conclusions of the paper. For original research articles, structured abstracts with no more than 250 words should be organized under the headings Introduction, Methods, Results, and Conclusions. The abstract should clearly state, in the following order, the study background, the methods used, a clear statement of the main findings, and conclusions reasonably based on the results. The structured abstract is not mandatory for other types of papers except original research articles. Abbreviations in the abstract must be defined on first use. Keywords (5 or fewer) should appear below the Abstract. Reports of clinical trials must include the registration number and name of the registration database in the abstract. See further information on clinical trials below.

#### *Main Text*

The main text of the manuscript for original research articles should be separated into the following sections: Introduction, Materials and Methods, Results, and Discussion. Each heading should be clearly noted at the beginning of the respective section. Abbreviations must be defined on first use in the main text. All statistical procedures used in the research should be described in detail. Common statistical abbreviations, e.g., *p*, SD and SE, require no accompanying explanation.

#### *Abbreviations*

Define abbreviations at their first appearance in the abstract, in the main body of text, and also in tables and figure legends. Do not include abbreviations in the article

title.

#### *References*

References should be limited to work that has an important relationship to the manuscript content and should appear at the end of the manuscript, in the order in which they are first referred to in the main text. References should be indicated in the main text by using numbers in parentheses. When two or more such citation numbers appear together, they should appear in the form (1-5) or (1, 3, 5), as applicable. All reference titles should be shown exactly as they appear in the original, with no abbreviations, unless such abbreviations or symbols appear in the original title. When a reference has seven or more authors, the first six authors should be named, followed by "et al." Journal names should be abbreviated in the standard form as they appear in the NLM catalog. If you are uncertain, please use the full journal name.

#### *Sample references:*

- 1) Krug I, Penelo E, Fernandez-Aranda F, Anderluh M, Bellodi L, Cellini E, et al. Low social interactions in eating disorder patients in childhood and adulthood: a multi-centre European case control study. *J Health Psychol.* 2013; 18: 26-37.
- 2) Culotta VC, Gitlin JD. Disorders of copper transport. In: Scriver CR, Beaudet AL, Sly WS, Valle D, Childs B, Kinzler KW, et al. editors. *The Metabolic and Molecular Bases of Inherited Disease*. 8th ed. New York: McGraw-Hill; 2001. p. 3105-26.
- 3) Culotta VC, Gitlin JD. Disorders of copper transport. In: Scriver CR, Beaudet AL, Sly WS, Valle D, Childs B, Kinzler KW, et al. editors. *The Metabolic and Molecular Bases of Inherited Disease*. 8th ed. New York: McGraw Hill; 2001. p. 3105-26

When in doubt, please refer to the International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals ([http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html))

#### *Tables and Figures*

Tables, figures, and photographs should be submitted on individual pages, in the order they are to appear in the text, and numbered accordingly. Abbreviations in tables

should be defined in the legend below the relevant table (e.g., “TAI: transcatheter arterial infusion”), except when the abbreviation is in common use (e.g., MRI, CT). Common statistical abbreviations, e.g., SD and SE, also require no accompanying explanation. If the submitted manuscript includes color figure or table files, please clearly indicate if they should be printed in color or black-and-white.

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**Tables:** Each table should have a short title above it and a legend below, when necessary. Tables should contain no vertical or diagonal lines. Horizontal lines should be used to clearly that indicate the top and bottom of the table. Units such as percentages (%) should be indicated in parentheses in the table headings, when possible.

**Figures and photographs:** Each figure and photograph should be submitted on a separate page, and all figure legends, in English, should be included together on a separate page in the manuscript. The resolution of all images should be at least 300 dpi, and data files should be submitted as TIFF, JPG, EPS, or PowerPoint files. Tissue cell photographs should clearly specify the stain and magnification used.

### III. Clinical Trials

In accordance with ICMJE’s policy on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment. ICMJE defines clinical trials as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention *and* a health outcome. Health-related interventions includes but are not limited to those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational

programs, dietary interventions, quality improvement interventions, and process-of-care changes.

The Journal requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.

Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the International Committee of Medical Journal Editors’ (ICMJE) website.

The Journal accepts registration from the following list of registries as well as others listed at <http://www.icmje.org>:

- \* Clinical Trials (<http://www.clinicaltrials.gov/>)
- \* Australian New Zealand Clinical Trials Registry (<http://www.anzctr.org.au/>)
- \* ISRCTN Register (<http://isrctn.org>)
- \* Netherlands Trial Register (<http://www.trialregister.nl/trialreg/index.asp>)
- \* UMIN Clinical Trials Registry (<http://www.umin.ac.jp/ctr>)

In reporting randomized clinical trials, authors must comply with published CONSORT guidelines (<http://www.consort-statement.org/>). The recommended checklist must be completed and provided to the Journal at the time of manuscript submission as requested. The recommended trial flow diagram should be presented as a figure when it is deemed necessary.

### Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.

- CONSORT for randomized clinical trials (<http://www.consort-statement.org/>)
- CARE for case reports (<http://care-statement.org/>)
- STROBE for observational studies (<http://strobe-statement.org/>)
- PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org/>)

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

Please access <http://www.equator-network.org/> to find the guideline that is appropriate for your study.

It is extremely important when you complete any Reporting Guideline checklist that you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the relevant reporting checklist prior to submission. The purpose of a reporting guideline is to guide you in improving the reporting standard of your manuscript. The objective is not to solely complete the reporting checklist, but to use the checklist itself in the writing of your manuscript. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript, while also potentially enhancing its chances for eventual publication.

### Data Sharing

The Journal encourages the authors of manuscript which includes clinical trials to share their de-identified research data including, but not limited to raw data, processed data, software, algorithms, protocols, methods, materials, study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.

As required by ICMJE, all manuscripts that report the results of clinical trial must include a data sharing statement with a link to the trial registration. The statement should include the following information:

- Available types of data,
- Available documents (study protocol, statistical analysis plan, informed consent form, clinical study report, or analytic code)
- Available dates
- With whom the data are available.
- Types of analyses the authors are willing to share the data
- Method of requesting the data.

The statement is published alongside their paper.

## IV. Manuscript Submission

Submit manuscript electronically via ScholarOne system (<https://mc.manuscriptcentral.com/tohojmed>) in the following order: Title page, Main Text, Tables, and Figures ( $\geq 300$  dpi). The total size of the uploaded files should be

within 100 MB. Authors are required to upload COI Declaration Form (Form 1) and Contract (Form 2). The manuscripts that do not adhere to the instructions will be returned to the corresponding author without review.

## V. Peer Review Process

### 1. General Process

Peer review is an important process of evaluation for any manuscript submitted to the Journal. All submitted manuscripts will be initially reviewed by the Editor-in-Chief of the Journal to evaluate eligibility for publication. Then, the editors will assess the importance and originality of the research, suitability and interest to the readership of the Journal, and the quality of the manuscript. Any manuscripts that satisfy our screening criteria will generally be sent to two experts in the field of study for peer review, and to the statistical reviewer if necessary. If the two reviewers disagree as to whether the submission merits publication, a third reviewer will be appointed by the Journal's editorial committee to arbitrate. The names of reviewers will not be revealed.

The editors of the Journal make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection. The decision letters along with the comments by the editors and reviewers will be sent to the corresponding author by e-mail.

In accordance with Committee on Publication Ethics' Ethical Guidelines for Peer Reviewers, reviewers are not allowed to contact the authors directly before, during, or after the reviewing process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information of the manuscript to the third party.

### 2. Revised Manuscripts

Manuscripts that receive a minor or major revision, authors should submit the revised manuscript within two (2) months from the date that the decision letter has been sent. When submitting a revised manuscript authors must include a detailed point-by-point response to the comments by the editors and the reviewers. In the revised manuscript file, authors are required to highlight, or underline in red, all parts that are revised. All authors

must approve every revision, correction and amendment prior to re-submission of the revised manuscript.

### 3. Editors and Journal Staff as Authors

Manuscripts submitted by editors, editorial board members, or our journal staff will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript and have neither access to that manuscript nor any information about the review process other than what is provided in the editor's decision letter. The editorial office will assign the paper to an editor who is not an author on the paper nor has any conflict of interest with the authors. The manuscript submitted by the Journal's editors, editorial board, and staff should include a statement which declares their personal conflict of interest.

## VI. Proofreading and Publication

After the acceptance of a manuscript for publication the copy-edited version of the manuscript will be sent to the corresponding author, which authors are required to correct the manuscript according to the copy-editor's instruction and returned to the Editorial Office at their earliest convenience. Once the copy-editing is completed, the Editorial Office will send the proof to the corresponding author for corrections of minor errors such as spelling errors and omitted characters or letters. Authors must be aware that any other corrections and revisions at this stage are not permitted unless requested by the Editorial Committee of the Journal. Upon completion of the proofing authors are expected to return the revised proof to the Editorial Office at their earliest convenience for timely publication.

After publication, further changes, or corrections, can only be made in the form of an Erratum which will be hyperlinked to the original article.

## VII. Editorial Policy and Publication Ethics

The Journal supports and adheres to the guidelines and best practices including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) by the International Committee of Medical Journals Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing (a joint statement by the Committee on Publication Ethics

(COPE), the Directory of Open Access Journals (DOAJ), the World Association for Medical Editors (WAME) and the Open Access Scholarly Publishers Association (OASPA); (<http://doaj.org/bestpractice>).

### Authorship

All authors listed in the manuscript must meet the following criteria of contribution described by ICMJE in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.

- Substantial contributions to the conception or design of the research or the acquisition and analysis of data.
- Drafting the work or revising it critically for important intellectual content
- Final approval of the version to be published
- 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.

The corresponding author must ensure that a manuscript is read and approved by all authors prior to submission.

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Authors must explicitly state whether potential conflicts of interest (COI) exist or not. Any possible COI related to the study presented in the manuscript must be disclosed on the title page under the heading “Conflicts of Interest” using the following examples for each author:

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If a manuscript is accepted for publication, the disclosures will be published as they appear in this section. When there are no COIs, the authors should state “The authors declare that there are no relevant conflict of interest” in the main text of the manuscript. The COI Statement (Form 1) form must be signed by all the authors and uploaded with your manuscript.

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## Research Ethics

- Clinical research included in articles, which report on

human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned that the study has been approved by the relevant institutional or national review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript. Those researchers who do not have institutional or national ethics review committees should follow the principles outlined in the Declaration of Helsinki.

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- Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information that may identify patients must not be presented anywhere in the manuscript, including the Figures and Tables. All pictures should focus on the affected areas only.
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## Misconducts and Breach of Publication Ethics

The Journal follows the recommended procedures outlined by COPE International Standards for responsible research publication for authors and editors when dealing with allegations of misconduct. Please visit the Journal home page (<https://tms.med.toho-u.ac.jp/web/ethical-policies.html>) for the information.

## VIII. Fees

### Submission fees

All submissions to the Journal by the non-members of the Medical Society of Toho University must be accompanied by a submission fee of 10,000 Japanese yen. No submission fee is required, if the corresponding author of the submission is a member of the Medical Society of Toho University.



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## IX. Publication Date

The Journal is published quarterly (March, June, October, December), and the editorial committee will be solely responsible for all decisions regarding submission selection or rejection, order of appearance, and presentation style in any given issue, and other editorial decisions, as applicable. The guiding principles governing publication order include (but are not limited to) submission type and submission date.

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- By submitting a manuscript or other written material for publication in the Journal, the authors thereby agree to transfer all copyrights and other content ownership rights to the Medical Society of Toho University, which will then retain them in lieu of the author (s) (Form 2). Written approval must first be received from the Medical Society of Toho University (Form 3) if any author of the submission later desires to present the research findings in any written form in another publication.
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## *Inquiries/submissions*

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# COI Declaration for Manuscripts Submitted to the Toho Journal of Medicine

(All answers should pertain to the period one year before the submission date)

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In the event that the manuscript itself does not describe author Conflict of Interest (COI), please describe, in all sections below, any companies or organizations you deal with or have dealt with, in order to ensure complete disclosure of any COI relevant to the submitted manuscript. In manuscripts with multiple authors, a separate COI Declaration form must be submitted by each author. (All questions below pertain to the period one year before the date of manuscript submission.)

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