

# Instructions for Authors

Recently revised on September 5, 2021

Journal of Minimally Invasive Surgery (JMIS) is the official journal of the Korean Society of Endo-Laparoscopic & Robotic Surgery, published quarterly (15th day of March, June, September, and December). All manuscripts submitted to JMIS must be original; i.e., not published elsewhere (except in abstract form) and not under consideration for publication elsewhere. The journal publishes original paper, case report, editorial, letter to the editor, technical notes, invited review articles, and multimedia articles in the field of minimally invasive surgery.

Manuscripts for submission to JMIS should be written in English according to the following instructions for authors. If the details are not described below, JMIS follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

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## RESEARCH AND PUBLICATION ETHICS

JMIS adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals, DOAJ; the World Association of Medical Editors, WAME; and Open Access Scholarly Publishers Association, OASPA; <https://doaj.org/bestpractice>). Furthermore, all processes of handling research and publication misconduct (or when faced with cases of suspected misconduct) shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>). Any attempt to duplicate publication or any plagiarism will lead to automatic rejection, may prejudice the acceptance of future submissions, and may be highlighted within the pages of the journal.

### Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<https://www.wma.net/policies-post/wma-declaration-of->

[helsinki-ethical-principles-for-medical-research-involving-human-subjects/](#)). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For human, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, 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.

### Statement of Informed Consent and Institutional Review Board Approval

Copies of written informed consents should be kept for studies on human subjects. For clinical studies with human subjects, there should be a certificate, agreement, or approval by the institutional review board (IRB) of the author's affiliated institution. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

### Clinical Trial Registration

Any research that deals with a clinical trial should be registered in the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS, <http://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform>), or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the U. S. National Institutes of Health.

### Conflict of Interest Statement

All participants in the publication and peer review process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest. Conflict of interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Conflict of interest also exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence his/her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties).

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 relationship, (3) academic competition, and (4) intellectual passion.

These conflicts of interest must be included as a footnote on the title page. Each author should certify the disclosure of any conflict of interest with his/her signature. Peer reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Further guidance is available from COPE ([https://publicationethics.org/files/A\\_Short\\_Guide\\_to\\_Ethical\\_Editing.pdf](https://publicationethics.org/files/A_Short_Guide_to_Ethical_Editing.pdf)) and WAME (<http://wame.org/conflict-of-interest-in-peer-reviewed-medical-journals>). If undisclosed conflict of interest is suspected in a submitted manuscript or published article, a committee composed of Editorial Board members will be held and discussed, and JMIS will follow the process of the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

### **Authorship**

Authorship confers credit and has important academic, social, and financial implications. Authorship also implies responsibility and accountability for published work. According to the ICMJE recommendation, authorship is based on the following four criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (2) Drafting the work or revising it critically for important intellectual content; AND (3) Final approval of the version to be published; AND (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 four criteria.

Contributors who meet fewer than all four of the above criteria for authorship should not be listed as authors, but they should be acknowledged. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading.

After the initial submission of a manuscript, any change in authorship (adding author(s), deleting author(s), or rearranging the order of authors) is not generally accepted, but must be explained by a letter to the editor from the authors concerned if it is absolutely necessary. This letter must be signed by all authors of the paper. JMIS does not correct authorship after acceptance

for publication unless a mistake has been made by the editorial staff.

### **Duplicate Publication**

Authors should not submit the same manuscript, in the same or different languages, simultaneously to more than one journal. Manuscripts are only accepted for publication in journals if they have not been published elsewhere. Manuscripts published in this journal should not be submitted for publication elsewhere. If duplicate publication related to the papers of this journal is detected, the authors and their institutes will be informed, and there will also be penalties for the authors.

### **Acceptable Secondary Publication**

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in the same or a different language). Secondary publication may also be justifiable in conditions provided by ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

### **Process for Managing Research and Publication Misconduct**

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

### **Editorial Responsibilities**

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

## Research Ethics Council and Role of the Council

Research Ethics Council is composed of a chairperson of the Publication Committee of the Korean Society of Endo-Laparoscopic & Robotic Surgery and the members of the Committee.

The roles of the Council are as follows:

1. Research Ethics Council is established to deal with issues related to research ethics including data falsification or fabrication, plagiarism, dual publication, and wrongful authorship indication.
2. The Council reviews research ethics of the published papers. If anything that goes against publication ethics is found, the Council meeting will be held to investigate the issues.
3. The results of the Council meeting must be reported to board of directors.
4. To promote best practices, the Council members shall serve ethics education for editors and authors of the Journal of Minimally Invasive Surgery.

## COPYRIGHT, LICENSE, DATA SHARING, ARCHIVING

### Copyright

Authors must declare that the submitted work is their own and that copyright has not been breached in seeking its publication. Copyright in all published material is owned by the Korean Society of Endo-Laparoscopic & Robotic Surgery. Copyright Transfer Form must be signed by every author and be submitted with other manuscripts during the first online submission process. The corresponding author is responsible for submitting the Copyright Transfer Form during the submission process. In addition, it is the authors' responsibility to obtain written permission to reproduce (in all media, including electronic) any material that has appeared previously in another publication. Authors should provide copies of permission letters for any material reproduced from copyrighted publications. Submitted material will not be returned to the author unless specifically requested.

### License

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For any commercial use of material from the open access version of the journal, permission must be obtained from the

Korean Society of Endo-Laparoscopic & Robotic Surgery (e-mail: [journal@e-jmis.org](mailto:journal@e-jmis.org)). Requests for reprints after the journal should be emailed to the Editorial Office. Copy reprints will be charged after committee approval and color prints will need an additional charge.

### Data Sharing

JMIS 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. JMIS accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in *J Korean Med Sci* 2017;32(7):1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

### Archiving Policy

JMIS provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in National Library of Korea (<http://seoji.nl.go.kr/archive>) and ScienceCentral (<https://e-sciencecentral.org/journals/210>). Authors can archive preprint (i.e., prerefereeing), postprint (i.e., final draft post-refereeing), and publisher's version/PDF.

## SUBMISSION & PEER REVIEW PROCESS

### Online Submission

All manuscripts should be submitted online via the journal's website (<http://e-jmis.org/submission/Login.html>) by the first or corresponding author. Once you have logged into your account, on-line system will lead you through the submission process in a step-by-step orderly process. Submission instructions are available at the website.

### Screening Before Review

All papers, including those invited by the Editor, are subject to peer review. If the manuscript does not fit the aims and scope of JMIS or does not adhere to the Instructions for Authors, it may be returned to the author immediately after submission without review. For double-blind peer review, the title page and manuscript should be provided as separate files. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check upon arrival. The title page will remain separate from the manuscript throughout the peer review process and will not be sent to the reviewers. The manuscript should be anonymized. Please make sure that any identifying

information, such as authors' names or affiliations, is removed from your manuscript before submission.

### Peer Review Process

After screening, a manuscript is sent to the most two relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. JMIS recommends peer reviewers to follow JMIS Review Regulations or the COPE Ethical Guidelines for Peer Reviewers (<https://publicationethics.org/resources/guidelines-new/cope-ethical-guidelines-peer-reviewers>). Authors' names and affiliations are removed during peer review. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. Acceptance of the manuscript is decided based on the critiques and recommended decision of the reviewers. An initial decision will normally be made within 4 weeks of receipt of a manuscript, and reviewers' comments are sent to the first or corresponding authors by e-mail. Revised manuscripts must be submitted online by the first or corresponding author who must indicate the alterations that have been made in response to the reviewers' comments item by item. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. A final decision on acceptance for publication or rejection for publication is forwarded to the first or corresponding author from the Editorial Office.

### Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal against a decision should contact the editor-in-chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). JMIS does not consider second appeals.

### Submission by Editors

Final decisions regarding manuscript publication are made by the editor-in-chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

## MANUSCRIPT PREPARATION

### Publication Types, Qualification for Authors, and Language

JMIS focuses on clinical and experimental original studies, case reports, editorial, letter to the editor, invited reviews, technical notes, and multimedia articles in the field of minimally invasive surgery. Any physicians or researchers throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts should be submitted in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary.

### General Requirements

After entering all the checklist, you will be prompted for uploading files. The main document with manuscript text and tables should be prepared with an MS-word program.

1. The manuscript for a major paper should be organized in the following order: title page, abstract, introduction, materials and methods, results, discussion, references, tables, figure legends, and figures.
2. The manuscript should be double spaced on 21.6 × 27.9 cm (letter size) or 21.0 × 29.7 cm (A4) paper with 3.0 cm margins at the top, bottom, right, and left margin.
3. All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the author's names nor their affiliations should appear on the manuscript pages.
4. The use of acronyms and abbreviations should be kept to a minimum. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first mention.
5. The names and locations (city, state and country only) of manufacturers of equipment and non-generic drugs should be given.
6. When quoting from other sources, give a reference number after the author's name or at the end of the quotation.
7. The title page and manuscript should be provided as separate files and the manuscript should be anonymized for double-blind peer review. Please make sure that any identifying information, such as authors' names or affiliations, is removed from your manuscript before submission. Authors should use the third person to refer to an article which the authors have previously published. Authors should make sure that figures and tables do not contain any reference to author affiliations. If the manuscript includes any identifying information, it may be returned to the author immediately after submission without review.

## Adherence to Reporting Guidelines

For specific study designs, such as randomized controlled trials, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, we strongly recommend that authors follow and stick to the reporting guidelines relevant to their specific research design. Authors should upload a completed checklist for the appropriate reporting guideline during original submission. 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](https://www.nlm.nih.gov/services/research_report_guide.html)).

## Cover Letters

The cover letter should inform the editor that the submitted material or any portions thereof have not been published previously or are not under consideration for publication elsewhere. It should state any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically related issues.

## Original Articles

Original articles are reports of clinical or experimental investigations. Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. The manuscript for an original article should be organized in the following sequence: title page, abstract (including keywords), main text (introduction, materials and methods, results, discussion), references, tables, figure legends, and figures.

**1. Title page:** A title page should include the following items: (1) the title of the article; (2) running title; (3) the full name of each author; (4) affiliation: when other authors with a different address are included, first write the name of the organization where the primary research was conducted and the names of the other organizations along with the authors' names, listed in numerical order, with the numbering system beginning at the second organization; (5) Open Researcher and Contributor Identification (ORCID) number—JMIS encourages the listing of authors' ORCID number according to ICMJE recommendation. To register for an ID, please visit the ORCID website (<http://www.orcid.org>); (6) the corresponding author's name, ORCID number, address, telephone, fax number and e-mail address; (7) the contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>), taxonomy of author roles; (8) conflict of interest; (9) the source of any research funding, if necessary; (10) non-author contributors: all persons who have made substantial contributions, but who have not met

the criteria for authorship, are acknowledged here.

**2. Abstract:** The abstract should be concise, less than 250 words, and describe concisely, in a paragraph, purpose, methods, results, and derived conclusion of the study in a structured format. Up to five keywords should be listed at the bottom of abstract to be used as index terms. We strongly recommend the keywords within Medical Subject Heading (MeSH) in Medline (<https://meshb.nlm.nih.gov/search>).

**3. Main text:** The main text of the paper may have separate Introduction, Materials and Methods, Results, and Discussion sections.

- **Introduction:** Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.
- **Materials and Methods:** Describe clearly how and why a study was done in a particular way and include the research plan, the materials (or subjects), and the methods used, in that order. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as closely as possible. When quoting specific materials, equipment, or proprietary drugs, the name and address of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names. Include information on the institutional review board/ethics committee approval or waiver and informed consent. Describe statistical methods in detail and, when possible, present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Specify the statistical software package(s) and versions used.
- **Sex and gender reporting:** Authors should 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.
- **IRB/IACUC approval & informed consent:** All articles using clinical samples or data and those involving humans/animals must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below.



“We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (IRB no. OO). Written informed consent was obtained / Informed consent was waived.”

- Results: The results should be presented in logical sequence in the text, tables and figures, giving the main or most important findings first. Repetitive presentation of the same data in different forms should be avoided: Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. The results should not include material appropriate to the discussion.
- Discussion: Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the results. Explain the meaning of the observed opinion along with its limits, and within the limits of the research results connect the conclusion to the purpose of the research. In a concluding paragraph, summarize the result and its meaning.

**4. References:** [JMIS Endnote Style Download] In the text, references should be cited sequentially in the Vancouver numbering style, as a superscripted number after any punctuation mark. Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range.

- Examples of JMIS references style
  - ... received surgical treatment for gastric cancer in South Korea [3].
  - According to gastric cancer treatment guidelines [5], PPG can be considered...
  - Suh et al. [9] reported a 3-year recurrence-free survival rate of 98.2%.
  - Many studies report ... nutrition status, body weight, and anemia [18,19].
  - ... in terms of anastomosis-related late complications [18,28-30].

In the reference list, the references should be numbered and listed in order of appearance in the text. List all authors if there are less than or equal to six authors. When there are more than six authors, the first three could be given, followed by ‘et al’. If an article has been published online, but has not yet been given an issue or pages, the digital object identifier (DOI) should be supplied. Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>). The total number of references is limited to 30 for original articles.

- Examples of JMIS references style
  - Journal articles

1. Ki HJ, Park JB, Sul JY. Umbilical port site hernia and diastasis recti. *J Minim Invasive Surg* 2020;23:80-85.
  2. Jung KW, Won YJ, Kong HJ, Oh CM, Lee DH, Lee JS. Cancer statistics in Korea: incidence, mortality, survival, and prevalence in 2011. *Cancer Res Treat* 2014;46:109-123.
  3. Wong JH, Irish WD, DeMaria EJ, et al. Development and assessment of a systematic approach for detecting disparities in surgical access. *JAMA Surg* 2020 Dec 16 [Epub]. <https://doi.org/10.1001/jamasurg.2020.5668>.
- Books & Reports
    4. Sabiston DC. *Davis-Christopher’s textbook of surgery*. 15th ed. Philadelphia (PA): WB Saunders; 1997.
    5. Dozois RR. Disorders of the anal canal. In: Sabiston DC, Lysterly HK, editors. *Textbook of surgery: the biological basis of modern surgical practice*. 15th ed. Philadelphia (PA): WB Saunders; 1997. p. 1032-1044.
    6. National Cancer Center, Ministry of Health and Welfare. *Cancer facts & figures 2014 in the Republic of Korea*. Goyang (KR): National Cancer Center; 2014.
  - Online sources
    7. Statistics Korea. *Causes of death statistics* [Internet]. Daejeon: Statistics Korea; c2020 [cited 2020 Dec 11]. Available from: <https://kosis.kr/eng/>.
    8. American Cancer Society. *Cancer treatments and side effects* [Internet]. Atlanta (GA): American Cancer Society; c2020 [cited 2020 Aug 10]. Available from: <https://www.cancer.org/treatment/treatments-and-side-effects.html>.
  - Dissertation
    9. Hong GD. *The relationship between low serum cholesterol level and cancer mortality* [dissertation]. Seoul (KR): Seoul National Univ; 2009.
  - Conference paper
    10. Rice AS, Brooks JW. *Canabinoids and pain*. In: Dostorovsky JO, Carr DB, editors. *Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA*. Seattle (WA): IASP Press; 2003. p. 437-446.
    11. Health and Social Care Information Centre. *National Bowel Cancer Audit Progress Report Tripartite Colorectal Meeting*. Boar Lane: Health and Social Care Information Centre; 2014.

## 5. Tables

- Tables are to be numbered in the order in which they are cited in the text.
- A table title should concisely describe the content of the table so that a reader can understand the table without referring to the text.
- Each table must be simple and typed on a separate page with its heading above it.
- Explanatory matter is placed in footnotes below the tabular

matter and not included in the heading. All abbreviations are explained in the footnotes.

- Footnotes should be indicated by <sup>a)</sup>, <sup>b)</sup>, <sup>c)</sup>, ....
- Statistical measures such as SD or SE should be identified.
- Vertical rules and horizontal rules between entries should be omitted.

## 6. Figures

- Figures should be submitted as separate files during submission process.
- Preferred formats are TIFF for photographic, raster images, and EPS or line-arts. Following formats may be suitable in selected images; JPEG/PNG/BMP (suitable for images if the original file format is JPEG/PNG/BMP), PPTX (only for diagrams made in PowerPoint file). Contact the editorial office for other format.
- Figure should have minimum width of 107 mm, and a minimum resolution of 300 dpi for color figures, 500 dpi for black and white figures, and 1,000 dpi for line art figures.
- In the case of multiple prints bearing the same number, use English letters after the numerals to indicate the correct order. (ex) Fig. 1A --, Fig. 1B
- Figures should be numbered, using Arabic numerals, in the order in which they are cited.
- If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com/>) or from the individual publisher, except where the materials concerned have been published in an open access journal under the Creative Commons license. For tables or figures from an open access journal, simply verify the source of the journal precisely in the accompanying footnote. Please note the distinction between a free-access journal and an open access journal: it is necessary to obtain permission from the publisher of a free-access journal for using tables or figures published therein. Examples are shown below: Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier. OR Reprinted (Modified) from Weiss et al. [2], according to the Creative Commons License.

## Case Reports

Case reports will be published only in exceptional circumstances, when they illustrate a rare occurrence of clinical importance. Case reports should address issues of importance to medical researchers and preferably should have helpful illustrations. The manuscript for a case report should be organized in the following sequence: title page, abstract and keywords, main text (introduction, case report, discussion), references, tables, figure legends, and figures. The abstract should be unstructured and its length should not exceed 150 words. There should be no

more than five figures, including tables, and no more than 10 references.

## Reviews

Reviews are invited by the editor and should be comprehensive analyses of specific topics. They are organized as follows: title page, abstract and keywords, introduction, body text, conclusion, references, tables, figure legends, and figures. There should be an unstructured abstract equal to or less than 250 words. The length of the text excluding references, tables, and figures should not exceed 7,500 words.

## Editorials

Editorials are invited by the editor and should be commentaries on articles published recently in the Journal. Editorial topics could include active areas of research, fresh insights, and debates in all fields of minimally invasive surgery. The manuscript for editorials should be prepared as follows: title page, abstract and keywords, body text, references, tables, figure legends, and figures. The abstract should be unstructured and its length should not exceed 150 words. There should be no more than five figures, including tables, and no more than 10 references.

## Multimedia Articles

Multimedia articles are brief text articles with video(s) included as supplemental electronic material. The video content should highlight novel/emerging technologies in the field of minimally invasive surgery or contain educational value and clinical interest within the scope of training programs. Standard instructions for manuscript submission should be followed. The manuscript, with supplemental video(s), should include title page, abstract (150 words limit) and keywords, introduction, method, results, discussion, acknowledgments, and references (10 references limit). Up to three videos and each up to 10-minute in length maximum can be submitted. Videos should be in the highest resolution possible and must not exceed 2 GB in size. Videos must be in one of the following formats: avi, wmv, mp4, mov, m2p, mp2, mpg, or mpeg. YouTube videos are not a format that is allowed. The aspect ratio of videos should be 16:9 or 4:3. Videos must be narrated and in English. Annotation of important anatomic landmarks and visual aids (i.e., arrows, superimposed color, etc.) are encouraged. No music sound tracks are encouraged. Fancy video transitions are not encouraged. The video file must be playable on a Windows-based computer. It is recommended to submit a representative still photo (critical step, port placement, etc.) taken from the video, which is displayed on the JMIS journal homepage archive. The placement of the video clip(s) should be noted in your manuscript.

## FINAL PREPARATION FOR PUBLICATION

### Final Version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

### Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 2 days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

### Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 2 days. Any errors found after this time are the responsibility of

the author(s) and will have to be corrected as an erratum.

### Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors.

## ARTICLE PROCESSING CHARGE

JMIS is an open access journal that does not charge authors any fees. All costs associated with publishing, including article processing charges, are supported by the publisher. Effective since September 15, 2022, this policy is a decision to ensure accessibility and broaden science.

### Contact Us

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