Instructions for Authors

Annals of Pediatric Endocrinology & Metabolism
apem

GENERAL INFORMATION

The Annals of Pediatric Endocrinology & Metabolism (APEM) Journal is the official publication of the Korean Society of Pediatric Endocrinology. Its formal abbreviated title is "Ann Pediatr Endocrinol Metab". It is a peer-reviewed open access journal of medicine published in English. The journal was launched in 1996 under the title of 'Journal of Korean Society of Pediatric Endocrinology' until 2011 (pISSN 1226-2242). Since 2012, the title is now changed to 'Annals of Pediatric Endocrinology & Metabolism'. The Journal is published 6 times per year on the last day of February, April, June, August, October, and December from 2024. It is widely distributed for free to members of the Korean Society of Pediatric Endocrinology, medical schools, libraries, and academic institutions. The journal is indexed/tracked/covered by web sites of PubMed Central, PubMed, Emerging Sources Citation Index (ESCI), Scopus, EBSCO, EMBASE, KoreaMed, KCI, Science Central, DOI/CrossRef, Directory of Open Access Journals (DOAJ), and Google Scholar.

Acceptance for publication of submitted manuscript is determined by the editors and peer reviewers, who are experts in their specific fields of pediatric endocrinology and metabolism. The journal includes the following sections: original articles, review articles, brief reports, case reports, editorials, correspondences, and letters to the editor. The editorial board invites articles from international studies or clinical, translational, and basic research groups. Supplements can be published when they are required.

AIMS & SCOPE

1. Aims

The aims of APEM are to contribute to the advancements in the fields of pediatric endocrinology & metabolism through the scientific reviews and interchange of all of pediatric endocrinology and metabolism. It aims to reflect the latest clinical, translational, and basic research trends from worldwide valuable achievements. In addition, genome research, epidemiology, public education and clinical practice guidelines in each country are welcomed for publication. The Journal particularly focuses on research conducted with Asian-Pacific children whose genetic and environmental backgrounds are different from those of the Western.

2. Scope

Area of specific interest include the following :
Growth, puberty, glucose metabolism including diabetes mellitus, obesity, nutrition, disorders of sexual development, pituitary, thyroid, parathyroid, adrenal cortex, bone or other endocrine and metabolic disorders from infancy through adolescence

3. Readership

- It is primarily for pediatricians who seek tailored information they are able to adopt in their research and practice, but its readership can be expanded to other positions;
- Researchers have access to recent clinical pediatric endocrinology and metabolism research topics and detailed research methods;
- Clinicians in the field have access to new information and recent pediatric care developments for their patients;
- Medical teachers are able to access and adopt a variety of medical education data;
- Allied health professionals, including nurses, have access to recent information concerning the care of children with endocrine and metabolic diseases;
- Medical health students can learn about recent trends in the field and read about interesting cases;
- Policymakers are able to reflect on the article results and apply them in nationwide healthcare policies for children with endocrine and metabolic diseases;
- The public, especially families with children who have endocrine and metabolic diseases, are able to read about the advancements in their children's diseases, increasing their knowledge and inspiring confidence in the pediatricians' devotion to their children.

PUBLICATION ETHICS

The Journal adheres to the guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; https://publicationethics.org/resources/guidelines/principles-transparency-and-best-practice-scholarly-publishing).

1. Conflict-of-interest statement

Conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence or bias his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to a great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, and paid expert testimony are the most easily identifiable conflicts of interest and the most likely to undermine the

credibility of the journal, the authors, or of the science itself. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (http://www.icmje.org/conflicts-of-interest/). Authors must disclose any potential conflicts of interest in the manuscript, including those that may have arisen during the research process. Clear disclosure enables editors, reviewers, and readers to understand the context in which the work was conducted and evaluated. If any of the authors are serving as editors of *Annals of Pediatric Endocrinology & Metabolism*, this should be explicitly stated in the manuscript (e.g., "*Name has served as an editor since 20XX but was not involved in the review or decision process for this article. No other relevant conflicts were reported*.").

2. Statement of human and animal rights

Clinical research should be done in accordance with the WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects (available from: 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 publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. 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.

3. Statement of informed consent and Institutional Review Board (IRB) approval

For clinical studies with human subjects, authors must state in their Materials and methods section that they have received informed consent from participants as well as IRB approval for their study or that they have obtained a statement from the IRB that approval and/or informed consent was unnecessary. In the submission of selected series, such as case reports, that have no Materials and methods sections, authors must address IRB approval in the main text of the manuscript. In case reports of human subjects, authors should obtain the written informed consent for publication from patients or their parents. Even when the study has been exempted from IRB approval, the IRB approval or registration number should still be included in the original article and case report. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

4. Registration of the clinical trial research

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

5. Authorship

Authorship credit should be based on: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreeing to be accountable for all aspects of the work in ensuring that the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these 4 conditions. There should be a list of each author's role in the submitted paper. If any persons who do not meet the above four criteria, they may be placed as contributors in the Acknowledgments section. Description of co-first authors or co-corresponding authors is also accepted if the corresponding author believes that such roles existed in contributing to the manuscript.

6. Use of Artificial Intelligence (AI)-Assisted Technologies

AI tools cannot be listed as authors. The responsibility for the integrity of all manuscript content rests solely with the human authors. Authors are required to disclose the use of AI in the Cover Letter, Acknowledgment or Methods section. If AI was used for general writing or editorial assistance, it must be acknowledged in the Acknowledgment section. For AI employed in research design or methods, detailed information, including the name, version, and manufacturer of the tools, must be provided in the Methods section. AI-generated content should not be cited as a primary source. This policy will be updated as AI technologies evolve and societal and academic standards develop.

7. Originality and duplicate publication

All submitted manuscripts should be original and should not be in consideration by other scientific journals for publication. Any part of the accepted manuscript should not be duplicated in any other scientific journal without the permission of the Editorial Board, although the figures and tables can be used freely if the original source is verified according to Creative Commons license. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from other journal that is not open access.

8. Secondary publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by International Committee of Medical Journal Editors (ICMJE), available from http://www.icmje.org/. These are:

• The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
• The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
• The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
• The secondary version faithfully reflects the data and interpretations of the primary version.
• The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, "This article is based on a study first reported in the [journal title, with full reference]"—and the secondary version cites the primary reference.
• The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations to be "republications" and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

9. Process to manage the research and publication misconduct

When the Journal faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and other issues the resolving process will follow the flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). The Editorial Board of APEM will discuss the suspected cases and reach a decision. APEM will not hesitate to publish errata, corrigenda, clarifications, expressions of concern, retractions, and apologies when needed.

10. Withdrawal and retraction Policies

APEM adheres to COPE principles when considering any withdrawal or retraction request(https://publicationethics.org/guidance/cope-position/handling-author-requests-remove-their-submission, https://publicationethics.org/guidance/guideline/retraction-guidelines).

Authors can withdraw manuscripts until copyright assignment or payment. However, withdrawal after editorial decision or acceptance without valid reasons is considered unethical.

To request a withdrawal, authors must submit a **Withdrawal Agreement Form** signed by all authors, confirming the following: Full consent for withdrawal and Understanding of APEM's publication ethics policy (unethical withdrawal may result in a formal warning and restriction of future submissions for up to two years and A record of the case will be retained in the editorial system and Ethics Committee for monitoring.)

11. Feedback after Publication

If the authors, readers, or editors find any errors or content that should be revised, they may notify the Editorial Board. The Editorial Board may consider publishing an erratum, corrigendum, editorial expression of concern, or retraction. If there are any revisions to the article, the updated version will be identified through CrossMark. If there is a reader's opinion on the published article in the form of a Letter to the Editor, it will be forwarded to the authors. The authors can reply to the reader's letter. The Letter to the Editor and the authors' reply may also be published.

SUBMISSION AND PEER REVIEW PROCESS

1. Submission

Authors should submit manuscripts via *APEM*'s electronic manuscript management system. All reviewing and editing is also performed via this system. Please log in first as a member of system and follow the directions. The revised manuscript should be submitted through the same web system under the same identification numbers.

2. How to submit a manuscript

Log in is required for the first time user. If you do not have an account, click "Register" button and make your account. ID should be your email address being actively used now. If you have an account but forgot your password, click the "Forgot Your Password?" button. Your password will be given to your email address on your request. To begin, enter your User ID and password into the boxes provided, and click. At the welcome screen, click "Submit a Manuscript" button. After that, click "New Submissions" button to submit your new manuscript and follow steps 1-7.

Step 1. Title, Abstract and Corresponding Author

Choose manuscript type, and enter your title and abstract into the appropriate boxes. If you need to insert a special character, click the "Special Characters" button. If you are submitting a manuscript that does not require an Abstract, please type N/A in the Abstract box. Please click the check box, if the corresponding author is the first author.

Step 2. Authors

Enter the personal information for the first author in the boxes under "Add the First Author."

Step 3. File Upload

The manuscript file (main text) should not include authors' names or name of affiliation. Upload and select the correct file designation for each. All images should be inserted into a PowerPoint file. Acceptable file formats are pdf, hwp, doc, and ppt, and each file should not be bigger than 20 MB in size.

Step 4. PDF conversion
Merger file will be created as pdf format.

Step 5. Cover Letter
Please, write down the additional notes to Editor-in-Chief.

Step 6. Suggest Reviewers
This is particularly important when the manuscript deals with a highly specialized subject. Use the fields below to give us contact information for each suggested reviewer. Please note that the journal may not use your suggestions, but your help is appreciated and may speed up the selection of appropriate reviewers.

Step 7. Preview
Review the information in the Preview chart for correctness; make changes if needed. If you have not completed a required step, you will not be able to submit your manuscript.

Step 8. Submit
Once it is submitted, you will be able to monitor the progress of your manuscript through the peer review process.

3. Peer review policy

All manuscripts submitted to APEM, whether submitted voluntarily or by invitation, undergo peer review.

• Plagiarism Check: Before peer review, all submissions undergo a Similarity Check with iThenticate. Manuscripts with a similarity rate exceeding 40% will be rejected immediately, while those above 15% may require further screening
• Review Systems: APEM follows a double-blind review process, where both authors and reviewers remain anonymous. Editors select reviewers based on editorial board recommendations or the specialist database. Authors must remove identifying information to ensure impartial evaluation
• Ethical Considerations for Reviewers: Reviewers must disclose conflicts of interest, maintain confidentiality, and provide impartial, professional, and constructive evaluations
• Review of in-house manuscripts: All manuscripts from editors, staff, or editorial board members are subject to the same review process as other submissions. During the review process, they will not be involved in the selection of reviewers or the decision-making process. Editors will not handle their manuscripts even if they have been commissioned.

4. Peer review process

APEM reviews all submissions following the general scheme in **Fig. 1**.
Accepted: The manuscript will be forwarded to the publisher without further corrections
Minor revision: The author should address the comments from the reviewers, which will be confirmed by the reviewers before being sent to the publisher.
Major revision: The author should address the comments from the reviewers and make the appropriate corrections for review by the reviewers.
Rejection: When one or more reviewers recommend rejection, the final decision is made by the editorial committee.
Consultation: Review of the manuscript will be done through consultation to subcommittees and subspecialties.

5. Revision of proof and publication

After corrections have been made, the accepted manuscript will be sent to the publisher for printing. The proof pages may be revised more than once by the corresponding author, if it is necessary. The author should double-check for corrections in the content, title, affiliation, capitalization, locations of figures, and references. Corresponding authors are responsible for further corrections made after printing.

6. How the journal handle complaints and appeals

The policy of APEM is primarily aimed at protecting the

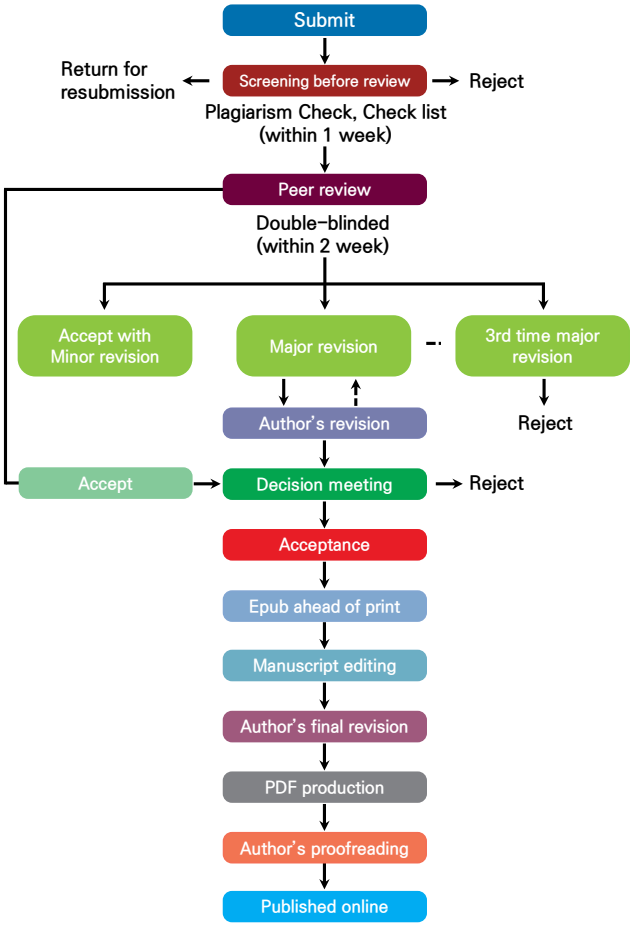

Fig. 1. Flow chart of the peer review and publication process of Annals of Pediatric Endocrinology & Metabolism.

authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: https://publicationethics.org/appeals

1) Who complains or makes an appeal?
Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problem. If any individuals or institutions want to inform the cases, they can send a letter via the contact page on our website: https://e-apem.org/about/contact.php. For the complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, why) should be provided.

2) Who is responsible to resolve and handle complaints and appeals?
The Editor, Editorial Board, or Editorial Office is responsible for them. A legal consultant or ethics editor may be able to help with the decision making.

3) What may be the consequence of remedy?
It depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the Committee of Publication Ethics (COPE).

7. Submission fee, APC, and page charge
There are no submission charge and article processing charge (APC), also known as a publication fee. A minimum of 100 off-prints will be delivered after payment. Reprints are available at any time after publication; however, reprints ordered after publication may be subject to increases in price. The corresponding author will be requested to pay a page charge and color photographs require an additional fee.

8. Confirmation of acceptance
Once the manuscript is at the publisher, confirmation of acceptance by the APEM may be issued. For registration for board exams, a receipt of confirmation with two reprints may be ordered for the accepted manuscript. An additional fee is required for these reprints.

EDITORIAL POLICY

1. Licensing
APEM is an open access peer-reviewed journal and launched in 1996. All articles published in APEM will be immediately and permanently free for everyone to read and download. All articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

2. Open data sharing and reproducibility
For clarification on result accuracy and reproducibility of the results, raw data or analysis data be recommended to deposit to a public repository, for example, Harvard Dataverse (https://dataverse.harvard.edu/) after acceptance of the manuscript. If the data is already a public one, its URL site or sources should be disclosed. If data cannot be publicized, it can be negotiated with the editor and the data can be provided by the corresponding author upon reasonable request.

3. Archiving policy
Full text of APEM has been archived in PubMed Central (PMC) (https://www.ncbi.nlm.nih.gov/pmc/journals/2434/) from the 18th volume, 2013.
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 publisher's version/PDF. APEM provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central.

4. Copyright
All published papers become the permanent property of Korean Society of Pediatric Endocrinology. Copyrights of all published materials are owned by Korean Society of Pediatric Endocrinology. Permission must be obtained from Korean Society of Pediatric Endocrinology for any commercial use of materials. Every author should sign the copyright transfer agreement forms.

5. Preprint
APEM permits authors to submit the preprint to the journal. It is not regarded as duplicate submission or duplicate publication. APEM advises authors to disclose it with DOI in the letter to the editor during the submission process. Otherwise, it may be screened from the plagiarism check program — Similarity Check (Crosscheck) or Copy Killer. Preprint submission will be processed through the same peer-review process as a typical submission. If the preprint is accepted for publication, authors are recommended to update the information at the preprint with a link to the published article in APEM, including DOI at APEM. It is strongly recommended that authors cite the article in APEM instead of the preprint at their next submission to journals, respecting medical journal protocols and norms.

MANUSCRIPT PREPARATION

1. General principles
(1) APEM publishes review articles, original articles, case

reports, and letters. Review articles may be written by invitation by the editorial board and provide concise reviews of important subjects to medical researchers. Original articles are papers reporting the results of basic or clinical investigations, which are sufficiently well documented to be acceptable to critical readers. Case reports deal with cases of importance issues in pediatric endocrinology.

(2) The manuscript should not have been published previously, and not have been submitted for publication elsewhere. Any conflicts of interest of all listed authors should be stated.

(3) The manuscript should be written according to the prescribed format. If not, the editorial board may return it before reviewing. The editorial board decides on publication and may modify a portion of the text with little effect on the original.

(4) The manuscript must be written in English. If a translated term is difficult to understand, Chinese characters or the original language in parentheses should be written at first use.

(5) The text of the manuscript, including tables and their footnotes and figure legends, must be double-spaced and in standard 11-point font on A4 paper size with left and right margin spaces of 2 cm and top and bottom margins of 3 cm.

(6) Except for units of measurement, abbreviations are strongly discouraged. Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

(7) Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) and laboratory values should be displayed in International System of Units (SI).

(8) The number of pages of manuscripts of reviews and original articles has no limitation but no more than 10 printed pages are recommended. Case reports should be written in a maximum of 5 printed pages.

2. Manuscript format

The manuscript should be prepared according to "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals" (https://www.icmje.org/icmje-recommendations.pdf). Authors are also encouraged to follow reporting guidelines appropriate to their study design (e.g., CONSORT for randomized trials, PRISMA for systematic reviews, STROBE for observational studies). Relevant checklists can be found at the EQUATOR Network (https://www.equator-network.org) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).The manuscript should have the following sequence: Title page, Abstract and Keywords, Introduction, Materials and methods, Results, Discussion, Acknowledgment, References, Tables, and Figure Legends. The format of case reports consists of Introduction, Case, and Discussion. All pages should be numbered consecutively in the middle of the bottom margin. Authors (particularly nonnative English speakers) who submit the original article or case report should check their manuscript by using professional editing service and submit the manuscript with a certificate of English review, including the name, institution, position, statement of approval, and signature with unstructured format.

1) Title page

The title page should contain the following information: (1) title; (2) author list (full names of authors); (3) name of the institutions at which the work was performed; (4) acknowledgement of research support; (5) name, address, and email address of the corresponding ; (6) A running title, of 10 words or less, should be written when the main title is over 20 words.

2) Abstract and keywords

All articles should include abstracts in English. The abstract should be a single paragraph of less than 250 words, and describe concisely, the purpose, methods, results, and conclusion of the study, in a structured format. Abbreviations, if needed, should be kept to an absolute minimum, and their first use should be preceded by the full term in words. The abstract should not include footnotes, references, or tables. The abstract can be modified by an English language reviewer who is appointed by the editorial board. A maximum of 10 key words should be listed at the end of the abstract to be used as index terms. For the selection of key words, refer to medical subject headings (MeSH; http://www.nlm.nih.gov/mesh/MBrowser.html).

3) Introduction

The introduction should provide the background of the study and state the specific purpose of research or hypothesis tested by the study. It may mention previous publications most closely related to the article.

4) Materials and methods

The materials and study design should be presented in detail. In experimental research, methods should be described in such a manner that the experiments can be reproduced by the readers. The sources of special chemicals or preparations should be given (name of company, city and state, and country). Clinical studies or experiments using laboratory animals or pathogens should include approval of the studies by relevant committees. A statement concerning IRB approval and consent procedures must be presented.

Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion

criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables. 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.

5) Results

This section should include a concise textual description of the data presented in the tables and figures. Excessive repetition of table or figure contents should be avoided.

6) Discussion

The discussion should focus on the interpretation and significance of the findings and include the objective comments that describe their relation to other work in the area as well as new and important aspects of the study. The Discussion should not repeat materials already presented in the Results section.

7) Acknowledgment

When necessary, acknowledgements shall be provided for those who contributed to the studying but were insufficient to be considered authors. The acknowledgements should express appreciation for the concrete roles of the contributors in the studying (e.g., data collection, financial assistance, statistical processing, and experimental analysis), and the authors should notify them that their names will be included in the acknowledgements for their advanced consents.

8) References

References must be written in English only. 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]. When quoting from other sources, give a reference number in bracket after the author's name or at the end of the quotation. Examples are as follows: Kim [1], Bernstein and Horbar [2], Bradin et al. [3]. The reference style for journal articles is as follows: names of authors, full title of article, journal name abbreviated in accordance with NLM Catalog (https://www.ncbi.nlm.nih.gov/nlmcatalog/journals/), year, volume, and page numbers. List all authors when they are 6 or less; when they are seven or more, list the first 6 and add et al. The names of all authors must be listed by the last name and the initials of the first and middle names. Papers in press may be listed with the journal name and tentative year of publication. The style for a chapter of a book is as follows: author and title of the chapter, editor of the book, title of the book, edition, volume, place, publisher, year, and page numbers. Unpublished data or personal communications are listed only with the author's written permission. Internet URLs should be as follows; authors' names, website title, URL and the time of the latest update. All other references should be listed as shown in the ICMJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html). Authors are responsible for the accuracy and completeness of their references.

• Examples of reference styles

(1) Journal article

-Lee YA, Kwon A, Kim JH, Nam HK, Yoo JH, Lim JS, et al. Clinical practice guidelines for optimizing bone health in Korean children and adolescents. Ann Pediatr Endocrinol Metab 2022;27:5-14.

-Wheless JW, Treiman DM. The role of the newer anti-epileptic drugs in the treatment of generalized convulsive status epilepticus. Epilepsia 2008;49 Suppl 9:74- 8.

-Jenabi E, Ayubi E, Farashi S, Bashirian S, Mehri F. The neonatal risk factors associated with attention-deficit/hyperactivity disorder: an umbrella review. Clin Exp Pediatr 2023 Jul 14. doi: 10.3345/cep.2022.01396. Epub ahead of print.

(2) Book

① Book

Volpe JJ. Neurology of the newborn. 2nd ed. Philadelphia: WB Saunders Co, 1987:209-79.

Ahn HS. Hong chang yee textbook of pediatrics. 10th ed. Seoul: Mirae N Co., Ltd, 2012:965-78 .

② Book chapter

Pan ES, Cole FS, Weinttrub PS. Viral infections of the fetus and newborn. In: Taeusch HW, Ballard RA, Gleason CA, editors. Avery's diseases of the newborn. 8th ed. Philadelphia: Elsevier Saunders, 2005:495-529.

③ Abstract book or conference proceedings

Vivian VL. editor. Child abuse and neglect: a medical community response. Proceedings of the First AMA National Conference on Child Abuse and Neglect; 1984 Mar 30-31; Chicago. Chicago: American Medical Association, 1985.

④ Thesis

Youssef NM. School adjustment of children with congenital heart disease (dissertation). Pittsburgh (PA): Univ. of Pittsburgh, 1988.

⑤ Website

U.S. Food and Drug Administration, Center for Drug Evaluation and Research. Index to drug-specific information [Internet]. Silver Spring (MD): U.S. Food and Drug Administration; [updated 2009 Jun 4; cited 2009 Jun 10].

Available from: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/index-drug-specific-information.

9) Tables

• Tables should be written in English. Each table should be inserted on a separate page, with the table number, table title and legend above the table.

• The numbers of tables should be in Arabic numerals in their order of citation.

• Titles of tables should be concise using a phrase or a clause. The first character should be capitalized.

• Tables should be concise and not duplicate information found in figures.

• The significance of results should be indicated by appropriate statistical analysis.

• Unnecessary longitudinal lines should not be drawn. Horizontal lines should be used as sparingly as possible.

• All symbols and abbreviations should be described below the table.

• Table footnotes should be indicated with superscript symbols in sequence : *, †, ‡, §, ||, ¶, **, ††, ‡‡, etc.

• All units of measurements and concentrations should be designated.

10) Figures and figure legends

• All the legends for figures should be written in English.

• Figures should be submitted separately of the manuscript. All pictures and photographs should be of excellent quality and supplied as JPEG or TIFF files with resolution of more than 300 dpi. The preferred size of figure is 7.4 × 10.0 cm (3 × 4 inches). Except for particularly complicated drawings that show large amounts of data, all figures are published at one page or one column width. All kinds of figures may be reduced, enlarged, or trimmed for publication by the editor.

• Figure numbers, in Arabic numerals, should appear in the figure legends. Arabic numerals should be used in the order-in which the figures are referred to in the main text. In cases where more than two photographs are used with the same number, alphabet characters should be used next to the Arabic numeral (e.g., Fig. 1A, Fig. 1B).

• All pictures and photographs should be described in the legend with complete sentences rather than incomplete phrases or a clause.

• All symbols and abbreviations should be described below the figure.

ARTICLE TYPES

1. Original article

The basic structure of manuscripts reporting Original Articles should include the following: Abstract (structured abstract of no more than 250 words); maximum length: 3,500 words (not including abstract, tables, figures, acknowledgments, references); no more than a total of 5 tables and/or figures; no more than 40 references.

2. Review article

1) Narrative review

Narrative Reviews on clinical topics provide an up-to-date review for clinicians on a topic of general common interest from the perspective of internationally recognized experts in these disciplines. The focus of Narrative Reviews will be an update on current understanding of the physiology of the disease or condition, diagnostic consideration, and treatment. These reviews should address a specific question or issue that is relevant for clinical practice. Narrative Reviews do not require (but may include) a systematic review of the literature search. Recommendations should be supported with evidence and should rely on recent systematic reviews and guidelines, if available, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention.

Narrative Reviews do not require a rigorous literature search but should rely on evidence and should be written by established experts in the field.

The basic structure of manuscripts reporting Narrative Reviews should include the following: Abstract (unstructured abstract of no more than 250 words); maximum length: 3,500 words (not including abstract, tables, figures, acknowledgments, references); no more than a total of 5 tables and/or figures; no more than 100 references.

2) Mini-review

The basic structure of manuscripts reporting Narrative Reviews should include the following: Abstract (unstructured abstract of no more than 200 words); maximum length: 1,500 words (not including abstract, tables, figures, acknowledgments, references); no more than a total of 2 tables and/or figures; no more than 50 references.

3) Systematic review

Systematic Reviews require a complete systematic search of the literature using multiple databases, covering many years, and grading of the quality of the cited evidence.

The basic structure of manuscripts reporting Systematic Reviews should include the following: abstract (structured abstract of no more than 250 words; Purpose, Materials and Methods, Results, Discussion); section headings in main text (Introduction, Materials and Methods, Results, Discussion); maximum length: 3,500 words of text (not including abstract, tables, figures, acknowledgments, references); no more than a total of 5 tables and/or figures; no more than 40 references.

3. Brief Reports

Brief Reports present preliminary research findings, small-scale studies, or descriptive analyses in a concise format. Abstract should be structured (Background, Methods, Results, Conclusion) and limited to 200 words. Maximum text length is 2,000 words (excluding abstract, tables, figures, acknowledgments, references). Up to 3 tables/figures and 25 references are allowed.

4. Case report

The basic structure of manuscripts reporting Case Reports should include the following: abstract (unstructured abstract of no more than 200 words); section headings in main text (Introduction, Case report, Discussion); maximum length: 2,000 words of text (not including abstract, tables, figures, acknowledgments, references); no more than a total of 5 tables and/or figures; no more than 20 references.

5. Letters

1) Letter to the editor

The 'Letters to the Editor' section welcomes submissions of no more than 750 words. We recommend that each letter beginning with 'Dear Editor' excludes an abstract and includes up to 10 references and up to 2 tables or figures without additional supplementary data. This format includes contributions that may present critical reflections on research previously published in APEM and case reports of interest. Letters discussing a recent article in this journal should be submitted within 4 weeks of publication of the article in print. Letters received after 4 weeks will rarely be considered.

2) Letter in reply

Replies by authors should not exceed 500 words of text and 5 references.

6. Correspondences

Correspondences serve as a platform for the rapid exchange of opinions, views, or responses to previously published research. They may also feature brief but significant findings, innovative techniques, or valuable research resources. Abstract is not required. Recommended word limit of the text is 1,200. Article may contain up to 1 display item. Recommended reference limit is 15. Publication fee will be waived.

7. Protocol article

APEM considers protocol articles for systematic reviews, clinical trials, or cohort studies. Protocols must be registered (e.g., PROSPERO, ClinicalTrials.gov) and submitted prior to data collection completion. Protocol articles should follow relevant reporting guidelines such as PRISMA-P or SPIRIT and may be submitted under the "Systematic Review" category with the word "Protocol" clearly indicated in the title. Maximum word count and formatting requirements follow those of Systematic Reviews.

Summary of article type

Type	Max words/items in Abstract & Keywords	Max words in main text	Figure & Table	References
Review articles				
Narrative review	250/10	3,500	5	100
Mini-review	200/10	1,500	2	50
Systematic review	250/10	3,500	5	40
Original article	250/10	3,500	5	40
Brief report	200/10	2,000	3	25
Case report	200/10	2,000	5	20
Letters				
Letter to the editor	x	750	2	10
Letter in reply	x	500	x	5
Correspondences	x	1,200	1	15

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Author Checklist

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1. Manuscript is double-spaced with 11-point font.

2. The order of the manuscript is title page, abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, and tables and figure legends. All pages are numbered consecutively starting from the title page.

3. The title page include article title, authors' full name(s) and affiliation, address for correspondence (including telephone and fax numbers and email address), running title (less than 10 words), and footnotes, if any.

4. The Abstract has structured format for original articles and an unstructured format for case reports with maximum of 250 words, including key words as in MeSH.

5. The word count is for the main text only, exclusive of title, abstract, references, tables, and figure legends is presented on the title page.

6. All tables and figure numbers should be found in the text.

7. The reference items are listed in the correct format and all references listed in the references section are cited in the text.

8. The covering letter states that the manuscript has not been published previously, and will not be submitted for publication elsewhere. It discloses conflicts of interest of all listed authors, if any.

9. A title for each table and figure is written in a brief phrase of 10 to 15 words.

10. All authors must read the manuscript and agree with the submission.

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