

The *Journal of the Formosan Medical Association (JFMA)* is the official peer-reviewed and SCI-indexed journal of the Formosan Medical Association, which is based in Taipei, Taiwan. The Journal is published every month by Elsevier.

Authors are welcome to submit original contributions relating to all fields of medicine and allied disciplines that are of interest to the medical profession.

The Editorial Board requires authors to be in compliance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs)*, which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at <http://www.icmje.org>.

### 1. Manuscript Submission

#### 1.1. Online submission

Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) must be submitted online to the *JFMA* through the Elsevier Editorial System (EES) at <http://ees.elsevier.com/jfma>. This site will guide authors stepwise through the submission process. If assistance is required, please refer to the tutorials for authors and/or customer support that are available on the EES website; you may also contact the Editorial Office. Please do not post, fax or e-mail your manuscripts to the Editorial Office.

Editorial Office  
*Journal of the Formosan Medical Association*  
Formosan Medical Association  
1, Chang-Te Street  
Taipei 100, Taiwan  
Tel: (+886) (0)2 2381-0367  
Fax: (+886) (0)2 2389-6716  
E-mail: [jfmaed@fma.org.tw](mailto:jfmaed@fma.org.tw)

#### 1.2. Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the Journal's style.
- You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes, headers and footers.
- Put text, references, table headings and tables, and figure legends in one file.
- Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg". Please see section 9.8. for more information.

#### 1.3. Supporting Documents

The following documents must be included in your submission and uploaded to EES (refer also to the Checklist that follows these author instructions). Items (1), (2) and (3) are mandatory. Items (4) and (5) are required only if they are applicable to your manuscript.

(1) Cover Letter. This must include the following information:

- title of the manuscript
  - names (spelled out in full) of all the authors\*, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author's name and in front of the matching affiliation (*\*the name of each author should be written with the family name last, e.g., Wan-Lin Chang*) corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
  - a statement that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere
  - persons who do not fulfill the requirements to be listed as authors but who nevertheless contributed to the manuscript (such as those who provided writing assistance, for example) should be disclosed
  - the signature of the corresponding author
  - *Optional*: if you have a list of reviewers who you wish to review or not to review your manuscript, you may include this list in the cover letter
- (2) Authorship & Conflicts of Interest Statement. Each author's contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed (see Section 2 for more information). Please use the *JFMA Authorship & Conflicts of Interest Statement* form that follows these author instructions and that is also provided on the Journal's website at [www.jfma-online.com](http://www.jfma-online.com). The corresponding author is to sign on behalf of all the authors listed in the manuscript and is responsible for ensuring the accuracy of the information provided.
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- (4) Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. See Section 5 for more information.
- (5) Copyright Permission. If you have reproduced or adapted material from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to reproduce or adapt the copyrighted sources must be supplied. Otherwise, such material must be removed from your manuscript.

### 2. Disclosure of Conflicts of Interest

A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or

a successful outcome. *JFMA* Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

Please ensure that the name of each author listed in your manuscript appears in either Section I or Section II on page 2 of the *JFMA Authorship & Conflicts of Interest Statement* form (an author's name cannot appear in both Section I and Section II of the form).

### **3. Ethical Approval of Studies and Informed Consent**

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval, including the official approval code, should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. *Declaration of Helsinki: ethical principles for medical research involving human subjects*. Available at: <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>).

For investigation of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (e.g., oral or written).

For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the *European Commission Directive 86/609/EEC for animal experiments* (available at [http://ec.europa.eu/environment/chemicals/lab\\_animals/legislation\\_en.htm](http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm)) should be followed and the same should be stated in the methods section of the manuscript.

### **4. Reporting Clinical Trials**

The *JFMA* has adopted the ICMJE proposal that requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at <http://www.icmje.org>.

### **5. Identification of Patients in Descriptions, Photographs and Pedigrees**

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable.

State explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects or from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

### **6. Previous Publication or Duplicate Submission**

Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium.

### **7. Basic Criteria**

Articles should be written in English, using American English spelling, and meet the following basic criteria: the material is original, the information is important, the writing is clear and concise, the study methods are appropriate, the data are valid, and the conclusions are reasonable and supported by the data.

For manuscripts that are judged by *JFMA* Editors to be written in poor English but otherwise worthy of consideration for publication, authors are required to pay for the English polishing of their manuscript. Otherwise, the Editorial Office reserves the right to reject the manuscript.

### **8. Article Categories**

The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

For residents of Taiwan, at least one author must be a member of the Formosan Medical Association, except for those who have been invited to contribute.

#### **8.1. Perspectives**

These are comments on recent news or groundbreaking work and should provide a short review of the current state of research and explain the importance of the new findings. Perspectives on papers previously published in the *JFMA* should add a different viewpoint to the research and should not merely be a repetitive summary of the original paper. Although many of the Perspectives published in the Journal are normally invited, unsolicited Perspectives are welcome and will be given due consideration.

### Format guide

- Author: 3 or less
- Word limit: 800 words
- References: 8 or less
- Tables/Figures: 1 maximum

### **8.2. Review Articles**

These should aim to provide the reader with a balanced overview of an important and topical issue in research or clinical practice. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

### Format guide

- Word limit: 3500 words
- Abstract: unstructured, up to 250 words
- References: 100 or less
- Tables/Figures: 6 maximum

### **8.3. Invited Articles**

The format for invited articles is jointly decided by *JFMA* Editors and the contributing author.

### **8.4. Original Articles**

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

### Format guide

- Word limit: 3500 words
- Abstract: structured, up to 250 words
- References: 40 or less
- Tables/Figures: 6 maximum

### **8.5. Case Reports**

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if any), and References.

The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Report should include statements of the problem, patient history, diagnosis, treatment, outcome and any other information pertinent to the case(s).

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Note that the rejection rate for case reports is much higher than for other article categories due to the current situation of a large number of case reports being submitted. *JFMA* Editors may request case reports to be formatted as correspondence under most circumstances.

### Format guide

- Word limit: 2000 words
- Abstract: unstructured, up to 250 words
- References: 25 or less
- Tables/Figures: 3 maximum

### **8.6. Brief Communications**

These reports should be concise presentations of preliminary experimental results, instrumentation and analytical techniques, or aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application. The Editors reserve the right to decide what constitutes a Brief Communication.

### Format guide

- Word limit: 1500 words
- Abstract: unstructured, up to 150 words
- References: 20 or less
- Tables/Figures: 2 maximum
- No subheadings

### **8.7. Correspondence**

These include short case reports, technical or clinical notes and short comments on previously published articles. The Editors reserve the right to decide what constitutes a Correspondence.

## Format guide

- Author: 4 or less
- Word limit: 500 words
- References: 5 or less
- Tables/Figures: 1 maximum

### **8.8. Letters to the Editor**

Brief letters of constructive comments in response to previously published *JFMA* articles are welcome. Letters should have a title. Ensure that the corresponding author's mailing and e-mail addresses are included. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of *JFMA* Editors. Letters are selected based on clarity, significance, and space.

## Format guide

- Author: 4 or less
- Word limit: 400 words
- References: 4 or less
- Tables/Figures: 1 maximum

## **9. Manuscript Preparation**

Text should be typed double-spaced on white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. The manuscript should include a title page, abstract, main text, acknowledgments (if any), references, and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

### **9.1. Title Page**

The title page should contain the following information (in order, from the top to bottom of the page):

- article category
- article title
- declaration of any potential financial and non-financial conflicts of interest
- running title not exceeding 50 characters
- **IMPORTANT:** please do NOT include any author names and affiliations or corresponding author information on the title page (this information should be listed in your cover letter instead) because the *JFMA* follows a double-blind peer review process

### **9.2. Abstracts and Keywords**

An abstract and 3-5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Invited Articles, Original Articles, Case Reports and Brief Communications.

Abstracts for Review Articles, Invited Articles, Case Reports and Brief Communications should be unstructured (in one single paragraph with no section headings), be no more than 200 words long and include information on the background/purpose of the report, methods, results (or case report), and conclusions.

Abstracts for Original Articles should be structured into the sections listed below and be no more than 250 words long.

**Background/Purpose:** briefly explain the importance of the study topic and state a precise study question or purpose.

**Methods:** briefly introduce the methods used to perform the study; include information on the study design, setting, subjects, interventions, outcome measures and analyses as appropriate.

**Results:** briefly present the significant results, with data and statistical details such as *p* values where appropriate; be sure that information in the abstract matches that in the main text.

**Conclusion:** state the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract; give equal emphasis to positive and negative findings.

Keywords should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>).

No abstract or keywords are required for Perspectives, Correspondence and Letters to the Editor.

### **9.3. Main Text**

The text for Original Articles and Brief Communications should be organized into the following sections: Introduction, Materials (or Patients) and Methods, Results, Discussion, and References. Subheadings in long papers are acceptable if needed for clarification and ease of reading. Sections for Case Reports are: Introduction, Case Report, Discussion, and References. Each section should begin on a new page.

#### **9.3.1. Abbreviations**

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary.

#### **9.3.2. Numbers**

Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the *Eighties* or *nineteenth century*. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

#### **9.3.3. Units**

Système International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees Celsius.

#### **9.3.4. Names of drugs, devices and other products**

Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following

the generic name the first time the drug is mentioned in the text.

For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "...IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)". Thereafter, the generic term (if appropriate) should be used.

### 9.3.5. Gene nomenclature

Current standard international nomenclature for genes should be adhered to. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (<http://www.genenames.org>). You may also refer to the resources available on PubMed at <http://www.ncbi.nlm.nih.gov/guide/gene-expression>. The Human Genome Variation Society has a useful site that provides guidance in naming mutations at <http://www.hgvs.org/mutnomen/index.html>. In your manuscript, genes should be typed in italic font and include the accession number.

### 9.3.6. Statistical requirements

Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature for statistical methods (e.g., two sample *t* test, not unpaired *t* test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail.

All *p* values should be presented to the third decimal place for accuracy. The smallest *p* value that should be expressed is  $p < 0.001$  since additional zeros do not convey useful information; the largest *p* value that should be expressed is  $p > 0.99$ .

### 9.3.7. Personal communications and unpublished data

These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

### 9.4. Funding/Support Statement

All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified in a Funding/Support Statement.

### 9.5. Acknowledgments

General acknowledgments for consultations and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

### 9.6. References

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

#### 9.6.1. In the main text, tables and figure legends

- References should be indicated by superscripted numbers according to order of appearance in the text, and placed after punctuation. [The actual authors can be referred to, but the reference number(s) must always be given.]
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
- Do not cite abstracts unless they are the only available reference to an important concept.
- Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references. Also see Section 9.3.7.

#### 9.6.2. In the references list

- References should be compiled at the end of the manuscript according to the order of citation in the text.
- References should be limited to those cited in the text only.
- Journal references should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.
- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by "et al".
- Abbreviations for journal names should conform to those used in MEDLINE.
- If citing a website, provide the author information, article title, website address and the date you accessed the information.
- Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

#### *Standard journal articles*

Wu UI, Wang JT, Ho YC, Pan SC, Chen YC, Chang SC. Factors associated with development of complications among adults with influenza: a 3-year prospective analysis. *J Formos Med Assoc* 2012;111:364–9.

Chen JC, Huang AJ, Chen SC, Wu JL, Wu WM, Chiang HS, et al. Interleukin-27 and interleukin-12 augment activation of distinct cord blood natural killer cells responses via STAT3 pathways. *J Formos Med Assoc* 2012;111:275–83.

#### *Journal supplement*

Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? *J Cardiovasc Pharmacol* 1998;32(Suppl 3):S78–80.

#### *Journal article not in English but with English abstract*

Hofele C, Schwager-Schmitt M, Volkmann M. Prognostic value of antibodies against p53 in patients with oral squamous cell carcinoma—five years survival rate. *Laryngohinootologie* 2002;81:342–5. [In German, English abstract]

#### *Book with edition*

Bradley EL. *Medical and surgical management*. 2nd ed. Philadelphia: Saunders; 1982.

#### *Book with editors*

Letheridge S, Cannon CR, editors. *Bilingual education: teaching English as a second language*. New York: Praeger; 1980.

#### *Book chapter in book with editor and edition*

Greaves M, Culligan DJ. Blood and bone marrow. In: Underwood JCE, editor. *General and systematic pathology*. 4th ed. London: Churchill Livingstone; 2004, p. 615–72.

#### *Book series with editors*

Wilson JG, Fraser FC, editors. *Handbook of teratology*, vols. 1–4. New York: Plenum Press; 1977–1978.

#### *Bulletin*

World Health Organization. *World health report 2002: reducing risk, promoting healthy life*. Geneva, Switzerland: World Health Organization; 2002.

#### *Electronic publications*

Duchin JS. Can preparedness for biological terrorism save us from pertussis? *Arch Pediatr Adolesc Med* 2004; **158**(2). Available at <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 12, 2004.

Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. *Cochrane Database Syst Rev* 2002(2):CD001054. Doi:10.1002/14651858.CD1001054.

#### *Item presented at a meeting but not yet published*

Khuri FR, Lee JJ, Lippman SM. Isotretinoin effects on head and neck cancer recurrence and second primary tumors. In: Proceedings from the American Society of Clinical Oncology, May 31–June 3, 2003; Chicago, IL, abstract 359.

#### *Item presented at a meeting and published*

Cionni RJ. Color perception in patients with UV- or bluelight-filtering IOLs. In: *Symposium on cataract, IOL, and refractive surgery*. San Diego, CA: American Society of Cataract and Refractive Surgery; 2004, abstract 337.

#### *Thesis*

Ayers AJ. *Retention of resin restorations by means of enamel etching and by pins*. MSD thesis, Indiana University School of Dentistry, Indianapolis, 1971.

#### *Website*

Glueckauf RL, Whitton J, Baxter J. Videocounseling for families of rural teens with epilepsy—project update. *Telehealth News* 1998. Available at [http://www.telehealth.net/subscribe/newsletter\\_4a.html#1](http://www.telehealth.net/subscribe/newsletter_4a.html#1). Accessed November 15, 2008.

#### *Company/manufacturer publication/pamphlet*

Eastman Kodak Company, Eastman Organic Chemicals. *Catalog no. 49*. Rochester, NY: Eastman Kodak; 1977, p. 2–3.

### 9.7. Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory

footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (\*, \*\*) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

### 9.8. Figures

#### 9.8.1. General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Section 9.7.

Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files, at the correct resolution (see Section 9.8.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.jpg”.

#### 9.8.2. Formats

Regardless of the application used, when your electronic artwork is finalized, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: vector drawings. Embed the font or save the text as “graphics”.
- TIFF: color or grayscale photographs (halftones)—use a minimum of 300 dpi.
- TIFF: bitmapped line drawings—use a minimum of 1000 dpi.
- TIFF: combination of bitmapped line/halftone (color or grayscale)—use a minimum of 600 dpi.
- DOC, XLS or PPT: if your electronic artwork is created in any of these Microsoft Office applications, please supply “as is”.

#### *Please do not:*

- Supply files that do not meet the resolution requirements detailed above;
- Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low;
- Submit graphics that are disproportionately large for the content.

*A detailed guide on electronic artwork is available at <http://www.elsevier.com/artworkinstructions>. Please note that the cost of color illustrations will be charged to the author (see Section 12 for more information).*

## 10. The Editorial and Peer Review Process

As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, then the manuscript will be rejected promptly without review. Note that the rejection rate for case reports is higher than for other article categories due to the current situation of a large number of case reports being submitted.

Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. The *JFMA* follows a double-blind peer review process. Authors may submit a list in their cover letter of reviewers who they wish to review or not to review their manuscript. However, the actual peer reviewers invited will remain anonymous and may or may not be the reviewers suggested by the authors as the selection of reviewers is at the sole discretion of *JFMA* Editors. (Authors may also submit a list of *JFMA* Editors who they wish to manage or not to manage their manuscript.) The editors and reviewers will not disclose any information about a manuscript or its review to anyone except the manuscript's corresponding author.

For manuscripts that are judged by *JFMA* Editors to be written in poor English but otherwise worthy of consideration for publication, authors are required to pay for the English polishing of their manuscript. Otherwise, their manuscript will be rejected.

The corresponding author will usually be notified within 8 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance (however, do note that delays are sometimes unavoidable). If revisions are required, authors are asked to return a revised manuscript to the Editorial Office via the EES within 30 days. Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

## 11. Preparation for Publication

Once a manuscript has been accepted for publication, authors should submit the final version of their manuscript in MS Word format, with all tables/figures as applicable, via the EES. It is a basic requirement that the manuscript be prepared using good English. The Editorial Office reserves the right to edit poor English as suggested by the reviewer(s) and/or Editorial Board

before the final version is decided. The editing fee will be charged to the authors. Accepted manuscripts are then presented to the Publisher to be copyedited according to the Journal's style.

### 11.1. Online Proof Correction

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