

Changhua Journal of Medicine (CJM)

Instruction for Authors

The Changhua Journal of Medicine (CJM) is the official peer-reviewed journal published quarterly by Changhua Christian Hospital (CCH). The Journal aims to publish reviews, original articles, case reports, short communications, technical notes and letters on all fields of medicine and related disciplines that are of topical 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>

These Instructions to authors might be revised periodically by the Editors as needed. Authors should consult a recent issue of the Journal or visit online submission system <http://www.ipress.tw/J0070> for the latest version of these instructions. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

1. Manuscript Submission

1.1. 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 submission system.

If assistance is required, please contact the Editorial Office:

Editorial Office
Changhua Journal of Medicine (CJM)
Changhua Christian Hospital
135, Nanxiao St., Changhua City 500, Taiwan

1.2. Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. Authors are required to check spelling and grammar before submission. You 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, e.g., "Figure 1.tif," "Figure 2.jpg." Please see section 6.7. for more information.

1.3. Supporting Documents

The following documents must be included in your submission and some documents are also provided on the Journal's website at <http://www.ipress.tw/J0070>

- (i) Copyright Transfer Agreement. In the event that your manuscript is accepted for publication in the CJM, you are required to transfer all copyright ownership in and relating to the work to CJM. Your signature and those of ALL your coauthors must be included.
- (ii) Ethics Statement. Articles covering the use of human or animal samples in research, or human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities.
- (iii) Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication.
- (iv) 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.
- (v) 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. CJM Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it is 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 of the CJM Conflicts of Interest Statement form (an author's name cannot appear in both Section I and Section II of the form).

3. 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.

4. 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.

5. Article Categories

5.1. Review Articles

These should aim to provide the reader with a balanced overview of an important and topical subject in medicine, emphasizing factors such as cause, diagnosis, prognosis, therapy or prevention. 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.

While review articles are usually submitted by invitation only, unsolicited review articles will also be given due consideration.

Typical length: 2,000–3,500 words.

5.2. 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, Conflicts of Interest (if any), 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 outcome measures, and 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.

Typical length: 2,000–3,000 words and not more than 40 references.

5.3. 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. Section headings should be: Abstract, Introduction, Case Presentation, Discussion, Acknowledgments (if applicable), Conflicts of Interest (if any), References. There should be no more than 6 authors.

Typical length: 1,000–1,500 words and not more than 25 references.

5.4. Short Communications and Technical Notes

These reports should be concise presentations of preliminary experimental results or technical aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application.

Typical length: 1,000–1,500 words and not more than 25 references.

5.5. Letters to the Editor

Letters are welcome in response to previously published CJM articles and may also include interesting case reports, as well as other brief technical or clinical notes of general interest. Letters should have a title, no more than five authors, include appropriate references and the corresponding author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of CJM Editors. Letters are selected based on clarity, significance, and space.

Typical length: 500 words and not more than 5 references (1 table or figure may be included).

6. Manuscript Preparation

Text should be typed double-spaced on one side of white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, text, references, conflicts of interest statement (if any), acknowledgments (if any), 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.

6.1. Title Page

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

- article category
- article title
- running title not exceeding 50 characters

6.2. Abstract and Keywords

An unstructured abstract (i.e., in one single paragraph with no subheadings), of no more than 500 words in length, and 3–5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Original Articles, Case Reports, and Short Communications.

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 Letters to the Editor.

6.3. Main Text

The text for Original Articles should be organized into the following sections: Introduction, Methods, Results, Discussion, and References. Each section should begin on a new page.

6.3.1. 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.

6.3.2. 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.

6.3.3. Units

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

6.3.4. Names of drugs, devices and other products

Use the Recommended International Nonproprietary 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, "... SPSS version 11 was used (SPSS Inc., Chicago, IL, USA)." Thereafter, the generic term (if appropriate) should be used.

6.3.5. 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/genes-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.

6.3.6. Statistical requirements

Statistical analysis is essential for all research papers. Use correct nomenclature of 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 $p > 0.99$.

6.3.7. 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.

6.4. Acknowledgments

After the Conflicts of Interest Statement, general acknowledgments for consultations and statistical analysis 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. 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.

6.5. References

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

6.5.1. In the main text, tables, and figure legends

- References should be indicated by numbers in square brackets in line with the text, numbered consecutively in order of appearance, and placed before 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 6.3.7.

6.5.2. In the references list

- References should be limited to those cited in the text and listed in numerical order, NOT alphabetical order.
- 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 three should be included, but when authors number four or more, list the first three 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

Impara JC, Plake BS. Teachers’ ability to estimate item difficulty: a test of the assumptions in the Angoff standard setting method. *J Educ Measu* 1998;35:69-81.

Hsu SW, Shu K, Lee WC, et al. Adrenal myelolipoma: a 10-year single-center experience and literature review. *Kaohsiung J Med Sci* 2012;28:377-82.

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

Kawai H, Ishikawa T, Moroi J, et al. Elderly patient with cerebellar malignant astrocytoma. *No Shinkei Geka* 2008;36:799-805. [In Japanese, English abstract]

Book with edition

Bradley EL. Medical and surgical management. 2nd ed. Philadelphia: Saunders; 1982, p. 72-95.

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;158:106-7. Available at <http://archpedi.amaassn.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

Theses

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

Website

American Association of Oral and Maxillofacial Surgeons. Wisdom teeth. Rosemont, IL: AAOMS, 2008. Available at http://www.aaoms.org/wisdom_teeth.php. Accessed November 15, 2008.

Company/manufacture publication/pamphlet

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

6.6. 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.

6.7. Figures

6.7.1. 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 6.6.

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 6.7.2 below). The files should be named according to the figure number and format, e.g., “Figure 1.tig,” “Figure 2.jpg.”

6.7.2. 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)—always use a minimum of 300 dpi.
- TIFF: Bitmapped line drawings—use a minimum of 1,000 dpi.
- TIFF: Combination of bitmapped line/half-tone (color or grayscale)—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.ipress.tw/J0070>

7. All Research Involving Human Subjects Must Be Approved by IRB

8. Preparation for Publication

Accepted manuscripts are then copyedited according to the Journal’s style and the galley proofs in the form of a PDF file are sent by the Publisher to the corresponding author for final approval. Authors are responsible for all statements made in their work, including changes made by the copy editor.

Proofreading is solely the authors’ responsibility. Note that the Editorial Board reserves the right to make revisions to the manuscript and the Publisher may proceed with the publication of your article if no response from the author(s) is received.