INSTRUCTION FOR AUTHORS

Archives of Plastic Surgery (Arch Plast Surg, APS) is the official journal of the Korean Society of Plastic and Reconstructive Surgeons. Manuscripts on any aspect of plastic surgery—original clinical or laboratory research, operative procedures, comprehensive reviews—as well as selected ideas and innovations, letters, case reports, and correspondence are invited for publication. This journal will be published bimonthly.

Manuscripts for submission to APS should be prepared according to the following instructions. APS follow 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 (http://doaj.org/bestpractice).

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Editor-in-Chief
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RESEARCH AND PUBLICATION ETHICS


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Conflict of Interest Statement
The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors’ interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

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should attach the Authorization and Release Form available at the APS website (http://submit.e-aps.org/) including each patient’s signature.

**Statement of Human and Animal Rights**
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- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. A copyright assignment must be completed by every author.
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- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

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MANUSCRIPT PREPARATION

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APS publishes editorial, review articles, original articles, case reports, ideas and innovations, continuing medical education, book reviews, letters, images, and communications.

1. Editorials are invited perspectives on an area of plastic surgery, dealing with very active fields of research, current surgical interests, fresh insights, and debates.
2. Review articles provide a concise review of a subject of importance to plastic surgery researchers written by an invited expert in plastic surgery.
3. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
4. Case reports/ideas and innovations deal with clinical cases of surgical interest or innovation.
5. Continuing medical education describes the recent approaches and developments of plastic and reconstructive surgery for practitioners or trainees.
6. Book reviews may be published when receiving new books to be introduced to plastic and reconstructive surgeons. Authors or publishing companies are welcomed to submit their recent published books to the editorial office.
7. Letters are short original research articles on issues important to researchers.
8. Brief notes are short reports on a case or surgical tips.
9. Communications are interesting and instructive information for readers.

General Guidelines
1. The main document with the manuscript text and tables should be prepared with in an MS Word or RTF format in English.
2. The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0 × 29.7 cm) paper with 2.5 cm margins on the top, bottom, right, and left.
3. There should be no mention of the institution where the work was carried out, especially in the Abstract and Methods section. If the institution should be inserted, include it after acceptance of an article.
4. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.
5. Drug and chemical names should be stated in standard chemical or generic nomenclature.
6. Units of measure should be presented according to the International System (SI) of units. All units must be preceded by one space except percentage (%) and temperature (°C).
7. Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.
8. Statistical expression: mean and standard deviation should be described as mean ± SD, and mean and standard error as mean ± SE. P-values should be described as P < 0.05 or P = 0.003.
9. Generic and brand name of medicine: for medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.
10. 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.

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For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (https://www.equator-network.org) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

ORIGINAL ARTICLES
Manuscripts will not be acceptable for publication unless they meet the following editorial requirements. Manuscripts must include (1) Title page, (2) Structured abstract and Keywords, (3) Main text (Introduction, Methods, Results, Discussion), (4) Conflict of interest, (5) References, (6) Tables, (7) Figure legends, and (8) Supplemental data. Each component should begin on a new page in the following sequence. Manuscripts on original work should contain a maximum of 10 type-written pages for the contents of the text, 15 sheets of figures, and 25 references.
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A running title (no more than 40 characters in length), manuscript title, and each author’s full name (include ORCID) and affiliation including the name of the country, should be provided. For a multicenter study, indicate each individual’s affiliation using a superscript Arabic number (1, 2, 3…). All persons designated as authors should be qualified for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. A corresponding author for reprints should be indicated, and full contact information (including address, telephone number, fax number, and e-mail) should be provided. The contributions of all authors must be described using the CRediT (https://www.casrai.org/credit.html) Taxonomy of author roles. All persons who have made substantial contributions, but who have not met the criteria for authorship (e.g., “scientific adviser,” “data collection,” or “participation in clinical trial”), are acknowledged here. Any financial disclosure or support (grant number, institution, and location), thesis article (title and reviewers’ page), and presentation history (name of the meeting and date) at a meeting should be included if relevant.

(2) Abstract and Keywords
The abstract should contain the following components in the order listed: Background, Methods, Results, and Conclusions. It should not exceed 250 words. Medical Subject Headings (MeSH) authorized words should only be used for the keywords, and 3 to 5 keywords should be listed just after the abstract. The first letter of a keyword should be capitalized (e.g., Surgery, plastic / Mammaplasty / Free tissue flaps).

(3) Main Text

Introduction The purpose of the investigation, including relevant background information, should be briefly described.

Methods The research plan, the materials (or subjects), and the methods used should be described, in that order. How the disease was confirmed and how subjectivity in observations was controlled should be explained in detail. When the experimental methodology is the main issue of the paper, the process should be described in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, and country). If relevant, information on the IRB/IACUC approval and informed consent should be included. Methods of statistical analysis and criteria for statistical significance should be described.

Results The results should be presented in logical sequence in the text, tables, and illustrations. The text should not repeat all the data in the tables or figures, but describe important points and trends.

Discussion Observations pertaining to the results of research and other related materials should be interpreted for your readers. New and important observations should be emphasized; the contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limits, should be explained, and within the limits of the research results, the conclusion should be connected to the purpose of the research.

(4) Conflict of Interest
The corresponding author of an article is asked to inform the editor of the authors’ potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stockownership or options, royalties, or patents filed, received, or pending).

(5) References
References should be obviously related to the content of the submitted paper and should not exceed 25. 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], at the end of the related sentence in the text. The abbreviated journal title should be used according to the NLM Catalog: Journals referenced in the NCBI Databases (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals) and the List of KoreaMed Journal Information (https://journals.koreamed.org/). If there are three or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than three, list the initial three authors, and then abbreviate the rest of the authors with ‘et al.’

Unpublished observations and personal communication should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the text. Abstracts published in a citable journal may be cited. To cite a paper accepted but not yet published, state the paper’s DOI number. References must be verified by the author(s) against the original documents. Other types of references not described below should follow Citing Medicine: The NLM style guide for authors, editors, and publishers (http://www.ncbi.nlm.nih.gov/books/NBK7256/).
Sample references are given below:

**Journal Article**


**Books**


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(7) **Figures**

Each figure should be submitted in a separate file, at a resolution of more than 300 dpi. Lettering and identifying marks should be clear, and the type size should be consistent on each figure. Capital letters should be used for specific areas of identification in a figure. Symbols, lettering, and numbering should be distinctly recognizable so that when the figure is reduced for publication each item will still be legible. Short titles (5-7 words) and detailed explanations belong in the figure legends, not on the illustrations themselves. Figure legends should not be included in the same file as the figure, but placed instead on a page at the end of the manuscript. The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Only the first letter of the first word in the title and data should be capital letters. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (e.g., Fig. 1A, Fig. 1B, C). Do not label in the corner using capital letters on each figure. The illustrations of pathological tissue should state clearly the type of stain (e.g., H&E, × 400), and the main contents should be marked by signs or arrows on the picture. The Editorial Committee may request that hand-drawn illustrations be redrawn by a graphic designer.

(8) **Supplemental Data**

Additional data, including methods, results, references, tables, figures, and videos, that are difficult to be inserted in the main body can be submitted in the form of supplemental data. Supplemental data submitted by the author will be published online together with the main body without going through a separate editing procedure. All supplemental data, except video materials, are to be submitted in a single file, and the manuscript title, authors’ title, organization, and corresponding author’s contact information must be specified in the first page.

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**EDITORIAL**

Editorials are invited by the editor and should be commentaries on articles published recently in the APS. Editorial topics could include active areas of research, fresh insights, and debates in all fields of plastic and reconstructive surgery. Editorials should not exceed 2,000 words, excluding references, tables, and figures.

**REVIEW ARTICLES/TOPIC**

Review and topic papers will be requested by the editors. They are generally prepared in the same format as original articles, but the details of the manuscript format may be flexible according to the contents. Manuscripts are limited to 5,000 words of text and include a 250-word summary in the place of the unstructured abstract. References should not exceed 100.

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<th>Table 1. Treatment modality</th>
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<td>Wide excision</td>
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<td>Wide excision + skin graft</td>
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Values are presented as number (%).

TRAM, transverse rectus abdominis myocutaneous; LR, local recurrence; MRM, modified radical mastectomy; RT, radiotherapy.

\(^a\)Chi-square test.
**CASE REPORTS/IDEAS AND INNOVATIONS**

Case reports should be unique, that is, never reported or similar to previously reported cases but with unique characteristics related to location, presenting different symptoms, or using a new diagnosis or management modality. They should include an abstract, introduction, case(s) or idea(s), discussion, references, tables, and figures legend in that order. The case report and idea innovation should not exceed 5 type-written pages, 8 sheets of figures, and 15 references. The abstracts should be unstructured and its length should not exceed 200 words.

**BOOK REVIEWS**

Book reviews provide a review of newly published book in plastic surgery by an invited expert.

**CONTINUING MEDICAL EXAMINATION (CME)**

CME text is a structured article addressing any educational topic from basic information to the latest trends. It can be related to the special theme of the issue.

**LETTERS**

This section of the journal is set aside for critical comments directed to a specific article that has recently been published in the journal. Letters should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. The letters and replies should be prepared according to journal format. Illustrative material can be accepted only with the permission of the editor. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The title of your letter should be identical to the title of the published article being discussed. The editor reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

**IMAGES**

Images are short reports of a case or surgical tips. Manuscripts should not exceed 250 words, excluding references, tables, and figures. They should be limited to a maximum of 3 citations and 4 figures.

**COMMUNICATIONS**

Texts for the communications section are non-scientific articles that do not follow the structure of a formal journal article. They should address practical concerns or topics that would be of special interest to APS readers such as reports on professionally-related travel or volunteer work.

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**Final Version**

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

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Checklist for submission

A. Confirmation by authors

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B. Structure of article

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<td>Figures</td>
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