

Annals of Geriatric Medicine and Research (Ann Geriatr Med Res, AGMR) is the official journal of the Korean Geriatrics Society (<http://www.geriatrics.or.kr/eng/>) and the Korean Society for Gerontology (<http://www.korea-biogerontology.co.kr>). It is a peer-reviewed English journal that aims to introduce new knowledge related to geriatric medicine and to provide a forum for the analysis of gerontology, broadly defined. As a leading journal of geriatrics and gerontology in Korea, one of the fastest aging countries, AGMR offers future perspectives on clinical and biological science and issues on policymaking for older adults especially for Asian emerging countries.

Manuscripts on geriatrics and gerontology, including clinical research, aging-related basic research, and policy research related to senior health and welfare will be considered for publication. Researchers from a wide range of geriatric specialties, multidisciplinary areas, and related disciplines of gerontology are encouraged to submit manuscripts for publication. AGMR is published quarterly on the last days of March, June, September, and December. The official website of AGMR is <https://www.e-agmr.org/>.

Manuscripts submitted to AGMR should be prepared according to the instructions below. For issues not addressed in these instructions, the author should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

Contact Us

Editor-in-Chief: Jae-Young Lim, MD, PhD

Department of Rehabilitation Medicine, Seoul National University College of Medicine, Seoul National University Bundang Hospital, 82 Gumi-ro 173 beon-gil, Bundang-gu, Seongnam 13620, Korea

Tel: +82-31-787-7732, Fax: +82-31-787-4056

E-mail: drlim1@snu.ac.kr

Editorial Office: Korean Geriatrics Society

401 Yuksam Hyundai Venturitel, 20 Teheran-ro 25-gil, Gangnam-gu, Seoul 06132, Korea

Tel: +82-2-2269-1039, Fax: +82-2-2269-1040

E-mail: agmr.editorial@gmail.com

RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including International Standards for Editors and Authors (<https://publicationethics.org/node/11184>), ICMJE Recommendations, and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics [COPE], Directory of Open Access Journals [DOAJ], World Association of Medical Editors [WAME], and Open Access Scholarly Publishers Association [OASPA]; <https://doaj.org/bestpractice>). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

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Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, and other protected health care information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals. The ethical treatment of all experimental animals should be maintained.

Statement of Informed Consent and Institutional Approval

Copies of written informed consent should be kept for studies on human subjects. Clinical studies with human subjects should provide a certificate, an agreement, or the approval by the Institutional Review Board (IRB) of the author's affiliated institution. For research with animal subjects, studies should be approved by an Institutional Animal Care and Use Committee (IACUC). If necessary, the editor or reviewers may request copies of these documents to resolve questions regarding IRB/IACUC approval and study conduct.

Conflict of Interest Statement

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. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. 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. The disclosure form should be the same as the ICMJE Form for Disclosure of Potential Conflicts of Interest (<http://www.icmje.org/conflicts-ofinterest/>).

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It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

Authorship and Author's Responsibility

Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and 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) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these four conditions.

- A list of each author's role should accompany the submitted paper.
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- All authors of a manuscript must have agreed to its submission and are responsible for its content, including appropriate citations and acknowledgements; they must also have agreed that the corresponding author has the authority to act on their behalf on all matters pertaining to the publication of the paper.
- Description of co-first authors or co-corresponding authors is also accepted if corresponding author believes that their roles are equally contributed.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantially 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.

Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<http://publicationethics.org/>)

resources/flowcharts). The discussion and decision on the suspected cases are carried out by the Editorial Board.

Editorial Responsibilities

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

EDITORIAL POLICY

Copyright

Copyright in all published material is owned by the Korean Geriatrics Society. Authors must agree to transfer copyright (https://www.e-agmr.org/authors/copyright_transfer_agreement.php) during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

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Registration of Clinical Trial Research

It is recommended that any research dealing with a clinical trial be registered with a primary national clinical trial registration site such as Clinical Research Information Service (<http://cris.cdc.go.kr/>), or other sites accredited by the World Health Organization ICTRP (<http://www.who.int/ictip/en>) and ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

Data Sharing

AGMR encourages data sharing wherever possible, unless this is

prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: AGMR accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the Journal of Korean Medical Science (<https://dx.doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving and Posting Policy

AGMR provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published, by archiving in the National Library of Korea. 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 the publisher's version/PDF.

Correction

If correction is needed, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html> as follows:

Honest errors are a part of science and publishing and require publication of a correction when they are detected. Corrections are needed for errors of fact. Minimum standards are as follows: First, it shall publish a correction notice as soon as possible, detailing changes from and citing the original publication on both an electronic and numbered print page that is included in an electronic or a print Table of Contents to ensure proper indexing; Second, it shall post a new article version with details of the changes from the original version and the date(s) on which the changes were made through CrossMark; Third, it shall archive all prior versions of the article. This archive can be either directly accessible to readers; and Fourth, previous electronic versions shall prominently note that there are more recent versions of the article via CrossMark.

SUBMISSION & PEER REVIEW PROCESS

Submission

All manuscripts should be submitted online via the journal's website (<http://submit.e-agmr.org/submission/>) by the corresponding author. Once you have logged into your account, the online

system will lead you through the submission process in a stepwise orderly process. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication.

Peer-Review Process

- A submitted manuscript will be evaluated by editors and reviewers. All manuscripts submitted to AGMR undergo screening by the Editorial Board, who then determines whether a manuscript undergoes external review.
- The journal uses a double-blind peer review process: the reviewers are not aware of the identity of the authors, and vice versa. They are peer reviewed by at least 3 anonymous reviewers selected by the editor. We neither guarantee the acceptance without reviewing process nor very short peer review times for unsolicited manuscripts. Commissioned manuscripts will also be reviewed before publication.
- The average time interval for an initial review process that involves both editorial and peer reviews is approximately 1 month; occasionally, there are unavoidable delays, usually because a manuscript needs multiple reviews or several revisions.
- The corresponding author will be notified as soon as possible of the editor's decision to accept, reject, or ask for revisions. When manuscripts are returned for a revision, a cover letter from the editor provides directions that should be followed carefully. When submitting the revised manuscript, authors should include a Response Letter, which describes how the manuscript has been revised. A point-by-point response to the editor should be included with the revised manuscript. Authors who plan to resubmit but cannot meet this deadline should contact the Editorial Office. Manuscripts held for revision will be retained for a maximum of 90 days. The revised manuscript and the author's comments will be reviewed again. If a manuscript is completely acceptable according to the criteria set forth in these instructions, it is scheduled for publication in the next available issue.

Appeals of Decisions

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

AGMR does not consider second appeals.

MANUSCRIPT PREPARATION

AGMR focuses on clinical and experimental studies, reviews, case reports, editorials and letters in geriatric medicine and gerontology. Any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate.

General Requirements

- The manuscript must be written using Microsoft Word and saved as ".doc" or ".docx" file format. The font size must be 11 points. The body text must be left aligned, double spaced, and presented in one column. The left, right, and bottom margins must be 3 cm, but the top margin must be 3.5 cm.
- Page numbers must be indicated in Arabic numerals in the middle of the bottom margin, starting from the abstract page.
- A complete title page should be submitted separately from the main document file, and the latter should contain no information that identifies the author or the author's institutional affiliation.
- All manuscripts must be written in clearly understandable English. Authors whose first language is not English are requested to have their manuscripts checked for grammatical and linguistic correctness before submission. Correct medical terminology should be used, and jargon should be avoided.
- The use of abbreviations should be minimized and restricted to those that are generally recognized. When using an abbreviated word, it should be spelled out in full on first usage in the manuscript, followed by the abbreviation in parentheses.
- Numbers should be written in Arabic numerals, but must be spelled out when placed at the beginning of a sentence.
- Drugs and chemicals should be referred to using standard chemical or generic terms. The names and locations (city, state, and country only) of manufacturers of equipment and non-generic drugs should be given.
- Measurements should be described using the metric system, and hematologic and biochemical markers using the International System of Units. All units must be preceded by one space, except for the following symbols: percentage (%), temperature (°C), and degree (°).

All authors of a manuscript must have agreed to its submission and are responsible for its content, including appropriate citations and acknowledgements; they must also have agreed that the corresponding author has the authority to act on their behalf on all matters pertaining to the publication of the paper. By publishing in this journal, the authors agree that the Korean Geriatrics Society

has the right to protect the manuscript from misappropriation. Illustrations in published articles will not be returned to the authors.

Reporting Guidelines for Specific Study Designs

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).

Composition of Manuscripts

The manuscript sections should be presented in the following order: Cover Letter, Title Page, Abstract and Keywords, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, References, Tables, and Figure Legends. Provide only one table or figure per page. Table 1 shows the recommended maximums of manuscripts according to publication type; however, these requirements are negotiable with the editor.

Table 1. Recommended maximums for articles submitted to AGMR

Type of article	Abstract (word)	Text (word) ^{a)}	Reference	Table & figure
Original article	Structured ^{b)} , 250	3,500	50	7
Review	150	6,000	unlimited	7
Case report	150	1,500	20	7
Editorial	No	1,200	15	7
Letter to the editor	No	1,200	15	1

AGMR, Annals of Geriatric Medicine and Research; NL, no limited.

^{a)}Maximum number of words is exclusive of the abstract, references, tables, and figure legends.

^{b)}Background, methods, results, and conclusion.

Title Page

The Title Page should include only the following information:

- **Title:** The title and the running title should be 25 or less and 10 or less words, respectively. Please consider the title very carefully, as these are often used in information-retrieval systems. Please use a concise and informative title (avoiding abbreviations where possible). The title should be written in sentence case (capitalize only the first word of the title and proper nouns).
- **Author names and affiliations in the correct order:** Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation (where the

actual work was done) below the names. Indicate all institutional affiliations, including the city and country, using lower-case superscript letters immediately after the author's name and in front of the appropriate address.

- **Corresponding author:** Clearly indicate who will handle correspondence at all stages of the refereeing and publication process and after publication. Provide the full postal address, including the city and country and, if available, the e-mail address of each author. When stating the author's degree, do not place periods within "MD" and "PhD". The e-mail address and ORCID of the corresponding author should be placed in the title page. Contact details must be kept up-to-date by the corresponding author. ORCID (Open Researcher and Contributor ID) identifier must be also addressed. If the corresponding author does not have an ORCID identifier, it can be obtained through the ORCID website (<https://orcid.org>).
- **Acknowledgments:** This section is for the Conflicts of Interest, Funding, Author Contributions, ORCID, Additional Contributions, and Previous Presentations.
 - **Conflicts of Interest Disclosures:** Please include the authors' potential conflicts of interest that could possibly influence their interpretation of data. If no conflict exists, please state the following: "The researcher(s) claim(s) no conflicts of interest."
 - **Funding:** For each source of funds, both the research funder and the grant number should be listed in this section.
 - **Author Contributions:** The contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>) Taxonomy of author roles.
Sample:

Conceptualization, GDH; Data curation, JHK; Funding acquisition, GDH; Investigation, JHK, SSL; Methodology, AGK; Project administration, GDH; Supervision, GDH; Writing—original draft, JHK, SSL; Writing—review & editing, GDH, AGK

- **ORCID:** We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. In order to obtain an ORCID, authors should register in the ORCID website: <http://orcid.org/>. Registration is free to every researcher in the world.
- **Additional Contributions:** All persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here.
- **Previous Presentation:** Please inform any previous presentation of the material. Provide the exact data and location of the meeting.

Abstract & Keywords

A concise and factual abstract is required. The abstract should not be more than 250 words (150 words for case reports and reviews). Abstracts should include the following headings: Background, Methods, Results, and Conclusion. Author(s) should specify the number of study participants. The abstract's conclusion should emphasize clinical relevance. Do not use vague phrases such as "We believe that ..." or "We suppose that ...". Non-standard or uncommon abbreviations should be avoided, but if essential, must be defined the first time they are mentioned in the abstract. After the abstract, list 3-5 keywords to be used for indexing. The keywords are from medical subject headings (MeSH; <https://www.ncbi.nlm.nih.gov/mesh>). Editorials and Letters to the editor do not require an abstract. An abstract is often presented separately from the article, and therefore must be able to stand alone.

Guidelines for the Main Body

- **Introduction:** State the objectives of the work and provide adequate background, avoiding a detailed literature survey or summary of the results.
- **Materials and Methods:** Authors of empirical papers are expected to provide full details of the research methods used, including study location(s), sampling procedures, date(s) of data collection, research instruments, and data analysis techniques. Methods already published should be indicated in a reference; only relevant modifications should be described. For Case Reports, the case history or case description replaces the Methods section, as well as the Results section. Any study using human subjects or materials should be approved by the Institutional Review Board, as well through patient consent. Affiliation name of Institutional Review Board and approval number must be clearly stated as the following: "This study was approved by the Institutional Review Board of [Name of Affiliation] (Approval Number)". Any study using animals should state the Institutional Animal Care approval and number. Any other ethics approvals should also be listed. If no ethical approvals were achieved or required, please state the reason (e.g., "In this study, the Institutional Review Board of [Name of Affiliation] approved the exemption and allowed authors to review the patient's records with no need for the informed consents."). 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).

- **Results:** Results should be clear and concise. Excessive repetition of table or figure content should be avoided.
- **Discussion:** This should explore the significance of the findings, rather than repeating them. Avoid extensive citations or a discussion of published literature. The main conclusions of the study may be presented in a short Conclusion section, which may stand alone or form a subsection of the Discussion section.

References

The citation of references in the text should be made using consecutive numbers in parentheses (Vancouver style). They should be listed in the text in the order of citation, with consecutive numbering in this separate section. The style for papers in periodicals is as follows: the name and initials of all authors, the full title of article, the journal name abbreviated in accordance with Index Medicus, the year and volume, and the first and last page numbers. If there are more than 7 authors, write the names of the first 6 authors, followed by "et al." The style for a book chapter is as follows: author and title of the chapter, editor of the book, title of the book, edition, volume, place, publisher, year, and first and last page numbers. The style for a book is as follows: author, title of the book, edition, place of publication, publisher, and year of publication. The style for a website is as follows: title of the website, place of publication, publisher, year of copyright, and Internet address. Other types of references not described below should follow ICMJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html). Authors are responsible for the accuracy and completeness of their references and for ensuring that their text citations are correct. Papers still in press may be listed among the references using the journal name and a tentative year of publication. Unpublished data and personal communications may be listed only with the author's written permission.

Reference Style

- Journal article:

1. Oh TJ, Song Y, Moon JH, Choi SH, Jang HC. Diabetic peripheral neuropathy as a risk factor for sarcopenia. *Ann Geriatr Med Res* 2019;23:170-5.

- Book:

2. Fillit H, Rockwood K, Woodhouse K, Young JB. *Brocklehurst's textbook of geriatric medicine and gerontology*. 8th ed. Philadelphia, PA: Elsevier; 2016.
3. Korea National Statistical Office. Annual report on the cause of death statistics, 2015. Daejeon: Korea National Statistical Office; 2016.

- Book chapter:

4. Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh

JH, Brenner BM, editors. Hypertension pathophysiology, diagnosis, and management. 2nd ed. New York, NY: Raven Press; 1995. p. 465-78.

- Website:

5. AMA: helping doctors help patients [Internet]. Chicago, IL: American Medical Association; c2019 [cited 2019 Dec 22]. Available from: <http://www.ama-assn.org>.

Tables and Figures

Tables should be submitted separately from the main body of the paper, and figure legends should be typed on separate sheets.

- Table: Please submit tables as editable text and not as images. Avoid using vertical rules. Tables should be simple and should not duplicate information already presented in figures. Title all tables and number them using Arabic numerals in the order of their citation. Tables should be double-spaced, with each table on a separate sheet. Describe all abbreviations using footnotes. Footnotes are followed by the source notes, other general notes, abbreviation, notes on specific parts of the table (a, b, c), d...), and notes on level of probability (*, **, *** for p-values). Each column and row should have an appropriate heading. The first letter of the first word in each column and row should be capitalized. Use Arabic numerals after "Table" in accordance with the order of citation, with a space between "Table" and the Arabic number. Mean and standard deviation (mean \pm SD) and numbers of subjects are included and the significance of results is indicated through appropriate statistical analysis. The p-value should be provided to 3 decimal places and the letter "p" in "p-value" written in lower case. Table footnotes should be indicated with superscript markings. All units of measurement and concentration should be designated. Exponential terminology is discouraged. The table should be drawn in MS word and not as an image file (JPG, GIF, TIFF, etc.).
- Figure: Electronic art should be created/scanned and saved and submitted as either a TIFF (tagged image file format) or an EPS (encapsulated postscript) file. Figures must be cited in the text and numbered in order of first mention. Make sure to mark the figure number clearly on the figure or part of the electronic file name (i.e., Figure 1.tif). Line art must have a resolution of at least 1,200 dpi (dots per inch), and electronic photographs, radiographs, CT scans, and scanned images must have a resolution of at least 300 dpi. Images should be supplied at a size that approximates the final figure size in the print journal. If fonts are used in the artwork, they must be converted to paths or outlines, or embedded in the files. Color images must be created/scanned, saved, and then submitted as CMYK files. Please note that artwork generated using office suite programs such as

Corel Draw or MS Word, as well as artwork downloaded from the Internet (JPEG or GIFF files), cannot be used. Color photographs will be published if the editor considers them absolutely necessary. The expense of reproducing color photographs/ designs will be passed on to the author. The author is responsible for submitting prints that are of sufficient quality to permit accurate reproduction, and for approving the final color galley proof.

- Figure legend: All of the figure legends should be typewritten and double-spaced. Use a separate sheet for each legend. Figure legends should describe briefly the data shown, explain any abbreviations or reference points in the photographs, and identify all units, mathematical expressions, abscissas, ordinates, and symbols.

Other Manuscript Formats

General guidelines are same as for original articles.

- Review Articles: The text is structured in the following order: Title page, Introduction, Main text, Conclusion, and References, which should not exceed 100. Unstructured abstracts should contain no more than 150 words. Review article does not necessarily need to be reviewed by an Institutional Review Board.
- Case Reports
 - Case reports are considered for publication only if they report rare conditions, atypical symptoms and signs, or novel diagnostic or therapeutic approaches. The manuscript is structured in the following order: Title Page, Abstract, Introduction, Case Report, Discussion, References, Tables, and Figures. The abstract should be unstructured and should be no more than 150 words, with no more than 3 keywords attached. The introduction should briefly state the background and significance of the case. The actual case report should describe the clinical presentation and the diagnostic and therapeutic measures taken. The discussion should focus on the uniqueness of the case and should not contain an extensive review of the disease or disorder. The number of references is limited to 20. The maximum word count is 1,500 words, except references, figure legends, and tables.
 - A case report is an academic/educational activity that does not meet the definition of "research", which is: "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." Therefore, the activity does not necessarily need to be reviewed by an Institutional Review Board. However, patients have a right to privacy that should not be infringed without an informed consent. Identifying information, including patients' names, initials, or hospital numbers, should

not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published. Complete anonymity is difficult to achieve, however, an informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note.

- Editorials are an invited comment on a recently published manuscript. Editorial offers broader view of raised issues, balanced interpretation, and a link to further questions. Manuscript limitations are 1,200 words and 15 references.
- Letters to the editor: Letters to the editor comment on papers published in this journal or on other relevant matters and do not require an abstract. Manuscripts may be no longer than 1,200 words, with 15 or less references and may include only 1 figure or table. Subtitles should not be used, and any acknowledgements should be included in the body of the letter. Writing a letter is an academic/educational activity that does not meet the definition of “research”, which is: “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.” Therefore, the activity does not necessarily need to be reviewed by an Institutional Review Board.

Supplemental Data

Additional data, including Methods, Results, References, Tables, Figures, and video, 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' name, organization, and corresponding author's contact information must be specified in the first page.

FINAL PREPARATION FOR PUBLICATION

Final Version

After the paper has been accepted for publication, the author(s)

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

Manuscript Corrections

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

Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the Editorial Office (or printing office) of any errors found in the file within 2 days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

Errata and Corrigenda

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