

Instructions to Authors

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The *Korean Journal of Clinical Oncology* (*Korean J Clin Oncol*, *KJCO*) is an official publication of the Korean Society of Surgical Oncology. *KJCO* serves its readers as the single most credible, authoritative resource for disseminating significant clinical oncology research. Its scope comprised the followings: gastrointestinal, breast, head and neck cancer and soft tissue tumor including other organs tumors; molecular oncology; cancer prevention; clinical trial for chemotherapy; supportive care and quality of life issues. Its publication types include original articles, reviews, case reports, correspondences, and editorials. The journal is published biannually (30th June, 31st December) and distributed to members of the Korean Society of Surgical Oncology, medical school, libraries and related institutes to pursue the academic advancement in clinical oncology and to promote an active communication between the members and international societies of clinical oncology. Eventually, the Journal aims to cure of cancer and improvement of public health. Manuscripts for submission to *KJCO* should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred 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).

RESEARCH AND PUBLICATION ETHICS

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

Authorship and Author's Responsibility

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval of the version to be published; and 4) 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 and ORCID ID should accompany the submitted paper.
- Correction of authorship: After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors on the paper. Once a manuscript is accepted for publication we do not allow changes in the author list.
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- *KJCO* does not allow multiple corresponding authors for one article. Only one author should correspond with the editorial office and readers for one article. *KJCO* does accept notice of equal contribution for the first author when the study was clearly performed by co-first authors. There is no limitation on the number of authors.
- Contributorship: Any researcher, who does not meet all four ICMJE

criteria for authorship discussed above but contribute substantively to 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. We encourage authors to fully acknowledge the contribution of patients and the public to their research where appropriate.

Originality, Plagiarism, and Duplicate Publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the copyright holder for any material that is being reproduced. This requirement applies to text, figures, and tables published by any of the authors themselves or used from another source, unless it is in the public domain.

Secondary Publication

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

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.

Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a primary national clinical trial registration site, such as <http://cris.nih.gov>, or other sites accredited by the WHO as listed at <http://www.who.int/ictrp/en/>, or ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

Statement of Informed Consent and IRB Approval

Copies of written informed consent and Institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants also needs to be stated in the Methods section.

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the WMA Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For human, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare 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, and the ethical treatment of all experimental animals should be maintained.

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, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<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 the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

Description of Participants

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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Open Access Policy

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Data Sharing

KJCO accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). But *KJCO* has not yet formulated a policy on which types of data-sharing plans are acceptable.

Archiving Policy

KJCO provides the 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 publisher's version/PDF.

SUBMISSION

All manuscripts should be submitted online via the journal's website (<http://submit.kjco.org>) by the corresponding author. Once you have logged into your account, on-line system will lead you through the submission process in a step-by-step 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 return of the manuscript and possible delay in publication.

MANUSCRIPT PREPARATION

KJCO focuses on clinical and experimental studies, case reports, reviews, correspondences, book reviews, editorials. Any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts should be submitted in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary.

General Requirements

- The main document with manuscript text and tables should be prepared with an MS-word program.
- The manuscript should be double spaced on 21.6×27.9 cm (letter size) or 21.0×29.7 cm (A4) paper with 3.0 cm margins at the top, bottom, and left margin.
- All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the author's names nor their affiliations should appear on the manuscript pages.
- Use only standard abbreviations; use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on first mention unless the abbreviation is a standard.
- The names and locations (city, state, and country only) of manufacturers of equipment and non-generic drugs should be given.
- When quoting from other sources, give a reference number after the author's name or at the end of the quotation.
- Authors should express all measurements in conventional units, with International System (SI) units.

Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to also 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 the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

Original Articles

Original articles are reports of basic or clinical investigations. Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. The manuscript for an original article should be organized in the following sequence: title page, abstract and keywords, main text (introduction, methods, results, discussion), acknowledgments, references, tables, figure legends, and figures.

- **Title page:** Include the following items on the title page: 1) the title of the manuscript, 2) author list (include ORCID*), 3) names of each author's institutions and an indication of each author's affiliation, 4) the name, address, telephone and fax numbers, and e-mail address of the corresponding author, 5) if necessary, state the source of any research funding and list of where and when the study has been presented in part elsewhere, 6) running title of fewer than 50 characters.

***ORCID:** Open researcher and contributor ID (ORCID) of all authors are recommended to be provided. To have ORCID, authors should register in the ORCID web site available from: <http://orcid.org/>. Registration is free to every researchers in the world.

- **Abstract and Keywords:** The abstract should be concise, less than 250 words, and describe concisely, in a paragraph, Purpose, Methods, Results, and Conclusion of the study in a structured format. Up to 5 keywords should be listed at the bottom of abstract to be used as index terms. For the selection of keywords, refer Medical Subject Heading (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>).
- **Introduction:** Briefly describe the purpose of the investigation, including relevant background information.
- **Methods:** Describe the research plan, the materials (or subjects), and the methods used, in that order. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as closely as possible. The sources of special chemicals or reagents should be given along with the source location (name of company, city, state, and country). If needed, include information on the institutional review board/ethics committee approval or waiver and informed consent. Methods of statistical analysis and criteria for statistical significance should be described. Studies performed using clinical samples or data, and those involving animals, must include information on the IRB approval or waiver and informed consent. An example is shown below. "We conducted this study in compliance with the principles of the Declaration

of Helsinki. The study's protocol was reviewed and approved by the Institutional Review Board of OO (IRB No. OO). Written informed consents were obtained / Informed consent was waived."

- **Results:** The results should be presented in logical sequence in the text, tables, and figures. And repetitive presentation of the same data in different forms should be avoided. The results should not include material appropriate to the discussion.
- **Discussion:** Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the results. Explain the meaning of the observed opinion along with its limits, and within the limits of the research results connect the conclusion to the purpose of the research. In a concluding paragraph, summarize the result and its meaning.
- **Conflict of interest:** State any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically related issues.
- **Acknowledgments:** All persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here. All sources of funding applicable to the study should be stated here explicitly.
- **References:** In the text, references should be cited with Arabic numerals in brackets (e.g., [1], [2,3], [4-6]), numbered in the order cited. In the references section, the references should be numbered and listed in order of appearance in the text. The number of references is limited to 30 for original article. List all authors if there are less than or equal to six authors. List the first six authors followed by "et al." if there are more than six authors. If an article has been published online, but has not yet been given an issue or pages, the digital object identifier (DOI) should be supplied. Journal titles should be abbreviated in the style used in Medline. Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers.

Journal articles:

1. Hwang TS, Jeong AR, Na JW, Kim YY, Lee JH, Chung YS, et al. A comparative study of the clinical characteristics of breast cancer patients less than 35 years old and older patients. *Korean J Clin Oncol* 2018;14:1-7.
2. Roy AC, Hawkes EA, Bardy P, Woo T, Ting K, Astill D, et al. Rare case of precursor B-cell acute lymphoblastic leukemia presenting as a solitary paraspinal mass alone. *J Clin Oncol* 2013 Jun 24 [Epub]. <http://dx.doi.org/10.1200/JCO.2012.47.2308>.

Book & Book chapter:

3. Gordon PH, Nivatvongs S. Principles and practice of surgery for the colon, rectum and anus. 3rd ed. New York, NY: Informa Healthcare; 2007.
4. Urist MM, Soong SJ. Melanoma and cutaneous malignancies. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston textbook of surgery: the biological basis of modern surgical practice. 18th ed. Philadelphia, PA: Saunders Elsevier; 2008. p.767-85.

Dissertation:

5. Kim YS. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul (KR): Seoul National Univ; 2012.

Conference paper:

6. Rice AS, Brooks JW. Canabinoids and pain. In: Dostorovsky JO, Carr DB, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-46.
7. Basile P, Iwanicki-Caron I, Toure E, Antonietti M, Lecleire S, Di Fiore A, et al. Usefulness of circulating tumor cell detection in pancreatic adenocarcinoma diagnosis [abstract]. J Clin Oncol 2013;31(No 4_ suppl):157.

Online sources:

8. American Cancer Society. Cancer facts and statistics [Internet]. Atlanta (GA): American Cancer Society; c2013 [cited 2013 May 10]. Available from: <http://www.cancer.org/research/cancerfactsstatistics/>.
9. National Cancer Information Center. Cancer incidence in Korea, 2010 [Internet]. Goyang (KR): National Cancer Information Center; [cited 2013 May 15]. Available from: <http://ncc.re.kr/english/infor/kccr.jsp>.

- **Table:** The title of the table is written in English in the form of paragraphs and phrases at the top, with only the first letter capitalized and no punctuation at the end. Tables are to be numbered in the order in which they are cited in the text. A table title should concisely describe the content of the table so that a reader can understand the table without referring to the text. Each table must be simple and typed on a separate page with its heading above it. Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All non-standard abbreviations are explained in the footnotes. Footnotes should be indicated by ^{a), b), c), d)}. ... Statistical measures such as SD or SE should be identified. Vertical rules and horizontal rules between entries should be omitted.

- **Figure & legends for illustrations:** Acceptable figure file formats are AI, BMP, DOC, EMF, EPS, JPG, PDF, PPT, PSD, TIF, WMF, or XLS. Figures are loaded as separate files during submission process. Other formats of figure are negotiable. Contact editorial office for other formats. Contrast of figure file should be at least 600 dpi. Written permission should be obtained for the use of all previously published illustrations (and copies of permission letters should be included). In the case of multiple prints bearing the same number, use English letters after the numerals to indicate the correct order. (ex) Fig. 1A --, Fig. 1B, C. Figures should be numbered, using Arabic numerals, in the order in which they are cited. All the legends for figures should be written in English, and be self-explanatory. All the abbreviations should be described in each figure. The legends for each light microscopic photographs should include name of the stains and magnification (e.g., H&E stain, ×400). Electron microscopic photographs should have an internal scale marker and magnification (e.g., original bar length 100 μm, ×5,000). If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com/>) or from the individual publisher, except where the materials concerned have been published in an open access journal under the Creative Commons license. For tables or figures from an open access journal, simply verify the source of the journal precisely in the accompanying footnote. Please note the distinction between a free-access journal and an open access journal: it is necessary to obtain permission from the publisher of a free-access journal for using tables or figures published therein. Examples are shown below: Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier. OR Reprinted (Modified) from Weiss et al. [2], according to the Creative Commons License.

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Case Reports

- Case reports will be published only in exceptional circumstances, when they illustrate a rare occurrence of clinical importance. Case reports should address issues of importance to medical researchers and preferably should have helpful illustrations.
- The manuscript for a case report should be organized in the following sequence: title page, abstract and keywords, main text (introduction, case report, discussion), acknowledgments, references, tables, figure legends, and figures. The abstract should be unstructured and its length should not exceed 200 words. There should be no more than five figures, including tables, and no more than 15 references.

Reviews

- Reviews are invited by the editor and should be comprehensive analyses of specific topics. They are organized as follows: title page, abstract and keywords, introduction, main text, conclusion, acknowledgments, references, tables, figure legends, and figures. There should be an unstructured abstract equal to or less than 200 words.

Correspondences

- Correspondence (letters to the editor) may be in response to a published article, or a short, free-standing piece expressing an opinion. If the Correspondence is in response to a published article, the Editor-in-Chief may choose to invite the article's authors to write a Correspondence reply.

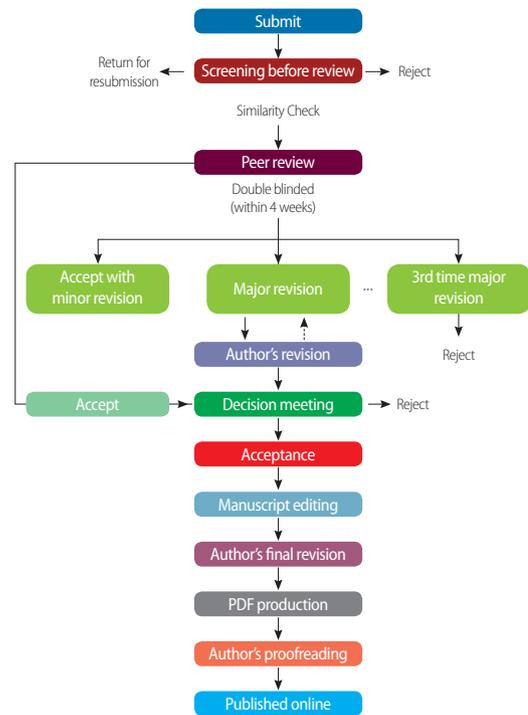
Editorials

- Editorials are invited by the editor and should be commentaries on articles in the current issue. Editorial topics could include active areas of research, fresh insights, and debates in all fields of clinical oncology.

PEER REVIEW AND PUBLICATION PROCESS

Screening Before Review

If the manuscript does not fit the aims and scope of the Journal or does not adhere to the Instructions to Authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening. The criterion for similarity rate for further screening is usually 15%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for



Similarity Check screening are as follows: It excludes quotes, bibliography, small matches of 6 words, and small sources of 1%.

Peer Review Process

After screening, a manuscript sent to the 2 most relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. Authors' names and affiliations are removed during peer review. The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. An initial decision will normally be made within 4 weeks of receipt of a manuscript, and reviewers' comments are sent to the corresponding authors. Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate the alterations that have been made in response to the referees' comments item by item. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. A final decision on acceptance for publication or rejection for publication is forwarded to the corresponding author from the Editorial Office.

- 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 their reasons for their 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 the Committee of Publication Ethics available form (<https://publicationethics.org/appeals>). *KJCO* does not consider second appeals.

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. The EPS, JPG, PPT, TIF formats are preferred for submission of digital files of photographic images. 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 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, within 2 days, the editorial office (or printing office) must be notified of any errors found in the file. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

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To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of author's errors) or errata (corrections of publisher's errors) in a later issue of the journal.

ARTICLE PROCESSING CHARGES

For unsolicited manuscripts, the corresponding author is asked to pay for a part of the costs of article processing. The processing charge for an article is 100,000 Korean won (US \$100) regardless of the type of article (Woori Bank 1005-901-283811/ Korean Society of Surgical Oncology).

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NOTICE: These recently revised instructions for authors will be applied beginning with the June 2019 issue.