

Internet WebSite (<http://www.ktcvs.or.kr>) User's Guide

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Since May 1997, Korean Society of Thoracic and Cardiovascular Surgery (KTCVS) has been operating official internet website (<http://www.ktcvs.or.kr>). At that time, small number of pioneers were interested in web-surfing for medical informatics and communication. However, rapid explosion of internet environment made our world changed. World Wide Web stimulated its propagation. Mobile telecommunication added more accessibility. Nowadays, smart phones and tablet computers make our paradigm shift continuously and vigorously.

In order to cope with those rapidly changing internet and medical environment, we should keep an eye on international trend and preparing ourselves for better clinical practice, research activity, education, communication, and so on. We think our website can be helpful, but we need more attention, sincere advices, and suggestions. Therefore, we described herein a manual for using our website effectively and properly.

In order to connect our website, you need to set up appropriate hardware and software. Detailed instruction is as described below.

1) Computer

Most up-to-date model of desktop PC or laptop computer with high-speed modem or network adapter (LAN card) will be helpful. Minimum requirement is Pentium processor and 257 MB RAM or more. Recent internet environment requires better hardware performance for expanding number of multimedia contents including surgical video clips with high-definition quality.

2) Internet Connection

If you can connect with high-speed ethernet adaptor (LAN), please contact with network manager in your institution. Otherwise, in case of modem user, you can use ADSL or VDSL service via telecommunicating company such as KT or SKT.

3) Browsers

As you want to connect any internet website, you need specialized program named "web-browser" such as Microsoft

Internet Explorer or Firefox. Our homepage was built in Microsoft Windows NT environment and changed into LINUX environment after January 2001. Multimedia contents had been added up since then. As a result, Internet Explorer 6.0 or more is needed for proper working.

After you checked your hardware and software, you can connect our website by typing "ktcvs.or.kr" on the "location" box control of your internet browser. After successful connection, you can see the main page as Fig. 1. You can also add our website on your favorites. As you move around your mouse over the page, tip of the mouse control arrow may be changed into small finger pointer on the menu or control buttons. You can move into the specific pages by clicking your left mouse button.

Some pages require ID and password. If you need your ID and password, please contact with our website manager or society office. (society@ktcs.or.kr)

Our website consists of main page and seven major categories. From below you can find those categories and contents.

1. Main Page

Here you can see the main official notice as reverse chronological fashion. Newest update of upcoming events is shown. Recent interesting medical news is also available. Main menu bar is located above the notice. Around the main notice, there are many banners and advertisements.

Useful links are shown and updated regularly. English version is also available. There is quick link button on the top right corner.

If you are logged in to our website, you can read or modify your personal information through "modify" button on the left upper side of this page.

2. Introduction

In this page, you can read greeting message from the chairman, chronicle, organization, board member, history of webpage, rules, and list of training hospitals.

3. Journal

The official journal of our society (Korean Journal of Thoracic and Cardiovascular Surgery) is the only one and the first Korean journal that has a genuinely full, all digital manuscripts from 1968 to the present. This great achievement could be done by the sponsorship of Korean Research and Development Information Center. You can read all manuscripts as a PDF format. Well organized, simple query program can help you search specific papers. You can also browse all the issues as chronological manner.

Electronic manuscript submission and on-line reviewing system is fully active now and you can process academic works more efficiently and rapidly.

4. Events of Interest and (International) Activities

Schedules for monthly colloquium, annual meeting, symposia, and CUG are available from this pages. Event calendar for domestic or international meetings is also available. Some pages have original powerpoint slide files or videoclips. Monthly colloquium recommends obligatory submission of abstract and presentation file since March 2001.

International activities of our members are also listed. Publication of manuscript, conference presentation, and other activities can be easily uploaded by corresponding members.

5. National Database

National database is available from 1993 to present. Data collection form, diagnostic and operative codes for our database can be downloaded. These pages are restricted to our society members. There also exist information of medical companies and their products. Recent update adds information about international scholars of renowned achievements.

6. Membership

This is closed space for the society member or semi-member. Committee pages introduces ten committees. Chair and members list are regularly updated. All committee members can communicate in closed chatting room. Open Q&A room is also available.

Among our society members, anyone who interested in the same subject regarding educational, scientific, or friendship can gather round the closed user group (CUG). There already exist a lot of CUG's but many of them are not quite active. Please reactivate our small society and enjoy your cyberlife.

Using member query page, they can search other surgeon's

profile. There also exist member's notice and free bulletin board. You can read or write our opinion freely. Accumulated contents will be very valuable. Mutual communication with Q&A and reply series can make our society healthy, young and dynamic.

More spaces will be available in the near future, such as mutual links for SNS, web-disk, advertisement, and recruitment system.

7. My Page

All members can read or modify their profile in this new page. They can manage their personal information with clinical and scientific achievements.

8. General Information

There are hospital query system, related links, and other informations. Four local branch societies, consisting of Daegu-Gyeongbuk, Busan-Ulsan-Gyeongnam, Chungbu, and Honam, are also introduced.

Our website is not for a few. It's ours. Any members of our society can participate and modify. Active communication can make our homepage more valuable. No specific technique or technology is needed. Only express your feeling, any inconvenience, or advices. We, cardiothoracic surgeons, are very busy, both physically and mentally. However, if you can enjoy our communication in cyberspace, you should be happy in your clinic, office, or anywhere. Our website is always ready for your side.



Fig. 1. Main page of KTCVS.

Instruction for Authors

Revised on January 1, 2019

The Korean Journal of Thoracic and Cardiovascular Surgery (KJTCVS) is a peer-reviewed official journal of the Korean Society for Thoracic and Cardiovascular Surgery (KTCVS). The journal is published bimonthly and its abbreviated title is Korean J Thorac Cardiovasc Surg. The journal publishes outstanding research articles in general thoracic and cardiovascular surgery and related fields. KJTCVS is committed to providing a place of active communication for all thoracic surgeons, advancing our knowledge on thoracic and cardiovascular surgery including physiology, diagnosis and treatment, and offering effective treatment and cure to the public ultimately. In addition to members of the society, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts for submission to the journal 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).

I. 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>).

1. Exclusive Publication Statement

The manuscript that has been published previously or is currently under consideration for publication elsewhere (including all thesis) will not be accepted for publication of KJTCVS. Also, the manuscript that has been accepted in KJTCVS should not be duplicately published in other journals. However, in the case of the thesis for a degree, the major contents can be

introduced in accordance with a rule of “Key Reference”. “Secondary publication” might be conceded to the manuscript with permission from bilateral editors or written by different language, after each author’s certifying in the “Notice”.

2. 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.

3. 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.

4. Statement of Informed Consent

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 (i.e., verbal or written) also needs to be stated in the Methods section.

5. Statement of Human and Animal Rights

All human investigations must be conducted according to the principles expressed in the Declaration of Helsinki (<http://www.wma.net/en/30publications/10policies/b3/index.html>). Indicate whether or not your IRB (or Ethics Committee or comparable group) approved this study and whether or not individual consent for the study was obtained or waived. When animals are used as subjects, institutional approval of the protocol is

necessary and authors should include a statement in methods indicating that investigators complied with the Institutional Animal Care and Use Committee or an equivalent guideline.

6. Authorship

All authors must have made a significant intellectual contribution to the manuscript according to the criteria formulated by the International Committee of Medical Journal Editors. 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 4 conditions. After the initial submission of a manuscript, any changes whatsoever in authorship (adding authors, deleting authors, 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. Copyright assignment must be completed by every author. Before publication of an accepted manuscript, each author is required to certify by signing the conditions for Publication Form that he or she has participated sufficiently in the work to take responsibility for a meaningful share of the content of the manuscript. An image file of the conditions for publication form signed by all authors should be attached to the manuscript.

7. 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.

8. 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.

II. COPYRIGHTS, OPEN ACCESS, ARCHIVING POLICY, AND DATA SHARING

1. Copyright

Copyright in all published material is owned by the KSTCS. Authors must agree to transfer copyright during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

2. Open Access Policy

KJTCVS is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to be permitted for use of tables or figures published in KJCO in other journals, books, or media for scholarly and educational purposes. This is in accordance with the Budapest Open Access Initiative definition of open access.

3. Archiving Policy

The full text of KJTCVS has been archived in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/1683/>), National Library of Korea (<https://www.nl.go.kr/>) from the 1th issue of Volume 44, 2011. 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.

4. Data Sharing

KJTCVS accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in JKMS vol. 32, no. 7:1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

III. GENERAL INFORMATION

1. Publication Types

Manuscripts are categorized as editorial, basic research, clinical research, case report, how-to-do it, classics in thoracic surgery, collective of current review, lecture, brief communication or correspondence, and key reference. The abstracts and discussions of the annual meetings or conferences can be published.

2. Language

Manuscripts should be written primarily in English. Manuscripts in Korean, however, also can be received if the Citations, Acknowledgments, Tables, Figures, and References are written in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary and the most recent edition of English-Korean, Korean-English Medical Terminology, published by the Korean Medical Association (<http://term.kma.org/search/list.asp>).

3. Submission and Review of Manuscripts

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.

1) Submission of manuscripts

All manuscripts should be submitted online via the journal's website (<http://www.kjtcvs.org/>) with written consents containing all the authors' signatures on copyright transfer by the corresponding author, and author's checklist. And all the reviewing and editing is also performed via this system. Microsoft Word is the preferred software program. Any questions and answers regarding the review process and other related matters can be checked on the above on-line system. In addition, whenever any changes are made during the process of a review of the manuscripts, the relevant information is forwarded to the corresponding author and the first author. Authors can submit their manuscripts throughout the year, and the date of receipt will be the day when the Editorial Board receives the draft. Accepted manuscripts for publication by the journal will be sent to authors for proofreading after printing. All accepted manuscripts are processed by system of **iThenticate®** to prevent any issues concerning plagiarism and authors can be asked to revise manuscript by editor. After

that, the editor will proofread the draft more than one time. Unless special requests are made, the society will not be obligated to return the draft, regardless of its publication.

2) Peer review process

(1) Assigning of reviewers

All examinations of papers are performed via an online submission system. Manuscripts are sent to the 3 most relevant investigators for reviewing of the contents. Three reviewers send the examination results to the editor through the e-submission system. The identities of the referees will not be revealed to the authors.

(2) Duration of examination for papers

Manuscripts should be completely examined within 1 month. The reviewer must complete the initial examination and send the results, including a suggestion to continue review or reject the manuscript, to the editor within 2 weeks.

(3) Final decision of examination results

The results of the review will be classified as follows:

- Accepted: The manuscript will be forwarded to the publisher without further corrections.
- Minor revisions: The author should address the comments of the reviewers, which will be confirmed before being sent to the publisher.
- Major revisions: The author should address the comments of the reviewers and make the appropriate corrections prior to additional review by the reviewers.
- Rejection: If at least one of the 3 reviewers rejects the manuscript, then a final decision will be made by the editor based on the rules set forth by the Editorial Board. If the author has reasonable cause to ask for reexamination of his/her paper, then the editor shall consult to the reviewer and make a final decision.
- Consultation: Review of the manuscript will be carried out through consultation with the appropriate subcommittees and subspecialists.

3) Rules associated with rejection

- If the subject of the original article includes clinical characteristics similar to a previous publication without offering new results, the paper should be rejected.
- If a case report presents a disease previously published in original articles, the paper can be rejected. The exception is a case presenting a different clinical manifestation, different

diagnostic tests, or a new treatment modality from the previous case reported.

- If the paper asserts the effectiveness of a drug or good and if the editor judges the paper can be used for commercial benefit, the editor can reject the paper after consultation with the subspecialty committee.

- If the paper was rejected in the past, it cannot be resubmitted.

- If the author does not address the revised documents following receipt of reviewers' comments, the paper can be rejected.

IV. MANUSCRIPT PREPARATION

The editors reserve the right to improve the style and, if necessary, return the manuscript to the author for revision. The main document with manuscript text and tables should be prepared with Microsoft Word.

- The manuscript should be written in 11 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.

- The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, type the full word initially and then give the abbreviation in parentheses. Define abbreviations at first appearance in the text and from then on, re-write only the abbreviation.

- Arabic numerals are mandatory and units of measure should be presented according to the International System (SI) of units.

- 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 or the HUGO Gene Nomenclature Committee.

1. Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational 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).

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org
PRISMA	Preferred reporting items of systematic reviews and meta-analyses	http://www.prisma-statement.org
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/resources/downloads/other-instruments/moose-statement-2000pdf

2. Size Limit & Format

Category ^{a)}	Maximum size (pages of A4) ^{b)}	Abstract form & no. of word	No. of figures/tables	Maximum no. of references	Keywords
Editorial	3	-	2	5	-
Basic Research	20	SA, 250	10	30	5
Clinical Research	15	SA, 250	10	20	5
Case Report	5	UA, 150	3	8	5
How-to-do-it	5	UA, 150	3	5	5
Collective or Current Review	30	UA, 150	10	60	5
Brief Communication or Correspondence	2	-	3	5	-
Key References	2	-	5	5	-
Historical Note	10	UA, 150	10	20	5

The size of the manuscript should not exceed its limit according to the article type. SA, structured abstract (background, methods, results, conclusions); UA, unstructured abstract.

^{a)}The category of complying with the Editorial Board's decision. ^{b)}Title page and legends of figures/tables/photographs are excluded from the size limit.

3. Basic Research and Clinical Research

The manuscript should be arranged in the following order: title page, abstract and keywords, main text (introduction, methods, results, and discussion), conflict of interest, (acknowledgments), ORCID, references, tables, and figure legends.

1) Title pages

The title page should carry the following English information.

- Manuscript title, which should be concise but informative. The title is limited to 100 characters including spaces.

- Each author's name (first name, middle name, and family name) followed by the highest academic degree and ORCID (Open Researcher and Contributor ID) number. The number of

authors may not exceed six persons unless there are particular circumstances.

- The name of the departments, institutions, city, and nation where the work was conducted.

- For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (^{1, 2, 3...}).

- A running head of 40 characters or less may be included for editorial purposes and revised by the Editorial Board if inappropriate.

- The name, affiliation, complete mailing address, telephone number, fax number, and e-mail address of the corresponding author for correspondence and reprints.

- Meeting presentation: If the paper has been or is to be presented at the meeting of an academic society or association, the name of the meeting should be provided.

2) Abstract and keywords

The only abstract of research articles should contain the following components in the order listed: Background, Methods, Results, and Conclusion. It should be no more than 200 words. Keywords with a maximum of 5 items should be listed at the end of the Abstract. If keywords are not on the list published in volume 34-1 (January 2001) or on the keywords dictionary of the Journal, they can be based on Medical Subject Heading (MeSH) of Medline (<http://www.nlm.nih.gov/mesh/MBrowser.html>). And keywords should begin with a capital letter and may be revised by the Editorial Board. However, at least one obligatory keyword should be selected from the appended list (obligatory key words) of each volume of the journal.

3) Main text

The main text should be arranged in this order: Introduction, Methods, Results, and Discussion. Every reference, figure and table must be cited numerically in the order mentioned in the text.

- Introduction: The Introduction should address the purpose of the study briefly and concisely, and include background reports only related to the purpose of the study.

- Methods: Materials, methods, and study design should be presented 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). A statement concerning IRB approval and consent procedures must appear at the beginning of the Methods

section when clinical studies or experiments using laboratory animals or pathogens are done. Methods of statistical analysis and criteria for statistical significance should be described. An ethics statement should be placed here when the studies are done using clinical data, samples or animals (Refer to section I. RESEARCH AND PUBLICATION ETHICS). 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.

- Results: A detailed description of the study results should be clearly arranged in a logical manner. In cases in which tables are used, the contents described in tables should not be redundantly described in the main text, but the important trends and points should be emphasized.

- 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. The conclusion should be in this section, which includes a comprehensive description of the judgment or thoughts of the authors being induced from the Results and Discussion sections and corresponding to the purpose of the study mentioned in the Introduction. The simple summary or overlapped array of the results should be avoided.

4) Conflict of interest

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). Any members of Editorial board of KJTCVS must declare that he or she is an Editorial Board of KJTCVS, however, did not involve in the peer reviewer selection, evaluation, and decision process

of this article. Otherwise, no potential conflict of interest relevant to this article was reported.

5) Acknowledgments

The acknowledgments should be presented after the main text and before the reference list. Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, e.g., scientific adviser, data collection, or participation in clinical trial. All sources of funding applicable to the study should be stated here explicitly. All original articles, editorials, reviews, and new technology articles must state sources of funding for this study.

6) ORCID

All authors are recommended to provide an ORCID. To obtain an ORCID, authors should register in the ORCID web site: <https://orcid.org>. Registration is free to every researcher in the world.

7) References

In the text, references should be cited with Arabic numerals in brackets and numbered in the order cited. The abbreviated journal title shall be used according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the Journal Browser of KoreaMed (<http://www.koreamed.org/JournalBrowser.php>). References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1,4,7], or [6-9], Kim and Jang [5], or Park et al. [6]. Six authors can be listed. If there are more than six authors, only list the first three names 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. For more on references, refer to the Citing Medicine: the NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

Sample references are given below:

Journal Articles

1. Park S, Kang CH, Kim HS, Park IK, Kim YT, Kim JH. *Colon interposition in children after failed tracheoesophageal fistula repair*. Korean J Thorac Cardiovasc Surg 2011;44:452-4.
2. Brehm JM, Hagiwara K, Tesfaigzi Y, et al. *Identification of*

FGF7 as a novel susceptibility locus for chronic obstructive pulmonary disease. Thorax 2011;66:1085-90.

Books

3. Topol EJ, Teirstein PS. *Textbook of interventional cardiology*. 6th ed. Philadelphia (PA): Elsevier Saunders; 2012.

Book Chapters

4. Korman SH, Keren A. *Metabolic heart failure*. In: McDonagh TA, Gardner RS, Clark AL, Dargie H, editors. *Oxford textbook of heart failure*. New York (NY): Oxford University Press; 2011. p. 55-76.

Website

5. National Cancer Institute. *General information about non-small cell lung cancer (NSCLC)* [Internet]. Bethesda, (MD): National Cancer Institute; 2011 [cited 2018 Dec 20]. Available from: <http://cancer.gov/cancertopics/pdq/treatment/non-small-cell-lung/healthprofessional>.

8) Tables

Tables should be double-spaced and inserted on a separate page at the end of the text document, with the table number, table title, and legend. The numbers should be allocated accordingly in order in which the table was quoted in the main text. The title and contents of a table should be concise and clear, so that a reader can understand the table without referring to the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. Tables should be written as "Table" in the text. No vertical or horizontal lines are allowed to be included within a table. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. Statistical measures such as SD or SE should be identified. All nonstandard abbreviations should be defined in footnotes. A table should not exceed one page when printed. Use lower case letters in superscripts ^{a)}, ^{b)}, ^{c)} ... for special remarks. Each mark must be defined in a footnote.

9) Figures

Each figure should be submitted in a separate file. They should be submitted in EPS, TIF, JPEG, or PPT format. The figures should be sized to column width (8.5 or 17.5 cm). The figure images should be provided in high resolution (preferably 600 dpi for figures and 1,200 dpi for line art and graphs).

Figures should be numbered in the form Fig. 1, Fig. 2, and

Fig. 3 using Arabic numerals, in the order in which they are cited. 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).

Titles and detailed explanations belong in the figure legends, not on the illustrations themselves. Microscopic images should be described with staining method and magnification rate (e.g., H&E, ×400). Electron microscopic photographs should have an internal scale marker. Figures can be marked with arrows, letters, or other indicators, if necessary. Figure legends should consist of a one-sentence description rather than a phrase or a paragraph. If the figures are not original, the author must contact each publisher to request permission and this should be remarked on in the footnote to the figure.

4. Collective or Current Review

Review article shall be limited to an invited review article, which, by the Editorial Board, was selected as a significant theme from areas relevant to thoracic and cardiovascular surgery field and whose authors were selected and referred on the basis of articles published in this or other journals. The submitted manuscript should be decided to be published via reviewing of the Editorial Board. It should include a title page, abstract and keywords, introduction, body text, conclusion, conflict of interest, (acknowledgments), ORCID, references, tables, and figure legends. There should be an unstructured abstract less than or equal to 100 words.

5. Case Report

Case report shall cope with states of diseases that has not been reported or has rarely seen, and those that had been already reported but are distinctively different from the previous reports can be published in this journal. Its abstract, unlike those for research articles, shall have only one paragraph and be written within 100 words. Its cover should include the phrase "Case Report", and its title cannot include "... case" or "A case of." It should include title page, abstract and keywords, case report(s), discussion, conflict of interest, (acknowledgments), ORCID, references, tables, and figure legends. Its discussion shall focus on what the case report emphasizes.

6. Editorials

Editorials are invited perspectives on an area of thoracic and cardiovascular surgery, dealing with fields of research,

current medical interests, fresh insights and debates. No abstract is required for Editorial.

7. Brief Communication or Correspondence (Letter to the Editor)

Brief Communication is comments or opinion of reviewer (or other readers). Correspondence is a letter from author (or reviewers) to editor. No abstract is required and do not include tables.

8. How to Do It

"How to Do It" article should be a description of a useful surgical technique or innovative concept, and contain descriptive, illustrative material.

9. Key References

Key reference is condensed form of important article which was presented on other book (e.g., university press). No abstract is required. This is not subjected to double publication (e.g., diploma paper).

10. Historical Note

Describe breakthrough achievements that led to the development of thoracic surgery in Korea. These articles may include biographical heritage of the Korean Thoracic Surgery Society. These articles must be proved by official organization.

V. PUBLICATION PROCESSING CHARGES

1. Submission charge: Free charge
2. Review charge: Free charge
3. English proofreading charge: Free charge
4. Reprints (option): 20,000 KRW (20 USD) (Please contact the publisher for over 50 copies.)

VI. EDITORIAL OFFICE CONTACT INFORMATION

Send all correspondence regarding submitted manuscripts to:
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NOTICE: These recently revised instructions for authors will be applied beginning with the February 2019 issue.

Obligatory Key Words

A

Abdominal organs
 Ablation
 Actinomycosis
 Acute respiratory distress syndrome (ARDS)
 Adjuvant therapy
 Adult
 Airway
 Allograft
 Anastomosis
 Anatomy
 Anesthesia
 Aneurysm
 Angina
 Angiogenesis
 Angiography
 Animal model
 Anomaly
 Anti-arrhythmic agents
 Anti-arrhythmic drugs
 Antibiotics
 Antibody
 Anticoagulants
 Aorta
 Aorta, arch
 Aorta, surgery
 Aortic dissection
 Aortic root
 Aortic valve
 Aortic valve, surgery
 Apoptosis
 Arrhythmia
 Arrhythmia surgery
 Arteries
 Artificial heart
 Atherosclerosis
 Atrium
 Autograft
 Autonomic nervous system

B

Barrett's esophagus
 Bayesian statistics
 Beating heart

Biochemistry
 Bioengineering
 Biomaterials
 Bioprosthesis
 Biopsy
 Bleb
 Blood
 Blood transfusion
 Blood transfusion expanders
 Blood volume
 Blunt trauma
 Body weight
 Brachytherapy
 Brain
 Bronchi
 Bronchial arteries
 Bronchial diseases
 Bronchial neoplasms
 Bronchial tumor
 Bronchiolitis obliterans
 Bronchoscopy
 Bronchus
 Bullae
 Bypass

C

Calcification
 Cancer
 Carcinoma, non-small cell, lung
 Carcinoma, out cell
 Cardiac
 Cardiac anatomy
 Cardiac arrest
 Cardiac assist device
 Cardiac catheterization
 Cardiac function
 Cardiac transplantation
 Cardiogenic shock
 Cardiomyopathy
 Cardiomyopathy, obstructive
 Cardiomyoplasty
 Cardiopulmonary bypass
 Cardiopulmonary bypass, blood reactions
 Cardiopulmonary bypass,

complications
 Cardiopulmonary bypass, inflammatory response
 Cardiopulmonary bypass, morbidity
 Cardiovascular drugs
 Carina
 Carotid arteries
 Catheter
 Cell biology
 Cell signaling proteins (interleukins, chemokines, etc.)
 Cell transplantation
 Cerebral circulation
 Cerebral complication
 Cerebral protection
 Cerebrovascular disease
 Chemotherapy
 Chest
 Chest wall
 Child
 Chylothorax
 Circulation
 Co-morbidity
 Comorbidity
 Complication
 Combinations of surgery
 Computed tomography
 Computer simulation
 Conduits
 Congenital heart disease (CHD)
 Conotruncal abnormalities
 Coronary artery bypass
 Coronary artery bypass conduits
 Coronary artery bypass surgery
 Coronary artery pathology
 Coronary artery pharmacology
 Coronary sinus
 Cysts
 Cytokines
 Cytotoxins

D

Database
 Defibrillation
 Device

Diabetes mellitus
Diaphragm
Drugs

E

Echinococcosis
Echocardiography
Education
Elderly (>70 years)
Electron microscopy
Embolism
Embryology
Emphysema
Empyema
Endarterectomy
Endocarditis
Endoscopy
Endothelium
Endovascular stent
Esophageal anomaly
Esophageal cancer
Esophageal cancer, biology
Esophageal congenital anomalies
Esophageal disease
Esophageal motility disorders
Esophageal neoplasms
Esophageal perforation
Esophageal substitutes
Esophageal surgery
Esophagoscopy
Esophagus
Ethics
Experimental surgery
Extracorporeal circulation

F

Fibrin
Fistula
Fluorescence
Foreign body
Foreign bodies

G

Gastroesophageal reflux
Gender
Gene therapy
Genes

Geriatric
Glue, biologic
Great vessels

H

Health demographics
Health economics
Health policy
Heart anatomy
Heart and lung transplantation
Heart arrest, induced
Heart assist device
Heart catheterization
Heart failure
Heart lung transplantation
Heart neoplasms
Heart pathology
Heart physiology
Heart preservation
Heart septal defects
Heart transplantation
Heart valve, allograft
Heart valve, autograft
Heart valve, bioprosthesis
Heart valve disease
Heart valve, mechanical
Heart valve prosthesis
Heart valve, stentless
Heart valves
Heart ventricle
Heart ventricle function, left
Hematology
Hemodynamics
Hemorrhage
Hemothorax
Heparin
Hernia
Hernia, hiatal
Heterotaxy
Hiatal hernia
Histology
History
Homograft
Hydatid disease
Hypertrophic obstructive cardiomyopathy
Hyperhidrosis
Hypothermia
Hypoxia

Imaging
Immunology
Incision
Infant
Infarction
Infection
Infection agents
Inhibitors
Inisions
Inotropic agents
Intraoperative care
Instruments
Intraoperative care
Intubation
Ischemia
Ischemia/reperfusion
Ischemic heart disease
Ischemic mitral regurgitation

K

Kidney

L

Larynx
Laser
Left ventricular assist device
Less invasive surgery
Leukocytes
Lipid peroxidation
Lipoma
Liver
Lobectomy
Lung
Lung, anomaly
Lung, decortication
Lung infection
Lung neoplasms
Lung pathology
Lung physiology
Lung preservation
Lung surgery
Lung transplantation
Lung volume reduction
Lymph nodes
Lymphocytes

M

Magnetic resonance angiography
 Magnetic resonance imaging
 Mediastinal disease
 Mediastinal lymph nodes
 Mediastinal neoplasms
 Mediastinitis
 Mediastinoscopy
 Mediastinum
 Mesothelioma
 Metabolism
 Metastasectomy
 Minimally invasive surgery
 Mitral valve
 Mitral valve, repair
 Mitral valve, replacement
 Molecular biology
 Monocytes
 Morbidity
 Mortality
 Multiple valve surgery
 Myasthenia gravis
 Myocardial infarction
 Myocardial injury
 Myocardial mechanics
 Myocardial metabolism
 Myocardial remodeling
 Myocardium
 Myocyte
 Myopathy
 Myxoma

N

Neonate
 Neoplasm biology
 Neoplasm metastasis
 Neoplasm outcomes
 Neoplasm staging
 Neurocognitive deficits
 Neurogenic tumor
 Neurologic injury
 Neutrophils
 Nitric oxide
 Nutrition

O

Obesity
 Off-pump

On-pump
 Outcome assessment
 Outcomes
 Organ preservation
 Oxygen

P

Pacemaker
 Pacemaker, artificial
 Pathology
 Pathophysiology
 Pediatric
 Penetrating trauma
 Perfusion
 Perfusion, retrograde
 Pericardium
 Peripheral vascular disease
 Pharmacology
 Pharynx
 Phrenic nerve
 Physiology
 Platelets
 Pleura
 Pleural disease
 Pleural effusion
 Pleural space
 Pneumothorax
 Polymerase chain reaction
 Positive emission tomography (PET)
 Postinfarction cardiac complications
 Postoperative care
 Potassium
 Preconditioning
 Pregnancy
 Preoperative care
 Professional affairs
 Prognosis
 Prophylaxis
 Prostaglandins
 Prosthesis
 Protease inhibitors
 Proteins
 Pulmonary arteries
 Pulmonary embolism
 Pulmonary function
 Pulmonary valve
 Pulmonary veins
 Pulmonary vascular resistance

Q

Quality of life

R

Radiation therapy
 Radiofrequency
 Radiology
 Radiotherapy
 Reactive oxygen species
 Receptors
 Recurrent laryngeal nerve
 Regression analysis
 Regurgitation
 Rejection
 Remodeling
 Reoperation
 Reperfusion
 Research
 Restenosis
 Resuscitation
 Retrograde perfusion
 Revascularization
 Ribs
 Right ventricle
 Risk analysis
 Risk models
 Robotics
 Ross operation
 Rupture

S

Saphenous vein
 Sarcoma
 Shock
 Shunts
 Smoking
 Spinal cord
 Staging
 Staples
 Statistics
 Stenosis
 Stentless heart valve
 Stents
 Sternum
 Stomach neoplasms
 Stroke
 Surgery
 Surgical instruments

Surgical operation
Survival
Survival analysis
Suture
Sympathectomy
Symptoms

T

Temperature
Tetralogy of Fallot
Thoracic duct
Thoracic outlet
Thoracic radiography
Thoracoplasty
Thoracoscopy
Thorax
Thromboembolism
Thrombosis
Thymectomy
Thymoma
Thymus
Tissue adhesives
Tissue engineering

Tomography
Total circulatory arrest, induced
Trachea
Tracheal injury
Tracheal neoplasms
Tracheal stenosis
Tracheal surgery
Tracheal tumor
Transesophageal echocardiography
Transposition of the great vessels
Trauma
Trauma, blunt
Trauma, penetrating
Tricuspid valve
Tricuspid valve surgery
Tuberculosis
Tumor, benign
Tumor, malignant

U

Ultrasound
Univentricular heart

V

Vagus nerve
Valve disease
Vascular disease
Vascular tone and reactivity
Veins
Venous disease
Ventilation
Ventricle
Video-assisted thoracic surgery (VATS)
Viruses

W

Wound closure
Wound dehiscence
Wound healing
Wound infection

X

Xenograft
X-ray

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- Components:** The title page must contain all of the followings; clear title, name and affiliation of all authors, information of the corresponding author (address, telephone number, fax number, and e-mail address), and running head.
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