

Instructions for Authors

Recently revised March, 2023

The *Korean Journal of Transplantation* (KJT) is the official journal of The Korean Society for Transplantation (KST), launched in 1987. KJT is an international, peer-reviewed, open-access journal, published quarterly on the last day of March, June, September, and December. The manuscript submitted to the journal should present information and knowledge related to transplantation that is scientifically sound, innovative, and ethical. KJT focuses on research topics including clinical investigations in transplantation, basic research in transplantation immunology, and the translation of research findings into practical applications.

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

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ARTICLE PROCESSING CHARGE

KJT is an open access journal that does not charge authors any fees. All costs associated with publishing, including article processing charges, are fully covered by the publisher.

RESEARCH AND PUBLICATION ETHICS

KJT 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 (<https://doaj.org/bestpractice>), and the Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13). Furthermore, all processes of handling research and publication misconduct (or when faced with cases of suspected misconduct) shall follow the applicable Committee on Publication Ethics (COPE) flowchart (<https://publicationethics.org/resources/flowcharts>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection, may prejudice the acceptance of future submissions, and may be highlighted within the pages of the journal.

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<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 Declaration of Helsinki will not be considered for publication. For human subjects, 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.

Statement of Informed Consent and Ethical Approval

Studies involving human subjects must retain copies of written informed consent. If the participant is unable to provide it, a legal guardian or parent may provide it instead. Authors may submit any legally recognized form used to obtain the patient's consent as a copy of the informed consent.

All clinical studies involving human participants must include a certificate, agreement, or approval from the Institutional Review Board (IRB), and manuscripts reporting such research must include a statement detailing the name of the ethics committee and reference number where appropriate. For clinical studies involving animal subjects, a certificate, agreement, or approval from the Institutional Animal Care and Use Committee (IACUC) is required. In case of questions about IRB/IACUC approval and study conduct, the editor or reviewers may request copies of these documents.

Conflicts of Interest Statement

All participants in the publication and peer review process—not only authors but also peer reviewers, editors, and Editorial Board members of the journal—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion.

These conflicts of interest must be included on the title page. Authors should certify the disclosure of any conflict of interest with their signatures. Peer reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Further guidance is available from COPE (<http://www.icmje.org/recommendations/>). If undisclosed conflict of interest is suspected in a submitted manuscript or published article, a committee composed of Editorial Board members will be held and discussed, and KJT will follow the process of the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

Authorship

According to the ICMJE recommendation, authorship credit should be based on the following four criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of

data for the work; AND (2) Drafting the work or revising it critically for important intellectual content; AND (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 all four criteria.

- A list of each author's role should accompany the submitted paper. The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- Correction of authorship: Requests for changes in authorship (including the addition or removal of authors or a change in author order) after the initial manuscript submission and before acceptance of the paper should be made in writing to the editor, with a letter or email from all authors explaining the requested changes. The letter must be signed by all authors of the paper. Additionally, each author must complete the copyright assignment.
- Role of corresponding author: The corresponding author is primarily responsible for communication with the journal during manuscript submission, peer review, and publication. This author typically ensures that all of the journal's administrative requirements are met, including providing details of authorship, ethics committee approval, clinical trial registration documentation, and conflicts of interest forms and statements. The corresponding author is responsible for being available throughout the submission and peer review process to respond to editorial queries in a timely manner. This duty may be delegated to up to two authors. Additionally, after publication, the corresponding author should be available to address critiques of the work and cooperate with any requests from the journal for data, additional information, or clarification on the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and/or financial support should have their contributions listed in the Acknowledgments section of the article.
- Recommendations for working with people with personal connections: Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the "Guidelines for Preventing Illegitimate Authorship" by the National Research Foundation of Korea (<https://www.cre.re.kr/>).

Originality, Plagiarism, and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in the same or a different language). Secondary publication may also be justifiable in conditions provided by ICMJE Recommendations (<https://www.icmje.org/recommendations>).

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, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<https://publicationethics.org/guidance/Flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board and Research Ethics Council.

Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication

of corrections, clarifications, retractions, and apologies when needed; and exclusion of plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; confirmation of no conflict of interest with respect to articles they reject or accept; promotion of publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

Research Ethics Council and Role of the Council

The Research Ethics Council, chaired by the KJT editor-in-chief, is responsible for upholding ethical standards in research published in KJT. The council investigates and reviews any issues related to ethical violations and reports the findings to the Korean Society for Transplantation Board of Directors. Additionally, the council members promote ethical practices by educating editors and authors. For more detailed information, please refer to the KJT Research Ethics Council Regulations.

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Copyright

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Open Access Policy

KJT is an open access journal. Articles are distributed under the terms of the Creative Commons License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium if the original work is properly cited.

For any commercial use of material from the open access version of the journal, permission must be obtained from The Korean Society for Transplantation (Email: jour-

nal@ekjt.org). Requests for reprints after the journal is published should be emailed to the editorial office. Copy reprints will be charged after committee approval and color prints needs an additional charge.

Article Sharing (Author Self-Archiving) Policy

KJT is an open access journal, which means that authors who publish with us are able to freely share their research in various ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

EDITORIAL POLICY

Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered in the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS; <https://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform>), or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the US National Institutes of Health.

Data Sharing

KJT 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 digital object identifier (DOI) within the text of the manuscript. KJT accepts the ICMJE Recommendations for data sharing statement policy (<http://www.icmje.org/recommendations/>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in *J Korean Med Sci* 2017;32(7):1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving Policy

KJT provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/4212/>; from the 33rd volume, 2019), National Library of Korea (<http://seoji.nl.go.kr/archive>).

Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer reviewed scholarly journal. KJT allows authors to submit the preprint to the journal. It is not treated as duplicate submission or duplicate publication. KJT recommends authors to disclose it with DOI in the letter to the editor during the submission process. Otherwise, it may be screened from the plagiarism check program—Similarity Check (Crosscheck) or Copy Killer. Submissions of preprints to KJT will undergo the same thorough peer review process as regular submissions. This means that the submissions will be evaluated by experts in the field to ensure the quality and accuracy of the research before they are accepted for publication. If the preprint is accepted for publication, authors are recommended to update the information in the preprint with a link to the published article in KJT, including DOI at KJT. It is strongly recommended that authors cite the article in KJT instead of the preprint in their next submission to journals.

Peer Review Policy

All papers, including those invited by the editor, are subject to a rigorous peer review process. KJT has adopted a double-blind peer review policy, in which the identities of both the authors and reviewers are kept anonymous to each other throughout the review process. However, the editor managing the review process will have visibility of the authors and reviewers' identities. The Editorial Board selects reviewers based on expertise, publication history, and past reviews. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor, which is known as "independent review." No information about the review process or editorial decision process is published on the article page.

SUBMISSION & PEER REVIEW PROCESS

Online Submission

All manuscripts should be submitted online via the journal's website (<https://ekjt.org/submission>) by the first or corresponding author. Once you have logged into your account, online system will lead you through the submission process in a step-by-step orderly process. Submission instructions are available on the website. In case of any trouble, please contact the editorial office (Email: journal@ekjt.org).

Screening Before Review

All papers, including those invited by the editor, are subject to peer review. KJT only publishes papers that fit its aims and scope, and adhere to the Instructions for Authors. Manuscripts that do not meet these criteria may be returned to the author immediately after submission, without undergoing the review process. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check upon arrival. The title page will remain separate from the manuscript throughout the peer review process and will not be sent to the reviewers. It is essential that authors anonymize their manuscripts by removing any identifying information, such as author names or affiliations, before submission to the journal.

Peer Review Process

After screening, a manuscript is sent to the most two relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. KJT recommends peer reviewers to follow KJT Review Regulations or the COPE Ethical Guidelines for Peer Reviewers (<https://publicationethics.org/resources/guidelines-new/cope-ethical-guidelines-peer-reviewers>). The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa. An initial decision will normally be made within 4 weeks of receipt of a manuscript. Revised manuscripts must indicate the alterations that have been made in response to the reviewers' comments item by item. Failure to resubmit the revised manuscript within 30 days of the editorial decision is regarded as a withdrawal. After the peer review process, the KJT Editorial Board will make the final determination on whether a manuscript is accepted for publication or not. Once a manuscript has been rejected by KJT, it will not be considered for another round of review as a new submission.

Submission by Editors

Final decisions regarding manuscript publication are made by the editor-in-chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

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 against 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>). KJT does not consider second appeals.

MANUSCRIPT PREPARATION

General Requirements

The entire manuscript should be written in English. Medical terminology should be written based on the most recent edition of *Dorland's Illustrated Medical Dictionary*. The main document with manuscript text and tables should be prepared with an MS-word program.

- The manuscript for a major paper should be organized in the following order: title page, abstract, main text, references, tables, figure legends, and figures.
- 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, right, and left margin.
- All manuscript pages should be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages.
- The use of acronyms and abbreviations should be kept to a minimum. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first use.
- The names of manufacturers of equipment and non-generic drugs should be given.
- Name for microorganism is fully stated at the first appearance (e.g., *Escherichia coli*), then the abbreviation for the genus is used (e.g., *E. coli*). Scientific name of species is italicized. Do not italicize if the calling of a species is not a scientific name (e.g., *E. Coli*, Papovaviridae, Hepadnavirus, streptococci, coagulase negative staphylococci, Epstein-Barr virus, hepatitis B virus, herpes simplex virus). Gene nomenclature is written in italics, whereas protein product of certain genes is not italicized (e.g., BCR-ABL mutations, HER2 gene, BCRABL kinase domain, HER2-positive).
- P-value from statistical testing is expressed as an uppercase "P".
- When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.

- The title page and manuscript should be provided as separate files and the manuscript should be anonymized for double-blind peer review. Please make sure that any identifying information, such as authors' names or affiliations, is removed from your manuscript before submission. Authors should use the third person to refer to an article that the authors have previously published. Authors should make sure that figures and tables do not contain any reference to author affiliations. If the manuscript includes any identifying information, it may be returned to the author immediately after submission without review.

The preparation of manuscripts varies based on the publication type, which may include original articles, special articles, reviews, case reports, study protocols, correspondences, letters to the editor, editorials, and symposium presentations. Other types of manuscripts may be considered upon negotiation with the Editorial Board.

Cover Letters

The cover letter should inform the editor that the submitted material or any portions thereof have not been published previously or are not under consideration for publication elsewhere. It should 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. Information about posting of a preprint server and a link to the preprint also should be included.

Manuscript Type Size Limit & Format

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 KJT

Type of article	Abstract (word)	Text (word) ^{a)}	References	Tables & Figures
Original article	Structured, 250	3,500	30	6
Special article	200	NL	NL	NL
Review	200	6,000	200	NL
Case report	200	1,500	15	6
Study protocol	200	3,500	30	6
Editorial	-	800	10	2
Letter to the editor	-	500	5	2
Symposium presentation	-	1,500	10	2

NL, no limits.

^{a)}Includes abstract and main text only.

Manuscript Types

- Original articles should present important scientific discoveries related to transplantation, rigorously tested using the scientific method, and with practical implications. Organize the manuscript in the following order: title page, abstract (including keywords), introduction, methods, results, discussion, references, tables, figure legends, and figures. Manuscripts should not exceed 3,500 words, include no more than 6 tables/figures, and reference no more than 30.
- Special articles cover topics of significant importance to the field of transplantation, such as practice guidelines or national policies. The length of the manuscript is not limited, but the author may be advised to shorten it during the review process if it is deemed excessively long.
- Review articles should provide a concise summary and critical analysis of the current literature on topics relevant to the scope of the journal. Both solicited and unsolicited reviews are welcome. The manuscript should be organized in the following sequence: title page, abstract and keywords, introduction, main text, conclusion, references, tables, figure legends, and figures. The abstract should be unstructured and no longer than 200 words. The main text, excluding references, tables, and figures, should not exceed 6,000 words, and the total number of tables and figures should not exceed 10. References should not exceed 200.
- Case reports will be published in exceptional circumstances where they illustrate a rare occurrence of clinical significance. They should address issues important to medical researchers and preferably include helpful illustrations. The manuscript should include a title page, abstract with keywords, main text (introduction, case report, discussion), references, tables, figure legends, and figures. The unstructured abstract should be limited to 200 words, with no more than six figures or tables and no more than 15 references. Authors should follow the CARE guidelines (<https://www.care-statement.org>) and upload a completed checklist during initial submission. Case reports also require ethics statements which include IRB approval or waiver (including approval number) and informed consent.
- Study protocols should describe planned or ongoing research studies, and should be submitted at an early stage of the study. Protocols reporting completed data will not be considered. It is recommended that authors follow standard reporting formats such as SPIRIT and PRISMA. For more information, visit the EQUATOR Network website (<https://www.equator-network.org/>).

- Letters to the editor come in two types. The first type is correspondence that may include comments on a previously published article. If the correspondence is in response to a published article in KJT, the Editor-in-Chief may invite the authors of the cited article to write a reply. The second type is a brief, definitive scientific or clinical observation that is supported by data and can be adequately conveyed in this abbreviated format. Manuscript limitations are 1,000 words, 2 tables/figures, and 5 references.
- Editorials are invited comments on a recently accepted manuscript, published subject, or event. They offer a broader perspective, balanced interpretation, and provide a link to further questions. The length of the text should not exceed 800 words. Editorials may include up to two figures, including tables, and up to 10 references.
- Symposium presentations provide a concise summary of annual meetings on topics related to transplantation, highlighting their relevance and significance to the field. The manuscript should be timely, structured with an overview that puts the meeting into context and should not be a simple account of the proceedings. The reader should be able to understand the overall impact and direction of the meeting. The manuscript should not exceed 1,500 words and should include no more than 2 tables/figures and 10 references.

Title Page

The title page should contain the manuscript's title, a list of authors with their affiliations, the name and contact information of the corresponding author, and a running title (50 characters maximum, including spaces). The corresponding author's contact information must include their name, address, and email. Any information that requires disclosure, such as funding sources, potential conflicts of interest should also be included under the "Additional Information" section, which will appear at the end of the published article. Below are items that should be included under "Additional Information".

- ORCID: We recommend that the Open Researcher and Contributor ID (ORCID) of all authors be provided. To obtain an ORCID, authors should register at the ORCID website (<https://orcid.org>). Registration is free for all researchers.
- Authors contributions: The work authors have conducted for the study should be described in this section. The contributions of all authors must be described using CRediT (<https://credit.niso.org/>). To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis,

investigation, and data curation), as well as at least one of the writing contributions (original draft preparation, review and editing, and visualization). Authors may also satisfy the other contributions; however, these alone will not qualify them for authorship. Contributions should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time. The information concerning sources of author contributions should be included in this section at the submission of the final version of the manuscript (at the first submission, this information should be included in the title page).

- 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).
- Funding: 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.
- Acknowledgments: All contributors who do not meet the criteria for authorship as defined above should be listed in an additional contribution section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

Abstract & Keywords

Structured abstracts, labeled "Background," "Methods," "Results," and "Conclusions," should be included if applicable. For original articles, the length should be less than 250 words, while for special articles, review articles, case reports, and study protocols, the length should be less than 200 words. Abstracts are not required for editorials, letters, or symposium presentations. To be used as index terms, up to five keywords should be listed immediately after the abstract. It is strongly recommended to use keywords within the Medical Subject Headings (MeSH) in Medline (<https://meshb.nlm.nih.gov/search>).

Highlights

All papers must include 3-5 short sentences that provide a concise summary of the most significant findings or implications of the study. These highlights should be limited to 100 words or fewer, including spaces, and placed in the manuscript file.

Main Text

The main text of the paper may have separate Introduction, Methods, Results, and Discussion sections.

- Introduction: Concisely state the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.
- Methods
 - Ethical statements: All articles using clinical samples or data and those involving human/animal subjects must include information on the IRB/IACUC approval or waiver and informed consent; otherwise, manuscripts may be returned to the corresponding author for clarification. An example is shown as the following: "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 (No. OO). Written informed consent was obtained. / Informed consent was waived."
 - Study design: Whether it is a descriptive analysis, randomized controlled study, cohort study, or meta-analysis, the study design type should be provided.
 - Sex and gender reporting: Authors should 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/or 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: The results should be presented in logical sequence in the text, tables and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. 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.

References

When citing references in the text, use Arabic numerals in brackets (e.g., [1], [2,3], [4-6]), numbered in the order they appear in the text. In the References section, list the references in numerical order, according to their appearance in the text. If there are 6 or fewer authors, list all of their names. If there are more than 6 authors, list the first 6 followed by "et al." For articles published online but not yet assigned an issue or page numbers, include the DOI. Do not include references to unpublished material in the References section; instead, note them within the text and include the individual's name, location, and date of communication. Journal titles should be abbreviated according to the style used in Medline. For other types of references, follow the guidelines in Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

- Examples of KJT references style
 - Journal articles
 1. Lee S, Kim KW, Kwon HJ, Lee J, Song GW, Lee SG. Impact of the preoperative skeletal muscle index on early remnant liver regeneration in living donors after liver transplantation. *Korean J Transplant* 2022;36:259-66.
 2. Lee-Riddle GS, Samstein B. Evaluation and management of the living donor recipient. *Liver Transpl* 2023 Feb 8 [Epub]. <https://doi.org/10.1097/LVT.000000000000096>
 3. Badal SS, Danesh FR. New insights into molecular mechanisms of diabetic kidney disease. *Am J Kidney Dis* 2014;63(2 Suppl 2):S63-83.
 - Books & Reports
 4. Sabiston DC. Davis-Christopher's textbook of surgery. 15th ed. WB Saunders; 1997.
 5. Dozois RR. Disorders of the anal canal. In: Sabiston DC, Lyerly HK, editors. *Textbook of surgery: the biological basis of modern surgical practice*. 15th ed. WB Saunders; 1997. p. 1032-44.
 6. National Cancer Center, Ministry of Health and Welfare. *Cancer facts & figures 2014 in the Republic of Korea*. National Cancer Center; 2014.
 - Online sources
 7. Korean Network for Organ Sharing (KONOS). 2019 Annual data report [Internet]. KONOS; 2019 [cited 2022 May 1]. Available from: <http://konos.go.kr>

- Dissertation

8. Kim SY. Health promotion behavior and the quality of life in liver transplant patients [master's thesis]. The Catholic University of Korea; 2009.

- Conference paper

9. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. IASP Press; 2003. p. 437-46.

10. Health and Social Care Information Centre. National Bowel Cancer Audit Progress Report Tripartite Colorectal Meeting. Health and Social Care Information Centre; 2014.

Tables

- Tables should be numbered according to the order of appearance.
- 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 should be clear and concise and must be placed on a separate page with their titles displayed above it.
- Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All abbreviations are explained in the footnotes.
- Footnotes should be indicated by ^{a), b), c)}.... in superscript.
- Statistical measures such as standard deviation (SD) or standard error (SE) should be identified.
- In tables, remove internal horizontal or vertical lines. The horizontal line is only used for the title field and the bottom line.

Figures and Figure Legends

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