

Instructions for Authors

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Journal of Transplantation (KJT; pISSN: 2671-8790, eISSN: 2671-8804, launched in 1987) is the official journal of the Korean Society for Transplantation. KJT is an international, peer-reviewed, open access journal. The manuscript submitted for the journal should include the information and knowledge regarding transplantation, which are scientific, creative, novel, and ethical. KJT covers research topics related to clinical investigation of transplantation, basic research of transplantation immunology and translational approaches. It is published quarterly on the last day of March, June, September, and December.

Manuscripts submitted to KJT should be prepared according to the following instructions. KJT follows 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).

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; the World Association of Medical Editors; and Open Access Scholarly Publishers Association; http://doaj.org/bestpractice). Furthermore, the full process of handling research and publication misconduct should follow the COPE flowchart (https://publicationethics.org/guidance/Flowcharts).

Authorship and Author's Responsibility

Authors are responsible for the whole content of each article. Co-authorship should be based on the following 4 criteria: (1) substantial contributions to the conception or designing of the work; or the acquisition, analysis, or interpretation of data for the work; (2) drafting or revising of

the work 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. Any persons who do not meet the four criteria above should be placed as additional contributors in Acknowledgments section.

The contributions of all authors must be described. KJT has adopted the CRediT Taxonomy (https://casrai.org/credit/) to describe each author's individual contributions to the work. The role of each author and ORCID number should be addressed in the title page.

- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer-review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Description of co-first authors or co-corresponding authors is also accepted if corresponding author believes that their roles are equally contributed.
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- Contributors: Any researcher who does not meet all four IC-MJE criteria for authorship discussed above but contributes sub- stantively to the study in terms of idea development,

manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

Originality and Duplicate Publication

All submitted manuscripts should be original and should not be under consideration by other scientific journals for publication at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the editorial board. If aduplicate publication related to the papers of this journal is detected, the violation will be announced in the journal, their institutes will be informed, and the authors will be penalized.

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/recommendations/).

Conflict-of-Interest Statement

The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. 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.

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association Declaration of Helsinki: 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. Human subjects should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For all clinical transplant investigation, authors should state their adherence to the Declaration of Istanbul. 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 IRB/IACUC Approval

Copies of written informed consent and Institutional Review Board (IRB)/Institutional Animal Care and Use Committee (IACUC) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB/IACUC approval and study conduct.

Management Procedures for the Research and Publication Misconduc

When the journal faces suspected cases of research and publication misconduct such as duplicate publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problem with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and etc., the resolving process will follow the flow-chart provided by the COPE (https://publicationethics.org/resources/flowcharts). The discussion and decision on the suspected cases are done by the editorial board.

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The editorial board will continuously work for monitoring/ safequarding publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standard; publishing corrections, clarifications, retractions and apologies when needed; no plagiarism, no fraudulent data. The editorial board checks manuscripts to confirm the originality of the text through Similarity Check. If the value of similarity index is unexpectedly high, it will be screened more precisely on plagiarism or duplicate publication. Editors are always keeping the following responsibilities: responsibility and authority to reject/accept article; no conflict of interest with respect to articles they reject/accept; acceptance of a paper only when reasonably certain; promotion of correction or retraction publication when errors are found; preservation of anonymity of the reviewers.

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need to be permitted for use of tables or figures published in KJT 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.

Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as the Clinical Research Information Service (https://cris.nih.go.kr), other primary national registry sites accredited by World Health Organization (https://www.who.int/clinical-trials-registry-platform/network/primary-registries) or ClinicalTrial.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 DOI within the text of the manuscript.

 Clinical Trials: 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/), National Library of Korea (https://www.nl.go.kr/; http://seoji.nl.go.kr/archive). According to the deposit policy (self-archiving policy) of Sherpa/Romeo (http://www.sherpa.ac.uk), authors can archive pre-print (i.e., pre-refereeing) and post-print (i.e., final draft post-refereeing). Authors can archive the publisher's version/PDF. KJT provides the electronic backup and preservation of access to the journal content in the event that the journal is no longer published by archiving in the National Library of Korea.

MANUSCRIPT PREPARATION

General Requirements

- The entire manuscript should be written in English.
- The main document with the manuscript text and tables should be prepared in an MS Word (docx) or RTF file format.

- 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.
- All manuscript pages are to be numbered at the bottom consecutively, beginning with the abstract as page 1.
 Neither the author's names nor their affiliations should appear on the manuscript pages.
- The authors should express all measurements according to International System (SI) units with some exceptions such as seconds, mmHq, or °C.
- Only standard abbreviations should be used. Abbreviations should be avoided in the title of the manuscript. Abbreviations should be spelled out when first used in the text and the use of abbreviations should be kept to a minimum.
- Name for microorganism is fully stated at the first appearance (e.g., Escherichia coli), then abbreviation for genus is used (e.g., E. coli). Scientific name of species is written in Italic. Do not use italic 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 written in italics (e.g., BCR-ABL mutations, HER2 gene, BCR-ABL kinase domain, HER2-positive).
- · P-value from statistical testing is expressed as capital P.
- The names and locations (city, state, and country only) of manufacturers should be given.
- When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.

Manuscript preparation is different according to the publication type, including the original/special article, review, case report, study protocol, correspondence, and editorial. Other types are also negotiable with the editorial board.

Manuscript Type

- Original Articles are full-length manuscripts, which are expected to contain original scientific discovery. Section headings should include Abstract, Introduction, Methods, Results, Discussion, Acknowledgments, References, Tables, and Figure legends. Manuscript limitations are 3,500 words, 6 tables/figures, and 30 references. References, Tables, and Figure legends, are not counted as the manuscript word count.
- Special Articles highlight a topic of special relevance to the field of transplantation—for example, practice guidelines or national policy for transplantation. There is no limit to the length of each manuscript; however, if unnecessarily long, the author may be suggested to modify the length during the review process.
- Reviews give summarized overview of the existing literature on topics related to KJT readership. Both solicited

or unsolicited reviews are considered for the publication. Section headings should include Abstract, Introduction, Subheadings, Conclusions, Acknowledgments, References, Tables, and Figure legends. Manuscript limitations are 6,000 words and 200 references.

- Case Reports are expected to have clinical importance and novelty. Section heading should include Abstract, Introduction, Case Report(s), Discussion, Acknowledgments and References, Tables, and Figure legends. Manuscript limitations are 1,500 words, 6 tables/figures, and 15 references.
- Study Protocols should report planned or ongoing research studies. If data collection is complete, we will not consider the manuscript. We encourage the submission of protocol manuscripts at an early stage of the study. When reporting protocols, we recommend following standard formats such as the SPIRIT and PRISMA. For more detailed information, visit EQUATOR Network (https://www.equator-network.org/).
- 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. Manuscript limitations are 500 words, 2 tables/figures,
 and 5 references. The number of authors should not exceed 4.
- Editorials are an invited comment on a recently published manuscript. Editorial offers broader view of raised issues, balanced interpretation, and a link to further questions. Manuscript limitations are 800 words and 10 references.
- Symposium presentations are reports of the presentation from the annual meeting.

Table 1 shows the recommended maximums of manuscripts according to publication type; however, these requirements are negotiable with the editor. *Additions made during the review process are exceptional.

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 protocols	200	3,500	30	6
Editorial	-	800	10	2
Correspondence	-			
Letter to the editor	-	500	5	2
In reply	-	500	5	2

KJT, Journal of the Korean Society for Transplantation; NL, no limited. ^{a)}Maximum number of words is exclusive of the abstract, references, tables, and figure legends.

Title Page

Title page should have article title (200 characters limit including spaces), authors' name (include ORCID*), affiliation of authors, running title (50 characters limit including spaces), corresponding author's information (name, affiliation, address, phone, and e-mail address). All manuscripts, including Editorials, Reviews, and Letters to the Editors, should have a title page.

ORCID (Open Researcher and Contributor ID)

All authors are recommended to provide an ORCID. 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. To qualify for authorship, all contributors must meet at least one of the 7 core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, data curation), as well as at least one of the writing contributions (original draft preparation, review, and editing). Authors may also satisfy the other contributions; however, these alone will not qualify them for authorship. Contributions will be published with the final article and they 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).

Examples of authors' contributions are as follows: Conceptualization: THK. Data curation: JHA. Formal analysis: TA, JHA. Funding acquisition: JMP. Methodology: JMP, JHA. Project administration: SL. Visualization: MHC, JH. Writing—original draft: IJY, THK, YIA. Writing—review & editing: all authors.

Highlights

All papers must include 3-5 short highlights presenting short summary or important findings in the next of title page. Each highlight includes less than 90 characters including space.

Abstract & Keywords

Abstracts for original articles are limited to 250 words and should be structured as followings: Backgound, Methods, Results, and Conclusions. Three to 6 keywords are listed below the abstract. MeSH (Medical Subject

Headings of Index Medicus) terminology is preferred for the keywords selection. Special article, review, case report, and study protocol have abstracts in a single paragraph whose structure is up to author's discretion. Editorial and Correspondence do not include abstract.

Main Text

Sections of original articles are divided as followings: Introduction, Methods, Results, and Discussion. The Introduction is a concise explanation of hypothesis or study aims. Introduction does not hold subheadings. The Methods section should thoroughly cover the methodological details. In the Results and Discussion, subheadings may be used to organize contents. For a case report, sections consist of introduction, case report(s), and discussion.

- 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 consent was obtained / Informed consent was waived."
- 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 1 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.

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. List all authors if there are less than or equal to 6 authors. List the first 6 authors followed by "et al." if there are more than 6 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. References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the References. Personal communications and unpublished data must include the individual's name, location, and date of communication. Journal titles should be abbreviated in the style used in Medline. Other types of references not described below should follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine).

- Journal Articles
- Hong YM, Cho M, Yoon KT, Ryu JH, Yang KH, Hwang TH. Preoperative blood neutrophil count predicts survival in hepatocellular carcinoma patients with living donor liver transplantation. Korean J Transplant 2020;34:92-9.
- 2. Kim MH, Kim YC, Lee JP, Kim H, Kim DK, Ryu DR, et al. Three-year income trends in Korean adults commencing haemodialysis: a prospective cohort. Nephrology (Carlton) 2017 Apr 25 [Epub]. https://doi.org/10.1111/nep.13065.
- 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
- 4. Ponticelli C. Medical complicationsof kidney transplantation Abingdon, UK: Informa Healthcare; 2007.
- 5. Dean RH. Aneurysm of the carotid artery. In: Sabiston DC, ed. Textbook of surgery. 4th ed. Philadelphia, PA: W.B. Saunders; 1997. p.1560-1.
- · Conference Proceeding
- Kimura J, Shibasaki H, eds. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EEMG and Clinical Neurophysiology; 1995 0ct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.
- Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lum KC, Degoulet P, Peiemme TE, Rienhoff O, eds. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p.1561-5.
- Dissertation
- 8. Kim SY. Health promotion behavior and the quality of life in liver transplant patients [master's thesis]. Seoul, KR: The Catholic University of Korea; 2009.
- Website
- Korean Network for Organ Sharing (KONOS). 2015 Annual data report [Internet]. Seoul: KONOS; 2016 [cited 2018 Aug 20]. Available from: http://konos.go.kr.

Acknowledgments and Financial Disclosures

General acknowledgments and conflict of interest are stated in this section. All financial funding and material support should be stated explicitly. Grant or Contract should be stated with the grant or contract number. Authors should disclose any relationship with pharmaceutical companies or other entities. Employment contracts, consultancy, advisory boards, membership on boards of directors, stock owner-

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Tables

Tables should be cited in the text and are numbered using Arabic numbers in the order of their citation. Each table should be typed on separate pages. Location of table begins at the next page after references. For each table, table number and title should be included at the top of the table. Table titles should be concise and descriptive (e.g., Table 1. Values of water quality variables for 16 samples from Han River, Seoul, taken in May 2018). Abbreviation and additional information for any clarification should be described in notes below each table. Abbreviations should be explained in formats as shown here: (DDKT, deceased donor kidney transplant; LDKT, living donor kidney transplant). Additional information for any clarification is designated for citation using superscripts. Alphabetical superscripts should be used. Explanation for superscript citation should be done as following examples: a) Not tested; b) P<0.05.

Figures and Figure Legends

Figures should be cited in the text and are numbered using Arabic numbers in the order of their citation. Figures are not embedded within the text. Each figure should be submitted as an individual file. Location of figure legends begins at the next page after the last table. Every figure has its own legend. Abbreviation and additional information for any clarification should be described within each figure legend. Figure files are submitted in EPS or TIFF formats. Requirement for minimum resolutions are dependent on figure types. For line drawings, 1,200 dpi are required. For grey color works (i.e., picture of gel or blots), 600 dpi are required. For color or half-tone artworks, 300 dpi are required. The files are named by the figure number.

Adherence to Reporting Guidelines

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).

SUBMISSION AND PEER-REVIEW PROCESS

Online Submission

All manuscripts are submitted online. At the web page of the KJT (http://www.ekjt.org), click on e-Submission button, which will open a separate electronic submission system. Login the system by typing your existing ID (registered e-mail address) and password. If you aren't registered at the electronic submission system, make your ID by clicking the JOIN button. In case of any trouble, contact the editorial office (Tel: +82-31-709-0918, Fax: +82-2-485-8052, e-mail: journal@ekjt.org).

Peer-Review Process

All papers, including those invited by the Editor, are subject to peer review. Manuscripts are reviewed by at least two external experts and editors. KJT's average turnaround time from submission to decision is 3 weeks. The editor is responsible for the final decision whether the manuscript is accepted or rejected.

- The journal uses a double-blind peer-review process: the reviewers do not know the identity of the authors, and vice versa.
- Decision letter will be sent to corresponding author via registered e-mail. Reviewers can request authors to revise the content. The corresponding author must indicate the modifications made in their item-by-item response to the reviewers' comments. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal.
- The editorial committee has the right to revise the manuscript without the authors' consent, unless the revision substantially affects the original content.
- After review, the editorial board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.

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 1 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.

MANUSCRIPTS ACCEPTED FOR PUBLICATION

Final Version

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

Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 48 hours when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

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The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 48 hours. 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 the author's errors) or errata (corrections of the publisher's errors) in a later issue of the journal.

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