

# INSTRUCTIONS TO AUTHORS

## 1. Aims & Scope

The *Journal of Cosmetic Medicine (J Cosmet Med)* is an international, peer-reviewed, open access journal published by Korean Society of Korean Cosmetic Surgery and medicine (KSKCS & KCCS). The Journal is first published in 2017 and publishes two issues per year (the last day of June and December). The journal embraces all aspects of cosmetic medicine-cosmetic medical and surgical treatment, cosmetic material and device, cosmetic business, cosmetic medical policy, and cosmetic educational system based on the concept of beauty and anti-aging. The scope of coverage includes basic science, experimental and applied research, and clinical practice. The journal is distributed to KSKCS & KCCS, and co-publishing associations' members, medical schools, libraries and related individuals or institutes to pursue the academic advancement in cosmetic medicine and to enhance an active and continued communication between members.

## 2. Copyrights and Creative Commons Attribution License

The Korean Society of Korean Cosmetic Surgery and medicine (KSKCS & KCCS) is the owner of all copyright to papers published in *J Cosmet Med* and has the right to publish, reproduce, distribute, and print the contents in other types of media. Authors of accepted papers must complete the Copyright Transfer Form. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, illustrations, and tables. This is identical to the Creative Commons (Attribution-Noncommercial) license available at <http://creativecommons.org/licenses/by-nc/4.0>.

## 3. Evidence-Based Medicine

This journal requires that authors assign a level of evidence to each submission to which Evidence-Based Medicine (EBM) rankings are applicable at the bottom of the Abstract. This excludes Review Articles, and manuscripts that concern Basic Science, Animal Studies, Cadaver Studies, and Experimental Studies. Author assignments may be subject to review and modification by the Editor-in-Chief.

For example (author should include entire phrase) at the bottom of the Abstract:

“Level of Evidence: Level II, therapeutic study.”

EBM ratings will be based on a scale of 1-5 as follows:

Level I: Evidence obtained from at least one properly designed randomized controlled trial (RCT).

Level II: Evidence obtained from well-designed controlled trials without randomization.

Level III: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

Level IV: Evidence obtained from multiple time series with or without the intervention, such as case studies. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.

Level V: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

No level of evidence for: Basic Science, Animal Study, Cadaver Study, and Experimental Study articles.

## 4. General Guidelines for Manuscript Submission

The manuscript guidelines for *J Cosmet Med* are based on the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals” published by the International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org/recommendations/>), and instructions which are not mentioned in the present guidelines are referred to the guidelines stated in the Recommendations.

All manuscripts should be submitted electronically at <http://www.jcosmetmed.org/submission>. Manuscripts should be submitted in MS word document only. Manuscripts received either incomplete or without the proper forms, or those that fail to follow these instructions will not be reviewed for publication.

The Copyright Transfer Form and Conflicts of Interest Form, available at the website, should be scanned and submitted with the manuscript.

The author can expect accepted manuscripts to be published within three months of acceptance. The Editor-in-Chief has the final say on whether a manuscript is published. This decision is based on peer reviews from assistant editors and reviewers. Most submissions that are eventually accepted first require revisions recommended by the reviewers. Revising a manuscript does not guarantee its publication. Authors who respond rapidly to these revision requests will accelerate the peer review process. The editors may choose to solicit a senior commentary to accompany accepted manuscripts in print. The editors may also choose

to publish some or all of a manuscript's content online only.

## 1) Categories of Manuscripts

Manuscripts include Original Articles, Review Articles, Brief Communications (Case Reports and How We Do It), Video Articles (multimedia articles and dynamic manuscripts), and Letters to the Editor.

### (1) Original Articles

This form of publication represents original research articles reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers. RCTs are much more likely to be accepted for publication than personal observations. Authors should have experts in statistics confirm the accuracy of their data before composing a manuscript.

### (2) Review Articles

Invited review articles provide a comprehensive review of a subject of importance to clinicians and researchers and are commissioned by the editorial board to an invited expert in the field.

A review article should be a comprehensive review of a single subject. Subjects for reviews should be broad enough to be of interest to readers and adequately supported by prior research, but they should be sufficiently narrow to be feasibly addressed in the limited page-space available and to add to clinical knowledge in the area. For instance, a review of "cosmetic surgery of face" may be excessively broad, as complete coverage of this topic would likely require a long monograph or even a book; a better subject might be "Rhinoplasty" or even "Rhinoplasty with silicon." Literature searches underpinning a review should be systematic and explore all major index databases and information sources that may be relevant.

Regardless of the type of review article you choose to prepare, please be aware that such articles must be evidence-based. Further, please be sure to identify levels of evidence associated with various findings and to discriminate between levels of evidence. As an illustration, if your source data includes information from RCTs as well as cohort studies, you would want to identify the former as a higher level of evidence and rely more heavily on RCT findings in developing your final conclusions. To better understand this process, please consider perusing the reviews prepared by the Cochrane Collaboration. Once you have found the best available evidence, please label each finding you include in your review with the appropriate level of evidence (Centre for Evidence-Based Medicine, Oxford: 1a-5), and draw

conclusions (using GRADE) based on the best evidence. For more information regarding CEBM levels and GRADE ratings, see: [http://www.essentialvidenceplus.com/product/ebm\\_loe.cfm?show=oxford](http://www.essentialvidenceplus.com/product/ebm_loe.cfm?show=oxford). Case reports that expand into lengthy reviews of the literature are not acceptable.

### (3) Brief Communications (Case Reports and How We Do It)

These manuscripts are short but important reports to provide preliminary communications with less complete data sets than would be appropriate for original contributions that present novel and impactful clinical and basic research of a more preliminary nature.

Case reports are considered for publication when at least one of the following criteria is met: (a) a rare condition is reported, (b) atypical symptoms and signs are observed, (c) new diagnostic or therapeutic methods are introduced, (d) atypical clinical and laboratory findings for populations residing in Asia and the Pacific Rim. Descriptions of clinical cases (individual or a series) should be unique, should deal with clinical cases of exceptional interest or innovation and should preferably be a first-time report.

### (4) Video Articles (multimedia articles and dynamic manuscripts)

This form of publication represents multimedia techniques (e.g., videos, photographs of surgery, a patient, or medical device) that are interesting and unique and have relevance to the field of cosmetic surgery and medicine.

### (5) Letters to the Editor

Critical comments are welcomed for providing alternative interpretations or views about articles published in *J Cosmet Med*. Letters should be directly related to the published article on which it comments. Letters being considered for publication ordinarily will be sent to the authors, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing for style and content.

## 2) Language of Manuscript

All manuscripts must be written in clearly understandable English. Authors whose first language is not English are requested to have their manuscripts checked for grammatical and linguistic correctness before submission. Correct medical terminology should be used, and jargon should be avoided. Use of abbreviations should be minimized and restricted to those that are generally recognized. When using an abbreviated word, it should be spelled out in full on first usage in the manuscript followed by the

abbreviation in parentheses. Numbers should be written in Arabic numerals, but must be spelled out when placed in the beginning of a sentence.

Measurements should be reported using the metric system, and hematologic and biochemical markers should be reported in International System (SI) of Units. All units must be preceded by one space except percentage (%), temperature (°C), and degree (°).

## 5. Publication Ethics

All manuscripts should be written with strict adherence to the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” of ICMJE (<http://www.icmje.org/recommendations/>, updated December 2018). Issues of ethical misconduct, plagiarism, and duplicate/redundant publication will be judged and dealt with according to the “Good Publication Practice Guidelines for Medical Journals, 2nd” ([https://www.kamje.or.kr/board/view?b\\_name=bo\\_publication&bo\\_id=7&per\\_page=](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=)). For all studies involving human subjects, the principles embodied in the Declaration of Helsinki (2013) (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) should be upheld, informed consent must be obtained from all participants, and must be approved by a recognized Institutional Review Board (IRB) or research ethics committee. The editor may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents.

Experiments involving animals should comply with the National Institutes of Health (NIH) guidelines for the Public Health Service Policy on Humane Care and Use of Laboratory Animals (<https://grants.nih.gov/grants/olaw/references/PHSPolicyLabAnimals.pdf>) and/or be reviewed by an appropriate committee (e.g., Institutional Animal Care and Use Committee, IACUC) to ensure the ethical treatment of animals in research. JCM will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org/>) for settlement of any misconduct.

### 1) Originality and Duplicate Publication

All submitted manuscripts should be original and should not be considered 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 duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced

in the journal, and their institutes will be informed. There will also be penalties for the authors.

### 2) Authorship

*J Cosmet Med* follows the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” (<http://www.icmje.org/recommendations/>, updated December 2018) and the “Good Publication Practice Guidelines for Medical Journals, 2nd” ([https://www.kamje.or.kr/board/view?b\\_name=bo\\_publication&bo\\_id=7&per\\_page=](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=)). Authorship is credited to those who have direct involvement in the study and have made significant contributions to (a) substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (b) drafting the work or revising it critically for important intellectual content; AND (c) final approval of the version to be published; AND (d) 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 as recommended by ICMJE. The primary investigator is designated the first author of the study, unless contested by the other authors.

The corresponding author is directly responsible for communication and revision of the submitted manuscript.

All persons who have made substantial contribution, but who are not eligible as authors should be named in the acknowledgments. In the case of change of authorship, a written explanation must be submitted. Change in either the first author or the corresponding author requires approval by the editorial board, and any changes in the other authors require approval by the editor-in chief.

### 3) Conflicts of Interest

The corresponding author of an article is asked to inform the editor of the authors’ potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest must be disclosed during the online submission process on the appropriate web page.

Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems based on the “ICMJE Form for Disclosure of Potential Conflicts of Interest” ([http://www.icmje.org/coi\\_disclosure.pdf](http://www.icmje.org/coi_disclosure.pdf)).

The editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the editor will consult with the corresponding author. In particular, all sources of funding

for a study should be explicitly stated.

#### **4) Registration of Clinical Trial**

Clinical trial defined as “any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome” is recommended.

## **6. Manuscript Submission**

All submissions are made online at the journal’s online manuscript submission site <http://www.jcosmetmed.org/> submission by the corresponding author. Submitted manuscripts are initially examined for format, and then appointed a submission number. For nonbiased peer review, authors’ names and institutional affiliations should not be mentioned in the text. The revised manuscript should be submitted through the same web system under the same identification numbers. The date of final review for the manuscript will be the date of acceptance for publication. If you have any questions about the online submission process, contact the Editorial Office by e-mail at [jcosmetmed@pascal-world.com](mailto:jcosmetmed@pascal-world.com).

#### **1) Copyright Transfer**

All submitted manuscripts must be accompanied by the official Submission Application & Copyright Transfer Form of the KSKCS. The form must contain the title of the manuscript, date of submission, names of all authors, authors’ affiliations, and written signatures. Note the corresponding author and provide author’s affiliation, e-mail, and ORCID. All published manuscripts become permanent property of the KSKCS and may not be published elsewhere without written permission from KSKCS.

#### **2) Article Processing Charges**

The Article Processing Charge for the manuscript is 330 USD. It includes the minimum page cost for journal printing, color illustrations, and manuscript editing.

## **7. Peer Review Process**

Submitted manuscripts will be reviewed by two peer reviewers selected from the board’s database of expert reviewers. In addition, if deemed necessary, a review of statistics may be requested. Following review, the editorial board will decide whether the manuscript will be 1) accepted

for publication, 2) subject to minor revision, 3) subject to major revision, or 4) denied publication. For manuscripts which are either subject to minor revision or subject to major revision, the corresponding author must resubmit the revised manuscript online. The revised manuscript should have the changes highlighted by using the Track Changes tool in Microsoft Office Word.

In addition, the corresponding author must reply to both reviewers’ comments point by point, and explain in detail what changes were made in the manuscript. When considered necessary, the editorial board may make changes to the structure and phrases of the manuscript without compromising the integrity of the original paper.

After completion of the peer review process, the editorial board will determine acceptance for publication and notify the corresponding author by e-mail. Manuscripts which do not comply with the present guidelines will be notified for correction or withheld from publication.

When a manuscript is not resubmitted within 2 months of notification, it will be considered that the authors have withdrawn the manuscript from submission. Manuscripts accepted for publication are generally published in order of submission, depending on the category of the manuscript and the date of acceptance for publication.

## **8. Preparation of the Manuscript**

Use Microsoft Office Word (versions after 2003) and ensure correct spelling and grammar. Setup the MS Word document for 1-inch margins on letter or A4-sized paper.

The manuscript must be written in 12-point font (Times New Roman) and the sentences must be double-spaced, including tables and figure legends. Each page should be numbered in the middle of the lower margin, and all sentences must be numbered sequentially throughout the entirety of the manuscript, starting with the title page. All papers must be accompanied by a title page. The title page should contain the title of the manuscript, the authors’ names, academic degrees, positions, ORCID identifier, and respective affiliations.

The corresponding author must be identified, and his or her contact information (e-mail, ORCID) should be listed. The title should clearly describe the objective of the study and contain less than 20 words. Provide a short running title containing less than 10 words.

Original articles, Reviews, Video Articles and Case Reports should be typed double-spaced and structured in the following order: title page, structural abstract, text, tables

and figure legends.

## 1) Original Articles

For Original Articles, manuscripts should not exceed 8 authors, 16 figures (before-and-after photographs count as two figures) and 3,000 words. The word counts include all information from Introduction through Discussion, the Title, Author list, Abstract, Figure legends, Tables, and References do not have to be included in total word counts. Multi-center trials may include more than 5 authors as long as each author fulfills the uniform requirements for authorship.

### (1) Abstract

A structural abstract of 300 words or less that accurately reflects the content of the submission must be furnished for Original Articles. The Abstracts must employ the following format and headings:

- Background - a brief discussion of the subject;
- Objective - the purpose of the work to be described;
- Methods - how and with what the work was performed;
- Results - the outcome of the work; and
- Conclusion - the conclusion that can be reached based on the work described.

Keywords: Key words up to six keywords should be listed and separated by a semicolon.

### (2) Introduction

Clearly present the objective of the study and its relationship to earlier work in the field. A brief background to inform the readers of the relevance of the study may be necessary. However, avoid extensive review of the literature.

### (3) Materials and Methods

Describe the participants or research materials of the study, and explain in detail the inclusion and exclusion criteria for both the experimental and control groups. Describe the experimental methods in a logical and systematic manner so that they can be reproducible by another investigator. Experimental drugs should be stated in the generic name. When proprietary brands are used, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name. When using experimental devices or other products, state the brand name then follow with the name of the manufacturer, city (state), and country in parentheses, e.g., Flow Cytometer (Coulter Electronic Inc., New York, NY, USA).

To ensure anonymity during the peer review process, the

authors' affiliations or institutional setting of the study should not be revealed. Statistical analysis and criteria for determining significance should be described in enough detail to allow the knowledgeable reader with access to the original data to verify the reported results.

### (4) Results

Summarize and describe logically the significant findings and trends observed in the results using text, figures and tables. Avoid extensive repetition of contents of the tables and figures in the text.

In statistical expression, mean and standard deviation should be described as mean $\pm$ SD, and mean and standard error as mean $\pm$ SE. In general, p-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; p-values smaller than 0.001 should be reported as p<0.001.

### (5) Discussion

Interpret the results in respect to the objective of the study, and describe differences with previous studies and significant findings which lead to the deduction of the conclusion. Refrain from excessive review of historic studies, textbook facts, or irrelevant references. Accentuate newly obtained observations from the study, and include significant limitations of the study.

### (6) Acknowledgments (If applicable)

Persons who have made contributions to the study, but who are not eligible for authorship can be named in this section. Their contribution must be specified, such as data collection, financial support, statistical analysis, or experimentation. The corresponding author must inform the named contributor of the acknowledgment, and acquire consent before manuscript submission.

### (7) References

- Cite only references which are quoted in the text. Limit the number of references 40.
- When quoting a reference in the text, refrain from stating the author's name, and identify references with Arabic numerals in brackets such as [1], [2-4], and [5,7,9].
- The references should be listed in order of citation in the text.
- List all authors when there are 6 or fewer; when there are 6 or more, list the first 6, followed by "et al."
- Journal names should be abbreviated according to the format listed in the Index Medicus. If the journal is not

listed in the Index Medicus, refer to the list of title word abbreviations by the International Standard Serial Number (ISSN) network (<http://www.issn.org/2-22660-LTWA.php>).

- For more on references, refer to the Citing Medicine, 2nd edition: The National Library of Medicine (NLM) Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

#### **Journal Article (up to six authors)**

1. Pils U, Anderhuber F. The chin and adjacent fat compartments. *Dermatol Surg* 2010;36:214-8.
2. Choi JY, Kang IG, Javidnia H, Sykes JM. Complications of septal extension grafts in Asian patients. *JAMA Facial Plast Surg* 2014;16:169-75.
3. Gierloff M, Stöhring C, Buder T, Gassling V, Açı Y, Wiltfang J. Aging changes of the midfacial fat compartments: a computed tomographic study. *Plast Reconstr Surg* 2012;129:263-73.

#### **Journal Article (more than six authors)**

1. Gillespie NC, Lewis RJ, Pearn JH, Bourke ATC, Holmes MJ, Bourke JB, et al. Ciguatera in Australia: occurrence, clinical features, pathophysiology and management. *Med J Aust* 1986;145:584-90.

#### **Book & Chapter of Book**

1. Coleman SR. Structural fat grafting. St. Louis, MO: Quality Medical Publishing Inc; 2004.
2. Kang KJ. Facial fat grafting. In: Jin HR, editor. *Aesthetic plastic surgery of the East Asian face*. New York: Thieme Medical Publishers; 2106. p. 311-23.

#### **Proceedings of Academic Conference**

1. Kang IG, Kim ST, Jung JH. Midface Fat grafting. 7th AFPSS;2016 July 2-11;Academia, Singapore.

#### **Thesis (dissertation)**

1. Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant, MI: Central Michigan University; 2002.

#### **Website**

1. World Health Organization (WHO). WHO statistical information system [Internet]. Geneva: WHO; c2010 [cited 2012 Jan 5]. Available from: <http://www.who.int/whosis/en/menu.cfm>.

#### **(8) Tables**

Tables should be submitted separately from the text, and each table should be created in MS Word on separate pages, using double space throughout. They should be simple, self-explanatory, and not redundant with the text or the figures. Limit 10 tables per manuscript.

The title of the tables should be written in phrases, and

capitalized the first letter of the first word. The title should be placed above the table, and abbreviations and footnotes should be placed under the table. Number the tables in order of appearance in the text (e.g., Table 1, Table 2). All abbreviations used in the table must be spelled-out in full under the table in the following order: abbreviation, comma, full word (e.g., CM, cosmetic medicine). Table footnotes should be indicated in superscripts in the following order: a), b), c)... but p-values should be indicated by asterisk (e.g., \*p<0.05, \*\*p<0.01, \*\*\*p<0.001).

#### **(9) Figure Legends**

Legends should be submitted separately from the text and should be typed on separate pages. They should be written in full sentences to describe the content of the figure, and only the first letter of the legend should be capitalized. For lengthy legends continuing beyond one line, the left margin of the following lines should start at the same point as the first line. Any symbols, marks or abbreviations made in the figure must be explained in the legend.

Figures containing histologic slides should be accompanied by legends explaining tissue origin, stain method, and microscopic amplification.

#### **(10) Figures**

Figures should be uploaded online as separate files and numbered in order of appearance in the text (e.g., Fig. 1). When a single numbered figure contains 2 or more figures, the figure should be numbered with an alphabet letter following the number (e.g., Fig. 1A, Fig. 1B). Indicate focus points in the figures with markers such as arrows and arrowheads, etc. Image files must be of resolutions higher than 300 dpi, and less than 3 MB, in JPEG, GIF, TIFF, or Microsoft PowerPoint format. A single numbered figure containing more 2 or more figures such as Fig. 1A and Fig. 1B should be uploaded as a single file.

#### **(11) File Requirements**

To ensure a quality experience for those viewing supplemental digital content, the following file requirements should be followed:

##### **Acceptable File Types**

Text files and Tables: Microsoft Word files (.doc, .docx) only

Figures and Images: .tif, .eps, .ppt, .pptx, .ppsx, .jpg\*, .pdf\*, .gif\*

\*Only acceptable for online-only figures. Figures intended to be printed in the journal may not be submitted as .jpg or

.pdf file types.

Audio: .mp3 (Preferred), .wma, .wav

Video: .mp4 (Preferred), .wmv, .swf, .flv, .mov, .mpg, .mpeg, .m4v

### Acceptable File Sizes

Up to 10 MB: All file types are supported up to 10 MB.

Up to 100 MB: For audio or video files greater than 10 MB.

\* Video Size: Maintain Aspect Ratio

HD (16:9) 1920x1080, 1280x720

SD (4:3) 1024x768, 800x600

### HELP: How to Check the Properties of a File:

- Right-click on the file and choose "Properties."
- Click the tab labeled "Summary."
- Sometimes different information may show on the "Advanced" tab of the "Properties" or "Summary" pages.
- For video files, you may need to open the file in a media player and then view the files via the media player.

### Unacceptable File Types

We do not accept the following file types because of their potential for playback errors:

- Audio / Video Interchange (.avi)
- DVD / CD disc rips (.vob, .ifo, .bup, .iso, .img)

This includes any file that is attained by copying files from a DVD movie disc or files obtained through a DVD disc or CD disc image rip.

## 2) Review Articles

The invited review is a focused review of a specific topic written by an expert in the field nominated by the editorial board. The abstract should contain no more than 300 words and 6 keywords. Keywords should be listed and separated by a semicolon.

## 3) Brief Communications (Case Reports and How We Do It)

Brief Communications (Case Reports and How We Do It) manuscripts should not exceed 5 authors, 10 references, and a total of 8 figures (before-and after photographs count as two figures), and 1,500 words. The word counts include all information from Introduction through Conclusion/Discussion, the Title, Author list, Abstract, Figure legends, Tables, and References do not have to be included in total word counts. For the Brief Communications, the editors recognize the inherent value of short reports in defining unusual manifestations/extent of a disease or innovative refinements in management. To be considered for publication, a Brief Communications manuscript must contain new or innovative information of relevant value

and interest to the readership. What is new or innovative should be stated clearly and succinctly within the first sentence or two of the introductory paragraph of the manuscript so the editor can judge accordingly. Such reports should be procedure-oriented, the main interest of our readership. Submissions that are primarily histopathologic in nature will be sent back to author for submission elsewhere. Similarly, a "great" case or example of a repair will be rejected if not new or innovative.

## 4) Video Article (Multimedia Articles and Dynamic Manuscripts)

For the Video Articles, we publish 2 kinds of online videos. One is multimedia articles with papers with video including only an abstract, key words, and less than 10 references. This video clip should not exceed 9 minutes. The other dynamic articles are regular articles with video included as electronically supplementary material, which video clips should not exceed 3 minutes and each manuscript should not contain more than 3 video clips. All of the videos must be approved by the editors. Poor quality or lengthy videos will not be accepted. Videos should be cited in the manuscript. In principle, it is recommended that all narration should be in English, but a non-native English speaker can use subtitles for presentation in English.

All photographs should be accompanied by a short description of the image and a brief and concise clinical review of the specific patient or clinical issue of no more than 500 words (excluding references) with references limited to 5. Image files must be of resolutions higher than 300 dpi for photographs, and 900 dpi for line art, waveforms, and graphs, in JPEG, GIF, TIFF, or Microsoft PowerPoint format. Images should make up a single figure, although they may contain more than one frame.

## 5) Letters to the Editor

Letters to the editor should not exceed 5 authors, 1,000 words, 4 figures (before-and-after photographs count as two figures), and 10 references.

## 9. Submission Application & Copyright Transfer

All submitted manuscripts must be accompanied by the official Submission Application & Copyright Transfer Form of the Korean Society of Korean Cosmetic Surgery and medicine.

The Submission Application & Copyright Transfer Form must contain the title of the manuscript, date of submission,

names of all authors, authors' affiliations, and written signatures. Note the corresponding author and provide author's affiliation, e-mail, and ORCID. For the copyrights of the contributions published in *J Cosmet Med*, see Creative Commons (Attribution-Noncommercial) at <http://creativecommons.org/licenses/by-nc/4.0>.

A brief cover letter should be included and point out any special circumstances that the editors should be aware of. The authors should indicate any commercial associations with any product(s) or device(s) described in the article.

### 1) Title Page

Title should be no more than 20 words long, counting letters and spaces; a short supplementary subtitle is permitted.

- Authors' full names, professional degrees, academic degrees, and academic titles;
- Principal author's address, telephone and fax number, and e-mail address;
- Name(s) of institution(s) and department(s) where work was performed; and
- The name and address of the person to whom all correspondence and reprint requests should be sent also appears on this sheet.
- Word count, figure count, table count
- Full disclosure of each author

A short title of no more than 10 words and spaces should be provided at the bottom of the page as a running head.

## 10. Manuscripts after Acceptance

### 1) Final Version Upload

When accepted for publication, the authors' institutional affiliations should be inserted into the text of the final revised manuscript and uploaded to the online submission system. Files containing figures should be of the highest resolution (at least 300 dpi for color figures, and 900 dpi for line art and graphs), should be uploaded in JPEG, GIF, or TIFF format, and must be named according to the Figure number (e.g., Fig. 1.jpg).

### 2) Gallery Proof

Galley proofs will be sent to the corresponding author for final corrections. Corrections should be kept to a minimum, must be returned within 2 days, otherwise publication may be delayed. Any fault found after the publication is the responsibility of the authors. We urge our contributors to proofread their accepted manuscripts very carefully. After the publication, if there are critical errors, they should be corrected as Corrigendum or Erratum.

### 3) Publication

The editorial board retains the right to request minor stylistic and major alterations that might influence the scientific content of the paper. The final manuscript will be published following final approval by the Editor-in-Chief.