Journal of the Anus, Rectum and Colon
(Abbreviation: JARC)

Instructions for Authors

Scope and Aim

Journal of the Anus, Rectum and Colon (JARC) is the official peer-reviewed and open-access journal of the Japan Society of Coloproctology. The Journal's aim is to advance knowledge of coloproctology-related studies, and to promote the standards in research and conduct of physicians, surgeons, proctologists and all other professionals engaged in the field of coloproctology worldwide. The Journal publishes original research articles, trial protocols, review articles, practice guidelines, clinical research, case reports, "How I do it", and letters to the editor. The Journal is published four times each year (January, April, July and October). JARC requires that all manuscripts be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals."

Article Types

JARC publishes the following article types. Once you have determined the correct article type, it is imperative that you read and follow the descriptions provided in the Manuscript Preparation guidelines before you submit your manuscript:

a) **Original Research Articles**:
Original research articles include manuscripts that encompass the broad range of innovative and impactful clinical and basic research in the field of coloproctology.
b) **Trial Protocols**:
Trial protocols are documents that describe the organization and plan for prospective studies including randomized clinical trials. The trial's objective(s), design, methodology, all outcomes to be measured, and statistical analysis plan are to be presented. The study must be in the planning stage or in progress.
c) **Review Articles**:
Review articles should provide a comprehensive and scholarly account of a topic that has direct relevance to coloproctology.
d) **Practice Guidelines**:
Practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.
e) **Clinical Research**:
Clinical research should describe the purpose, design, methods, results and conclusion of a research and its clinical implications.
f) **Case Reports**:

Case reports that show originality or have educational implications for diagnosis and treatment are welcomed. Authors should be aware that the Journal publishes only a few case reports per issue.

g) **How I Do It**:

"How I do it" should be brief descriptions of a new method or technique.

h) **Letters to the Editor**:

Letters to the editor are brief, constructive commentaries that can be submitted in response to a recently published article in the Journal.

Manuscript Preparation

The information provided below is based in part on "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals," as published by the International Committee of Medical Journal Editors (ICMJE). For any information that is not mentioned in these guidelines, authors should refer to the ICMJE Recommendations.

Manuscripts that do not follow the instructions below WILL BE RETURNED to the corresponding author for technical revision before undergoing further review.

If authors are non-native speakers of English, their manuscript should be edited by a native English speaker who is specialized in medical editing prior to submission. The authors can upload the certificate of language-editing when submitting the manuscript to the submission system as "Certificate of Language-editing".

General Formatting

All articles should be written in English and formatted as per the standard letter size [8 1/2 × 11 inch (21 × 28 cm)] paper with at least 1-inch (2.5 cm) margins on all sides. All elements of the manuscript, including abstract, main text, references, tables, and figure legends, should be typed double spaced. Line numbers and page numbers on each page are required to make it easier for reviewers to provide their comments.

The number of authors allowed for each type of manuscript is 12 or less.

The organization of the manuscript should be in the following order:

- Title page
- Abstract
- Key words
- Main text
- References
- Figure legends
- Tables and Figures
- Supplementary Files (e.g., videos, if available)

Each of the sections should begin on a separate page.

1) Title Page
The title page should be prepared and saved in a separate file from the main document.

The title page must include the following information:
- Brief, specific, and informative title
  (For trial protocols, the title should include the phrase "A Trial Protocol.")
- Running title (50 letters or less)
- Name(s) of the author(s) (12 authors or less)
- Institutional affiliation(s) and the location (city, country/state) of the institution
- Corresponding author's name, address and e-mail address
- List of word count for the abstract and main text, and the number of tables and figures
- Contributions to the submitted work from each author. Please visit the ICMJE website for more information on authorship
- Approval code issued by the institutional review board (IRB) and the name of the institution(s) that granted the approval

2) Abstract and Key Words
Manuscripts should include an abstract in the following formats:

Original Research Articles:
Headings: Structured (Objectives, Methods, Results, Conclusions)
Word limit: 250 words

Trial Protocols:
Headings: Structured (Background, Methods/Design, Discussion)
Word limit: 250 words
[Trial registration information (registry name, trial ID, and URL) must be listed at the end of the abstract.]

Review Articles:
Headings: Unstructured
Word limit: 250 words

Practice Guidelines:
Headings: Unstructured
Word limit: 250 words

Clinical Research:
Headings: Structured (Objectives, Methods, Results, Conclusions)
Word limit: 250 words

Case Reports:
Headings: Unstructured
Word limit: 200 words

How I Do It:
Headings: Unstructured
Word limit: 150 words

Letters to the Editor:
Abstract is not necessary.

At least two to six key words should be listed below the Abstract. Reports of clinical trials must include the registration number and name of the registration database in the abstract. See further information on clinical trials below.

3) Main Text
The main text should be prepared in MS Word (.doc or .docx). For each article type, authors must organize and order their content using the following formats:

Original Research Articles:
Word limit: 4,000 words (excluding references)
Headings: Introduction, Methods, Results, Discussion
Number of references: No more than 50 references
Number of tables and figures: No more than 10

Trial Protocols:
Word limit: 4,000 words (excluding references)
Headings: Background, Methods/Design, Discussion
Number of references: No more than 50 references
(All trial protocol manuscripts must include a copy of the trial protocol including the complete statistical analysis plan.)
Number of tables and figures: No more than 10

Review Articles:
Word limit: 5,000 words (excluding references)
Number of references: No more than 100 references
Number of tables and figures: No more than 10

Practice Guidelines:
Word limit: 4,000 words (excluding references)
Number of references: No more than 50 references
Number of tables and figures: No more than 10

Clinical Research:
Word limit: 3,500 words (excluding references)
Number of references: No more than 40 references
Number of tables and figures: No more than 5

Case Reports:
Word limit: 3,000 words (excluding references)

Headings: Introduction, Case Report, Discussion
Number of references: No more than 15 references
Number of tables and figures: No more than 5

How I Do It:
Word limit: 2,000 words (excluding references)
Number of references: No more than 10 references
Number of tables and figures: No more than 4

Letters to the Editor:
Word limit: 500 words (excluding references)
Number of references: No more than 5 references
Number of tables and figures: 0

4) References

The authors are responsible for the accuracy of their references. List the references immediately after the main text. If there are more than three authors, name only the first three authors and then use "et al." The references should be numbered in the order of their appearance in the main text. Do not list the references in alphabetical order.
In-text citations should be in parentheses. For example, In the previous studies (1-3)

For reference styles pertaining to other media formats or further details, please refer to Citing Medicine, which is published by the National Library of Medicine (US).
Reference examples follow:

Journal article

1. Rastan S, Hough T, Kierman A, et al. Towards a mutant map of the mouse--new models of neurological, behavioural, deafness, bone, renal and blood disorders. Genetica. 2004 Sep;122(1):47-9.

Book chapter

2. Riffenburgh RH. Statistics in medicine. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; 2006. Chapter 24, Regression and correlation methods; p. 447-86.

Entire book

3. Eyre HJ, Lange DP, Morris LB. Informed decisions: the complete book of cancer diagnosis, treatment, and recovery. 2nd ed. Atlanta: American Cancer Society; 2002. 768 p.

Software

4. Nelson KN. Comprehensive body composition software [disk]. Release 1.0 for DOS. Champaign (IL): Human Kinetics, 1997. 1 computer disk: color, 3 1/2 in.

Online journals

5. Terauchi Y, Takamoto I, Kubota N, et al. Glucokinase and IRS-2 are required for compensatory beta cell hyperplasia in response to high-fat diet-induced insulin resistance. J Clin Invest [Internet]. 2007 Jan 2 [cited 2007 Jan 5];117(1):246-57. Available from: http://www.jci.org/cgi/content/full/117/1/246

Database
6. MeSH Database [Internet]. Bethesda (MD): National Library of Medicine (US). 2003 Apr - [cited 2011 Jul 8]. Available from: http://www.ncbi.nlm.nih.gov/mesh

Journal article in a language other than English
7-1. *in a roman alphabet*
Berrino F, Gatta G, Crosignani P. [Case-control evaluation of screening efficacy]. Epidemiol Prev. 2004 Nov-Dec;28(6):354-9. Italian.

7-2. *in a non-roman alphabet*
Zhao L, Li H, Han D. [Effects of intestinal endotoxemia on the development of cirrhosis in rats]. ZhonghuaGanZang Bing ZaZhi. 2001 Jul;9 Suppl:21-3. Chinese.

Journal names should be abbreviated in the standard form as they appear in the NLM catalog. If the journals are not included in the NLM catalog, use the ISSN List of Title Word Abbreviations for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

Including AI-generated material as the primary source in the reference is not allowed.

5) Abbreviations
Define abbreviations in parentheses when they first appear in the text, and use the abbreviations consistently thereafter. For tables and figures, abbreviations may be used if they are defined in the table title or footnotes and in the figure legends.

6) Names of Drugs, Devices, and Other Products
Do not use the specific brand names of drugs, devices, and other products and services, unless it is essential to the discussion. Otherwise, please use descriptive name only. If a brand name is cited, supply the manufacturer's name and address (city and state/country).

7) Unit of Measurement
All measurements should be in the metric system and follow the International System of Units (SI). Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. Use a capital letter "L" for liter in the units of measurements in the text, figures, and tables (e.g., g/dL, mg/dL, IU/L, and mEq/L).

8) Figure Legends
Legends must be prepared for all figures presented in the manuscript. Authors must list figure legends on a separate page after the references.

9) Tables and Figures

All tables and figures should be submitted in the following format: MS Word (.doc/.docx), MS PowerPoint (.ppt/.pptx), .jpg, or tiff. Do not use MS Excel or comparable spreadsheet software. Figures and tables must be cited in the text and numbered in the order they are cited.

Figures and tables may be produced with image processing or presentation applications. Images should be at a minimum resolution of 300 dpi. Include the scale (bar) in images captured with scanning electron microscopes.

If any copyrighted or previously published material, edited or otherwise, are used in the manuscript, it is the author's responsibility to obtain permission from the copyright owner(s) prior to submitting the manuscript. Also, the authors must cite the source and indicate the permission to use such materials in the corresponding figure or table caption, as required by the copyright owner(s).

10) Videos

If the article includes video files, authors can submit them as "Supplementary File". All video files should be submitted in MPEG-1 (.mpg) format.

11) PR and Social Media Promotion

The information of published articles will be used for PR purposes and official JARC social media posts to promote your published article.
Authors must obtain written consent from all participants (or their parent or legal guardian) for the publication of any data, images, or information in both academic formats and the Society's promotional channels (including social media).

Clinical Trials

In accordance with ICMJE's policy on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment. ICMJE defines clinical trials as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions include but are not limited to those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

JARC requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.
Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the ICMJE website.

The Journal accepts registration from the following list of registries as well as others listed at ICMJE website:

- Clinical Trials (http://www.clinicaltrials.gov/)
- Australian New Zealand Clinical Trials Registry (http://www.anzctr.org.au/)
- ISRCTN Register (http://isrctn.org)
- UMIN Clinical Trials Registry (http://www.umin.ac.jp/ctr)

In reporting randomized clinical trials, authors must comply with published CONSORT guidelines (http://www.consort-statement.org/). The recommended checklist must be completed and provided to the Journal at the time of manuscript submission. The recommended trial flow diagram should be presented as "Supplementary File".

Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.

- CONSORT for randomized clinical trials (http://www.consort-statement.org/) – this guideline is required for all randomized clinical trials, as noted above.
- CARE for case reports (http://care-statement.org/)
- STROBE for observational studies (http://strobe-statement.org/)
- PRISMA for systematic reviews and meta-analyses (http://prisma-statement.org/)
- STARD for studies of diagnostic accuracy (http://www.equator-network.org/reporting-guidelines/stard/)
- SAGER guidelines (https://www.equator-network.org/reporting-guidelines/sager-guidelines/) for reporting of sex and gender information

Please access http://www.equator-network.org/ to find the guideline that is appropriate for your study.

It is extremely important that when you complete any Reporting Guideline checklist, you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the relevant reporting checklist prior to submission. The purpose of a reporting guideline is to guide you in improving the reporting standard of your manuscript. The objective is not to solely complete the reporting checklist, but to use the checklist itself in the writing of your manuscript. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript, while also potentially enhancing its chances for eventual publication.

Data Sharing

JARC encourages the authors of manuscript which includes clinical trials to share their de-identified research data including, but not limited to raw data, processed data, software, algorithms, protocols, methods, materials, study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.

As required by ICMJE, all manuscripts that report the results of clinical trial must include a data sharing statement with a link to the trial registration. The statement should include the following information:

- Available types of data,
- Available documents (study protocol, statistical analysis plan, informed consent form, clinical study report, or analytic code)
- Available dates
- With whom the data are available.
- Types of analyses the authors are willing to share the data
- Method of requesting the data.

The statement is published alongside their paper.

Online Manuscript Submission

Submit manuscript files electronically via the ScholarOne system in the following order: title page, main document, tables and figures. The total size of the uploaded files should be within 100 MB. Upon submission, the manuscript will be automatically checked for plagiarism by the iThenticate plagiarism screening service to determine both textual overlap and manuscript originality. The submitted manuscript can be sent back to the corresponding author for rewriting if the detected text overlap rate is 30% or higher.

Peer Review Process

Peer review is a critically important process of evaluation for any manuscript submitted to JARC. Every article dispatched for full peer review will receive a comprehensive, fair, unbiased critical assessment. All submitted manuscripts will be reviewed by an editor of JARC to evaluate the eligibility for possible publication. Thereafter, the manuscripts will be sent to two to three expert reviewers in the field of the study for peer review. The editor will review the peer review comments and make a decision for acceptance or rejection, or request that the authors revise the manuscript based upon the reviewers' comments. JARC operates a single-anonymized review throughout the review process. This means that the reviewers remain anonymous to the authors.

JARC adheres to Committee on Publication Ethics' Ethical Guidelines for Peer Reviewers. Reviewers are not allowed to contact the authors directly before, during, or after the reviewing process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information of the manuscript to a third party. The guidelines for the reviewers are available at the Journal home page.

The decision letters, along with the comments of the editors and reviewers, will be sent to the corresponding author via e-mail.

Revised Manuscript

Revised manuscripts must be fully amended to address the comments of both the reviewers and the editors. Authors must include a detailed point-by-point response to the

reviewers' and editors' comments when submitting a revised manuscript. Authors should submit the revised manuscript within 30 days from the date of the prior decision. All authors must approve every revision, correction and amendment prior to re-submission of the revised manuscript.

Editors and Journal Staff as Authors

Manuscripts submitted by editors, Editorial Board members, or journal staff will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript and have neither access to that manuscript nor any information about the review process other than what is provided in the editor's decision letter. Additionally, ScholarOne, the Journal's online submission and peer review system is designed to anonymize a person in other roles (editor/reviewer) from any paper he/she has authored. The manuscript submitted by editors, Editorial Board, and journal staff of JARC should include a statement that declares their personal conflict of interest with the Journal.

Editorial Policy and Publication Ethics

JARC observes the highest standards in journal publication ethics. The Journal supports and adheres to the industry guidelines and best practices, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf) by the ICMJE and the Principles of Transparency and Best Practice in Scholarly Publishing [a joint statement by the Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the World Association for Medical Editors (WAME) and the Open Access Scholarly Publishers Association (OASPA); http://doaj.org/bestpractice].

Exclusive Submission

Articles that have been previously published or are being considered for publication in another journal in any language will not be accepted. The editors make all decisions on the acceptance of the peer-reviewed manuscripts.

Preprints:

Submitting manuscripts, that are previously available as preprints on non-commercial servers such as medRxiv, arXiv, bioRxiv, to JARC will not be considered as duplicate submission or publication. JARC advises authors to mention the existence of the preprint, along with its DOI, in the cover letter during the submission process. The preprint will go through the same peer review process as any other submission. If accepted for publication, the authors must update the preprint with a link to the published article in JARC, including the DOI. In addition, authors must cite the published article in JARC instead of the preprint in their future submissions to other journals.

Confidentiality

All manuscript details, author information, reviewer identities, comments to the editors and the authors, and the content of the decision letter are considered privileged information and will never be disclosed to third parties.

Authorship/Contributorship

All authors listed in the manuscript must meet the following criteria of contribution described by the ICMJE in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.

1. Substantial contributions to the conception or design of the research or the acquisition and analysis of data, and
2. Drafting the work or reviewing 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.

Contributors who do not meet all four criteria for authorship above should not be listed as authors. Guest or honorary authorship is not permitted.

In consonance with the COPE's position statement (https://publicationethics.org/cope-position-statements/ai-author) and WAME's recommendations (https://wame.org/page3.php?id=106), JARC does not allow Artificial Intelligence (AI) tools such as ChatGPT or Large Language Models (LLM) to be listed as authors as those tools cannot meet the ICMJE's criteria for authorship listed above.

The corresponding author must ensure that a manuscript is read and approved by all authors prior to submission.

Those who do not qualify for authorship may be acknowledged individually or together as a group under the single heading, "Acknowledgements," at the end of the manuscript. Examples of activities that do not qualify a contributor for authorship are acquisition of funding, general supervision of a research group, or general administrative support and writing assistance, technical editing, language editing, and proofreading.

Authors should discuss, determine and (if they exist) settle any disagreements about the order of authorship before submitting their manuscript. Final author order must be established by the end of the revision phase of the peer review process.

Adding, deleting, or changing the author names and their order is not permitted after the acceptance of the manuscript for publication.

Use of Artificial Intelligence (AI)-Assisted Tools/Technologies

In consonance with the COPE's position statement, WAME's recommendations, and ICMJE's Recommendation, JARC does not allow artificial intelligence (AI)-assisted tools/technologies such as Large Language Models (LLMs), chatbots, or image creators to be listed as author or co-author. As described in the ICMJE, those tools cannot be responsible for the accuracy, integrity, and originality of the work, thus they do not meet

the ICMJE's criteria for authorship listed above. The authors (humans) are fully responsible for any materials of the submitted work, including the use of AI-assisted tools or technologies. AI should not be cited as authors. Authors (humans) are also responsible for plagiarism including the in text and AI-produced images. Authors must disclose, upon submission and in the Materials and Methods (or similar section), any use of AI-assisted tools or technologies in the writing of a manuscript, production of images or graphical elements of the paper, or in the collection and analysis of data.

Conflict of Interest and Sources of Funding

Authors must explicitly state whether potential conflicts of interest (COI) exist or not. This includes, but is not limited to, agreements for all support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.), grants or contracts, royalties or licenses, consulting fees, payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events, payment for expert testimony, support for attending meetings and/or travel, patents planned, issued or pending, participation on a Data Safety Monitoring Board or Advisory Board, leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid, stock or stock options, receipt of equipment, materials, drugs, medical writing, gifts or other services, and other financial or non-financial interests that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Any possible COI related to the study presented in the manuscript must be disclosed at the end of main text under the heading "Conflicts of Interest" using the following examples for each author:

> "A (author name) received honoraria from Z (entity name); B holds an advisory role in Y; C is an employee of Company X."

If a manuscript is accepted for publication, the disclosures will be published as they appear in this section. If there are no COIs, the authors should state, "The authors declare that there are no conflicts of interest" at the end of main text.

All sources of funding from entities such as governmental or non-profit organizations, that are relevant to the study, should be acknowledged at the end of main text under the heading "Source of Funding". You must ensure that the full, correct details of your funder(s) and any relevant grant numbers are included.

Corresponding author must complete Conflict of Interest Disclosure Form and upload the form to the submission system as "COI Form".

Research Ethics

- Clinical research included in articles, which report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned in the "Methods" section that the study has been approved by the relevant institutional or national review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript. Those researchers who

do not have institutional or national ethics review committees should follow the principles outlined in the Declaration of Helsinki.

- The corresponding author must complete Ethical Review Application Checklist for Submission of Academic Papers and upload the checklist to the submission system as "Checklist". The form is available here.

- Any studies involving human subjects must clearly indicate in the "Methods" section that written consent has been obtained from all patients and relevant persons (such as the parent or legal guardian) to publish the information, including photographs.

- Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information that may identify patients must not be presented anywhere in the manuscript, including the figures and tables. All pictures should focus on the affected areas only.

- Articles reporting on data from animal testing must indicate in the "Methods" section the approval of the testing design by the affiliated institution's Animal Care and Use Committee.

- Authors of articles reporting on new DNA sequences must furnish those data to the GenBank and include the accession number in the article.

Ethical Polices
The Editorial Board of JARC follows the recommended procedures outlined by COPE International Standards for responsible research publication for authors and editors when dealing with allegations of misconduct. Please see our Ethical Polices for the information.

Proofing and Revision after Acceptance

After the acceptance of a manuscript for publication, galley proofs will be available to the authors for corrections of minor errors such as spelling errors and omitted characters or letters. Any other corrections and revisions after the acceptance of a manuscript are not permitted unless requested by the Editorial Board of the Journal. Authors are expected to perform the proofing, as instructed by the Editorial Office. Upon completion of the proofing, authors should immediately e-mail the revised proof to the publisher.

Article Processing Charges

If the first author of the manuscript is a NON-MEMBER of Japan Society of Coloproctology:

Original Research Articles: 200,000 JPY
Trial Protocols: 200,000 JPY
Review Articles: 200,000 JPY

Practice Guidelines: 200,000 JPY
Clinical Research: 200,000 JPY
Case Reports: 200,000 JPY
How I Do It: 200,000 JPY
Letters to the Editor: Free of Charge

If the first author of the manuscript is a MEMBER of Japan Society of Coloproctology:

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Specifications by Article Types

Article type	Abstract word limit and format	Word limit	References	Figures/ Tables	APC for members APC for non-members
Original Research Articles	250; structured	4,000	50	10	n/a 200,000 JPY
Trial Protocols	250; structured	4,000	50	10	n/a 200,000 JPY
Review Articles	250; unstructured	5,000	100	10	n/a 200,000 JPY
Practice Guidelines	250; unstructured	4,000	50	10	n/a 200,000 JPY
Clinical Research	250; structured	3,500	40	5	200,000 JPY 200,000 JPY
Case Reports	200; unstructured	3,000	15	5	200,000 JPY 200,000 JPY
How I Do It	150; unstructured	2,000	10	4	150,000 JPY 200,000 JPY
Letters to the Editor	n/a	500	5	n/a	n/a n/a

The main text does not include title page, abstract, references, figure legends and table titles.

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