

## Instructions for Authors

### General Information

*Clinical and Molecular Hepatology* publishes original basic and clinical research on liver diseases. Manuscripts should be submitted electronically (<https://mc04.manuscriptcentral.com/cmh>). The journal is published in English on 1st in January, April, July, and October. Authors lacking ability with English syntax should seek the appropriate editorial assistance prior to submitting their manuscripts. These guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," published by the International Committee of Medical Journal Editors at <http://www.icmje.org>.

The Editorial Office, Clinical and Molecular Hepatology, Room A1210, Mapo Trapalace, 53 Mapo-daero, Mapo-gu, 04158, Seoul, Korea  
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### Types of Manuscripts

Contributions may be submitted as original articles, case reports, review articles, editorials and special topics. Special topics cover guidelines, meeting reports and hepatology issues elsewhere. Review articles, editorials and special topics are invited by the editorial board. However, authors who are interested in contributing reviews can submit reviews and are subjected to peer review. Letters to the editor may be subjected to peer review and undergo editing for clarity and brevity.

### Ethical Conduct of the Study and the Report

All investigations involving human participants must be conducted according to the ethical guidelines of the Declaration of Helsinki, and be approved by the institutional review board. For studies involving animal experimentation, author(s) must provide assurance that all the animals received humane care according to the criteria outlined in the NIH "Guide for the Care and Use of Laboratory Animals". The author must state that the use of animals (means all mammals and birds) in the manuscript was approved by the institutional Animal Ethical Committee (AEC) in accordance to the article 14<sup>th</sup> of Korean Animal Protection Law, or equivalent, in the paper. It must be clearly stated that animal use has complied to the article 13<sup>th</sup> of Korean Animal Protection Law (The principles of animal use) and the relevant institutional policies in the manuscript. Copies of the protocol approved by institutional AEC or equivalents, must be available for review by the editor if necessary.

The corresponding author must give written assurance that neither the submitted material nor portions thereof have been published previously or are under consideration for publication elsewhere. Any material that could constitute prior or concurrent publication of similar data by any one of the authors should be submitted with the manuscript. It is assumed that the corresponding author speaks for his or her co-authors and certifies that all the listed authors meaningfully participated in the study and that they have seen and approved the final manuscript.

Authors should acknowledge any commercial affiliation or consultancy that could be constructed as potential conflicts of interest under a heading "Conflict of Interest statement" prior to the references.

For the policies on the research and publication ethics not stated in this instructions, 'Good Publication Practice Guidelines for Medical Journals' ([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=)) or 'Guidelines on good publication' (<http://www.publicationethics.org.uk/guidelines>) can be applied.

Ensure correct use of the terms sex (when reporting biological factors) and gender (Identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender.

If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases, (e.g., prostate cancer).

Authors should define how they determined race or ethnicity and justify their relevance.

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## Organization of the Manuscript

The manuscript should be written in A4 (21×30 cm) paper in double space texts by leaving 3 cm space in the right, left, top and bottom sides at 10 point fonts.

### *Original articles*

Original articles describing clinical and basic studies in the field of hepatology. Manuscripts are expected to be well-organized and clearly written. They should not exceed 6,000 words, including the abstract, references, tables, and figure legends. No more than 8 figures and tables, with a maximum of 6 panels per figure. It is permitted for you to submit additional methodological details, non-essential figures or portions of your manuscript as supplementary material for online publication only. References cited in the main text may not be listed in the supplementary materials. The only references be listed in the supplement are those cited exclusively in the supplement. References should not exceed a maximum of 50.

Original article must arranged as follows: (1) title page (2) abstract (250 words or less with a list of 5 or less key words), (3) introduction, (4) materials and methods (or patients and methods), (5) results, (6) discussion, (7) acknowledgements, (8) conflict of interest statement (9) references, (10) tables, and (11) figure legends.

In case of submission of original articles (not applicable for reviews, editorials, and letters), authors should summarize the contents of the article in a concise, pictorial form designed to easily understand main findings of the work described in the article. Graphical abstracts should be submitted as a separate JPG or TIFF files at the online submission step of file upload. The submission of the graphical abstract is mandatory when submitting an original article. Graphical abstracts should be provided as an image with a minimum of 531 × 531 pixels (h × w) using a minimum resolution of 300 dpi. If you are submitting a larger image then please use the same ratio. Please note that your image will be scaled proportionally to fit in the available window, which is a 200 × 500 pixel rectangle.

### *Review articles*

Review articles on selected topics of interest for the readers of the *Clinical and Molecular Hepatology* and will be solicited by the Editors. Review articles are expected to be clear, concise and updated. The maximum length is 5,000 words. The inclusion of a maximum of 8 high quality tables and/or colored figures to summarize critical points is highly desirable.

### *Editorials*

This section consists of invited brief editorial comments on articles published in the *Clinical and Molecular Hepatology*. The length of an editorial should not exceed 1,500 words and 1 table or 1 figure is allowed. References should not exceed a maximum of 20.

### *Case reports*

Case reports are not encouraged and will only be accepted if they represent an outstanding contribution to the etiology, pathogenesis or treatment of a specific liver disease. The length of a case report should not exceed 3,000 words. A total number of 2 tables or figures is allowed. References should not exceed a maximum of 10.

Case reports consist of (1) title page, (2) abstract (150 words or less with a list of 5 or less key words) (3) introduction, (4) cases, (5) discussion, (6) references (20 or less), (7) tables and figure legends and (8) figures (5 or less) on separate pages.

### *Letters to the editor*

Letters to the editor should be related to a recent article published in the *Clinical and Molecular Hepatology* within previous two years, or interesting case report that author wants to report. Letters to the editor must arranged as follows: (1) title page, (2) body (3) references (maximum of 15), and (4) a maximum number of 1 tables or figures is allowed. The length of an letter to the editor should not exceed 800 words. Abstract is not required.

### *Special topics*

Special topics should be no longer than 800 words with 10 or less references.

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### *Snapshot*

Snapshot consists of a large single page figure with schematic diagrams and tables that graphically summarize current knowledge about a particular subject within the field of hepatology. A detailed figure legend which includes all relevant information can be included and may be incorporated into the main figure. The figure is accompanied by a short summary article that should not exceed a maximum of 600 words. References should not exceed a maximum of 10. The snapshot should contain a descriptive title.

## **1. Title page**

Provide a concise title. List the full names of all authors and their institutional affiliation. In a multi-authored work involving more than a single institution, indicate individual affiliation by means of superscript Arabic numbers. Indicate a change of address in a similar fashion. List the footnotes to the title page. Provide the contact information for the corresponding author (name, address, telephone number, fax number, e-mail address and Orcid ID), and running title (Less than 50 characters). All abbreviations should be explained in this page (e.g. AFP, alpha fetoprotein; ALT, alanine aminotransferase). Clinical and Molecular Hepatology employs a system to screen plagiarism (CrossRef). When submitting your manuscript to this journal, you accept that your manuscript may be screened for plagiarism against previously published material.

## **2. Abstract**

Abstract of original articles must contain 250 words or less and must be organized as follows: Background/Aims, Methods, Results, and Conclusions. Three to Five keywords should be provided at the end of the abstract. Abstract of case reports must contain 150 words or less in unstructured form.

## **3. Highlight**

Authors of original articles are requested to include "Highlights" which consist of three to four sentences summarizing the originality and main findings of the article. "Highlights" should not exceed 100 words in total. Highlights must be organized in a box and placed after the end of the abstract. The authors are encouraged to include the "Highlights" with initial article submission. When submitting a revised manuscript, the submission of the "Highlights" is mandatory.

## **4. Introduction**

Provide the minimum background information that will orient the general reader. Do not engage in a literature review.

## **5. Methods**

Provide a level of detail such that another investigator could repeat the work. For methods that are used without significant modification, citation of the original work will suffice. Identify and provide references for all the statistical methods used.

## **6. Results and discussion**

Present the major findings of the study in graphical form if practicable. Do not illustrate minor details if their message is adequately conveyed by simple descriptive text. Mention all the tables and figures. In the discussion, concisely present the implications of the new findings for the field as a whole, minimizing any reiteration of the results and avoid repetition of material in the introduction; keeping a close focus on the specific topic of the paper.

## **7. Acknowledgements**

An acknowledgement of persons who made a genuine assistance and provided special reagents may be included. Grant and financial support related with the work should be specifically stated.

## **8. Authors' contribution**

Based on the ICMJE guidelines for authorship criteria, how each author has contributed to the paper should be clarified (e.g, Conception or design of the work, Data collection, Data analysis and interpretation, Drafting the article, Critical revision of the article, and Final ap-

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proval of the version to be published).

## 9. References

References should be numbered in the order they are cited, and the number of reference should be marked in the text by means of a superscript Arabic numerical. Only literature that is published or in press (with the name of the publication) may be numbered and listed; abstracts and letters to the editor may be cited. Cite the names of all authors when there are six or less; when seven or more list the first six followed by et al.

### *Articles in journals*

1. Kim YS, Jung ES, Hur W, Bae SH, Choi JY, Song MJ, et al. Noninvasive predictors of nonalcoholic steatohepatitis in Korean patients with histologically proven nonalcoholic fatty liver disease. *Clin Mol Hepatol* 2013;19:120-130.
2. Chung C, Iwakiri Y. The lymphatic vascular system in liver diseases: its role in ascites formation. *Clin Mol Hepatol* 2013;19:99-104.

### *Literature in press*

An online article that has not yet been published in an issue can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

Wong GL. Management of chronic hepatitis B patients in immunetolerant phase: what latestguidelines recommend. *Clin Mol Hepatol*. 2018 Jan 22. doi: 10.3350/cmh.2017.0068.

### *Book chapters*

1. Gumucio JJ, Berkowitz CM. Structural organization of the liver and function of the hepatic acinus. In: Kaplowitz N, ed. *Liver and Biliary Diseases*. Vol I. 2nd ed. Baltimore: Williams & Wilkins, 1992:2-17.

### *Abstract or Article in a supplement*

1. Cho YJ, Lee SH, Kim BH, Yang SK, Jo YH, Lee DH. Characteristics of hepatocellular carcinoma with reference to ages in Korean patients [Abstract]. *Hepatology* 1998;28:246A.
2. Bellentani S, Marino M. Epidemiology and natural history of non-alcoholic fatty liver disease (NAFLD). *Ann Hepatol* 2009;8 (Suppl 1):S4-S8.

### *Websites*

1. Ontario Chronic Disease Prevention Alliance (OCDPA). Economic cost of chronic disease in Canada 1995-2003. OCDPA web site, <[http://www.ocdpa.on.ca/OCDPA/docs/OCDPA\\_EconomicCosts.pdf](http://www.ocdpa.on.ca/OCDPA/docs/OCDPA_EconomicCosts.pdf)>. Accessed 7 Sep 2011.

## 10. Permissions

Direct quotations, tables or illustrations taken from copy-righted material must be accompanied by written permission for their use from the publisher. The permission is presented as a footnote or addition to the legend and it must provide complete information as to the source. Photographs of identifiable persons must be accompanied by a signed release that indicates their informed consent.

## 11. Abbreviations

Standard abbreviations not requiring definition are those listed in the Journal of Clinical Investigation. Otherwise, do not abbreviate unless a term is used more than five times in a paper. In this case, the abbreviation should be spelled out, in its first use in the text with the abbreviated form in parentheses, and it should also be listed on the footnote page (see above). Abbreviations used in figures or tables should be defined in the legend. Radiation measurements and laboratory values should be in accordance with the International System of Units (SI) (resources: "SI Units in Radiation Protection and Measurements, NCRP Report no. 82" [August 1985]; "Now Read This: The SI Units Are Here," *JAMA* 1986;255:2329-2339).

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## 12. Drug names

Use generic names. The proprietary name may be mentioned in parenthesis. The names and locations (city and state or country) of manufacturers should be included in parentheses when mentioning proprietary drugs, tools, instruments, software, etc.

## 13. Tables

Prepare tables on individual sheets of paper, double spaced and numbered consecutively with Arabic numerals in the order of their appearance in the text. The title of tables should be written concisely in clauses and phrases. The first letter of the table title starts with a capital letter. Explain all abbreviations and symbols such as \*, †, ‡, §, ||, \*\*, ††, ‡‡, §§. Do not duplicate the material presented in a figure.

## 14. Figure legends

Number the figures with Arabic numerals in the order they are mentioned in the text. Provide a title (this should not appear on the figure itself) and sufficient explanation to render the figure intelligible without reference to the text. For any copyrighted material, indicate that permission has been obtained (see Permissions, above). Figure legends should be typed consecutively on a separate sheet of paper.

## 15. Figures

Illustrations should be sharp and clear. Figure files can be uploaded in the JPG or TIFF formats which authors prefer at a final resolution of not less than 300 dpi. Microscopic pictures should be explained according to the staining method and scaled by the power of magnification. Authors are charged for color figures.

## Peer Review and Publishing

The journal utilizes blind peer-review in evaluating manuscripts for publication. Submitted papers will be reviewed by at least two referees, and decisions will be available in approximately one month. With respect to the revision and resubmission of manuscripts, it is the journal's policy to allow a couple of resubmission only, which should be received within 2 months from the time of receipt of the initial review letter. In general, a manuscript requiring more than a couple of revision or returned beyond 2 months will be handled as a new submission. The journal does not have article submission charges.

## Article Processing Charges

To cover the cost of publishing, *Clinical and Molecular Hepatology* charges a publication fee of US \$1,000 per accepted article. Authors will receive an invoice for APC shortly after the corrected proof of their accepted manuscript has been finalized.

Please note that only 'original articles' are subject to APCs

\* Invited articles are exempt from APCs.

\*\* The APC will be temporarily waived for all articles submitted before or on December 31, 2021.

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