

JMA Journal

Instructions for Authors

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1. Aims and Scope

The JMA Journal is the official peer-reviewed and open-access scientific journal of the Japan Medical Association and the Japanese Association of Medical Sciences. The journal publishes review articles, original research articles, clinical trials, guidelines, opinions, short communications, images, case reports, letters to the editor. The JMA Journal is broadly international both in its perspective and the country of origin of the authors it publishes. The journal's remit, through the publication of high-quality research, is to contribute to the global improvement of medical standards. The JMA Journal accepts articles related to medical science and medical care including clinical and basic medical science as well as public health. The journal also welcomes non-clinical studies such as health policy and opinion. All unsolicited articles receive a full and extensive peer review by recognized subject experts. The journal is published four times each year (January, April, July and October). The journal requires that all manuscripts be prepared in accordance with the "[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). There is no charge to submit to or publish in the journal.

2. Article Types

The JMA Journal publishes a variety of different article types. Once you have determined the correct Article Type, it is imperative that you read the Manuscript Preparation guidelines before you submit your manuscript:

1. *Review Article*

Review Articles should provide a broad and comprehensive overview and updates on a specific field or topic in medical science.

2. *Original Research Article*

Original Research Articles should present detailed studies of original research, highlighting new and compelling findings that are impactful to other medical practitioners and researchers.

3. *Clinical Trial*

Clinical Trials describe a pre-planned randomized study of the safety, efficacy, or optimum dosage schedule of one or more diagnostic, therapeutic or prophylactic technique(s), device(s) or drug(s) selected according to predetermined criteria of eligibility and observed for predefined evidence of favorable and/or unfavorable effects.

4. *Guideline*

Guidelines present recommendations intended to optimize patient care that is informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

5. *Opinion*

Opinions should address compelling evidence-based opinions and insights important issues related to public health, health policy, or clinical health that appeals to the international readership of the journal. The article should be written in a scholarly manner with an efficient use of references and evidence.

6. *Short Communication*

Short Communications are rapid and concise reports (less than 1,200 words) of new and significant research findings, or confirmatory studies (including those containing negative results) of previously published research findings.

7. *Images*

Pictures should provide original, high-quality images with extraordinary findings that will be useful to other medical practitioners.

8. *Case Report*

Case Reports present the details of extremely rare medical or clinical cases that have significant educational importance for diagnosis and treatment. Authors should be aware that the journal rarely published a case report, unless the case presented is either the world's first reported case or extremely rare case.

9. *Letter 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.

3. Manuscript Preparation

Information provided here on manuscript preparation and formatting is based, in part, on the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” as published by the ICMJE. For any information that is not mentioned in this guideline, authors should refer to the ICMJE Recommendations.

Authors wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for publication in both the print and online format and to include evidence that such permission has been granted when submitting their papers.

If authors are non-native speakers of English, the manuscript must be edited by a native English speaker prior to submission, preferably one with a specialized knowledge of medical editing.

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

3.1 General Formatting

All articles should be written in English and correctly formatted according to the guidelines outlined below. All text should be double-spaced. Line numbers and page numbers on each page are required to make it easier for reviewers to provide comments.

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

- Title Page
- Abstract
- Key Words
- Main Text
- References
- Figure Legends
- Tables
- Figures

3.1.1 Title Page

The title page should be prepared separately from the main document and must include the following information:

- Title of the manuscript
- Full names of all authors
- Institutional affiliations of all authors, including city and country location of an author's institution.
- Corresponding author's name, address, telephone number and e-mail address
- Word count (for the main text only)
- Number of figures and tables

- Conflicts of interest
- Sources of financial support that require acknowledgment
- Type of contribution of the authors. 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.
- Acknowledgements

*For a sample Title Page, please click [here](#).

3.1.2 Main Document

Abstract and Key Words

Manuscript should include an abstract of no more than 300 words that includes the following headings, depending on the article type:

- Review Article:
 - Narrative Review: Unstructured Abstract
 - Systematic Review: Structured Abstract (Background, Methods, Results, Conclusions)
- Original Research Article: Structured Abstract (Introduction, Methods, Results, Conclusions)
- Clinical Trial: Structured Abstract (Introduction, Methods, Results, Conclusions)
- Guideline: Unstructured Abstract
- Opinion: Unstructured Abstract
- Short Communication: Abstract is not necessary.
- Images: Abstract is not necessary.
- Case Report: Unstructured Abstract
- Letter to the Editor: Abstract is not necessary.

The Abstract, regardless of the Article Type, should contain 3-8 key words. The Abstract of clinical trials must include the registration number and name of the registration database. See further details on clinical trials section below.

Main Text

For each Article Type, authors must organize and order their content using the following formats:

Review Article:

Headings:

- Narrative Review: Not required
- Systematic Review: Introduction, Materials and Methods, Results, Discussion

Word Limit: 4,000 words

Number of Tables: No more than 10

Number of Figures: No more than 10

Number of References: No more than 75

Original Research Article:

Headings: Introduction, Materials and Methods, Results, Discussion

Word Limit: 3,500 words

Number of Tables: No more than 5

Number of Figures: No more than 6

Clinical Trial:

Word Limit: 3,500 words

Number of Tables: No more than 5

Number of Figures: No more than 6

Guideline:

Word Limit: 4,000 words

Number of Tables: No more than 7

Number of Figures: No more than 10

Opinion:

Word Limit: 1,500 words

Number of Tables: No more than 2

Number of Figures: No more than 3

Number of References: No more than 5

Short Communication:

Word Limit: 1,200 words

Number of Tables: No more than 2

Number of Figures: No more than 3

Number of References: No more than 15

Images:

Word Limit: 150 words

Number of Figures: No more than 4

Number of References: No more than 5

Case Report:

Headings: Introduction, Case Report, Discussion

Word Limit: 750 words

Number of Tables: No more than 3

Number of Figures: No more than 4

Number of References: No more than 10

Letter to the Editor:

Word Limit: 400 words

Number of Tables and Figures: No more than 1

Number of References: No more than 5

Article Type		Abstract		Main Text		Tables	Figures	References
		Style	Words	Headings	Words			
Review Article	Narrative Review	Unstructured	300	-	4,000	10	10	75
	Systematic Review	Structured		Introduction, Materials and Methods, Results, Discussion				
Original Research Article		Structured	300	Introduction, Materials and Methods, Results, Discussion	3,500	5	6	-
Clinical Trial		Structured	300	-	3,500	5	6	-
Guideline		Unstructured	300	-	4,000	7	10	-
Opinion		Unstructured	300	-	1,500	2	3	5
Short Communication		Not necessary		-	1,200	2	3	15
Images		Not necessary		-	150	0	4	5
Case Report		Unstructured	300	Introduction, Case Report, Discussion	750	3	4	10
Letter to the Editor		Not necessary		-	400	1		5

3.2 References

The authors are responsible for the accuracy of their references. The References section should follow immediately after the conclusion of the main text. Authors must cite references in the text in the order of their appearance, showing the citations as superscripts (for example, show in superscript¹). If there are more than three authors, name only the first three authors and then use “et al.”

Examples:

Journal article

1. Guiot BH, Khoo LT, Fessler RG. A minimally invasive technique for decompression of the lumbar spine. *Spine*. 2002;27(4):432-8.

Journal article in a language other than English

2. Paroussis D, Papaoutsopoulou C. [Porcelain laminate veneers (HI-ERAM)]. *Odontostomatol Proodos*. 1990;44(6):423-6. Greek.

Online journals

3. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htmArticle>

Entire book

4. Jenkins PF. *Making sense of the chest x-ray: a hands-on guide*. New York: Oxford University Press; 2005. 194 p.

Book chapter

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

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 for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

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).

3.3 Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. All measurements should follow the International System of Units (SI).

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).

3.4 Abbreviations

Do not include the abbreviations in the title. Define abbreviations at their first appearance in the text and in each Table and Figure and use the abbreviations consistently thereafter.

3.5 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.

3.6 Tables and Figures

3.6.1 Formats

Figures should be submitted in the following digital format: JPEG (.jpg), or Tagged Image Format (.tiff).

Tables are required to be in MS Word (.doc/.docx) or PowerPoint (.ppt/.pptx). Do not use MS Excel or comparable spreadsheet software.

Figures supplied within the main manuscript Word document or previously copy-and-pasted in PowerPoint are not acceptable. This is due to their low resolution. They will not re-produce in print or online clearly.

Scanned images of line art will not be accepted – please supply in the original file format.

Tone art, or photographic images should be produced at the minimum resolution of 300 dpi. Include the scale (bar) in images captured with scanning electron microscopes.

All figure titles and legends should not be embedded in the submitted image – please supply this information separately (such as figure legends in the main manuscript file).

All extraneous use of color must be removed from Figures and Tables. Color should only be used for didactic purposes. All line art backgrounds must not contain any color.

Figures and Tables must be cited in the text and numbered in the order they are cited.

If any copyrighted or previously published material, edited or otherwise, are used in the manuscript, it is the author's responsibility to obtain the permission from the copyright owner(s) prior to making a submission. 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).

3.6.2 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 section.

4. 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.

The JMA Journal 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 site at http://www.icmje.org/#clin_trials

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

- Clinical Trials (<http://www.clinicaltrials.gov/>)
- Australian New Zealand Clinical Trials Registry (<http://anzctr.org.au>)
- ISRCTN Register (<http://isrctn.org>)
- Netherlands Trial Register (<http://www.trialregister.nl/trialreg/index.asp>)
- 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 a figure.

5. 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/>)
- 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/>)

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

It is extremely important that when you complete any Reporting Guideline checklist that you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the appropriate reporting checklist. 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.

6. Data Sharing

JMA Journal 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.

7. Online Manuscript Submission

Manuscripts may only be submitted electronically via the journal's ScholarOne system: <https://mc.manuscriptcentral.com/jmaj>.

All files must be submitted in the following order: 1) Title Page, 2) Main Document, 3) Tables, and Figures (≥ 300 dpi). The total size of the uploaded files should be within 100 MB. Upon submission, the manuscript will be automatically checked for plagiarism, and can be sent back to the corresponding author if the plagiarism rate is 30% or higher. The JMA Journal utilizes the iThenticate plagiarism screening service to determine both text overlap and manuscript originality. More information on this service, and opportunities for authors to pre-screen their work, can be found at www.ithenticate.com.

Notification of manuscript submission will be sent by e-mail to all authors listed in the manuscript.

8. Peer Review Process

Peer review is a critically important process of evaluation for any manuscript submitted to the JMA Journal. Every article dispatched for full peer review will receive a comprehensive, fair, and unbiased critical assessment. All submitted manuscripts will be reviewed, initially, by the editors of the JMA Journal to evaluate eligibility for publication. The editors will assess the importance and originality of the research, suitability and interest to the readership of the journal, and the quality of the manuscript. Any manuscripts that satisfy our screening criteria will generally be sent to two experts in the field of the study for peer review. The JMA Journal employs a single-blind review process. This means the identities of the peer reviewers remain anonymous but the authors'

identities are known to the reviewers. The editors of the JMA Journal will review the peer review comments and make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection.

JMA Journal 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 peer review 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 contained within 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 by the editors and reviewers will be sent to the corresponding author via e-mail.

8.1 Revised Manuscript

It is expected that any manuscripts receiving a revision decision will be fully amended according to the comments of both the reviewers and the editors. Authors must also include a detailed point-by-point response letter. Authors should submit the revised manuscript within 12 weeks from the date of prior decision. Revisions must be approved by all authors prior to submission of the revised manuscript.

8.2 Editors and Journal Staff as Authors

Manuscripts submitted by editors, [Editorial Staff](#) 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 blind a person in other roles (editor/reviewer) from any paper he/she has authored. The manuscript submitted by editors, [Editorial Staff](#), and journal staff of JMA Journal should include a statement that declares their personal conflict of interest with the journal.

9. Editorial Policy and Publication Ethics

9.1 Overview

The JMA Journal observes the highest standards in journal publication. The journal supports and adheres to the 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 International Committee of Medical Journals Editors (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>)).

9.2 Authorship/Contributorship

All authors listed in the manuscript must meet the following four contribution criteria as defined by the ICMJE in their 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 revising it critically for important intellectual content; and
- 3) Final approval of the version to be published; and
- 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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

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 a single heading within the “Acknowledgements” on the title page. Examples of activities that do not qualify a contributor for authorship are: acquisition of funding; general supervision of a research group; general administrative support and writing assistance; technical editing; language editing, and proofreading.

An email that request the confirmation of authorship will be sent to authors after manuscripts have been submitted. All authors are expected to respond to that message as directed by the instructions within the email.

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. Any authorship changes such as order, addition, and deletion of authors between the initial manuscript submission and the final decision should be discussed and approved by all authors. Any request for such changes must be explained in the Change of Authorship Request Form, which must be signed by all authors.

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

9.3 Exclusive Submission

Articles that have been previously published or are being considered for publication in another journal in any language will not be accepted. Submission of a manuscript implies that: the work described has not been previously published; it is not under consideration for publication elsewhere; its publication has been approved by all co-authors. The editors make all decisions on the acceptance of the peer-reviewed manuscripts.

9.4 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.

9.5 Redundant or Duplicate Publication

Articles that are being considered for publication in another journal including advanced publications such as “in-press” or “E-pub ahead of print” articles in any language might be regarded as redundant or duplicate publication.

The author should notify the editor formally about all submission and the previous reports that could be regarded as redundant or duplicate publication of the same or similar work. Any such material must be referred to and referenced in the new work. Copies of such work should be included with the submission. Abstracts or posters presented at scientific meetings are not considered previously published work.

Editorial actions should be expected if redundant or duplicate publication is attempted or occurs without such notification. Editorial actions may include: immediate rejection of the submitted manuscript; retraction of published work; published notice of violation, and revocation of publishing privileges.

For acceptable secondary publication, authors should consult the ICMJE Recommendations.

9.6 Conflicts of Interest and Sources of Funding

According to the ICMJE Recommendations, a conflict of interest (COI) exists “when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain).”

All authors are required to disclose any financial relations, activities, relationships and affiliations that exist, or have existed, in the 36 months prior to submission with any commercial organizations, groups, institutions, or

any other entities that has any interest in the subject matter, materials, or process(es) discussed in the manuscript. This includes, but is not limited to:

- Research support (including research funding and provision of equipment or materials)
- Honoraria (such as lecture fees)
- Consulting
- Employment
- Promotional fees
- Advisory or directing role
- Stock and share ownership
- Patent/licensing fees
- Travel and accommodation expenses
- Any other financial, institutional or personal relationships

Any possible COI related to the study presented in the manuscript must be disclosed on the title page 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 the 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” on the title page.

All authors will receive e-mail notification to confirm and complete their COI disclosure forms (e-forms) after manuscript submission.

All sources of funding from entities such as government or non-profit organizations, which are relevant to the study, should be acknowledged on the title page under the heading “Sources of Funding.”

- You must use the following word format to describe any funding: “This work was supported by [*name of funder*] grant number [xxx]”.
- If your work did not receive funding you must use the following wording: “This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors”.
- You must ensure that the full, correct, details of your funder(s) and any relevant grant numbers are included.

9.7 Research Ethics

- A) Clinical research included in articles that report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki. In addition, the “Materials and Methods” section must include a statement that the research was approved by the IRB of the authors’ affiliated institutions and the approval code issued by the IRB and the name of the institution, which granted the approval. Those researchers who do not have access to an ethics review committees should follow the principles outlined in the Declaration of Helsinki.
- B) Articles reporting on data from animal testing must indicate in the “Materials and Methods” section the approval of the testing design by the affiliated institution’s Animal Care and Use Committee.
- C) Authors of articles reporting on new DNA sequences must furnish that data to the GenBank and include the accession number for it in the article.
- D) For any studies involving human subjects it should be stated clearly in the text that written consent has been obtained from all patients (or parent or legal guardian) to publish the information, including their photographs.

- E) Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information which may identify patients must not be presented anywhere in the manuscript, including the Figures and Tables unless the information is essential for scientific purposes and the patient (or parent or legal guardian). All pictures should focus on the affected areas only.

9.8 Misconduct and Breach of Publication Ethics

- All members of the [Editorial Staff](#) of the JMA Journal promote and abide by the COPE International Standards for responsible research publication for authors, reviewers and editors when dealing with allegations of misconduct. Please see [our Ethical Polices](#) for the information.
- All manuscripts submitted to the JMA Journal must represent the authors' original work and not duplicate any other previously published work in any language. The authors must understand, and guarantee, that the same manuscript is not simultaneously submitted to, or not under consideration in, another journal.
- All authors are fully responsible for the originality and contents of their submitted manuscripts. All records and data presented in the manuscript must be accurate, without any fabrication, manipulation, or falsification.
- Authors certify that the single research or dataset is not intentionally divided into several parts to increase the number of submission or publication with the JMA Journal or other journals over time (“salami publication”).
- All information and contents, such as data, text, ideas, or theories that originate from other resources must be credited and cited, as guided in the “References” of Manuscript Preparation section.
- Any misconduct that is identified is subject to investigation by the [Editorial Staff](#) according to the guidelines recommended by COPE. If the allegation raises any valid concerns after the investigation, the author will be contacted to address the issue. The Editors in Chief may decide to publish an “Expression of Concern” if suspicion is raised after the article has already been published. Should misconduct or the breach of publication ethics be established, regardless of the level or seriousness, this may result in retraction, publication of formal notice of the misconduct, formal notice to the author's institution, and a formal embargo on future contribution to the JMA Journal.

10. 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 Staff](#) of the JMA Journal. Authors are expected to perform the proofing, as instructed by the Support Office. Upon completion of the proofing, authors should immediately email the revised proof to the Support Office.

[Our Editorial Staff](#) may make revisions to terminologies, phrasing, and other components of the manuscript without the consent of the author(s). Portions of the manuscript requiring corrections will be noted with comments indicating that the material must be rewritten.

After publication, further changes, or corrections, can only be made in the form of an Erratum which will be hyperlinked to the original article.

11. Copyright

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12. Advertisement Policy

The JMA Journal does not accept advertising from pharmaceutical companies, device manufacturers, or any other commercial entities to avoid potential conflicts of interest in editorial decision-making and to avoid advertisements by companies with potentially competing interests appearing alongside articles published in the journal.

13. Charges

The JMA Journal is fully funded by the Japan Medical Association. There is no charge to submit to or publish in the journal.

For inquiries:

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