

Publication and Research Ethics

1. GENERAL GUIDELINES

All manuscripts published by this journal should follow the ethical guidelines specified in the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals* (<http://www.icmje.org/recommendations/>), which were established by the International Committee of Medical Journal Editors (ICMJE). For any issues regarding research and publication ethics not addressed in the above source, *Second Edition of Good Publication Practice Guidelines for Medical Journals* (Korean Association of Medical Journal Editors, KAMJE; https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=) and *Guidelines on Good Publication* (Committee on Publication Ethics, COPE; <http://publicationethics.org/resources/guidelines>) can be applied. Further guidance on the review and publication process is contained in the Council of Science Editors (CSE) Editorial Policy Statements (<https://www.councilscienceeditors.org/resource-library/editorial-policies/>).

2. DISCLOSURE OF CONFLICTS OF INTEREST

Any financial support associated with the study, including stocks or consultation arrangements with pharmaceutical companies, should be stated at the end of the text, as well as any political pressure from special interest groups or academia-related issues, under a subheading entitled “Conflicts of interest”. If no financial support or political or academic pressures affected the study, a statement declaring that there were no conflicts of interest should be included under the aforementioned subheading.

3. STATEMENT OF INFORMED CONSENT AND INSTITUTIONAL REVIEW BOARD APPROVAL

Human studies must conform to current ethical standards and should be approved by the appropriate Institutional Review Board (IRB). A statement concerning IRB approval,

reference number, and consent procedures must appear in the Methods section. Any systematic data-gathering effort from patients or volunteers must be approved by an IRB or adhere to appropriate local/national regulations. If a study was granted an exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption). Authors may be questioned about the details of consent forms or the consent process, if necessary. On occasion, the Editor-in-Chief may request a copy of the approved IRB application from the author(s). For all research involving human subjects, informed consent to participate in the study should be obtained from participants, and a statement to this effect should appear in the manuscript.

4. STATEMENT OF HUMAN AND ANIMAL RIGHTS

Clinical research studies involving human subjects must state that the work was done in accordance with the *Ethical Principles for Medical Research involving Human Subjects* out-lined in the Declaration of Helsinki in 1975 (last updated in 2018, see <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not satisfy the guidelines of the Declaration of Helsinki will not be considered for publication. Human subjects must not be identifiable under any circumstances, meaning that information including name, initials, hospital number, date of birth, and other protected healthcare information should not be included in any cases.

Animal research studies must state that the work was performed according to the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals must conform to the guidelines provided by the Institutional Animal Care and Use Committee (IACUC). A statement concerning IRB and IACUC approval and consent procedures must appear in the Methods section.

5. AUTHORSHIP

All authors of the article should have contributed significantly according to the following four criteria: 1) substantial contributions to the concept and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the work or revising it critically for important intellectual content; 3) final approval of the version to be published; and 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors should meet the above four conditions. For original articles, the specific contributions of each author must be described, and this information will be published in the Author Contributions section. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or rearranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

6. ORIGINALITY, DUPLICATE PUBLICATIONS, AND EMBARGO POLICY

All submitted manuscripts should be original and may not be considered by other scientific journals for publication at the same time. Accepted papers should not be duplicated in whole or in part from any other scientific journal without permission from the Editorial Board. If duplicate publications related to the papers of this journal are detected, authors will be sanctioned by requesting their institutions to assess the facts, requesting a letter to the Editor-in-Chief acknowledging the error and voluntarily withdrawing the paper, and banning the authors from publishing in *EnM* for up to 3 years. The final sanction against the author(s) may be discussed at an Editorial Board meeting.

All content of accepted articles must be strictly confidential and may not appear in the media, either in print or electronic form, before the article's embargo date. All authors and funding institutions should conform to this policy and should not distribute the results of their work prior to the embargo date. If an embargo break is the result of any action

by an author/researcher, he/she risks the withdrawal of the accepted article. Violations of the embargo policy may also jeopardize future acceptance of manuscripts to be published in *EnM*. Generally, embargoes on journal articles lift the day and the time the article is published, either online or in print (whichever comes first), by *EnM*, the official journal of the Korean Endocrine Society.

7. PROCESS FOR MANAGING RESEARCH AND PUBLICATION MISCONDUCT

EnM is a member of Cross-Check's plagiarism detection initiative and takes all cases of publication misconduct seriously. When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board discusses and makes decisions regarding any suspected cases.

8. SECONDARY PUBLICATION

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by the International Committee of Medical Journal Editors (ICMJE, <https://www.icmje.org>) as follows:

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version faithfully reflects the data and interpretations of the primary version.

- The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”—and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations to be “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

9. CLINICAL DATA-SHARING POLICY

EnM recommends that all submitted manuscripts that report the results of clinical trials adhere to the Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors (<https://doi.org/10.3346/jkms.2017.32.7.1051>; <http://www.icmje.org/recommendations>).

10. CLINICAL TRIALS REGISTRY

We strongly recommend, as a condition of consideration

for publication, registration in a public trials registry. Trials must have been registered in an appropriate registry at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. Any trial that began enrollment before this date must have been registered by April 1, 2006 in order to be considered for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship/s between a medical intervention and a health outcome. Studies designed for other purposes, such as studies on pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt from this process.

Appropriate registries include: 1) the registry sponsored by the United States National Library of Medicine (<https://www.clinicaltrials.gov>); 2) the ISRCTN Registry (<http://www.isrctn.com/>); 3) the Australian New Zealand Clinical Trials Registry (<https://www.anzctr.org.au/>); 4) the Chinese Clinical Trials Registry (<http://www.chictr.org.cn/>); 5) the Clinical Trials Registry-India (<http://ctri.nic.in/>); 6) the University Hospital Medical Information Network (UMIN) (www.umin.ac.jp/ctr); and 7) the Clinical Research Information Service-Republic of Korea (CRIS, <https://cris.nih.go.kr/cris/>). Reporting of randomized controlled trials should follow the guidelines of the CONSORT Statement (www.consort-statement.org).

Editorial Policy

The goal of *Endocrinology and Metabolism* (EnM) is to publish high-quality manuscripts dedicated to clinical or basic research. EnM is published on a quarterly basis every year, and any authors affiliated with an accredited biomedical institution may submit manuscripts of original articles, review articles, brief reports, and letters to the editor.

The Editor-in-Chief assumes that all authors listed in a manuscript have agreed with the following policies of EnM regarding manuscript submissions. Except for negotiated secondary publications, manuscripts submitted to the Journal must be previously unpublished and not be under consideration for publication elsewhere.

Under no circumstances will the identities of the referees be revealed. If a new author is added or an author is deleted after a manuscript is submitted, it is the responsibility of the corresponding author to ensure that the author(s) concerned are aware of and agree to the change in authorship. EnM has no responsibility for such changes.

The Editors reserve the right to make corrections, both literary and technical, to the papers. It is the authors' responsibility to ensure that patients' anonymity is carefully protected and to verify that any experimental investigations with human subjects reported in the manuscript were performed with informed consent, following all guidelines for experimental investigations with human subjects required by the institution(s) with which all the authors are affiliated.

There is no author's submission fee or any other publication-related fee.

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Submission Guidelines

Revised: August 22, 2007
 Revised: February 5, 2009
 Revised: September 1, 2010
 Revised: February 28, 2013
 Revised: June 30, 2015
 Revised: March 30, 2018
 Revised: November 1, 2018
 Revised: March 30, 2019
 Revised: December 30, 2021

Please read the complete instructions for authors before submitting your manuscript to *Endocrinology and Metabolism* via <http://submit.e-enm.org>.

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1. ABOUT THE JOURNAL

Endocrinology and Metabolism (Endocrinol Metab; EnM) is the official journal of the Korean Endocrine Society. The journal is devoted the dissemination of the latest scientific findings in the fields of endocrinology, metabolism, and hormonal function. Only manuscripts written in English are accepted. *EnM* follows an open access policy, according to which all content is freely available online and digital files can be read, downloaded, and printed freely.

Manuscripts containing content that was previously published in other journals are not eligible for submission to this journal. Conversely, any manuscripts published herein can-

not be submitted to other journals. For further clarification on our policies regarding duplicate and secondary publications, please consult Sections 3.6 and 3.8 of this document.

2. EDITORIAL OFFICE CONTACT INFORMATION

Endocrinology and Metabolism Editorial Office

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3. STUDY CONDUCT AND POLICIES

1) The process of reviewing and assessing manuscripts, including for ethical guidelines and plagiarism/duplicate publication and study misconduct, should conform to the ethical guidelines specified in the *Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals* (<http://www.icmje.org/recommendations/>), which were established by the International Committee of Medical Journal Editors (IC-MJE). For any issues regarding research and publication ethics not addressed in the above source, *Second Edition of Good Publication Practice Guidelines for Medical Journals* (Korean Association of Medical Journal Editors, KAMJE; https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=) and *Guidelines on Good Publication* (Committee on Publication Ethics, COPE; <http://publicationethics.org/resources/guidelines>) can be applied. Further guidance on the review and publication process is contained in the Council of Science Editors (CSE) Editorial Policy Statements (<https://www.councilscienceeditors.org/resource-library/editorial-policies/>).

2) Disclosure of conflicts of interest

Financial sponsorship should be included as a conflict of interest. Any other financial support associated with the study, including stocks or consultation arrangements with

pharmaceutical companies, should be stated at the end of the text, as well as any political pressure from special interest groups or academia-related issues, under a subheading entitled “Conflicts of interest.” If no financial support or political or academic pressures affected the study, a statement declaring that there were no conflicts of interest should be included under the aforementioned subheading.

3) Statement of informed consent and institutional review board approval

Human studies must conform to current ethical standards and should be approved by the appropriate Institutional Review Board (IRB). A statement concerning IRB approval, reference number, and consent procedures must appear in the Methods section. Any systematic data-gathering effort from patients or volunteers must be approved by an IRB or adhere to appropriate local/national regulations. If a study has been granted an exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption). Authors may be questioned about the details of consent forms or the consent process. On occasion, the Editor-in-Chief may request a copy of the approved IRB application from the author. For all research involving human subjects, informed consent to participate in the study should be obtained from participants, and a statement to this effect should appear in the manuscript.

4) Statement of human and animal rights

Clinical research studies involving human subjects must state that the work was done in accordance with the *Ethical Principles for Medical Research Involving Human Subjects* outlined in the Declaration of Helsinki in 1975 (revised in 2013; <http://www.wma.net/en/30publications/10policies/b3/index.html>). Clinical studies that do not satisfy the guidelines of the Declaration of Helsinki will not be considered for publication. Human subjects must not be identifiable. Patients' name, initials, hospital number, date of birth, or other protected healthcare information must not be disclosed. Animal research studies must state that the work was performed

according to the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals must conform to the guidelines provided by the Institutional Animal Care and Use Committee (IACUC). A statement concerning IRB and IACUC approval and consent procedures must appear in the Methods section.

5) Authorship

According to the guidelines of the ICMJE, authorship credit must be based on 1) substantial contributions to the concept and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the work or revising it critically for important intellectual content; 3) final approval of the version to be published; and 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors should meet the above four conditions. For original articles, the specific contributions of each author must be described, and this information will be published in the Author Contributions section. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

6) Originality and duplicate publications

All submitted manuscripts should be original and may not be considered by other scientific journals for publication at the same time. No part of the accepted paper should be duplicated in another scientific journal without permission from the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by CrossCheck upon arrival. If duplicate publications related to the papers published in *EnM* are detected, authors will be sanctioned by requesting their institutions to assess the facts, requesting a letter to the Editor-in-Chief acknowledging the error and voluntarily withdrawing the paper, and banning the authors from publishing in *EnM* for up to 3 years.

7) **Process for managing research and publication misconduct**

EnM is a member of Cross-Check's plagiarism detection initiative and takes all cases of publication misconduct seriously. When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board discusses and makes decisions regarding any suspected cases.

8) **Secondary publication**

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by the International Committee of Medical Journal Editors (ICMJE, <https://www.icmje.org>) as follows:

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version faithfully reflects the data and interpretations of the primary version.
- The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”—and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication.

Of note, the United States National Library of Medicine (NLM) does not consider translations to be “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

9) **Preprint policy (posted on December 30, 2021)**

A preprint is defined as a version of a scholarly paper that is posted on an openly available platform prior to formal peer review and publication in a peer-reviewed scholarly journal. EnM allows authors to submit preprints for publication in the journal. Preprints are not treated as duplicate submissions or duplicate publications. EnM recommends that authors disclose the preprint with a digital object identifier (DOI) in the cover letter to the editor during the submission process. Otherwise, it may be screened by the plagiarism check program (Similarity Check by CrossCheck). Please also provide this information in the manuscript and as a footnote in the manuscript file with a full citation using a DOI. (Example: This manuscript was first published as a preprint: Author AB, Author CD (2021). [Article title]. bioRxiv. <https://doi.org/10.1234/123456>). Preprint submissions will be processed through the same peer-review process as usual submissions.

If a preprint is accepted for publication, authors are recommended to update the information on the preprint server with a link to the published article in EnM, including its DOI at EnM. It is strongly recommended that authors cite the article in EnM instead of the preprint in their next submission to journals.

10) **Clinical data-sharing policy**

EnM recommends that all submitted manuscripts that report the results of clinical trials adhere to the Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors (<https://doi.org/10.3346/jkms.2017.32.7.1051>; <http://www.icmje.org/recommendations>).

11) **Clinical trials registry**

We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Tri-

als must have been registered in an appropriate registry at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. Any trial that began enrollment before this date must have been registered by April 1, 2006 in order to be considered for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as studies on pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt.

Appropriate registries include: 1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); 2) the ISRCTN Registry (<http://www.isrctn.com/>); 3) the Australian New Zealand Clinical Trials Registry (<http://www.anzctr.org.au/>); 4) the Chinese Clinical Trials Registry (<http://www.chictr.org.cn/>); 5) the Clinical Trials Registry-India (<http://ctri.nic.in/>); 6) the University hospital Medical Information Network (UMIN) (<http://www.umin.ac.jp/ctr/>); and 7) the Clinical Research Information Service-Republic of Korea (CRiS) (<https://cris.nih.go.kr/cris/>). Reporting of randomized controlled trials should follow the guidelines of the CONSORT Statement (<http://www.consort-statement.org>).

12) Open Access Policy

EnM is an open access journal and full text PDF files are also available at the official website (<https://enm-kes.org>). Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted, non-commercial use, distribution, and reproduction in any medium, provided that the original work is properly cited. To use any tables or figures published in *EnM* in other periodicals, books, or media for scholarly and educational purposes, permission by the publisher of *EnM* is not necessary.

13) Deposit Policy

According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors can-

not archive pre-prints (i.e., pre-refereeing) but archive post-prints (i.e., final draft post-refereeing) and publisher's version/PDF.

14) Archiving Policy

EnM provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in National Library of Korea.

4. SUBMISSION OF MANUSCRIPTS

- 1) *EnM* only accepts online submissions via an online manuscript submission system (<http://submit.e-enm.org>), and submissions are also reviewed and edited via this system. Any questions and answers regarding the review process and other related matters can be checked on the above online system. In addition, whenever any changes are made during the review process of a manuscript, the relevant information is forwarded to the corresponding author and the first author.
- 2) For original articles, the manuscripts should be compared against the *EnM* Submission Checklist. With the boxes ticked to show compliance, the checklist should be submitted to the Society together with the manuscript and copyright transfer agreement.
- 3) The authors should download the copyright transfer agreement and disclosure of conflict of interest and complete the forms. After completing these documents, scanned copies should be uploaded on the submission site, or they can be forwarded to the *EnM* Editorial Office via fax (+82-2-714-5103).
- 4) Manuscripts must be accompanied by a cover letter, which should include the following information:
 - A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work.
 - A statement of financial or other relationships that might lead to a conflict of interest.
 - A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work.

- The name, address, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

5. MANUSCRIPT CATEGORIES AND FORMAT

5.1. Original articles

General principles

- 1) Reporting guidelines have been developed for different study designs; examples include CONSORT (www.consort-statement.org) for randomized trials, STROBE for observational studies (<https://strobe-statement.org/>), PRISMA for systematic reviews and meta-analyses (<https://www.prisma-statement.org/>), and STARD for studies of diagnostic accuracy (www.stard-statement.org/). *EnM* requests that authors follow these guidelines according to their respective study design.
- 2) Manuscripts should be prepared using Microsoft Word (.doc or .docx). All portions of the manuscript should be double-spaced using 12-point Times New Roman font with a 3-cm blank margin on all sides (right, left, top, bottom) of A4-sized paper (21×30 cm) or North American letter-sized paper (8½×11 in). The numbers on each page of the manuscript should be placed at the center of the bottom in a sequential manner starting from the title page.
- 3) Abbreviations should only be used when absolutely necessary for clarity. In cases in which the use of an abbreviation is desirable to avoid repetitiveness, the abbreviation should be presented in parentheses when the corresponding terminology first appears in the manuscript.
- 4) Laboratory measurements should be presented in International System of Units (SI) units in most cases, except when non-SI units (conventional units) are preferable for clarity. However, the usage of units should be consistent.
- 5) The manuscript should be arranged in the following order: title page, abstract and keywords, main text (introduction, methods, results, discussion), conflicts of interest, acknowledgments, references, tables and figures.
- 6) All authors are encouraged to provide an Open Re-

searcher and Contributor ID (ORCID). Additional information about ORCID is available at <http://orcid.org/>.

Title page and abstract

- 1) The title page should be structured as follows: the title of the manuscript, a short running title 50 or fewer characters, the names of all authors, and their current affiliations. If the authors have multiple affiliations, their affiliations during the period of the study being reported should be matched to the authors' names using Arabic numeral superscripts.
- 2) The title of the manuscript should be no longer than 20 English words. The first letter of each major word of the title must be capitalized. Abbreviations should not be used in the title except in special circumstances.
- 3) At the bottom of the title page, the corresponding author's name, address, and e-mail address should be indicated.
- 4) The word count should be provided for the text only, excluding the abstract, acknowledgments, figure legends, and references.
- 5) The number of figures and tables should be provided on the title page.
- 6) The abstract should contain no more than 250 words, and should consist of four sections: Background, Methods, Results, and Conclusion.
- 7) Three to 10 keywords relevant to the content of the manuscript should be presented underneath the abstract. If possible, the keywords should be found in the MeSH terms of the Index Medicus (<http://www.nlm.nih.gov/mesh/MBrowser.html>).

Main text

- 1) The main text should be structured as Introduction, Methods, Results, and Discussion. Headings and sub-headings should be used in the Methods section and Results section to organize the presentation of the material. Every reference, figure, and table must be cited numerically in the order mentioned in the text.
- 2) Introduction: The purpose of the research should be presented briefly and clearly, together with only the background information that is relevant to the purpose.
- 3) Methods: The materials, methods, and study design

should be presented in detail. In experimental research, the methods should be described in such a manner that the experiments can be reproduced by the readers. A statement concerning IRB approval and consent procedures must appear in the Methods section. The description of the reagents, kits, and machines used in the experiment should be precise, with full descriptions for the product number, company name, city, and the country of its origin. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or 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.

- 4) Results: A detailed description of the study results should be clearly arranged in a logical manner. When tables are used, the content presented therein should not be redundantly described in the main text; instead, important trends and data points should be emphasized. Insertion of references with previously published data is not allowed in the Results section. Descriptions of previously reported data and personal opinions should be included in the Discussion section. In tables, figures, and virgule constructions and within parentheses, the units of minutes and hours should be abbreviated as 'min' and 'hr', respectively, and no 's' should be added to them.
- 5) Discussion: New and important observations should be emphasized. A redundant description of the results is not acceptable. The significance and limitations of the observed findings should be described. There should be a link between the conclusions and the goals of the study. Conclusions not adequately supported by the data must be avoided.

Conflicts of interest

Any potential conflict of interest relevant to the manuscript is to be described. If there are no conflicts of interest, authors should state that none exist.

Acknowledgments

The acknowledgments should be presented after the main text and before the reference list. Acknowledgments should contain brief statements of assistance, financial support, and prior publication of the study in abstract form, where applicable. Any other matters associated with research funds, facilities, and drugs that were used in the current manuscript should also be presented in the Acknowledgments.

References

References should be listed in the sequence cited in the paper, and sequential numbers should be attached in the middle or at the end of the corresponding sentences in the body of the text. The reference list should be given at the end of the document, after the main text and acknowledgments (if applicable) and before the tables. Original articles are limited to 50 references.

- 1) Reference numbers in the text should appear in the order that they are mentioned in normal type and in square brackets, e.g., "In the study by Norton et al. [23]...".
- 2) The names of all authors must be listed by the last name and the initials of the first and middle names in each reference. All authors should be listed when there are six or fewer authors. If there are seven or more authors, the first six should be listed, followed by "et al." Inclusive page numbers must be provided. Academic journal names should be presented using abbreviations approved by the Index Medicus (available from: <http://www.nlm.nih.gov/archive/20130415/tsd/serials/lji.html>).
- 3) All references should be described in the following format:

Journals: authors' names (list the first six authors and add "et al."), title, journal name, year, volume, and page numbers.

1. Hong SW, Lee J, Kwon H, Park SE, Rhee EJ, Park CY, et al. Deficiency of sphingosine-1-phosphate reduces the expression of prohibitin and causes β -cell impairment via mitochondrial dysregulation. *Endocrinol Metab (Seoul)* 2018;33:403-12.
2. Hong AR, Kim SW. Effects of resistance exercise on bone health. *Endocrinol Metab (Seoul)* 2018;33:435-44.

Book: authors' name(s), title, edition number, place of publication, publisher, year of publication, and page numbers.

International Diabetes Federation. IDF diabetes atlas. 8th ed. Brussels: International Diabetes Federation; 2017. pp. 40-59.

Chapter in a book: authors' name(s), title, edition number, place of publication, publisher, year of publication, chapter number and title, and page numbers.

Marcus R, Feldman D, Dempster DW, Luckey M, Cauley JA. Osteoporosis. 4th ed. Amsterdam: Elsevier; 2013. Chapter 29, Physical activity and exercise in the maintenance of the adult skeleton and the prevention of osteoporotic fractures; p. 683-719.

Conference proceedings: author(s), paper title, In: editor(s), conference title, the year, place, place of publication, publisher, year of publication, and page numbers.

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[updated 2006 Jul 24; cited 2007 Feb 22]. Available from: <http://www.chem.qmul.ac.uk/iubmb/>.

Tables

- 1) Tables should be double-spaced and inserted on a separate page at the end of the text document, with the table number, table title, and legend given above the table.
- 2) Titles of tables should be concise, using a phrase or a clause. The first letter of each word of the title should be capitalized.
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- 4) Abbreviations should be spelled out below the corresponding table. Symbols should be marked with small alphabet letters in the order of their usage, such as, ^{a, b, c, d, e} with their respective descriptions in the footnote.
- 5) Tables should be easy to understand if read independently or excerpted.
- 6) Unnecessary vertical lines should not be drawn. Authors should refrain from using horizontal lines as much as possible.

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Nonessential tables and figures may accompany articles as online-only supplemental files. All online-only supplementary files should be combined into a single document file (whenever possible) and uploaded separately during the submission process. This file must be clearly labeled as “Online-Only Supplemental Material.” In addition, supplemental online-only files must be referenced in the main text of the manuscript at least once (e.g., “Supplemental Table S1”).

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Images that may help make clinical decisions while being interesting and educational in terms of the treatment of endocrine and metabolic conditions should be prepared with an accompanying manuscript. The manuscript should not be more than one page (A4), with the number of references limited to five.

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A letter should contain constructive criticisms or comments on a specific paper published by the journal within the previous six months. The manuscript should be no more than one page (A4), with the number of references limited to five.

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3. Editorial

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 - e.g., high density lipoprotein cholesterol (HDL-C)
- Clinical laboratory values and units should be in International System of Units (SI) form.
- Leave a space before a unit, a number, a parenthesis.
 - e.g., body weight 52 kg, diabetic ketoacidosis (DKA)

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 - Ex. 2) Iitaka M, Momotani N, Ishii J, Ito K. Incidences of subacute thyroiditis recurrences after a prolonged latency: 24-year survey. *J Clin Endocrinol Metab* 1996;81:466-9.

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