

Submission guidelines for the Journal of the Japanese Society of Intensive Care Medicine

The Journal of the Japanese Society of Intensive Care Medicine is the official journal of the Japanese Society of Intensive Care Medicine and publishes reviewed scientific papers (in Japanese and English) in the field of intensive care medicine and related fields to fulfill the aim of the Japanese Society of Intensive Care Medicine, namely “planning the progress of intensive care medicine and related fields and, in addition, contributing to the development of science and culture”.

1. Method of Submission

Manuscripts (including figures and tables) should be submitted through the electronic submission and review system on the website of the Journal of the Japanese Society of Intensive Care Medicine (<http://www.jsicm.org/journal/index.html>). Inquiries about submission and publication in the journal should be addressed to the Editorial Committee Secretariat.

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Documents required for submission (**Table 1**, details are described below) should be converted to PDF files and uploaded to the system by the authors.

In the system, Microsoft Word (.doc, .docx and RTF) is recommended for the text and tables, and JPEG, PDF and TIFF for the figures.

2. Submission contents

All manuscripts submitted should be research papers, either clinical or basic research, formal clinical studies, relevant case reports and so on, (please refer to Item 7 below, “Manuscript style”), that are strongly related to intensive care medicine and have not been published or submitted for publication elsewhere in Japan or overseas (excluding abstract).

3. Ethical codes

Clinical studies should be conducted in accordance with the ethical standards laid down in the Helsinki Declaration by the World Medical Association, as well as “Ethical guidelines for medical and health research involving human subjects”, “Ethical guidelines for human genome and gene analysis research”, “Guidelines for gene therapy clinical research”, “On the approach of research and development using human tissues obtained from surgery”, “Fundamental guidelines for proper conduct of animal experiments and related activities in academic research institutions under the jurisdiction of the Ministry of Health, Labour and Welfare in Japan”, “Public health guidelines on infectious disease issues in xenotransplantation”, “Ethical guidelines on assisted reproductive technology studies involving production of human fertilized embryos”, “Ethical guidelines for epidemiological research”, “Ethical guidelines for clinical research” and “Guidelines for clinical research using human stem cells” presented by the Ministry of Health, Labour and Welfare in Japan. Animal experiments should be performed in accordance with the recommendations of the International Guidelines for Biomedical Research. When submitting a manuscript, the authors should confirm that the above guidelines have been observed and state in the text that the research was approved by the ethics committee of the concerned institution, unless it is not necessary to observe the ethical codes. If appropriate, a statement regarding the informed consent process should also be included. In addition, sufficient consideration is required to prevent

Table 1 The required documents which should be uploaded at the first submission

- 1) Declaration of conflict of interest (COI) by authors who publish in the official journal of the society
- 2) Manuscript Submission Checklist
- 3) Reprint licenses (if needed)
- 4) English proofreading certification (only if the authors' native language is not English and not needed for brief reports and letters in Japanese)
- 5) The copies of first pages of the cited reference

Note: 5) is unnecessary for review papers and commentary articles. 4) and 5) are unnecessary for manuscripts contributed in response to the Editorial Committee's request and for committee reports.

harming the human rights of patients and subjects, and descriptions of study subjects should be made in such a way as to ensure protection of their personal information.

4. Disclosure of conflict of interest (COI)

The “Declaration of conflict of interest (COI) by authors who publish in the official journal of the society” (in the last 3 year) must be completed by all authors and uploaded at the first submission, following “The guidelines for conflict of interest (COI) management” and “Detailed enforcement regulations” published on the website of the Japanese Society of Intensive Care Medicine. In addition, all authors should complete a separate COI statement, required by the Japanese Society of Intensive Care Medicine, in the body of the text at the end of the paper (before the References section). Even if there is no COI, a statement to the effect that “All authors declare no conflict of interest regarding the contents of this article” should be given.

5. Copyright

The copyright of published articles will be transferred to the Japanese Society of Intensive Care Medicine.

6. Acceptance or rejection of manuscripts

- 1) Authors will be notified of acceptance or rejection of manuscripts after consideration by the Editorial Committee, who will base their decision on the Peer Review process and the comments from the reviewers.
- 2) If revisions of the manuscript are judged to be necessary by the reviewers, the authors should resubmit the revised manuscript within the period designated by the Editorial Committee. If resubmitted after the designated period, the manuscript will be treated as a new submission.

7. Manuscript style

Submission categories include review articles, commentary articles, original articles, case reports, rapid publications, equipment reports, brief reports, letters, investigation reports, committee reports, regional meeting records, news, and so on. The total number of authors, including the first author, should not exceed 8 (3 authors, if the document is a review, commentary or a letter), but this limit will not apply in special cases (including committee reports). The manuscript should consist of a title page, abstract, text, references, tables, figures (including photographs) and legends of figures (including photographs), in that order. In principle, figures and tables (excluding photographs) should be prepared in black and white. The requirements and limits of each submission category are in **Table 2**. All items in the Manuscript Submission Checklist

Table 2 Summary of requirements and limits for each style of article

Type of article	Items required and description				
	Abstract	Title	Key words	Maximum length of manuscript only in English	References
1) Review article and Commentary article	Yes	Yes	5 words or less	5,000 words	100 or less
2) Original article	Yes	Yes	5 words or less	4,000 words	50 or less
3) Case report and Equipment report	Yes	Yes	3 words or less	3,000 words	20 or less
4) Rapid publication	Yes	Yes	3 words or less	2,000 words	20 or less
5) Brief report	No	Yes	3 words or less	1,500 words	10 or less
6) Letter	No	Yes	No	1,500 words	10 or less
7) Investigation report	Yes	Yes	3 words or less	2,000 words	10 or less
8) Committee report	Yes	Yes	No limit	No limit	No limit

Notes: each table and figure (including photographs) corresponds to 300 words. Brief report is permitted to have only one table or figure. In addition, a title page, abstract, keywords, references and legends of figures (including photographs) are included in the maximum length.

(downloaded from the website of the Journal of the Japanese Society of Intensive Care Medicine) should be filled in and the checklist should be uploaded at the first submission.

1) Review articles and commentary articles

A review article is a paper, in which a wide range of literature and information on a specific theme are extensively examined and their content is summarized and comprehensively explained from various viewpoints. A commentary article is a paper, in which a specific matter is analyzed and explained in an understandable manner.

2) Original articles

An original article is a paper that reports original clinical or basic research or observational research of unusual clinical significance, even from the level of aggregation of the data, consisting of hypothesis presentation, methods and results of hypothesis testing, discussion based on the results and drawn conclusions.

3) Case reports and equipment reports

A case report is a paper that describes the progress of a single or multiple case(s) with discussion. Report of a single case has to be extremely valuable for the readers. An equipment report is a paper that explains the outline of, and how to use, new, unusual or improved apparatus and equipment.

4) Rapid publications

A rapid publication is a paper that publishes a part of obtained research results rapidly in a style similar to the original article, to guarantee the priority and far-sightedness of the research.

5) Brief reports

A brief report is a paper that reports simple content in a style similar to the original article or case report.

6) Letters

A letter is a paper describing suggestions, questions, etc. to the Japanese Society of Intensive Care Medicine, the Editorial Committee of the journal or published papers, or personal opinions on specific matters.

7) Investigation reports

An investigation report is a paper reporting and explaining the results of questionnaires or surveys.

8) Committee reports

A committee report is a paper reporting or explaining the results of the questionnaire surveys, other surveys and so on conducted by each committee of the Japanese Society of Intensive Care Medicine. This kind of manuscript needs to follow the style set

forth in the submission guidelines, but no restriction is imposed on the manuscript size (number of words).

8. Preparation of the manuscript

- 1) Manuscripts should be written on A4 size paper (standard: top, bottom and side margins of 3 cm, 12 point characters). Medical terms should follow the Intensive Care Glossary (edited by the Japanese Society of Intensive Care Medicine).
- 2) For English words, common nouns should begin with lower case letters except at the beginning of a sentence, where they should begin with capital letters, and proper nouns should begin with capital letters.
- 3) The title page should contain (1) manuscript category, (2) title (and a running title of not more than 50 characters, if the title is longer than 50 characters), (3) names of authors (including co-authors), (4) affiliations and addresses (including coauthors), (5) key words and (6) contact address (full name, postal code, address, phone number, fax number and E-mail address). If the content of the manuscript has been already presented at the Annual Meeting or the Local Annual Meeting of the Japanese Society of Intensive Care Medicine, this information should be given in the title page.
- 4) An abstract should be no more than 300 words. The number of words in the abstract should be stated at the end of each abstract. In original articles and rapid publications, a structured abstract should be provided, consisting of Objectives, Methods, Results and Conclusions.
- 5) Orthography
 - (5-1) As a rule, the international system of units or the CGS system should be adopted for expressing the units of measurement, provided the liter unit system is adopted as the unit for volume and the customary measurement unit system is adopted for pressure (mmHg, cmH₂O and so on). Fractions should be expressed using diagonal slashes (e.g. mg/kg and ml/kg/min).
 - (5-2) Generic names should be used for the names of drugs. If used, trade names should be shown in parenthesis after the generic names.
 - (5-3) Names of apparatus and equipment should be followed in parenthesis by the specification, name of the manufacturer and name of country.
 - (5-4) Repeatedly used words in the text may be written using abbreviations or acronyms. The full terms should be

followed in parenthesis by abbreviations when used in the text for the first time. Abbreviations should not be used in the title.

(5-5) The desired positions of the figures and tables should be indicated in the text. Digital photograph files should be 350 dpi or higher at the size to be printed. Original tables and figures (including photographs) should be used as much as possible.

If a figure has to be reproduced from an existing published manuscript, it is the responsibility of the authors to obtain the written consent of the original author and publisher before submission, the source should be indicated in the text and the written permission should be uploaded at the first submission. In this case, figures should be revised as little as possible and reproduced intact.

6) A proofreading certificate (free style) for English abstracts, titles, figures and tables (English text, titles and legends in figures and tables) and legends by an English proofreading professional (organization) should be uploaded at the first submission, if needed for the category of the manuscript to be submitted (only if the author's native language is not English). A proofreading and proofreading certificate may be required again for the final draft, depending on the degree of revision required. In addition, when notified of the results of the review, the authors may be asked to have the manuscript proofread even for a brief report or a letter in Japanese in cases where the figures and tables contain a great deal of text in English.

7) References

(7-1) References should be listed in order in which they appear in the text, with the number of the citation shown in parentheses at the appropriate point in the text.

(7-2) The first 3 authors should be listed, followed by et al.

(7-3) Abbreviations of journal names should follow the abbreviation table of journal names catalogued in *Japana Centra Revuo Medicina* (Japan Medical Abstracts Society) for Japanese literature and *Index Medicus* for foreign literature.

(7-4) Papers accepted for publication and resources published on the website can be cited, except in the cases where a link is prohibited by the resource owner. The description method of addresses, etc. should follow the Request for Comments (RFC) and the customs of relevant books. E-mail addresses cannot be cited in principle, but when cited with just cause, a written approval (free style) by the e-mail address owners should be attached to the manuscript.

(7-5) Abstracts of presentations made at professional society meetings can be cited only when the presentations are made within 3 years, as a rule.

(7-6) The first page (for books, a page containing the authors' names and title) of all references should be copied and the pages collated in order of citation, which should be uploaded at the first submission.

(7-7) Description method

[1] For journals

Reference No.) Authors. Title. Journal year;volume:page-page.

Example 1) Tateishi A, Maekawa T, Kuroda Y, et al. Excitatory amino acid neurotransmitters in human cerebrospinal fluid after cardiopulmonary resuscitation. *J Jpn Soc Intensive Care Med* 1994;1:21-5.

Example 2) Watson JD, Crick FHC. Molecular structure of nucleic acids; a structure for deoxyribose nucleic acid. *Nature* 1953;171:737-8.

[2] For books

Reference No) Authors. chapter in a book. In: editor names, editors. book name. publication place: publisher; year. p. page-page.

Example 1) Kubota T. An introduction to intensive care medicine. In: the Japanese Society of Intensive Care Medicine, editor. *Intensive care medicine*. Tokyo: Shujunsha; 2001. p. 16-23.

Example 2) Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. New York: McGraw-Hill; 2002. p. 93-113.

[3] For internet resources

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

9. Proofreading of the paper

Only the first proof should be corrected by the authors in principle, and the corrected proof should be sent in PDF by e-mail. Alterations affecting the length of the final printed paper are not allowed.

10. Publication costs to be paid by the authors

- 1) Figures and tables are free of charge if they are usable without change. If drafting is required, actual expenses will be charged to the authors.
- 2) Authors may order reprints at cost.

11. Others

Make sure to check and observe "The rules dealing with dishonest papers". Permission of the Japanese Society of Intensive Care Medicine is required to use the published articles for reproduction, replication, public transmission, translation, commercial use, creating secondary information/compiling a database and releasing (such as creating a repository or archive in private and public organizations), and so on. To request permission, the "application form for permission to use published articles" should be downloaded from the website of the society. For reading and using papers published on J-STAGE, see the website of the society.

Abbreviations which can be used without writing down the corresponding full terms

(1) General terms

ICU (intensive care unit)
CCU (cardiac/coronary care unit)
PICU (pediatric intensive care unit)
WHO (World Health Organization)
POD (postoperative day)
BMI (body mass index)
QOL (quality of life)

(2) By field

Radiographic examination

MRI (magnetic resonance imaging)
CT (computed tomography)

Blood chemistry

AST, ALT, ALP, BUN, LDH, CK, CRP, Cr, T-Bil,
D-Bil, FDP

However, when used for the first time in the text, an explanation is needed, such as “blood chemistry (values)”.

Blood coagulation test

ACT, APTT, AT, PT, PT-INR

However, when used for the first time in the text, an explanation is needed, such as “blood coagulation test (values)”.

General blood test

Hb (hemoglobin concentration)
Ht (hematocrit)
RBC (red blood cell)
WBC (white blood cell)
Plt (platelet)

Respiratory management

F_IO₂ (inspiratory oxygen fraction)
pH, PaCO₂, PaO₂, HCO₃⁻, BE

However, when used for the first time in the text, an explanation is needed, such as “arterial blood gas analysis (values)”.

P/F ratio (PaO₂/F_IO₂ ratio)

SaO₂ (arterial oxygen saturation)

SpO₂ (oxygen saturation by pulse oxymeter)

PEEP (positive end-expiratory pressure)

Circulatory management

HR (heart rate)

BP (blood pressure)

sBP (systolic blood pressure)

dBp (diastolic blood pressure)

CVP (central venous pressure)

MAP (mean arterial pressure)

Scale and score

APACHE (Acute Physiology and Chronic Health Evaluation) II score

DIC (disseminated intravascular coagulation) score

GCS (Glasgow Coma Scale)

JCS (Japan Coma Scale)

SOFA (Sequential Organ Failure Assessment) score

Disease

DIC (disseminated intravascular coagulation)

(3) Statistics terms

NA (not applicable)

NS (not significant)

SD (standard deviation)

OR (odds ratio)

CI (confidence interval)

(4) Route of administration

i.v. (intravenous)

i.m. (intramuscular)

p.o. (per os)

(5) Others

DNA (deoxyribonucleic acid)

RNA (ribonucleic acid)

Description of abbreviations

Abbreviations should be written as “full term (abbreviation)” when used for the first time in the text. However, full terms can be omitted for the abbreviations shown above, only when the abbreviations are used in the sense shown above.

September 20, 2000
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