

## 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/publication/journal.html>). Inquiries about submission and publication in the journal should be addressed to the Editorial Committee Secretariat.

Editorial Committee Secretariat, the Journal of the Japanese Society of Intensive Care Medicine  
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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). Before submitting a manuscript containing previously published data, the authors should ensure that the previous publication of the data is clearly stated in the main text. Notwithstanding the foregoing, a manuscript that has been posted and publicly disclosed on a preprint server (i.e., a pre-peer-review manuscript) shall not be considered a prior publication, provided that such posting and use are within the scope permitted by these regulations. The treatment of preprints shall be subject to the provisions of **Section 14**, “Preprints.”

### 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. In addition, the various research guidelines that have been prepared by the Ministry of Health, Labour and Welfare, such as those for medicine, life sciences, and public health, should be followed. Animal experiments should be performed in accordance with the recommendations of the International Guidelines for Biomedical Research. When submitting a manuscript, the authors shall confirm that the above guidelines have been observed and state in the main text that the research was conducted with the approval (Approval No.: XXXX) of the ethics committee of the concerned institution (the approval number must be stated), unless it is deemed as not being 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 harming the human rights of patients and subjects, and descriptions of study subjects should be

**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)
- 5) List of digital object identifiers (dois) for references (for references not assigned a doi, a copy of the first page must be uploaded)

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.

made in such a way as to ensure protection of their personal information. Before manuscript submission, first authors and coauthors who are members of the Japanese Society of Intensive Care Medicine (JSICM) must take a course on research ethics (such as the JSICM course under the e-learning program of the Association for the Promotion of Research Integrity [eAPRIN]) to ensure a full understanding of research misconduct. However, it is permitted to submit the content registered for presentation at an annual meeting (including a local annual meeting) of the Journal of the Japanese Society of Intensive Care Medicine to the journal of the society before the presentation. The authors should ensure that “registered for presentation” or “accepted for presentation” is clearly stated on the title page.

### 4. Patients' informed consent

When reporting cases, the authors should state at the end of the paper (before the COI disclosure statement) that written informed consent was obtained from the patients and/or their families. However, for cases where informed consent from the patients and/or their families cannot be obtained, the following shall apply: (1) If informed consent cannot be obtained from the patient and/or the family, such as in the case of death of a patient who had no family, approval by the hospital's ethics committee is required; (2) When presenting multiple cases, informed consent needs to be obtained from all the cases.

### 5. 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 the COI statement, required by the Japanese Society of Intensive Care Medicine, 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.

### 6. Copyright

The copyright of the published article belongs to the Japanese Society of Intensive Care Medicine, including the rights stipulated in Articles 27 and 28 of the Copyright Act. In addition, the authors shall not exercise the moral rights of the author with respect to accepted papers.

**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              | 800 words                                    | 10 or less  |
| 7) Investigation report                  | Yes                            | Yes   | 3 words or less | 2,000 words                                  | 10 or less  |
| 8) Article introduction                  | No                             | Yes   | 3 words or less | 800 words                                    | 10 or less  |
| 9) Committee report                      | Yes                            | Yes   | No limit        | No limit                                     | No limit    |

Note 1: The following numbers A is counted using the Microsoft Word count function, and the number of characters in the whole article are calculated from A and B (number of figures and tables), using the following equation. All characters in the title page, English abstracts, main text, references and legends for figures and tables should be counted.

Number of words in the whole article =  $A + 300 \times B$

A: Number of words consisting of single-byte alphanumeric characters

B: Number of figures and tables (each table and figure [including photographs] corresponds to 300 words. A brief report is permitted to have only one table or figure. In addition, Fig. 1a and b, for example, should be counted separately as two figures.

## 7. 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.
- 3) If a manuscript is submitted to the Journal of the Japanese Society of Intensive Care Medicine at the same time as the registration for presentation at an annual meeting of the society, "already presented" shall be stated in the title page at the time of submission of the revised manuscript after the presentation at the annual meeting of the society. On the other hand, if the manuscript submitted to the journal of the society is accepted before the annual meeting, the author shall immediately report the same to the Annual Meeting Secretariat.

## 8. Manuscript style

Submission categories include review articles, commentary articles, original articles, case reports, rapid publications, equipment reports, brief reports, letters, investigation reports, article introduction, committee reports, regional meeting records, news, and so on. The total number of authors, including the first author, should not exceed 8 (5 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, main text, references, tables, figures (including photographs) and legends of figures (including photographs), in that order. The requirements and limits of each submission category are in **Table 2**. All items in the Manuscript Submission Checklist (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) Article introduction

An article introduction is a paper introducing an article that is

considered to be useful for the readers and that has already been published in another English-language journal and so on. An article introduction should be written in Japanese by the same authors, in principle. It is necessary to obtain permission for the secondary publication in advance from the publisher of the original article; an article introduction is not treated as a new publication achievement.

9) Committee reports

A committee report is a document that reports and explains the results of questionnaire surveys, other surveys, etc., conducted by each committee of the Japanese Society of Intensive Care Medicine. It also provides members with information related to applications for health insurance coverage and health care policies. On the other hand, periodic reports that only update numerical values should be published in the annual report and are not regarded as committee reports. 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). A committee report should be made under the name of the committee, and no individual credit can be awarded. Authors who wish to publish the same manuscript simultaneously in another journal should contact the Editorial Committee Secretariat of the journal before starting writing.

## 9. Preparation of the manuscript

- 1) Manuscripts should be written in 12-point Mincho font on A4-size. The number of lines per page in manuscripts should be roughly 32 lines. 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 (indicating the study design [for example: including "single-center, retrospective study" or "case report"]; along with 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 presented at the Annual Meeting or Local Annual Meeting of the Japanese Society of Intensive Care Medicine, this information should be given in the title page, through a statement like "already presented at the XXth Annual Meeting of the Japanese Society of Intensive Care Medicine (year/place)." However, in the case of a committee report, it is acceptable to provide only the title and the committee's name in English.
- 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, cmH<sub>2</sub>O 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) In the case of off-label use of a drug or medical device, it should be clearly stated in the main text, in principle, that such use is in conformity with the procedures of the institution concerned.
- (5-5) Repeatedly used words in the paper 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.
- (5-6) Titles of figures (including photographs), table titles and legends, and the text in the figures should be in English, and the desired positions of the figures and tables should be indicated in the main text. Digital photograph files should be 350 dpi or higher at the size to be printed. In principle, figures and tables (excluding photographs) should be prepared in black and white. 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 paper 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 cases where there 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 main text, with the number of the citation shown in parentheses at the appropriate point in the main 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. If these are included in the references, the website URL and the date of access should be provided. For documents that can be obtained by methods other than an Internet search, such as official documents describing laws and regulations, the website URL and the date of access need not be indicated. 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) References should be numbered in the order of citation, and a list of references with the doi should be prepared and uploaded at the first submission. For references not assigned a doi, a copy of the first page must be uploaded.

(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>

- 8) The manuscript should be numbered, beginning with the title page as page 1. The lines in the text should not be numbered.

## 10. 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.

## 11. 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.
- 3) For brief reports, if the final printed manuscript is rendered under 3 pages long at the time of publication in consideration of its readability, the difference in editing service costs of 8,000 yen will be charged.

## 12. Early publication

Early publication on J-STAGE is undertaken when the Editorial Committee considers it necessary or when the authors make a request. In the latter case, the actual expenses are charged to the authors.

## 13. 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.

## 14. Preprints

To promote the rapid dissemination of research findings, this journal permits authors to post and publicly release manuscripts on a community-recognized preprint server either before submission to the journal or concurrently with submission. Manuscripts made publicly available as preprints (i.e., pre-peer-review manuscripts) shall not be regarded as violating the requirement under Section 2, “Content of Submission,” that submissions must not have been published in another journal.

### 1) Scope of Application

This policy applies only to original versions (pre-peer-review manuscripts) of Original Articles and Rapid Communications.

### 2) Preprint Servers

A preprint server is defined as a publicly accessible platform on which the date of publication and manuscript version can be verified, and to which a persistent identifier (e.g., DOI) or a persistent URL is assigned, allowing continuous public access. Personal websites and sites with restricted access are excluded.

### 3) Versions Eligible for Posting

In principle, only pre-peer-review manuscripts (submitted manuscripts prior to peer review) may be posted on a preprint server.

### 4) Versions Not Permitted for Posting

Manuscripts revised in response to peer-review comments, manuscripts accepted for publication, and the final published version appearing in this journal (including the version published on J-STAGE) must not be posted on a preprint server, including replacement of an existing preprint or reposting.

### 5) Treatment After Acceptance and Publication

If a manuscript that has been released as a preprint is accepted and published in this journal, the author must update the preprint record and clearly provide a link to the published article in this journal (including its DOI or equivalent identifier).

### 6) Disclosure at the Time of Submission (Notification to the Editorial Board)

When submitting to this journal a manuscript that has already been posted on, or is intended to be posted on, a preprint server, the author must notify the Editorial Board at the time of submission and provide the preprint URL, server name, DOI (if assigned), date of posting, and version number.

### 7) Copyright and Related Matters

When posting a manuscript to a preprint server, it is desirable that the author retain copyright to the preprint. However, copyright for papers accepted and published in this journal shall be governed by **Section 6, “Copyright,”** of these regulations.

## 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)  
NICU (neonatal intensive care unit)  
WHO (World Health Organization)  
POD (postoperative day)  
BMI (body mass index)  
QOL (quality of life)  
RCT (randomized controlled trial)

### (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 main 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 main 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<sub>I</sub>O<sub>2</sub> (inspiratory oxygen fraction)  
pH, PaCO<sub>2</sub>, PaO<sub>2</sub>, HCO<sub>3</sub><sup>-</sup>, BE

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

P/F ratio (PaO<sub>2</sub>/F<sub>I</sub>O<sub>2</sub> ratio)

SaO<sub>2</sub> (arterial oxygen saturation)

SpO<sub>2</sub> (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)  
ARDS (acute respiratory distress syndrome)  
COVID-19 (coronavirus disease 2019)

### (3) Statistics terms

NA (not applicable)  
NS (not significant)  
SD (standard deviation)  
IQR (interquartile range)  
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)  
ECMO is an abbreviation that needs to be expanded (extracorporeal membrane oxygenation) at first use in the main text, as it is not such a commonly used abbreviation; however, it can be used as such, without expansion, in the title of a paper (with expansion of the abbreviation at first use in the main text).  
DPC (diagnosis procedure combination)

## Description of abbreviations

Abbreviations should be written as “full term (abbreviation)” when used for the first time in the main 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        | Revised December 10, 2021  | Revised June 28, 2021    |
| Revised May 6, 2004       | Revised October 7, 2013    | Revised August 26, 2022  |
| Revised January 15, 2010  | Revised December 18, 2015  | Revised March 1, 2023    |
| Revised January 21, 2011  | Revised September 7, 2016  | Revised October 12, 2023 |
| Revised July 1, 2011      | Revised May 31, 2017       | Revised January 29, 2024 |
| Revised December 16, 2011 | Revised December 13, 2018  | Revised August 25, 2026  |
| Revised December 14, 2012 | Revised September 10, 2019 |                          |
| Revised January 31, 2013  | Revised December 11, 2020  |                          |

Editorial Committee for the Journal of the Japanese Society of Intensive Care Medicine