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
c/o Gakken
2-11-8 Nishi-Gotanda, Shinagawa-ku, Tokyo 141-8416
TEL: 03-6431-1211, FAX: 03-6431-1214
E-mail: jsicm@gakken.co.jp

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 text.

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 text that the research was conducted in accordance with the recommendations of the International Guidelines for Biomedical Research.

4. Patients’ informed consent
When reporting cases, the authors should state at the end of the text (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 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.

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.

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


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

<table>
<thead>
<tr>
<th>Type of article</th>
<th>Abstract</th>
<th>Title</th>
<th>Key words</th>
<th>Maximum length of manuscript only in English</th>
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<tbody>
<tr>
<td>1) Review article and Commentary article</td>
<td>Yes</td>
<td>Yes</td>
<td>5 words or less</td>
<td>5,000 words</td>
<td>100 or less</td>
</tr>
<tr>
<td>2) Original article</td>
<td>Yes</td>
<td>Yes</td>
<td>5 words or less</td>
<td>4,000 words</td>
<td>50 or less</td>
</tr>
<tr>
<td>3) Case report and Equipment report</td>
<td>Yes</td>
<td>Yes</td>
<td>3 words or less</td>
<td>3,000 words</td>
<td>20 or less</td>
</tr>
<tr>
<td>4) Rapid publication</td>
<td>Yes</td>
<td>Yes</td>
<td>3 words or less</td>
<td>2,000 words</td>
<td>20 or less</td>
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<tr>
<td>5) Brief report</td>
<td>No</td>
<td>Yes</td>
<td>3 words or less</td>
<td>1,500 words</td>
<td>10 or less</td>
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<tr>
<td>6) Letter</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>800 words</td>
<td>10 or less</td>
</tr>
<tr>
<td>7) Investigation report</td>
<td>Yes</td>
<td>Yes</td>
<td>3 words or less</td>
<td>2,000 words</td>
<td>10 or less</td>
</tr>
<tr>
<td>8) Article introduction</td>
<td>No</td>
<td>Yes</td>
<td>3 words or less</td>
<td>800 words</td>
<td>10 or less</td>
</tr>
<tr>
<td>9) Committee report</td>
<td>Yes</td>
<td>Yes</td>
<td>No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
</tbody>
</table>

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, Japanese and English abstracts, text, references and legends for figures and tables should be counted.

Number of words in the whole article = A + 300 × 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.

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 (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. 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.
Submission guidelines for the JJSICM

9) 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). 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, 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) Titles of figures (including photographs), table titles and legends, and the text in the figures should be in English or Japanese, and 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. 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 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 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 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 Japanese 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, et al. 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 dois should be prepared and uploaded at the first submission.

(7-7) Description method
[1] For journals
Reference No.) Authors. Title. Journal year;volume:page-page.

[2] For books


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.

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 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
\( F_{O_2} \) (inspiratory oxygen fraction)
\( \text{pH} \), \( \text{PaCO}_2 \), \( \text{PaO}_2 \), \( \text{HCO}_3^- \), BE

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

\( \text{P/F} \) ratio (\( \text{PaO}_2/\text{F}_O_2 \) ratio)
\( \text{SaO}_2 \) (arterial oxygen saturation)
\( \text{SpO}_2 \) (oxygen saturation by pulse oximeter)
PEEP (positive end-expiratory pressure)

Circulatory management
HR (heart rate)
BP (blood pressure)
\( \text{sBP} \) (systolic blood pressure)
\( \text{dBP} \) (diastolic blood pressure)
\( \text{CVP} \) (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 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 text).
DPC (diagnosis procedure combination)
Submission guidelines for the JJSICM

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.

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