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ABOUT ARCHIVES OF PLASTIC SURGERY

Archives of Plastic Surgery (Arch Plast Surg, APS) is the official journal of the Korean Society of Plastic and Reconstructive Surgeons, Hong Kong Society of Plastic and Reconstructive and Aesthetic Surgeons, Indonesian Association of Plastic Reconstructive and Aesthetic Surgeons, Singapore Association of Plastic Surgeons, The Society of Plastic and Reconstructive Surgeons of Thailand. Manuscripts on any aspect of plastic surgery—original clinical or laboratory research, operative procedures, comprehensive reviews—as well as selected ideas and innovations, letters, case reports, and correspondence are invited for publication. This journal will be published bimonthly.

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RESEARCH AND PUBLICATION ETHICS

The Journal adheres to the guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA (<http://doaj.org/bestpractice/>).

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It is recommended that any research that deals with a clinical trial be registered with a primary national clinical trial registration site, such as <http://cris.cdc.go.kr/>, or other sites accredited by the WHO as listed at <http://www.who.int/ictcp/en/>.

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The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Statement of Informed Consent

Copies of written informed consent and institutional review board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (i.e., verbal or written) also needs to be stated in the Methods section. For research with animal subjects, studies should be approved by an Institutional Animal Care and Use Committee (IACUC).

Patient Photographic and Videographic Consent

Patients introduced in the manuscripts should be informed and aware that their photographs, videotapes, and other images (imaging records) will be released by the authors, and the authors should attach the Authorization and Release Form available at the APS website (<https://mc.manuscriptcentral.com/archplastsurg>) including each patient's signature.

Statement of Human and Animal Rights

Clinical research should be done in accordance with the Ethical Principles for Medical Research Involving Human Subjects, as outlined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For publication, the human subjects' identifiable information, such as the patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, the research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

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Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and analysis and interpretation of data; (2) drafting the article 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. Authors should meet these four conditions.

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May 2023

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MANUSCRIPT PREPARATION

Publication Type

APS publishes editorial, review articles, original articles, case reports, ideas and innovations, continuing medical education, book reviews, letters and communications.

1. Editorials are invited perspectives on an area of plastic surgery, dealing with very active fields of research, current surgical interests, fresh insights, and debates.
2. Review articles provide a concise review of a subject of importance to plastic surgery researchers written by an invited expert in plastic surgery.
3. Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
4. Case reports/ideas and innovations deal with clinical cases of surgical interest or innovation.
5. Continuing medical education describes the recent approaches and developments of plastic and reconstructive surgery for practitioners or trainees.
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7. Letters are short original research articles on issues important to researchers.
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9. Communications are interesting and instructive information for readers.

General Guidelines

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2. The manuscript should be written in 10-point font with double line spacing on A4 sized (21.0 × 29.7 cm) paper with 2.5 cm margins on the top, bottom, right, and left.
3. There should be no mention of the institution where the work was carried out, especially in the Abstract and Methods section. If the institution should be inserted, include it after acceptance of an article.
4. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.
5. Drug and chemical names should be stated in standard chemical or generic nomenclature.
6. Units of measure should be presented according to the International System (SI) of Units. All units must be preceded by one space except percentage (%) and temperature (°C).
7. Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.
8. Statistical expression: mean and standard deviation should be described as mean ± SD, and mean and standard error as mean ± SE. P-values should be described as P < 0.05 or P = 0.003.
9. Generic and brand name of medicine: for medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name.
10. Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and 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.

Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

ORIGINAL ARTICLES

Manuscripts will not be acceptable for publication unless they meet the following editorial requirements. Manuscripts must include (1) Title page, (2) Structured abstract and Keywords, (3) Main text (Introduction, Methods, Results, Discussion), (4) Conflict of interest, (5) References, (6) Tables, (7) Figure legends, and (8) Supplemental data. Each component should begin on a new page in the following sequence. Manuscripts on original work should contain a maximum of 10 type-written pages for the contents of the text, 15 sheets of figures, and 30 references.

(1) Title Page

A running title (no more than 40 characters in length), manuscript title, and each author's full name (include ORCID) and affiliation including the name of the country, should be provided. For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (1, 2, 3...). All persons designated as authors should be qualified for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. A 'corresponding author' for reprints should be indicated, and full contact information (including address, telephone number, fax number, and e-mail) should be provided. The contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>) Taxonomy of author roles. All persons who have made substantial contributions, but who have not met the criteria for authorship (e.g., "scientific adviser," "data collection," or "participation in clinical trial"), are acknowledged here. Any financial disclosure or support (grant number, institution, and location), thesis article (title and reviewers' page), and presentation history (name of the meeting and date) at a meeting should be included if relevant.

(2) Abstract and Keywords

The abstract should contain the following components in the order listed: Background, Methods, Results, and Conclusions. It should not exceed 250 words. Medical Subject Headings (MeSH) authorized words should only be used for the keywords, and 3 to 5 keywords should be listed just after the abstract. The first letter of a keyword should be capitalized (e.g., Surgery, plastic / Mammoplasty / Free tissue flaps).

(3) Main Text

Introduction: The purpose of the investigation, including relevant background information, should be briefly described.

Methods: The research plan, the materials (or subjects), and the methods used should be described, in that order. How the disease was confirmed and how subjectivity in observations was controlled should be explained in detail. When the experimental methodology is the main issue of the paper, the process should be described in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, and country). If relevant, information on the IRB/IACUC approval and informed consent should be included. Methods of statistical analysis and criteria for statistical significance should be described.

Results: The results should be presented in logical sequence in the text, tables, and illustrations. The text should not repeat all the data in the tables or figures but describe important points and trends.

Discussion: Observations pertaining to the results of research and other related materials should be interpreted for your readers. New and important observations should be emphasized; the contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limits, should be explained, and within the limits of the research results, the conclusion should be connected to the purpose of the research.

(4) Conflict of Interest

The corresponding author of an article is asked to inform the editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stockownership or options, royalties, or patents filed, received, or pending).

(5) References

References should be obviously related to the content of the submitted paper and should not exceed 30. References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1], [1,4], or [1-3], at the end of the related sentence in the text. The abbreviated journal title should be used according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the List of KoreaMed Journal Information (<https://journals.koreamed.org/>). If there are three or fewer authors in a reference, then all the names of the authors should be listed. If the number of authors is greater than three, list the initial three authors, and then abbreviate the rest of the authors with 'et al.'

Unpublished observations and personal communication should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the text. Abstracts published in a citable journal may be cited. To cite a paper accepted but not yet published, state the paper's DOI number. References must be verified by the author(s) against the original documents. Other types of references not described below should follow Citing Medicine: The NLM style guide for authors, editors, and publishers (<http://www.ncbi.nlm.nih.gov/books/NBK7256/>).

Sample references are given below:

Journal Article

1. Lee MC, Lee DW, Rah DK, et al. Reconstruction of a total soft palatal defect using a folded radial forearm free flap and palmaris longus tendon sling. *Arch Plast Surg* 2012;39:25-30.
2. Chang CC, Allori AC, Wang E, et al. A quantitative 3D analysis of coronoid hypertrophy in pediatric craniofacial malformations. *Plast Reconstr Surg* 2011 Oct 7 [Epub]. <https://doi.org/10.1097/PRS.0b013e31823aea5b>.
3. Books
4. Weinzwieg J. *Plastic surgery secrets plus*. Philadelphia: Mosby Elsevier; 2010.
5. Thorne CH. Otoplasty and ear reconstruction. In: Thorne CH, Bartlett SP, Beasley RW, et al., editors. *Grabb and Smith's plastic surgery*. 6th ed. New York: Lippincott Williams & Wilkins; 2006. p. 304-24.

Website

1. American Society of Plastic Surgeons (ASPS). Plastic surgery statistics [Internet]. Arlington Heights, IL: ASPS; c2019 [cited 2019 Aug 1]. Available from: <https://www.plasticsurgery.org/news/plastic-surgery-statistics>.

(6) Tables

Tables should be typed double-spaced on separate pages within manuscript, and they should be titled and numbered in Arabic numerals in the order of their first citation in the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. If numerical measurements are given, the unit of measurement should be included in the column heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All nonstandard abbreviations should be defined in footnotes. For special remarks, lower case letters in superscripts a), b), c), d), e).... should be used.

[sample]

Table 1. Treatment modality

Variable	TRAM-LR group	MRM-LR group	Total	P-value ^{a)}
Wide excision	4 (22.20)	7 (18.40)	11 (19.60)	0.73
Wide excision + RT	12 (6.0)	24 (63.2)	36 (64.3)	0.79
Wide excision + skin graft	1 (5.6)	4 (10.5)	5 (8.9)	1.0
RT	1 (5.6)	3 (7.9)	4 (7.2)	1.0

Values are presented as number (%).

TRAM, transverse rectus abdominis myocutaneous; LR, local recurrence; MRM, modified radical mastectomy; RT, radiotherapy.

a) Chi-square test.

(7) Figures

Each figure should be submitted in a separate file, at a resolution of more than 300 dpi. Lettering and identifying marks should be clear, and the type size should be consistent on each figure. Capital letters should be used for specific areas of identification in a figure. Symbols, lettering, and numbering should be distinctly recognizable so that when the figure is reduced for publication each item will still be legible. Short titles and detailed explanations belong in the figure legends, not on the illustrations themselves. Figure legends should not be included in the same file as the figure but placed instead on a page at the end of the manuscript. The figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3. Only the first letter of the first word in the title and data should be capital letters. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (e.g., Fig. 1A, Fig. 1B, C). Do not label in the corner using capital letters on each figure. The illustrations of pathological tissue should state clearly the type of stain (e.g., H&E, × 400), and the main contents should be marked by signs or arrows on the picture. The Editorial Committee may request that hand drawn illustrations be redrawn by a graphic designer.

(8) Supplemental Data

Additional data, including methods, results, references, tables, figures, and videos, that are difficult to be inserted in the main body can be submitted in the form of supplemental data. Supplemental data submitted by the author will be published online together with the main body without going through a separate editing procedure. All supplemental data, except video materials, are to be submitted in a single file, and the manuscript title, authors' title, organization, and corresponding author's contact information must be specified in the first page.

EDITORIAL

Editorials are invited by the editor and should be commentaries on articles published recently in the APS. Editorial topics could include active areas of research, fresh insights, and debates in all fields of plastic and reconstructive surgery. Editorials should not exceed 2,000 words, excluding references, tables, and figures.

REVIEW ARTICLES / TOPIC

Review and Topic papers will be requested by the editors. They are generally prepared in the same format as original articles, but the details of the manuscript format may be flexible according to its content. Manuscripts are limited to 5,000 words of text and should include a 250-word summary in the place of the unstructured abstract. The number of references should not exceed 100. Review articles present an up-to-date summary of extant knowledge of a given topic. For this reason, review articles—also sometimes known as survey articles—do not report new findings or propose novel analyses, but instead present an overview of studies that have been previously published on a given topic and may conclude by pointing out promising areas for further research.

CASE REPORT

Case reports should be unique, that is, never reported or similar to previously reported cases but with unique characteristics related to location, presenting different symptoms, or using a new diagnosis or management modality. They should include an abstract, introduction, case(s), discussion, references, tables, and figures legend in that order. The case report should not exceed 5 type-written pages, 8 sheets of figures, and 20 references. The abstracts should be unstructured, and its length should not exceed 200 words.

IDEAS AND INNOVATIONS

Ideas and innovations should be unique, that is, never reported or similar to previously published ideas and innovations. They should include an abstract, introduction, idea(s), discussion, references, tables, and figures legend in that order. The idea innovation should not exceed 5 type-written pages, 8 sheets of figures, and 20 references. The abstracts should be unstructured, and its length should not exceed 200 words.

LETTERS

This section of the journal is set aside for critical comments directed to a specific article that has recently been published in the journal. Letters should be brief (800 words), double-spaced, and limited to a maximum of 5 citations and 5 figures. The letters and replies should be prepared according to journal format. Illustrative material can be accepted only with the permission of the editor. The authors should include a complete mailing address, telephone and fax numbers, and e-mail address with their correspondence. The title of your letter should be identical to the title of the published article being discussed. The editor reserves the right to shorten letters, delete objectionable comments, and make other changes to comply with the style of the journal.

COMMUNICATIONS

Texts for the communications section are non-scientific articles that do not follow the structure of a formal journal article. They should address practical concerns or topics that would be of special interest to APS readers such as reports on professionally related travel or volunteer work.

FINAL PREPARATION FOR PUBLICATION

Final Version

Please upload a clean version with your revision. This version will be used for your AAM publication once the article is accepted.

The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

All figures and tables should be provided in separate files and cited in the main document.

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The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 48 hours. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

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