INFORMATION FOR AUTHORS

The Journal of the Chinese Medical Association (JCMA) is the official peer-reviewed and SCIE-indexed publication of the Chinese Medical Association, which is based in Taipei, Taiwan. The Journal is published every month by Wolters Kluwer.

Authors are welcome to submit original contributions relating to all fields of medicine and allied disciplines that are of interest to the medical profession.

The editorial board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at http://www.icmje.org. These instructions to authors are revised periodically by the editors as needed. Authors should consult www.jcma.org for the latest version of these instructions. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

1. Manuscript Submission

1.1. Online Submission

Manuscripts (meaning all submission items, including all text, tables, artwork, covers, letter contents, and any other required documents/materials) may be submitted online to the JCMA through the Editorial Manager System (EM) at https://www.editorialmanager.com/jcma. This site will guide authors stepwise through the submission process. If assistance is required, please refer to the tutorials for authors and/or customer support that are available on the EM website; you may also contact the editorial office.

Editorial Office
Journal of the Chinese Medical Association
Chinese Medical Association Taipei Veterans General Hospital 201,
Section 2, Shih-Pai Road Taipei 112, Taiwan, R.O.C.
Tel: (+886) (0)2 2871-2121 ext. 3043
Fax: (+886) (0)2 2877-1873
E-mail: jcma@vghtpe.gov.tw

1.2. Important Information

• Articles should be in Microsoft Word document format and prepared in the simplest form possible. All manuscripts should be formatted double-spaced with one-inch margins for A4 paper. Preferred font is Times New Roman, 12 pt. All pages should be numbered consecutively, starting at the beginning of the article immediately after the abstract page.

• You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes, headers and footers. References especially should NOT be formatted using the MS Word “endnote” or “footnote” function.

• Put text references, table headings and tables, and figure legends in one file.

• Figures must be submitted as separate picture files, at the correct resolution and name and format number and format, e.g., “Fig1.tif”, “Fig2.jpg”. Please see Section 10.8. for more information.

1.3. Supporting Documents

The following documents must be included in your submission (refer also to the Checklist that follows these author instructions). Items (1), (2) and (3) are mandatory. Items (4), (5), (6) and (7) are required only if they are applicable to your manuscript.

(1) Cover Letter / Title Page. This must include the following information:
• title of the manuscript
• names (spelled out in full) of all the authors*, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author’s name and in front of the matching affiliation (*the name of each author should be written with the family name last, e.g., Wan-Lin Chang)
• corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
• e-mail address of the first author
• a statement that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere
• persons who do not fulfill the requirements to be listed as authors but who nevertheless contributed to the manuscript (such as those who provided writing assistance, for example) should be disclosed
• list of manuscripts that have been published, submitted, or are in press that are similar to the submission to the JCMA (and include in your submission copies of those similar manuscripts so that JCMA Editors can be assured there is no overlap)
• your signature and those of ALL your coauthors
• optional: if you have a list of reviewers who you wish to review or not to review your manuscript, please note it in the submission system.

(2) Authorship & Conflicts of Interest Statement. You are required to transfer all copyright ownership in and relating to the work to the Chinese Medical Association. Please fill out the online JCMA Authorship & Conflicts of Interest Statement at www.editorialmanager.com/jcma. Your and those of ALL your coauthors must be complete.

(3) Copyright Transfer Agreement. You are required to transfer all copyright ownership in and relating to the work to the Chinese Medical Association. Please fill out the online JCMA Copyright Transfer Agreement form at www.editorialmanager.com/jcma. Your and those of ALL your coauthors must be complete.

(4) Ethics Statement. Articles covering the use of human or animal samples in research, or human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities. See Section 3 for more information.

(5) Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See Section 4 for more information.

(6) Articles where human subjects can be identified in descriptions, photographs or pedigrees must state informed written consent was obtained in the manuscript. See Section 5 for more information.

(7) Copyright Permissions. If you have reproduced or adapted material from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to reproduce or adapt the copyrighted sources must be supplied. Otherwise, such material must be removed from your manuscript.

2. Disclosure of Conflicts of Interest

A conflict of interest occurs when an individual’s objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome, or by personal or professional passion, knowledge or beliefs that might affect objectivity.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers’ bureaus; membership, employment, consultancies, stock ownership, or other equity interests; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

3. Ethical Approval of Studies and Informed Consent

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethical review committee, the principles outlined in The Declaration of Helsinki should be followed (World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. Available at: http://www.wma.net/ en/30publications/10policies/ethics.htm). For investigation of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed written consent was obtained.

For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the European Commission Directive 86/609/EEC for animal experiments (available at: http://ec.europa.eu/environment/ chemicals/lab_animals/legislation_en.htm) should be followed and the same should be stated in the methods section of the manuscript.

4. Reporting Clinical Trials

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to http://www.consortstatement.org for more information). The JCMA has adopted the ICMJE proposal that requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at http://www.icmje.org.

5. Identification of Patients in Descriptions, Photographs and Pedigrees

Please state informed written consent was obtained in the manuscript if your manuscript contains patient descriptions, photographs and pedigrees. Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable. State explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects or from parents or legal guardians for minors or incapacitated adults, together with the manner in which written informed consent was obtained.

6. Previous Publication or Duplicate Submission

Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium.

7. Basic Criteria

Articles should be written in English, using American English spelling, and meet the following basic criteria: the material is original, the information is important, the writing is clear and concise, the study methods are appropriate, the data are valid, and the conclusions are reasonable and supported by the data.

8. Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require
Letters are selected based on clarity, significance, and space. JCMA
sharpen their focus. They may be sent for peer review at the discretion of
words, and may include up to 10 references. Ensure that the corresponding author's
JCMA
no more than 200 words; main text, no more than 1200 words and not more than 40
analytical techniques, or aspects of clinical or experimental practice that are not fully in-
These may be prepared according to the format of Original Articles, but are expected
to be included (in one single paragraph with no section headings), no more than 200 words long, and include the significance and
purpose of the case presentation, the diagnostic methods of the case, the key data, and
brief comments and suggestions with regard to the case.
Abstracts for Review Articles (not more than 300 words) and Brief Communications
(not more than 200 words) should also be unstructured (in one single paragraph with no
sections headings).
Keywords should be taken from the Medical Subject Headings (MeSH) list of Index Medicus
No abstract or keywords are required for Editorials and Letters to the Editor.

9.1. Editorials
These are usually written by invited authors or editorial board members and are com-
ments on recent news or articles published in the Journal. Typical length: no more than 1200 words and not more than 15 references.

9.2. Review Articles
These should aim to provide the reader with a balanced overview of an important and
topical issue in research or clinical practice. They should cover aspects of a topic in
which scientific consensus exists as well as aspects that remain controversial and are the
subject of ongoing scientific research. All articles and data sources reviewed should in-
clude information about the specific type of study or analysis, population, intervention,
exposure, and tests or outcomes. All articles or data sources should be selected system-
atically for inclusion in the review and critically evaluated. Figures, tables, algorithms and
other forms of illustration should be included as appropriate.
Although many of the Review Articles published in the Journal are usually written
by invited authors who are recognized experts on that particular topic, unsolicited Re-
views are welcome and will be given due consideration.
Typical length: abstract, no more than 300 words; main text, no more than 3500
words and not more than 100 references.

9.3. Original Articles
These articles typically include randomized trials, intervention studies, studies of screen-
ing and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness
analyses, and surveys with high response rates, which represent new and significant contributions to the field.
Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.
The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.
The Methods section should describe the study design and methods (including the study setting and potential participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.
The Results section should comprise the results of the study, which should be presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results.
The Discussion section should be used to emphasize the new and important aspects of
the study, placing the results in context with published literature, the implications of
the findings, and the conclusions that follow from the study results.
Typical length: structured abstract, no more than 300 words; main text, no more than 3000 words and not more than 60 references.

9.4. Case Reports
These are short discussions of a case or case series with unique features not previously
described that make an important teaching point or scientific observation. They may
describe novel techniques or use of equipment, or new information on diseases of im-
portance or specificity of the case should be restated when discussing the differential
diagnoses. Suggest the prognosis of the disease and possibility of prevention.
An abstract and 3–5 relevant keywords (in alphabetical order) are required for the fol-
lowing article categories: Review Articles, Original Articles, Case Reports and Brief Communications.
Abstracts for Original Articles should be structured into the sections listed below and
no more than 300 words long.
Background: briefly explain the importance of the study topic and state a precise
study question or purpose.
Methods: briefly introduce the methods used to perform the study; include informa-
tion on the study design, setting, subjects, interventions, outcome measures and analyses
as appropriate.
Results: briefly present the significant results, with data and statistical details such as
p values where appropriate; be sure that information in the abstract matches that in
the main text.
Conclusion: state the meaning of your findings, being careful to address the study
question directly and to confine your conclusions to aspects covered in the abstract; give
equal emphasis to positive and negative findings.
Abstracts for Case Reports should be structured (in one single paragraph with no
section headings), no more than 200 words long, and include the significance and
purpose of the case presentation, the diagnostic methods of the case, the key data, and
brief comments and suggestions with regard to the case.
Abstracts for Review Articles (not more than 300 words) and Brief Communications
(not more than 200 words) should also be unstructured (in one single paragraph with no
section headings).
Keywords should be taken from the Medical Subject Headings (MeSH) list of Index Medicus
No abstract or keywords are required for Editorials and Letters to the Editor.

10. Manuscript Preparation
All manuscripts should be formatted double-spaced with one-inch margins for A4 pa-
per. Preferred font is Times New Roman, 12 pt. The manuscript should include a title
page, abstract, keywords, text, conflicts of interest statement (if any), acknowledgments
(if any), references, and figures and tables as appropriate. Each section of the manuscript
should begin on a new page. Pages should be numbered consecutively, beginning with the
title page.

10.1. Cover Letter/Title Page
See Section 1.3 (1)

10.2. Abstract and Keywords
An abstract and 3–5 relevant keywords (in alphabetical order) are required for the fol-
lowing article categories: Review Articles, Original Articles, Case Reports and Brief Communications.
Abstracts for Original Articles should be structured into the sections listed below and
not more than 300 words long.
Background: briefly explain the importance of the study topic and state a precise
study question or purpose.
Methods: briefly introduce the methods used to perform the study; include informa-
tion on the study design, setting, subjects, interventions, outcome measures and analyses
as appropriate.
Results: briefly present the significant results, with data and statistical details such as
p values where appropriate; be sure that information in the abstract matches that in
the main text.
Conclusion: state the meaning of your findings, being careful to address the study
question directly and to confine your conclusions to aspects covered in the abstract; give
equal emphasis to positive and negative findings.
Abstracts for Case Reports should be structured (in one single paragraph with no
section headings), no more than 200 words long, and include the significance and
purpose of the case presentation, the diagnostic methods of the case, the key data, and
brief comments and suggestions with regard to the case.
Abstracts for Review Articles (not more than 300 words) and Brief Communications
(not more than 200 words) should also be unstructured (in one single paragraph with no
section headings).
Keywords should be taken from the Medical Subject Headings (MeSH) list of Index Medicus
No abstract or keywords are required for Editorials and Letters to the Editor.

10.3. Main Text
No author information such as names, affiliations and contact information should ap-
ppear in the main text. The text for Original Articles and Brief Communications should
be organized into the following sections: Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. Sub-
headings in long papers are acceptable if needed for clarification and ease of reading.
Sections for Case Reports are: Introduction, Case Report, Discussion, Conflicts of Inter-
est Statement (if any), Acknowledgments (if any), and References. Each section should
begin on a new page.

10.3.1. Abbreviations
Where a term/definition will be continually referred to, it must be written in full when it
first appears in the text, followed by the subsequent abbreviation in parentheses.
Thereafter, the abbreviation may be used. An abbreviation should not be first defined
in any section heading; if an abbreviation has previously been defined in the text, then
the abbreviation may be used in a subsequent section heading. Restrict the number of
abbreviations to those that are absolutely necessary.

10.3.2. Numbers
Numbers that begin a sentence or those that are less than 10 should be spelled out using
letters. Centuries and decades should be spelled out, e.g., the Eighties or nineteenth cen-
tury. Laboratory parameters, time, temperature, length, area, mass, and volume should
be expressed using digits.

10.3.3. Units
Systeme International (SI) units must be used, with the exception of blood pressure
values which are to be reported in mmHg. Use the metric system for the expression of
length, area, mass, and volume. Temperatures are to be given in degrees Celsius.

10.3.4. Names of drugs, devices and other products
Use the Recommended International Non-proprietary Name (rINN) for medicinal
substances, unless the specific trade name of a drug is directly relevant to the discus-
sion. Generic drug names should appear in lowercase letters in the text. If a specific
product is required, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is
mentioned in the text.
For devices and other products, the specific brand or trade name, the manufacturer
and their location (city, state, country) should be provided the first time the device or
product is mentioned in the text, for example, quot;...SSPS version 11 was used (SSPS
Inc., Chicago, IL, USA)". Thereafter, the generic term (if appropriate) should be used.

10.3.5. Gene nomenclature
Current standard international nomenclature for genes should be adhered to. For hu-
mans, use genetic notation and symbols approved by the HUGO Gene Nomencla-
ture Committee (http://www.genenames.org). You may also refer to the resources avail-
Genome Variation Society has a useful site that provides guidance in naming mutations at
http://www.hgvs.org/mutnomen/index.html. In your manuscript, genes should be
typed in italic font and include the accession number.

10.3.6. Statistical requirements
Statistical analysis is essential for all research papers except Case Reports. Use correct
nomenclature for statistical methods (e.g., two sample t test, not unpaired t test). De-

scriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All p values should be presented to the third decimal place for accuracy. The smallest p value that should be expressed is p < 0.001 since additional zeros do not convey useful information; the largest p value that should be expressed is p > 0.99.

- Personal communications and unpublished data

These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

10.4 Conflicts of Interest Statement and/or Funding/Support Statement

Since it is difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the JCMA requires authors to disclose all and any potential conflicts of interest and let readers judge for themselves. Therefore, please ensure that you provide information about any potential financial and nonfinancial conflicts of interest (see Section 2 for more information) in a concise paragraph after the main text.

All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified in a Funding/Support Statement.

10.5. Acknowledgments

After the Conflicts of Interest Statement and/or Funding/Support Statement, general acknowledgment for interpreting results and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

10.6. References

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

- In the main text, tables and figure legends

- References should be indicated by superscripted numbers according to order of appearance in the text, and placed after punctuation. [The actual authors can be referred to, but the reference number(s) must always be given.]

- References cited in tables or figure legends should be included in sequence at the point where the figure or table is first mentioned in the main text.

- Do not cite abstracts unless they are the only available reference to an important concept.

- Do not cite unpublished work or work that has not yet been accepted for publication (i.e., “unpublished observation”, “personal communication”) as references. Also see Section 10.3.7.

In the references list

- References should be compiled at the end of the manuscript according to the order of citation in the text.

- References should be limited to those cited in the text only.

- Journal references should include, in order, authors’ surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.

- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by “et al.”

- Abbreviations for journal names should conform to those used in MEDLINE.

- If citing a website, provide the author information, article title, website address and the date you accessed the information.

- Reference to an article that is in press must state the journal name and, if possible, the year and volume.

- Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

Standard journal articles


Journal supplement


Journal article not in English but with English abstract


Book with edition


Book with editors


Book chapter in book with editor and edition


Book series with editors


Bulletin


Electronic publications


Item presented at a meeting but not yet published


Item presented at a meeting and published


Thesis


Website


Company/manufacturer publications/pamphlets


10.7. Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **, ***), are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

10.8. Figures

10.8.1. General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Tables Section.

Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

- Figures must be submitted as separate picture files, at the correct resolution (see Section 10.8.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.png”.

10.8.2. Formats

Tables. Photographs of tables are not acceptable. Type each table, 1.5 spacing throughout (including column headings, footnotes, and data), on a separate page. Tables may be included as part of the Main Body text and placed after the References section. Number the tables in sequence in Arabic numerals and supply a concise, informative title for each one. Each column in the tables should carry a concise heading describing the data in the column. Use lowercase superscript letters to designate footnotes, and type the footnotes below the tables to which they refer. Tables are cited in the text in numerical order. Each table should be able to be understood without consulting the text.

- Like tables, texts should be prepared using a standard word-processing program and may be included within the main body text document, or uploaded separately. Do not upload table files more than once (that is, in the main document and in separate files).

Acceptable document file types for tables include .DOC and .DOCX; do not submit PDF, XLS or XLSX type files.

- Table files may be included within the main body text document, or uploaded separately. Do not upload table files more than once (that is, in the main document and in separate files).

Acceptable file figure formats

- Do not embed images into the main body file

- Figure images should be submitted as separate image files, at the correct resolution (see Section 10.8.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.png”.

- Figures and table files should be submitted as separate files, at the correct resolution (see Section 10.8.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.png”.

- Figures and table files should be submitted as separate files, at the correct resolution (see Section 10.8.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.png”.
All final digital figures for accepted manuscripts must be submitted in EPS, TIFF, JPG.

• Each figure must be uploaded as a separate file.
• Histology figures must be in color.
• Monochrome images (such as line graphs) should be prepared at a resolution of 1200 DPI.
• Halftones images (black/white or color) should be prepared at a resolution of 300 DPI.
• Combination halftones (images containing both pictures and text labeling) should be prepared at 600 DPI.
• Color images must be saved as “CMYK”. Images saved as “RGB” are not acceptable for printing.
• Your manuscript may be returned to you for correction if the images are of insufficient quality.
• Artwork submitted to the Journal will be checked for quality. Authors submitting a revised paper will have the opportunity to check the quality of their images and make the necessary changes. This step is required for all revisions.

11. The Editorial and Peer Review Process
As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, the manuscript will be rejected promptly without review.

Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. The JCMA follows a double-blind peer review process. Authors may submit a list in their cover letter of reviewers who they wish to review or not to review their manuscript. However, the actual peer reviewers invited will remain anonymous and may or may not be the reviewers suggested by the authors as the selection of reviewers is at the sole discretion of JCMA Editors. The editors and reviewers will not disclose any information about a manuscript or its review to anyone except the manuscript’s corresponding author.

The corresponding author will usually be notified within 6 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance (however, do note that delays are sometimes unavoidable). If revisions are required, authors are asked to return a revised manuscript to the Editorial Office within 60 days (via the same method by which the manuscript was originally submitted). Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

12. Preparation for Publication
Once a manuscript has been accepted for publication, authors should submit the final version of their manuscript in MS Word format, with all tables/figures as applicable, via the same method by which the manuscript was originally submitted via EM. It is a basic requirement that the manuscript be prepared using good English. The Editorial Office reserves the right to edit poor English as suggested by the reviewer(s) and/or Editorial Board before the final version is decided.

Accepted manuscripts are then presented to the Publisher to be copyedited according to the Journal’s style and the galley proofs in the form of a PDF file are sent by the Publisher to the corresponding author for final approval. Authors are responsible for all statements made in their work, including changes made by the copy editor.

Proofreading is solely the authors’ responsibility. Note that the Editorial Board reserves the right to make revisions to the manuscript and the Publisher may proceed with the publication of your article if no response from the author(s) is received.

13. Publication Charges and Reprints
Starting from 1 January 2019, authors of accepted articles will be charged a publication fee of US$500 (NT$15000) for all articles (except for invited articles and editorials). The Journal will bear the cost of publication for articles of 8 printed pages or less for Original Articles. Authors will be charged US$100 (NT$3000) per extra page. Authors will also be charged a flat fee of US$300 (NT$9000) per article if it contains any figures and/or tables in color for print.

Professional reprints (which include a cover page) of your article may be ordered at prices based on the cost of production.

14. Copyright
The JCMA is the official peer-reviewed publication of the Chinese Medical Association. Manuscripts published in the JCMA become the permanent property of the Chinese Medical Association and Wolters Kluwer. All articles published in the Journal are protected by copyright, which covers the exclusive rights to reproduce and distribute the article, as well as translation rights. No JCMA article, in part or whole, may be reproduced, stored in any retrieval system, or transmitted in any form or by any means, electronic, mechanical, by photocopying, recording, or otherwise, without prior written permission from the Chinese Medical Association and Wolters Kluwer.