Journal of Xiangya Medicine Instructions to Authors

Thank you for your interest in *Journal of Xiangya Medicine* (JXYM). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the Corresponding Author for technical revision before undergoing peer review. We are looking forward to your submission.

1. ABOUT THE JOURNAL

Journal of Xiangya Medicine (J Xiangya Med; JXYM) is an open access, peer-reviewed, international, English-language journal. JXYM is an interdisciplinary forum for healthcare professionals to share clinical experience, novel research results, cutting edge technological findings, up-to-date information and profound analysis, which will ultimately benefit our patients. The editors and an international advisory group of scientists and clinician-scientists as well as other experts will hold JXYM articles to the high-quality standards. We accept Original articles as well as Review articles, Editorials and so on.

Journal of Xiangya Medicine is sponsored by Xiangya Hospital, Central South University and published by AME Publishing Company.

Journal Abbreviation: J Xiangya Med
Publisher: AME Publishing Company

2. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

Articles in this category are not solicited by JXYM, but are instead submitted by the authors. All Submitted Articles are subject to peer-review, but unsuitable submissions may be rejected outright by the Editors. The requirements for each submission category are as follows:

(1) Original Article
Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.
Abstract: Structured. 450 words maximum.
References: No maximum.
Figures/tables: No maximum, but 8 figures should be sufficient.
Description: Full-length reports of current research in either basic or clinical science. The abstract should contain the following subheadings: **Background, Methods, Results** and **Conclusions**. Original articles should entail a section describing the contribution of each author to the manuscript. See section "Authors' Contribution" for details. Meta-analysis will be categorized into this type.

(2) Review Article
Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.
Abstract: Unstructured. 450 words maximum.
References: No maximum.
Figures/tables: Minimum 1 image or figure.
Description: Review articles are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. A review article with less than 4000 excluding references, tables and figures will be considered to publish as "Mini Review". Review articles should entail a section describing the contribution of each author to the manuscript. See section "Authors' contribution' for details.

(3) Editorial
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: Not required.
References: 25 maximum.
Figures/tables: 2 maximum in total.
Description: Editorial is written by recognized leader(s) in

the field. It is generally solicited by the (Deputy) Editor(s)-in-Chief

(4) Editorial Commentary
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum.
Figures/Tables: 2 maximum.
Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

(5) Imaging in Clinical Medicine
Word limit: 1000 words excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: ten maximum.
Figures/Videos: 2 still images maximum for the print and PDF article, supplemented by 2 video maximum online.
Description: Videos which are unique or highly illustrative of specific occurrences in cardiovascular surgery. They must be accompanied by a brief one paragraph description of relevant information. There is no legend for the figures or videos.

(6) Case Report
Word limit: 2,500 words maximum excluding references, tables and figures.
Abstract: Unstructured. 250 words maximum.
References: 20 maximum.
Figures/tables: 8 maximum in total.
Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in oncology. The text should be arranged as follows: Introduction, Case Report, Discussion.
The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time.
We recommend the following wording is used for the consent section: "Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."
If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the 'Consent' section of the manuscript should be amended accordingly.
Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as other article types.

(7) Brief report
Word limit: 2,500 words including abstract but excluding references, tables and figures.
Abstract: Unstructured. 250 words maximum.
References: 35 maximum.
Figures/tables: 8 maximum in total.
Description: Manuscripts containing pertinent and interesting observations concerning cancer research and reports on new observations or studies that do not warrant publication as a full research article will be considered for the brief report. These submissions will undergo full peer review.

(8) Clinical guideline
Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.
Abstract: Unstructured. 450 words maximum.
References: No maximum.
Figures/tables: Minimum 1 image or figure.
Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(9) Correspondence
Word limit: 1,000 words maximum excluding references, tables and figures.
Abstract: Not required.
References: 10 maximum.
Figures/tables: 1 maximum in total.
Description: Correspondence on content published in JXYM or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. Correspondence is also referred to as Letter

to the Editor.

(10) Technical Note
Word limit: 2,500 words maximum including abstract but excluding references, tables and figures.
Abstract: Unstructured. 250 words maximum.
References: 35 maximum.
Figures/tables: 10 maximum in total.
Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

3. PREPARATION OF THE TEXT

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:
Title page
Abstract
Keywords
Text (see Content Specifications section above)
Tables
Legends
References
Figures

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated

Title page
The title page should include:
1) A brief and descriptive title of the article (no abbreviations allowed);
2) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author should be given;
4) The contribution made by each author should be briefly stated in the Authors' Contributions section (See "Authors' Contributions" in detail);
5) Footnote section: Conflicts of Interest (See specific statement in following Policy of Conflict of Interest) or Informed Consent according the article type;
6) Acknowledgments (All sources of funding for the work should be acknowledged in this section).

Abstract
The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Keywords
Following the Abstract, 3-5 keywords should be given.

Text
Authors must used the following subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Conclusion. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, commentary and others do not have those clear sections, they can be written in several sections with their own headings according to the topic.

Tables
Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.

Legends
Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

Reference
A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years.

Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in the order in which they appear consecutively [e.g., "cancer-related mortality (19)", "denocarcinoma (29, 30)"]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

Journals

[1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. Eur J Cardiothorac Surg 2012; 41:248-255.

Books

[2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. Cardiac Surgery, WB Saunders, 2003:11-17.

Multi-author books

[3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac funtion. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. Interstitium, connective tissue and lymphatics, London: Portland Press, 1995:271-282.

Online publications

[4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children. Multimed Man Cardiothorac Surg doi: 10.1510/mmcts.2008.003160.

or

[5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. CTSNet [published 12 May 2008, accessed 30 November 2011]. Available from: http://www.ctsnet.org/sections/clinicalresources/adultcardiac/

4. PREPARATION OF FIGURES AND VIDEOS

Figures

Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: at least 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

Videos

JXYM will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://jxym.amegroups.com/pages/view/submit-multimedia-files.

Duration: Video files should be limited to 20 minutes.
Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280×720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.
Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.
Video legends: Legends for the video files should be provided. The video files should be number consecutively in the order of reference in the text.

5. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgments as stipulated by the particular institutions. Please note that obtaining

copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totaling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

6. COPYRIGHT

All rights of the submitted article is to be transferred and assigned to AME Publishing Company, for sole right to print, publish, distribute and sell in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company (permissions@amegroups.com) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in case of the authors asking permission to reuse the materials (figure, tables) for non-commercial purposes.

7. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: http://www.ICMJE. org/. Author name: Each author's given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster's Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr.Abbreviations: Must be used sparingly—only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

8. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but they are not inte-gral to that article. They are hosted via a link on Synergy but do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB. For the video files, please submit with a manuscript online: http://jxym.amegroups.com/pages/view/submit-multimedia-files pointing out the manuscript number of manuscript

9. SUBMISSION OF MANUSCRIPT

Manuscripts must be submitted online at: http://jxym.amegroups.com/login?source=%2Fauthor%2Fsubmit
Authors must supply an email address for all correspondence will be by email.

GENERAL

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.

- Do not use Enter at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
- Specify any special characters used to represent nonkeyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for (Greek beta).
- Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 dpi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

COVER LETTER

Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter.

The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

SUGGEST REVIEWER

Authors could suggest three reviewers to the Editorial Office during the online submission of the manuscript.

10. PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: http://www.adobe.com/products/acrobat/readstep2.html. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

11. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

For studies in the following categories:

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other predetermined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are

performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

For other categories:

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial

- No statement on medical ethics is required.

Case report and visualized surgery:

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. If the study is based on a previously available specimen bank, the authors must:
- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank

(attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

12. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internetbased) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last followup, target number of subjects, status (anticipated, ongoing or closed) and funding source(s). Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http:// www.controlled-trials.com); (3) the Australian Clinical Trials Registry (http://www.actr. org.au); (4) the Chinese Clinical Trials Register (http:// www.chictr.org); and (5) the Clinical Trials Registry - India (http://www.ctri. in).

13. RANDOMIZED CONTOLLED TRIALS

Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement: http://www.consort-statement.org

14. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for Case report, original/research articles and visualized surgery. The statement should be included in the footnote.

It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

15. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST

(1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere; 2) they took a significant part in the work and approved the final version of the manuscript; 3) they have complied with ethical standards; 4) they agree AME publishing company to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript.

(2) Conflict of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal

relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (http://www.icmje.org/index.html).

1) Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationship that might bias or be seen to bias their work.

b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

2) Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest;
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement;
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

16. ACKNOWLEGEMENTS

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

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Updated on July 18, 2019