INSTRUCTIONS FOR AUTHOR

The Journal of Gynecologic Oncology (JGO), the official journal of the Asian Society of Gynecologic Oncology, the Korean Society of Gynecologic Oncology, and the Japan Society of Gynecologic Oncology, publishes the highest quality manuscripts dedicated to gynecologic oncology. Because of the nature of the journal, we think it is important to study using data from Asian region such as epidemiological data. JGO prefers studies of Asian epidemiologic data. Published six times per year online only, the journal aims at publishing evidence-based, scientifically written articles, including original articles, review articles, selected editorials, etc.

JGO has the online submission and editorial system. Manuscripts should be submitted online at http://www.editorialmanager.com/jgynecoloncol.

Authors who are unable to submit online and have objections to the submission process and peer review results should contact the Editorial Office.

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I. Manuscript Categories

1) Original Article reports results of basic and clinical investigations.

- Word Count: up to 3,500 words (only main body)
- Abstract: up to 250 words (Headings: Objective, Methods, Results, and Conclusion)
- Authors: up to 7 (Co-first authors: allowed)
- Corresponding Author: only 1
- Tables/Figures: up to 6 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)
- References: up to 40

- Cooperative Group Report indicates a cooperative study which was conducted by 2 or more research groups of different areas or departments.

  Corresponding Author: 2 or more are allowed if there is a special reason. (To be stated in the cover-letter)

2) Review Article is usually solicited by the Editor-in-Chief and describe concise review on subjects of importance to medical researchers.

Authors who wish to submit an unsolicited review should contact the Editor-in-Chief to determine the appropriateness of their review for publication in JGO.

- Word Count: up to 4,500 words (only main body)
- Abstract: up to 250 words (Headings: Objective, Methods, Results, and Conclusion)
- Tables/Figures: up to 6 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)
- References: up to 100

3) Special Report addresses timely issues of special interest to readers and gynecologic oncologic society.

- Word Count: up to 2,700 words (only main body)
- Abstract: unstructured, up to 250 words
- Tables/Figures: up to 4 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)
- References: up to 40

4) Practice Guideline offers updated version of evidence-based recommendations to help with optimizing patient care.

- Word Count: up to 3,500 words (only main body)
- Abstract: unstructured, up to 250 words
- Corresponding Author: only 1
- Tables/Figures: up to 6 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)
- References: up to 100

5) Position Statement describes one side of the arguable viewpoint and provides direction for a society or organization. Authors who wish to submit an unsolicited statement should contact the Editor-in-Chief to determine the appropriateness of their review for publication in JGO.

- Word Count: up to 3,500 words (only main body)
- Abstract: unstructured, up to 250 words
- Corresponding Author: only 1
- Tables/Figures: up to 6 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)
- References: up to 40

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6) Commentary

- **Editorial** provides commentary and analysis on a current issue JGO article and is usually invited by the Editor-in-Chief.

Word Count: up to 1,000 words (only main body)  
Tables/Figures: up to 1 table and/or figure  
References: up to 10

- **Expert Opinion** is an invited perspectives in gynecologic oncology, dealing on very active areas of research, fresh insights and debates.

Word Count: up to 1,500 words (only main body)  
Tables/Figures: up to 2 tables and/or figures (beyond that - supplementary materials with new numbering, such as Table S1 or Fig. S1)  
References: up to 20

- **Correspondence (Letter to the Editor)** may be in response to a published article, or a short, free-standing piece expressing an opinion. If the Correspondence is in response to a published article, the Editor-in-Chief may choose to invite the article's authors to write a Correspondence reply.

Word Count: up to 1,500 words (only main body)  
Abstract: if necessary, up to 250 words  
Tables/Figures: up to 1 table and/or figure (if necessary)  
References: up to 20

7) Clinical Trial Protocol offers a protocol for prospective clinical trial, whether phase I, II, or III. All Clinical Trial Protocols include clear description of trial rationale, endpoints, eligibility criteria, study design, conduct, and analysis methods.

Word Count: up to 3,500 words (only main body)  
Abstract: up to 350 words (Headings: Background and Methods)  
Trial registration ID and resources should be shown  
Tables/Figures: up to 6 tables and/or figures (including a trial scheme)  
References: up to 30

8) Video Article presents novel surgical techniques, treatments or interventions for clinical care or research in gynecologic oncology. All submitted files should be properly labeled so that they directly relate to the Video Articles’ content. Video files supplied will be published online in the electronic version of your article.

Abstract: up to 250 words with unstructured format  
Files: Video file, Title page, video still image file, and manuscript without title page  
References: up to 10

9) Meeting Report is usually solicited by the Editor-in-Chief among the outstanding meetings.

**Any reasons for not complying with the author instructions need to be stated at the cover letter.**

**JGO is not accepting case reports at this time.**

**Video article should not be used as an alternative to a case report.**

**Any article longer than these limits should be discussed with the editor.**

II. Editorial Policies for Authors

1) Open access

JGO is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Permission must be requested from the Editorial Office of JGO to use tables or figures appearing in the journal in other periodicals, books, or media for scholarly and educational purpose. This procedure is in accordance with the Budapest Open Access Initiative definition of open access.

The journal also follows the open access policy of PubMed Central at United States National Library of Medicine (http://www.ncbi.nlm.nih.gov/pmc/).

All contents of the journal are available immediately upon publication without embargo period.

2) Archiving policy

The full text of JGO has been archived in PubMed Central (https://www.ncbi.nlm.nih.gov/pmc/journals/883/) from the volume 19, 2008. Authors cannot archive pre-print (i.e., pre-refereed) versions, but they can archive post-print (i.e., final draft, post-refereed) versions. Authors can archive the publisher’s version/PDF. JGO provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central.

3) Authorship

In accordance with the ICMJE, each author should have participated sufficiently in the work to take public responsibility for the content (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html). All other contributors who do not meet sufficient criteria for authorship should be noted in the Acknowledgments section. The number of authors listed on the manuscript should not exceed...
seven for Original Articles (except in the case of cooperative group reports). Cooperative group report indicate cooperative studies which were conducted by 2 or more research groups of different areas or departments. If your manuscript is a cooperative group report, the article type must be selected as Cooperative group at the first step of e-submission to ensure a sufficient number of authors. Maximum number of co-first authors is two. Co-correspondence (maximum two) is permitted only for a cooperative group report. Any reason for not being able to follow the author instructions should be discussed at cover letter. Editorial office will discuss and make a decision. Please check the report of Committee on Publication Ethics (COPE) for more information on the author (https://publicationethics.org/resources/guidelines-new/how-handle-authorship-disputes-guide-new-researchers). All authors should identify specific contributions to research in Submitting Step 7 as the following areas: Conceptualization, Methodology, Validation, Formal analysis and investigation, Writing - original draft preparation, Writing - review and editing, Funding acquisition, Resources, and Supervision.

4) Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances the Editor will consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

5) Conflict of interest
All contributors to JGO are required to disclose financial and other relationships with entities that have investment, licensing, or other commercial interests in the subject matter under consideration in their article. These disclosures should include, but are not limited to, relationships with pharmaceutical and biotechnology companies, device manufacturers, or other commercial entities whose products or services are related to the subject matter of the submission. On behalf of all authors, the corresponding author should answer the question in submission process.

6) Ethics
For clinical trials, details of ethical committee approval and the type of informed consent should be stated in the Methods section. Especially, for studies of humans including case reports, state whether informed consents were obtained from the study participants. The editor of JGO may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents. Patients’ and volunteers’ names, initials, and hospital numbers should not be used. We endorse the principles embodied in the Declaration of Helsinki and expect that all investigations involving human materials have been performed in accordance with these principles. For animal experiments, it is expected that investigators will adhere to the Guide for the Care and Use of Laboratory Animals. If the author need informed consent form, you can download it from the JGO website (https://ejgo.org/index.php?body=instructions).

7) Research and publication ethics
The JGO adheres to the ethical guidelines for research and publication described in “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals” (http://www.ICMJE.org) and “Guidelines on Good Publication” (http://www.publicationethics.org.uk/guideline). When JGO faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and other issues, the resolution process will follow the flowchart provided by the COPE (http://publicationethics.org/resources/flowcharts). Editorial Board will discuss the suspected cases and reach a decision. The journal will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needs.

For the policies on the research and publication ethics not stated in this instructions, ‘Good Publication Practice Guidelines for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7), or ‘Guidelines on good publication (http://www.publicationethics.org.uk/guideline) can be applied.

8) Data sharing statement
JGO accepts the ICMJE Recommendations for data sharing statement policy (http://icmje.org/icmje-recommendations.pdf). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines from 1 Feb 2019.

9) Selection and description of participants
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., gynecologic cancer). Authors should define how they determined race or ethnicity and justify their relevance.

10) Copyright and permissions
All published papers become the permanent property of the Asian Society of Gynecologic Oncology, the Korean Society of Gynecologic Oncology, and the Japan Society of Gynecologic Oncology. Upon publication of an article, a representative author should upload a Copyright Transfer Form. Please download Copyright Transfer Form. pdf in the journal homepage (https://ejgo.org/index.php?body=instructions). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Using a published article for non-commercial purposes is free as long as the source is properly cited. If someone want to use it for commercial purposes, download the copyright permission request form. docx on the journal homepage (https://ejgo.org/index.php?body=instructions).
instructions) and obtain permission by e-mail

11) Reporting guidelines
JGO has incorporated specific guidelines for reporting randomized controlled trials (i.e., CONSORT), meta-analyses and systematic reviews of randomized controlled trials (i.e., PRISMA), meta-analyses and systematic reviews of observational studies (i.e., MOOSE), observational studies (i.e., STROBE), studies of diagnostic accuracy (i.e., STARD), tumor marker prognostic studies (i.e., REMARK), qualitative research studies (i.e., SRQR), bioscience research using laboratory animals (i.e., ARRIVE), the minimum content of a clinical trial protocol (i.e., SPIRIT), and a tool to improve reporting of clinical practice guideline (i.e., AGREE), etc. In your cover letter and main text of manuscript, be sure to indicate that you have followed these guidelines as appropriate. The checklists and guidelines are available on our web site (https://ejgo.org/index.php?body=guideline).

12) Clinical trial registration
JGO has endorsed the statement from the ICMJE that all clinical trials must be enrolled in a central registry in order to be considered for publication. This requirement will lessen the chance of publication bias by making all trials (published or unpublished) available to clinicians, investigators, and the public, even those that are negative or reflect unfavorably on a research sponsor’s product.

13) Article processing charges
There are no page charges for submission or publication. If an errata, corrigenda, retractions, and apologies occurs due to the author’s circumstances after the final publication, the author may be charged the corresponding expense.

14) Originality and duplicate publication
All submitted manuscripts should be original; further, they should not be under consideration for publication by other scientific journals. Any part of the accepted manuscript may not be duplicated in any other scientific journal without the permission of the editorial board. If duplicate publication related to a paper in our journal is detected, the author(s) will be named in the journal, and the respective institutes of affiliation will be informed; additionally, there will be penalties for the author(s).

15) Secondary publication
Is it possible to republish manuscripts if they satisfy the conditions of secondary publication in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”

16) Pre-print Policy
JGO will consider publication of manuscripts that contain information previously posted on any recognized, not-for-profit, preprint platform, such as medRxiv, arXiv, bioRxiv. Authors must retain copyright to such postings. Preprint information must be disclosed at submission so reviewers and editors can evaluate the preprinted information and compare it with the submitted manuscript. Please note that JGO does not support posting of revised manuscripts that respond to editorial input and peer review or the final published version to preprint servers. If accepted, the author must acknowledge publication by providing a link to the published version from any previously posted versions of the manuscript as follows: “This article has been published in Journal of Gynecologic Oncology following peer review and can also be viewed on the journal’s website at [insert DOI].”

17) Advertising policies
The journal’s homepage may contain links to third-party sites or resources. We do not endorse and are not responsible or liable for any content, advertising, products or other materials on or available from external sites or resources linked to the our homepage. Advertisements are not be related in any way to editorial decision making and are maintained separately from the published content.

18) Direct marketing
Journal propagation has been done through the journal website and distribution of an introduction pamphlet. Invitations to submit a manuscript are usually focused on the presenters at conferences, seminars, or workshops if the topic is related to the journal’s aims and scope.

III. Manuscript Preparation Guideline
JGO will consider manuscripts prepared in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” Manuscripts may be returned that do not adhere to JGO’s instructions for authors.

All pages of a submission should be numbered and double spaced with a margin of 2.5 cm (1 inch) on every side. Line numbers should be included throughout abstract and the main body of the manuscript. Arial or Times New Roman at 10 pt size are recommended fonts for all text.

In order to help the manuscript writing of the author, JGO provide the example of manuscript format by Microsoft Word format (.docx) in JGO website (https://ejgo.org/index.php?body=instructions) and JGO submission site (http://www.editorialmanager.com/jgynecoloncol).

1) Title page
The Title page must contain the following information: (1) succinct title of the report; (2) author list of 7 or fewer names; (3) names of each author’s institutions and an indication of each author’s affiliation; (4) ORCID ID of all authors; (5) acknowledgements of research support; (6) name, address, and e-mail address of the corresponding author; (7) running head of fewer than 50 characters (including spaces); (8) list of where and when the study has been presented in part elsewhere, if applicable; (9) A link to the preprint such as DOI, if the manuscript was posted on a pre-print server such as medRxiv; and (10) disclaimers, if any. The title page should be submitted as a separate file from manuscript file.

2) Manuscript except title page
i) Abstract
Abstracts are limited to 250 words and must appear after the title page. Abstracts must be formatted according to the following headings: (1) Objective, (2) Methods, (3) Results, and (4) Conclusion. A non-structured abstract is applied to news and cooperative groups. Abstract is not required for editorials or for correspondence. At the bottom of abstract page, up to six keywords should be listed to be used as index terms. For the selection of keywords, refer to Medical Subject Heading (MeSH) in Index Medicus.

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ii) Main text
Organize the manuscript into four main headings: (1) Introduction, (2) Materials and Methods, (3) Results, and (4) Discussion. Other descriptive headings and subheadings may be used if appropriate. The body of manuscript should be written as concisely as possible and must not exceed the manuscript category word limits described herein.

Introduction should orient the reader to the purposes of the study and should be as concise as possible, without subheadings.

Materials and Methods should be sufficiently detailed to enable the experiments to be reproduced. Appropriate IRB or IACUC approval for the research should be obtained and stated in text. Also, the statistical analysis and software programs used should be described.

Results should present detailed description of the findings in the text and/or tables and figures. But, excessive repetition of tables and figure contents should be avoided.

Discussion should appraise implications of the findings and place them in the context of prior reports. Speculation is permitted, but it must be supported by the presented data of authors and be well founded.

iii) Conflict of interest
Under a subheading “Conflict of Interest Statement,” all authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence their work.

iv) Acknowledgments
All persons who have made substantial contribution, but who are not eligible as authors are named in acknowledgment.

v) References
References must be listed and numbered after the body text in the order in which they are cited in the text. Published manuscripts and manuscripts that have been accepted and are pending publications (in press) should be cited in the reference list. When a reference is an abstract or supplement, it must be identified as such in parentheses. Published manuscripts and should be as concise as possible, without subheadings.

Limitation
- Original Articles: 40 references
- Review Articles: 100 references
- Video Articles: 5 references

Abbreviations of medical periodicals should conform to those used in the recent edition of Index Medicus and on MEDLINE. The “List of Journals Indexed in Index Medicus” includes the latest abbreviations. List all authors up to six. If more than six, list the first six and add “et al.”

Reference style
- Journal articles with more than six authors

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Revisions of manuscripts are regarded as follows: “Accept”, “Minor Revisions”, “Major Revisions”, and “Reject”. If there is a marked discrepancy in the decision of the reviewer, the manuscript will be sent to another reviewer for a second opinion. Two repeated “Major Revisions” are regarded as “Reject.” The final decision of the editors is made based on the critiques of reviewers.

Step 1. Select Article Type
Choose the article type from the pull-down menu. If your manuscript is a Cooperative group report or multicenter test, the article type must be selected as Cooperative group to ensure a sufficient number of authors.

Step 2. Attach Files
Please upload several files including cover letter, Title page, Manuscript without title page, and Conflicts of Interest. When uploading a revised file, you must delete the existing files and upload only the final manuscript, tables, figures, response to reviewer, and Manuscript (Rev)-Highlight file.

Step 3. General Information
- Keywords: Enter keywords separated by semicolons. Each individual keyword may be up to 256 characters in length. Author should use the appropriate terminology as the keywords by referring to MeSH (https://www.ncbi.nlm.nih.gov/mesh).
- Classifications: Please identify your submission’s areas of interest and specialization by selecting one or more classifications.

Step 4. Review Preferences
- Author should answer the following question; approval from all co-authors, the submitted history of the article, submission checklist check status before submission and possible return if not suitable, Data sharing Policy of ICMJE, and clinical trial registration status.
- On behalf of all authors, the corresponding author should fill up the form or question in submission process.

Step 5. Additional Information
- Authors: Please state all authors’ first name, last name, e-mail address, ORCID, and contributor roles.
- Funding Information: If present, please display the funder’s name, number, and grant recipient.

Step 6. Enter Comments
Please enter any additional comments you would like to send to the publication office. These comments will not appear directly in your submission.

Step 7. Manuscript Data
- Full Title and Short Title (less than 50 characters)
- Abstract (less than 250 words)
- Authors: Please state all authors’ first name, last name, e-mail address, ORCID, and contributor roles.
- Funding Information: If present, please display the funder’s name, number, and grant recipient.

V. Editorial and Peer Review Process
The Editor selects peer reviewers by using reviewer suggested by authors, by recommendation of the Editorial Board members or from the specialist database owned by the Editorial Board.

Acceptance of the manuscript is decided, based on the critiques and recommended decision of the reviewers. A reviewer’s decision is made as “Accept,” “Minor revisions,” “Major revisions,” and “Reject”. If there is marked discrepancy in the decisions between two referees or in opinions between the author and reviewer(s), the Editor may send the manuscript to another reviewer for additional comments and recommended decision. Two repeated decisions of “Major Revision” are regarded as “Reject”. The
reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions.

Of the decision terms, [Reject and Resubmit] is given when it is deemed that it will take a long time to revise the manuscript according to the opinion of the editor or reviewer. When authors resubmit manuscript after revising it, please write down the manuscript number of initial submission in the Comments section of Submission Process in Editorial Manager.

The peer review process takes usually four to eight weeks after the manuscript submission. Revisions are usually requested to take account of criticism and comments made by reviewer. **Failure to resubmit the revised manuscript within two months is regarded as a withdrawal.** The corresponding author must indicate clearly what alterations have been made in response to the reviewers' comments point by point. Acceptable reasons should be given for noncompliance with any recommendation of the reviewers. **When submitting a revised manuscript, the author should delete the initial version of the modified file and upload the files that will be used for the final publication, Response to Reviewers that appropriately answer to comments of reviewers, and Manuscript (Rev)-Highlight that revised parts were highlighted to the system.**

A final decision on acceptance or rejection for publication is forwarded to the corresponding author from the Editorial Office.

**VI. After Acceptance**

**Proofs and corrections**

Proofs will be sent to the corresponding author via e-mail as a pdf file. The corrected proof should be returned to the principal editor in charge, preferably by email, within two days of receipt. Changes that have been made to conform to journal style will stand if they do not alter the authors’ meaning. The publisher reserves the right to deny any changes that do not affect the accuracy of the content. **If corrigendum occur accidentally after the final publication, the author will be charged a fee such as 1,000USD.**