

INSTRUCTIONS TO AUTHORS

Gynecology and Minimally Invasive Therapy (GMIT) is the official peer-reviewed publication of The Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE). It is published quarterly by Elsevier. The Journal aims to publish original research and review papers on minimally invasive therapies in women's health and related scientific fields of study. Manuscripts on clinical, laboratory, educational and social research in the relevant fields are eligible for consideration. Manuscripts that are clearly in the fields of obstetrics and prenatal diagnosis will be rejected immediately.

While editorials tend to be invited by the Editorial Office, authors are welcome to submit reviews, original research articles, short communications on instruments and techniques, case reports, clinical images, and letters to the editor for consideration.

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>.

1. Manuscript Submission

Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) must be submitted online to *GMIT* through the Elsevier Editorial System (EES) at <http://ees.elsevier.com/gmit>. If assistance is required, please refer to the tutorials for authors and/or customer support that are available on the EES website; you may also contact the Editorial Office. Please do not post, fax or e-mail your manuscripts to the Editorial Office.

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1.1. Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the Journal's style.
- 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 "endnotes" or "footnotes" function; instead, you may use the commercially available EndNote® or Reference Manager® software to manage your references.
- 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 named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg". Please see section 9.8. for more information.

1.2. 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. This must include the title of the manuscript, the name, address, telephone and fax numbers, and e-mail address of the corresponding author. The letter must state that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere. A manuscript that has been previously submitted but rejected by another journal will be considered if it has been revised, provided that this is stated in the cover letter. Make a note in the letter of manuscripts that have been published, submitted, or are in press that are similar to the submission to *GMIT*, and include in your submission copies of those similar manuscripts so that the editors can be assured there is no overlap. Your signature and those of ALL your coauthors must be included on the cover letter.
- (2) Authorship & Conflicts of Interest Statement. Each author's contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed (see Section 2 for more information). Please use the *GMIT Authorship & Conflicts of Interest Statement* form that follows these author instructions and that is also provided on the Journal's website at www.e-gmit.com. The corresponding author must sign the statement on behalf of all the authors listed in the manuscript.
- (3) Copyright Transfer Agreement. You are required to transfer all copyright ownership in and relating to the work to APAGE. Please use the *GMIT Copyright Transfer Agreement* form that follows these author instructions and that is also provided on the Journal's website at www.e-gmit.com. Your signature and those of ALL your coauthors must be included. However, the Agreement will be null and void if your manuscript is not published in *GMIT*.
- (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) Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. See Section 5 for more information.
- (7) Copyright Permission. 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. The editors of *GMIT* strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

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 interest; 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.

Please note that using the new *GMIT AS-COI* form means that authors will not need to submit the *ICMJE form* anymore.

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 ethics review committees, 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/b3/17c.pdf>).

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 consent was obtained (e.g., oral or written).

For work involving animals, the guidelines for their care and use should be in accordance with *European Commission Directive 86/609/EEC* for

Animal Experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm); this 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.consort-statement.org> for more information). *GMIT* 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

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify 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 informed consent was obtained (i.e., oral or written).

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. Article Categories

8.1. Editorials

Editorials are invited articles or comments concerning a specific paper in the Journal. They should be limited to 1200 words with no more than 15 references. Although

editorials are normally invited, unsolicited editorials may be submitted.

8.2. Review Articles

These should aim to provide the reader with a balanced overview of an important and topical subject in the field. 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 include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Typical length: 3500–4000 words; 40–60 references; up to 6 tables and/or figures.

8.3. Original Articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field. Section headings should be: Abstract, Introduction, Materials and Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

Typical length: 2000–4000 words; 20–50 references; up to 6 tables and/or figures.

8.4. Short Communications

These reports should be concise presentations of research results or novel techniques or use of equipment, pioneering instruments, or advanced surgical skills.

Typical length: 2000 words; 10 references; up to 4 tables and/or figures.

The Editors reserve the right to decide what constitutes a Short Communication.

8.5. 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 rare cases, complications or morbidities from an educational perspective, or new information on diseases of interest. Section headings should be: Abstract, Introduction, Case Report, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

Typical length: 1500 words; 10 references; up to 2 tables and/or figures.

8.6. Clinical Images

These comprise clinical images, photographs or diagnostic tests with educational value (such as ultrasound scans, MRI films, endoscopic photographs, histopathology, immunohistochemistry, photomicrographs, DNA blots, or pictures of molecular studies). The report should be of a specific case and focus on the image(s).

Typical length: 800 words; 6 references; up to 4 figures; there should be no more than 4 authors. The use of multimedia components such as additional images or video clips is acceptable.

8.7. Letters to the Editor

Letters are welcome in response to previously published *GMIT* articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other communications of general interest. Letters should have a title and include appropriate references, and include the author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of the Editors. Letters are selected based on clarity, significance, and space. The text should not exceed 350 words.

9. Manuscript Preparation

Text should be typed double-spaced on white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, 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.

9.1. Title Page

The title page should contain the following information (in order, from the top to bottom of the page):

- article category
- article title
- names (spelled out in full) of all 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
- conflicts of interest declaration; if none, then state "The author(s) have no conflicts of interest relevant to this article."
- corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
- word counts of abstract and main text

**The name of each author should be written with the family name last, e.g., Wan-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work.*

9.2. Abstracts and Keywords

An abstract and 3–5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Original Articles, Short Communications, and Case Reports.

Abstracts for Original Articles and Short Communications should be structured, with the section headings: Objective, Materials and Methods, Results, and Conclusion. Abstracts for Original Articles should be no longer than 250 words and that of Short Communications no longer than 200 words.

Abstracts for Review Articles should be unstructured, in one single paragraph of no more than 250 words in length that clearly summarize the main findings.

Abstracts for Case Reports should be unstructured, in one single paragraph of not more than 150 words, but should 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.

An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html). Avoid general and plural terms and multiple concepts (avoid, for example, “and”, “of”). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

No abstract or keywords are required for the following article categories: Editorials, Clinical Images, and Letters to the Editor.

9.3. Main Text

9.3.1. Section headings

The text for Original Articles and Short Communications should be organized into the following sections: Introduction, Materials and Methods, Results, and Discussion.

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 Materials and Methods section should describe the study design and methods (including the study setting and dates, patients/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 study results 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.

Sections for Case Reports should be: Introduction, Case Report, and Discussion. Each section should begin on a new page. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation,

methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

9.3.2. 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.

9.3.3. 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 century*. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

9.3.4. Units

Système 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.

9.3.5. 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 discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, 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, “...IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)”. Thereafter, the generic term (if appropriate) should be used.

9.3.6. 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). Descriptive 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 $p > 0.99$.

9.3.7. 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.

9.4. Acknowledgments

After the main text, general acknowledgments for consultations 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. 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.

9.5. References

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

9.5.1. In the main text, tables and figure legends

- References should be identified using superscripted numbers, and numbered consecutively in order of appearance.
- The superscripted numbers should be placed *outside* periods and commas, and placed *inside* colons and semicolons.
- References cited in tables or figure legends should be included in sequence at the point where the table or figure 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 uncompleted work or work that has not yet been accepted for publication (i.e., “unpublished observation”, “personal communication”) as references. Also see Section 9.3.7.

9.5.2. In the references list

- References should be compiled at the end of the manuscript according to the order of citation in the text and should follow the American Medical Association (AMA) style and format.
- 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 3 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 article

Chen Z, Fan M, Bian Z, Zhang Q, Zhu Q, Lu P. Immunolocalization of heat shock protein 70 during reparative dentinogenesis. *Chin J Dent Res*. 2000;3:50–55.

Journal supplement

Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? *J Cardiovasc Pharmacol*. 1998;32(Suppl 3):S78–80.

Journal article not in English but with English abstract

Kawai H, Ishikawa T, Moroi J, et al. Elderly patient with cerebellar malignant astrocytoma. *No Shinkei Geka*. 2008;36:799–805. [In Japanese, English abstract]

Book with edition

Bradley EL. *Medical and Surgical Management*. 2nd ed. Philadelphia, PA: Saunders; 1982.

Book with editors

Letheridge S, Cannon CR, eds. *Bilingual Education: Teaching English as a Second Language*. New York, NY: Praeger; 1980.

Book chapter in book with editor and edition

Greaves M, Culligan DJ. Blood and bone marrow. In: Underwood JCE, ed. *General and Systematic Pathology*. 4th ed. London: Churchill Livingstone; 2004:615–672.

Book series with editors

Wilson JG, Fraser FC, eds. *Handbook of Teratology, Vols. 1–4*. New York, NY: Plenum Press; 1977–1978.

Bulletin

World Health Organization. *World Health Report 2002: Reducing Risk, Promoting Healthy Life*. Geneva, Switzerland: World Health Organization; 2002.

Electronic publications

Duchin JS. Can preparedness for biological terrorism save us from pertussis? *Arch Pediatr Adolesc Med*. 2004;158(2). Available at <http://archpedi.ama-assn.org/cgi/content/full/158/2/106>. Accessed June 12, 2004.

Smeeth L, Iliffe S. Community screening for visual impairment in the elderly. *Cochrane Database Syst Rev*. 2002(2):CD001054. Doi:10.1002/14651858.CD1001054.

Item presented at a meeting but not yet published

Khuri FR, Lee JJ, Lippman SM. Isotretinoin effects on head and neck cancer recurrence and second primary tumors. In: Proceedings from the American Society of Clinical Oncology, May 31–June 3, 2003; Chicago, IL. Abstract 359.

Item presented at a meeting and published

Cionni RJ. Color perception in patients with UV- or blue-light-filtering IOLs. In: *Symposium on Cataract, IOL, and Refractive Surgery*. San Diego, CA: American Society of Cataract and Refractive Surgery; 2004. Abstract 337.

Thesis

Ayers AJ. *Retention of Resin Restorations by Means of Enamel Etching and by Pins*. MSD thesis, Indiana University, Indianapolis, 1971.

Website

American Association of Oral and Maxillofacial Surgeons. *Wisdom Teeth*. Rosemont, IL: AAOMS, 2008. Available at http://www.aaoms.org/wisdom_teeth.php. Accessed November 15, 2008.

Company/manufacture publication/pamphlet

Eastman Kodak Company, Eastman Organic Chemicals. *Catalog No. 49*. Rochester, NY: Eastman Kodak; 1977:2–3.

9.6. 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.

9.7. Figures

9.7.1. 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 legend in alphabetical order. 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 9.7.2.) and named according to the figure number and format, e.g., “Fig1.tif”, “Fig2.jpg”.

9.7.2. Formats

Regardless of the application used, when your electronic artwork is finalized, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: vector drawings. Embed the font or save the text as “graphics”.
- TIFF: color or grayscale photographs (halftones)—use a minimum of 300 dpi.
- TIFF: bitmapped line drawings—use a minimum of 1000 dpi.
- TIFF: combination of bitmapped line/halftone (color or grayscale)—use a minimum of 600 dpi.
- DOC, XLS or PPT: if your electronic artwork is created in any of these Microsoft Office applications, please supply “as is”.

Please do not:

- Supply files that do not meet the resolution requirements detailed above;
- Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low;
- Submit graphics that are disproportionately large for the content.

A detailed guide on electronic artwork is available at <http://www.elsevier.com/artworkinstructions>. Please note that the cost of color illustrations will be charged to the author.

10. 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, then the manuscript will be rejected without review. Rejected manuscripts will not be returned to authors unless requested.

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. These peer reviewers will remain anonymous and may or may not be the reviewers suggested by the author(s) as the selection of reviewers is at the sole discretion of *GMIT* editors. The editors and reviewers will not disclose any information about a manuscript or its review to anyone.

The corresponding author will usually be notified within 10 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 via the EES within 30 days. Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

11. 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 EES.

Accepted manuscripts are then 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.

11.1. Changes to Authorship

This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts. Before the accepted manuscript is published online, requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (i) the reason the name should be added or removed, or the author names rearranged; and (ii) an updated *Authorship Statement* with signatures from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of author names, this must include confirmation from the author(s) being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedures as described above.

Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) online publication of the accepted manuscript is suspended until authorship has been agreed.

After the accepted manuscript is published online, any requests to add, remove, or rearrange author names in an article will follow the same policies as detailed above and result in a corrigendum.

12. Publication Charges and Reprints

The Journal will bear the cost of publication for articles of 7 printed pages or less for Review and Original Articles, 5 printed pages or less for Short Communications, 3 printed pages or less for Case Reports, 2 printed pages or less for Clinical Images, and 1 printed page or less for Editorials and Letters to the Editor. Authors will be charged for the cost of extra pages at US\$180/page. Authors will also be charged US\$75 per illustration, figure or table that is in color. For manuscripts that require extensive English editing, authors will be charged for the correction of English grammar at US\$30/page.

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