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GENERAL INFORMATION

Aims and Scope

Journal of Minimally Invasive Spine Surgery and Technique (JMISST) is the official journal of the Korean Minimally Invasive Spine Surgery Society (KOMISS), Minimally Invasive Spine Surgeons Association of Bharat (MISSAB), Taiwan Society of Minimally Invasive Spine Surgery (TSMISS), Taiwan Society of Endoscopic Spine Society (TSESS), and Brazilian Minimally Invasive Spine Surgery Society (BRAMISS) for the publication of research results about minimally invasive spinal surgery (MISS). JMISST will consider submissions in areas of endoscopic spinal surgery, minimally invasive procedure for degenerative spine disease, pain intervention, minimally invasive surgery for spinal fusion or spine trauma, neuroscience, neurology, molecular biology and biomechanics etc. JMISST provides spine physicians and researchers with peer-reviewed articles on minimally invasive spine surgery to improve patient treatment, education, clinical or experimental research, and professionalism. In particular, minimally invasive spine surgery, including endoscopic spinal surgery, will be the most important field in the future spinal treatment. JMISST is the only journal in the world that is currently focused on minimally invasive spine surgery. We aim to lead the field of minimally invasive spine surgery to be developed in the future, and will contribute to providing a happy life for humans based on academic development.

About the Journal

Journal of Minimally Invasive Spine Surgery and Technique (JMISST; J Minim Invasive Spine Surg Tech; eISSN 2508-2043) is the official journal of the Korean Minimally Invasive Spine Surgery Society (KOMISS), Minimally Invasive Spine Surgeons Association of Bharat (MISSAB), Taiwan Society of Minimally Invasive Spine Surgery (TSMISS), Taiwan Society of Endoscopic Spine Society (TSESS), and Brazilian Minimally Invasive Spine Surgery Society (BRAMISS) for the publication of research results about minimally invasive spinal surgery (MISS) and is an international peer-reviewed journal. The ISO abbreviated

journal name is J Minim Invasive Spine Surg Tech. JMISST is published regularly twice a year, on the last day of April and October, with two supplementary issues. This Journal publishes important papers covering the whole field of minimally invasive spinal surgery, including studies in pain intervention and peripheral nerve disease or trauma and related surgery, neuroscience, neurology, molecular biology and biomechanics. It was first published on September 30, 2016 with Volume 1 and Number 1 under the name *Journal of Minimally Invasive Spine Surgery and Technique* (eISSN 2508-2043). For submission instructions, subscription, and all other information, please visit <https://jmisst.org/>.

RESEARCH AND PUBLICATION ETHICS

1. Research Ethics

All manuscripts should be prepared with strict observation of the research and publication ethics guidelines presented by the Council of Science Editors (<https://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE; <https://www.icmje.org/>), World Association of Medical Editors (WAME; <https://www.wame.org/>), and the Korean Association of Medical Journal Editors (KAMJE; https://www.kamje.or.kr/en/main_en).

Any study including human subjects or human data must be reviewed and approved by a responsible institutional review board (IRB). Authors should refer to the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for all investigations involving human materials.

Animal experiments should also be reviewed by an appropriate committee for the care and use of animals (e.g., the Institutional Animal Care and Use Committee). Studies with pathogens requiring a high degree of biosafety should pass review by a relevant committee (e.g., the Institutional Biosafety Committee). JMISST always requests the submission of copies of informed consent forms from human subjects in clinical studies or IRB approval documents.

2. Conflicts of Interest

A conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence or bias his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to having a great potential for influencing judgment. Not all relationships represent a true conflict of interest. Nonetheless, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, and paid expert testimony are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, or the science itself. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (<http://www.icmje.org/conflicts-of-interest/>). If there are any conflicts of interest, authors should disclose them in the manuscript. Conflicts of interest may occur during the research process; however, it is important to provide disclosure. If there is a disclosure, editors, reviewers, and readers can approach the manuscript with an understanding of the situation and background of the completed research.

The Editor will decide whether information on the conflict should be included in the published paper. If necessary, before publishing such information, the Editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated.

3. Authorship and Contributorship

Authors are required to clearly state their contributions to a manuscript in the cover letter. To be listed as an author, one should have contributed substantially to all four categories established by the ICMJE: (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Each author should be accountable for the parts of the work he or she has done. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work and should have confidence in the integrity of the

contributions of any coauthors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Authors are responsible for replying to all questions asked by reviewers or editors that relate to the accuracy or integrity of any part of the work. All persons who have made a substantial contribution, but who are not eligible to be considered authors, should be named in the acknowledgments. Authors are expected to consider carefully the way authors should be listed and ordered before submitting their manuscript, and to provide a definitive list of authors with their original submission. Any addition, deletion, or rearrangement of author names in the authorship list should be made 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: (1) the reason for requesting a change in the list of authors; and (2) written confirmation (by email or letter) from all authors saying that they agree with the addition, removal, or rearrangement.

4. Readership

JMISST is primarily for clinicians and researchers who care patients with spine and spinal cord diseases. They are able to obtain tailored information to adopt for their research and practice. Its readership can be expanded to other positions:

- Researchers can get the recent topics of clinical research in spine and spinal cord field and detailed research methods;
- Clinicians in the field can get the new information and recent development for care of patients;
- Medical teacher can access and adopt a variety of data in medical education;
- Allied health professionals including nurses are able to get the recent information for care of patients with spine and spinal cord diseases;
- Medical health students can understand the recent trends of the field and interesting cases for their work;
- Policy makers are able to reflect the results of the articles to the nation-wide health care policies for patients with spine and spinal cord diseases;
- The public, especially family of patients with spine and

spinal cord diseases are able to read the advancement in their family's diseases so that they have a better knowledge on the diseases and a confidence in the clinicians' devotion to their family.

5. Redundant Publication and Plagiarism

A redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)." The characteristics of reports that are substantially similar include the following: (1) "at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication)," (2) "the subject or study populations are often the same or similar," (3) "the methodology is typically identical or nearly so," and (4) "the results and their interpretation generally vary little, if at all."

When submitting a manuscript, authors should include a letter informing the Editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to JMISST differs substantially from this other material. If all or part of the patient population was previously reported, this should be mentioned in the Materials and Methods, with citation of the appropriate reference(s).

The editorial committee checks similarity by using the iThenticate (<http://www.ithenticate.com/>) program for all submitted articles to prevent plagiarism. The editorial committee rejects any article suspected of plagiarism and asks the author to check whether it is plagiarized and resubmit as appropriate.

6. Obligation to Register Clinical Trials

A clinical trial defined as "any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome," and clinical trials should be registered in a primary registry prior to publication.

JMISST accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Registry Platform (ICTRP) (<https://www.who.int/clinical-trials-registry-platform>), as well as <https://www.anzctr.org.au/>, www.clinicaltrials.gov, www.umin.ac.jp/ctr/index/htm and www.trialregister.nl. The clinical trial registration number shall be published at the end of the abstract.

7. Process for Identifying and Dealing With Allegations of Research Misconduct

When the journal 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 resolving process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board will discuss the suspected cases and reach a decision. We will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

JMISST adheres to the research and publication ethics policies outlined in the International Standards for Editors and Authors (<http://publicationethics.org>) and the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://icmje.org>). Any studies involving human subjects must comply with the principles of the World Medical Association Declaration of Helsinki. Clinical research should be approved by the Institutional Review Board and obtain patient consent. A patient's personal information generally cannot be published in any form. However, if it is absolutely necessary to use a patient's personal information, the consent of the patient or his/her guardian will be needed before publication. Animal studies should be performed in compliance with all relevant guidelines, observing the standards described in the NIH Guide for the Care and Use of Laboratory Animals.

Cases that require editorial expressions of concern or retraction shall follow the Committee of Publication Ethics (COPE) flowcharts available from: <http://publicationethics.org/resources/flowcharts>. If a correction is needed, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html> as follows:

Honest errors are a part of science and publishing and require publication of a correction when they are detected. Corrections are needed for errors of fact. The minimum standards are as follows: First, the journal shall publish a correction notice as soon as possible, detailing changes from and citing the original publication on both an electronic and numbered print page that is included in an electronic or a print Table of Contents to

ensure proper indexing; second, the journal shall post a new article version with details of the changes from the original version and the date(s) on which the changes were made through CrossMark; third, the journal shall archive all prior versions of the article, and this archive can be directly accessible to readers; and fourth, previous electronic versions shall prominently note that there are more recent versions of the article via CrossMark.

8. Handling Complaints and Appeals

The policies of the journal are primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: <https://publicationethics.org/appeals>

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problems. If any individuals or institutions want to inform the journal about a relevant case, they can send a letter to the editor through <https://jmisst.org>. For complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, why) should be provided.

Who is responsible for resolving and handling complaints and appeals?

The Editor, Editorial Board, or Editorial Office is responsible for them.

What may be the consequences of resolution?

The consequences depend on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the COPE (<http://publicationethics.org/resources/flow-charts>).

The Editorial Board of JMISST will discuss suspected cases and reach a decision. JMISST will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

9. Postpublication Discussions and Corrections

Postpublication discussions can be conducted through letters to the editor. If any readers have a concern about any articles published, they can submit a letter to the editor about the issue.

If any errors or mistakes in the article are found, the article can be corrected through an erratum, corrigendum, or retraction.

10. Policies on Data Sharing and Reproducibility

JMISST encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript. For example, "Data sharing: The data analyzed for this study have been deposited in Harvard Dataverse (<https://dataverse.harvard.edu/>) and are available at DOI"

Clinical Trials: JMISST accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the Journal of Korean Medical Science (<https://dx.doi.org/10.3346/jkms.2017.32.7.1051>).

SUBMISSION OF MANUSCRIPTS

Authors are requested to submit their papers electronically by using online manuscript submission available at <http://www.jmisst.org>.

Corresponding author is responsible for submission and revision of the manuscripts. ID is required for processing and can be generated at the homepage.

All authors should sign on the copyright release, Author agreement and conflict of Interest form to certify that the contents of the manuscript have not been published and are not being considered for publication elsewhere. If any research grant has been given by any private company or group, this information should be described on the form. All authors must sign their autograph by themselves. All the related forms can be downloaded in the middle of the submission process (Step 3 'File upload', <http://www.jmisst.org>) and should be submitted.

Regarding author information, the list of the authors in the manuscript should include only those who were directly involved in the process of the work. Authors can refer to the guideline by Harvard University in 1999 to find details on authorship (<https://hms.harvard.edu/sites/default/files/assets/Sites/Ombuds/files/AUTHORSHIP%20GUIDELINES.pdf>).

The acceptable manuscript should be supplied as a file made by Hangeul Word Processor or Microsoft Word. The manuscript should be composed of no more than 6,000 English words for clinical and laboratory studies, 3,000 English words for technical reports and case reports. It should be composed of no more

than 600 English words for letters to the editor. Manuscript should be typed in 11-point font and double spaced (200%) with margins of 3cm. Typeface should be Times/Times New Roman or similar serif typeface.

Decision for the publication of the submitted manuscript will be made solely by the editorial board.

All fees regarding the review, publishing and re-printing of the manuscript will be determined by the editorial board and should be deposited as stated.

Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English-language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors to take at least one of the following steps:

- Have your manuscript reviewed for clarity by a colleague whose native language is English.
- Use a grammar editing service.
- Note that the use of such a service is at the author's own expense and risk and does not guarantee that the article will be accepted. JMISST® accepts no responsibility for the interaction between the author and the service provider or for the quality of the work performed.

Editorial board may request the certificate of grammar edition.

MANUSCRIPT PREPARATION

Authors should refer to "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (<http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>).

1. Formatting by Manuscript Type

- Original Articles should be composed of no more than 6,000 words, excluding the references, tables, and figures, and organized in the order of title, abstract, introduction, materials and methods, results, discussion, conclusion, references, tables, and figures or illustrations.
- Review Articles are reserved for important subjects relevant to the field of minimally invasive spine surgery that is selected by the Editorial Committee. Authors are invited based on articles published in JMISST and other journals. The length of the manuscript and the number of references should not exceed

6,000 words and 100, respectively. The decision to publish the manuscript is made after review by the Editorial Committee. The manuscript format may vary in review articles.

- Systematic Reviews are critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention. Systematic Reviews without a meta-analysis are published as reviews; those with a meta-analysis are published as Original Articles (see Meta-Analyses).
- Meta-Analyses are systematic, critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention, that include a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate. The requirements for the format of the abstract and the main text follow those for Original Articles.

• Special Issue

JMISST's regular publication is conducted twice a year, in April and October, and when there is a special issue related to the topic, a special issue can be held. Even during regular publications in April and October, if there is a special issue, it can be published along with it.

- *Guest Editor's Selection:* The topic of the Special Issue is decided by the editor-in-chief in consultation with the JMISST collaboration society, then a leader related to the special issue is selected and designated as a guest editor, and the progress of the special issue is carried out under the responsibility of the guest editor. However, the final decision process should be made under the guidance of JMISST's editor-in-chief.

- *Guest Editor's Role:* Guest editors invited to a special issue can appoint additional editors and invite papers or authors related to the special issue. However, during the process of inviting and reviewing papers, a decision must be made after checking whether there are any problems with conflict of interest or ethical points.

- Technical Reports are short articles giving a brief description of a specific development, technique or procedure, or it may describe a modification of an existing technique, procedure or device applicable to medicine. The technique, procedure or device described should have practical value and should contribute to clinical diagnosis or management. It could also present a software tool, or an experimental or computational method. Technical notes are variously referred to as technical innovations or technical developments. The main criteria for publication will be the novelty of concepts involved, the valid-

ity of the technique and its potential for clinical applications.

- Case Reports are detailed reports of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports usually describe an unusual or novel occurrence and as such, remain one of the cornerstones of medical progress and provide many new ideas in medicine. Some reports contain an extensive review of the relevant literature on the topic. The case report is a rapid short communication between busy clinicians who may not have time or resources to conduct large scale research. Case reports are organized in the order of title, abstract, introduction, case report(s), discussion, conclusion, references, tables, and figures or illustrations.
- Letters to the Editor or Commentary Letters are sound critic or opinion for the specific article published in the journal, topic of general interest to spinal neurosurgeons, personal view on a specific scientific issue, departmental announcements or changes, conference schedules, or other information of the clinical fields.
- Text should be written in a 11-point font with double line spacing.
- The detailed formatting recommendations for each type are shown in the table below.

Summary Table of Manuscript Types

Type	Abstract			Max. words of the main text	Max. tables	Max. references
	Max. words	Max. key words	Format			
Review Article	250	6	Unstructured	6,000	5	100
Original Article	250	6	Structured	6,000	5	40
Technical Report	200	6	Unstructured	3,000	2	20
Case Report	200	6	Unstructured	3,000	2	20
Commentary	x	x	x	500	-	10
Letter to the Editor	x	x	x	500	-	10

2. Title Page

The title page must include external and internal title pages.

The external title page contains the article title, and full names of all authors with their institutional affiliations both. The type of manuscript (review article, original article, case report, technical note, letter to the editor, book review, special article, etc.) should also be indicated. If the work includes multiple authors with different affiliations, the institution where the research was mainly conducted should be spelled out first, and then be followed by footnotes in superscript Arabic numerals beside the authors' names to describe their affiliations in the consecutive order of the numbers.

The external title page also contains the postal address and email address of the corresponding author at the bottom of the page, as well as information on any previous presentation of the manuscript in conferences and funding resources, if necessary.

The internal title page should only contain the article title. The internal title page must not contain any information on the names and affiliations of the authors.

The title should be concrete and not exceed 20 words, and the running title should not exceed 65 characters, including spaces.

3. Abstract

Abstracts for articles presenting clinical or laboratory research should contain the following sections: Objective, Methods, Results, and Conclusion. However, these sections are not necessary for other types of studies.

The abstract should include brief descriptions on the objective, methods, results, and conclusion as well as a detailed description of the data. An abstract containing 250 words or less is required for original articles and 200 words or less for case reports.

Abstracts can be revised by the decision of the Editorial Board, and some sentences can be modified as a result of revision.

A list of key words, with a minimum of 2 items and maximum of 6 items, should be included at the end of the abstract. The selection of key words should be based on Medical Subject Heading (MeSH) of Index Medicus and the website (<http://www.nlm.nih.gov/mesh/MBrowser.html>).

4. Introduction

The introduction should address the purpose of the article concisely, and include a presentation of the background relevant to the purpose of the paper. A more detailed review of the literature should be addressed in the discussion section.

5. Materials and Methods

The article should record the research plans, objectives, and methods in order, as well as the data analysis strategies and methods implemented to control bias. Sufficient details should be furnished for the reader to understand the method(s) without reference to another work described in the study.

When reporting experiments with human subjects, the authors must document the approval received from the local IRB.

When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by the research board of the affiliated institution or a similar entity. The IRB approval number must be noted.

Photographs disclosing patients must be accompanied by a signed release form from the patient or the patient's family permitting publication.

Authors should ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

6. Results

The authors should logically describe their results of observations and analyses performed using methodology given in the previous section and provide actual data.

For biometric measurements in which considerable amount of stochastic variation exists, a statistical evaluation is mandatory. The results must be solely from the findings of the current study and not refer to any previous reports.

While an effort should be made to avoid overlapping descriptions by Tables and by main text, important trends and points in the Table should be described in the text.

7. Discussion

Discussions about the findings of the research and interpretations in relation to other studies are made. It is necessary to emphasize the new and critical findings of the study, not to repeat the results of the study presented in the previous sections. The meaning and limitation of observed facts should be described, and the conclusion should be related to the objective of the study only when it is supported by the results of the research.

8. Conclusions

The conclusion section should include a concise statement of the major findings of the study in accordance with the study purpose.

9. References

All references should be listed and numbered in the order they are cited in the text, and should be cited with Arabic numerals in square brackets. The reference format should conform to the Vancouver form (N Engl J Med 1997;336:309-15; <https://www.nejm.org/doi/full/10.1056/nejm199701233360422>).

Even though references are noted by reference management program in common use, the reference format should be checked by author to correct any error.

When a work has 6 or less authors, cite the names of all authors. When a work has over 6 authors, cite the first 6 authors' name followed by "et al."

Use the style of the examples below, which are based on the formats used by the U.S. National Library of Medicine (NLM) in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Authors should consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site: <http://www.nlm.nih.gov>, which opens in a new tab.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.

Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

The "Uniform Requirements" style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases.

1) *Articles in Journals*

(1) Standard journal article

List the first 6 authors followed by et al.

- Qiuhan Z, Feng K, Bo Y, Hongchuan G, Mingchu L, Ge C, et al. Transoral endoscopic odontoidectomy to decom-

press the cervicomedullary junction. *Spine (Phila Pa 1976)* 2013;38:E901-E906.

(2) Other samples

- Rosenthal D. Endoscopic approaches to the thoracic spine. *Eur Spine J* 2000;9 Suppl 1:S8-S16.
- Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995;32(Pt 3):303-6.
- Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995;(320):110-4.
- Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996;347:1337.

2) Books

(1) Entire book

- Atlas SW. *Magnetic resonance imaging of the brain and spine*. Philadelphia (PA): Lippincott Williams & Wilkins; 2001.

(2) Chapter in a book

- Sweitzer S, Arruda J, DeLeo J. The cytokine challenge: Methods for the detection of central cytokines in rodent models of persistent pain. In: Kruger L, editor. *Methods in pain research*. Boca Raton (FL): CRC Press; 2001. p. 109-32.

3) Conference proceedings

- Kimura J, Shibasaki H, editors. *Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology*; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

4) Conference paper

- Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

5) Scientific or technical report

- Smith P, Golladay K. *Payment for durable medical equipment billed during skilled nursing facility stays. Final report*. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860.

6) Dissertation

- Kaplan SJ. *Post-hospital home health care: the elderly's access and utilization [dissertation]*. St. Louis (MO): Washington Univ.; 1995.

7) Patent

- Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. *Methods for procedures related to the electrophysiology of the heart*. US patent 5,529,067. 1995 Jun 25.

8) Newspaper article

- Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. *The Washington Post* 1996 Jun 21;Sect. A:3 (col. 5).

9) In press

- Leshner AI. *Molecular mechanisms of cocaine addiction*. *N Engl J Med* Forthcoming 1997.

10) Websites

- U.S. Food and Drug Administration, Center for Drug Evaluation and Research. *Index to drug-specific information [Internet]*. Silver Spring (MD): U.S. Food and Drug Administration; [updated 2009 Jun 4; cited 2009 Jun 10]. Available from: <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/index-drug-specific-information>.

10. Tables

- Tables should be created using the table formatting and editing feature of Microsoft Word.
- The title of the table must be noted. Tables cannot be submitted in a picture format.
- Each table should be inserted on a separate page, with the table number, table title and legend above the table.
- Tables should be concise and not duplicate information found in figures.
- The significance of results should be indicated by an appropriate statistical analysis.
- Unnecessary longitudinal lines should not be drawn. Horizontal lines should be used as sparingly as possible.
- All symbols and abbreviations should be described below the table.
- Table footnotes should be indicated with superscript symbols in sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡, etc.

- All units of measurement and concentrations should be designated.

11. Figures

- Figures should have resolution of 300 dpi or above and should be submitted individually—namely, if Figure 1 is divided into A, B, C, and D, do not combine them into one, but submit each of them separately. The preferred file formats for figures are JPG (JPEG) or TIF (TIFF).
- Figure files should be named according to the figure name (example: Fig. 1A.tif). If the quality of the photographs is considered inappropriate for printing, the journal may request resubmission.
- Authors should submit figures in black and white if they want them to be printed in black and white. Authors are responsible for any additional costs of producing color figures, as determined by the Editorial Board.
- Line art should have resolution of 1,200 dpi or more in JPG or TIF format.
- All symbols and abbreviations should be described below the figure.

12. Supplementary Digital Content

Authors may submit supplementary digital content to enhance their article's text and to be considered for online posting. Cite all supplemental digital content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as "Supplementary Content" or "Supplementary Video," should include a sequential number, and should provide a brief description of the supplemental content.

Examples: (see Video, Supplementary Video 1, which demonstrates the procedure of neuroplasty)

Provide a separate set of legends of supplemental digital content at the end of the text. List each legend in the order in which the material is cited in the text. The legends must be numbered to match the citations from the text.

Examples: Supplementary Video 1. Video that demonstrates the procedure of neuroplasty, 5 minutes, 10MB.

Supplementary video files should be no larger than 100 MB each.

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- .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats only
- Video files should be formatted with a 320 x 240 pixel mini-

mum screen size.

- Videos must include narration in English.
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