Asian Biomedicine — Guide for Authors 2017

Asian Biomedicine: Research, Reviews and News (ISSN 1905-7415 print; 1875-855X electronic online) is published in one volume (of 6 bimonthly issues) a year since 2007, and is an international peer-reviewed journal covered by Science Citation Index Expanded, Web of Science Core Collection (formerly the Institute for Scientific Information (ISI) Web of Knowledge), and InCites Journal Citation Reports (Clarivate Analytics; originally ISI, previously Thomson Reuters) and supported by the Commission on Higher Education, Ministry of Education, Thailand, with editorial offices at the Faculty of Medicine, Chulalongkorn University, Bangkok. It is intended to serve the biomedical and health sciences community of the entire Asian region and is published in cooperation with De Gruyter Open, Warsaw (www.degruyter.com). The content of the journal is open to full access by all online without charge. No submission, or article processing or page charges (APCs) are levied on authors or their institutions. *Asian Biomedicine* will bear the cost of publication of articles, but will publish color Figures at its discretion.

Aims and scope: *Asian Biomedicine* is an international general medical and biomedical journal that aims to publish original peer-reviewed contributions dealing with various topics in the biomedical and health sciences from basic experimental to clinical aspects, particularly those with importance and relevance in the Asian region, or by Asian authors. The Journal will publish reviews, original experimental studies, observational studies, technical and clinical reports, practice guidelines, historical perspectives of Asian biomedicine, clinicopathological conferences, and commentaries.

Innovative investigations including basic research; clinical trials; studies of diagnostic accuracy; studies relating to behavioral, therapeutic, or epidemiological aspects of medicine; public health, clinical guidelines, standards of health care, and indigenous diseases are welcomed. We also welcome manuscripts about the history of Asian medicine, and controversies. We invite guest editorials on occasion.

Audience: *Asian biomedicine* is intended for a broad and international audience, primarily those in the health professions including researchers, physician practitioners, basic medical scientists, dentists, educators, administrators, those in the assistive professions, such as nurses, and the many types of allied health professionals in research and health care delivery systems including those in training.

The Editors of *Asian Biomedicine* require authors to be in compliance with the recommendations of the International Committee of Medical Journal Editors (ICMJE) for the conduct and reporting of scholarly work in medical journals. The current recommendations (December 2016 at printing) are available at http://www.icmje.org.

The Editors of *Asian Biomedicine* adhere to principles of research integrity and aim to avoid any type of scientific misconduct, such as fabrication, falsification, plagiarism, redundant publication, and authorship problems. All submitted manuscripts are checked for potential plagiarism of all types, including patchwork plagiarism, using specialist software including iThenticate, and are reviewed by an editor responsible for publication integrity. In resolving any potential scientific misconduct, *Asian Biomedicine* follows international standards, guidelines, and flowcharts provided by the Committee on Publication Ethics (COPE) (available at: http://publicationethics.org/resources), the Council for International Organizations of Medical Sciences (CIOMS), the World Association of Medical Editors (WAME) (http://www.wame.org/about/recommendations-on-publication-ethics-policie), and the Council of Science Editors (http://www.councilscienceeditors.org/resource-library/editorial-policies/). *Asian Biomedicine* gives equal consideration to every carefully performed study investigating an important question within the scope of the Journal, whether the results are negative or positive.

This Guide for Authors is revised periodically by the Editors as needed, and includes our ethical and policy guidelines. Authors should consult a recent issue of the Journal or visit www.asianbiomed.org for the latest version of these guidelines. Any manuscript not prepared according to these guidelines may be returned to the author(s) for revision without review.

Index

1 Manuscript submission

1.1 *Submission*

Authors are requested to submit their manuscripts in electronic form. The electronic manuscript (meaning all submission items, including all text, tables, artwork, cover letter, conflict of interest disclosures, and any other required documents/material) should be submitted to the Journal website (http://www.asianbiomed.org).

If you do not receive an acknowledgment from the Journal within 10 days or assistance is required, please contact the Editorial office. With any communication with *Asian Biomedicine* please include the assigned serial number once provided.

The Editorial office of *Asian Biomedicine* is at Room 507 Ananda Mahidol Building, Faculty of Medicine, Chulalongkorn University, Bangkok 10330, Thailand. Tel: (+66) 2-256-4479, E-mail: abmjournal@chula.ac.th

Please do not post, fax, or hand deliver your manuscripts to the Editorial Office.

1.2 *Important information*

• A submitted manuscript must be original, not previously published (see section 1.3), and must not be under consideration for publication elsewhere.

• Manuscripts should be in Microsoft Word document format and prepared in the simplest form possible. The text should be left aligned, not justified. Please use a typeface or font with high legibility, such as Times New Roman, 12 point, on A4 pages with 2.5 cm margins. After acceptance, we will format the manuscript according to the Journal's style.

• Articles should meet the following basic criteria: the information is important, the writing is clear and concise, the study methods appropriate, the data valid, and the conclusions reasonable (not overstated) and supported by the data.

• Number the pages consecutively. You may use automatic page numbering, but do NOT use other kinds of automatic formatting, such as for footnotes, headers and footers, or reference lists. Reference lists prepared using bibliographic software such as EndNote should have the field codes removed (select all (cntl+a) and then use ctrl+shift+f9 on the keyboard).

• Put text, references, Table headings and Tables, and Figure legends in one file.

• Figures should be submitted as separate files, at the correct resolution and named according to the figure number, e.g., "Author_name_Fig1.tif","Author_name_Fig2.jpg." Please see section 8.10.

• Manuscripts must be written in acceptable U.S. English. *Stedman's Medical Dictionary* (27th edition or later) and *Merriam-Webster's Collegiate* (10th edition or later) or *Unabridged Dictionary* should be used as standard references. Manuscripts that are accepted for publication will be checked by our copyeditors for spelling and edited according to the Journal's house style. If English is not your native language, or substantial English language and style editing is required, we normally ask that you have your manuscript checked by a native English speaker, preferably with knowledge of your field. Clear and concise language, and appropriate grammar and word choice, will help the Editors and reviewers concentrate on the scientific content of your manuscript so that it can be judged fairly on its merits and thus facilitate the peer review process. If the use of language is poor, the manuscript is unlikely to attract a dispassionate or unbiased peer review. If you do not know a native English speaker with knowledge of your field, please consider using a professional English language editing service to help prepare your manuscript before submission, but note that the use of such services is no guarantee of acceptance. Editors hold the right to make all the necessary changes to the language and style of the original manuscript to adhere to the uniform standards of *Asian Biomedicine*, and authors may review these changes in proof.

The first page should contain a running title of no more than 50 characters, the article category, title and a list of authors by first name, any initials, last name, and affiliation. Provide the name, address, telephone, and the professional e-mail address (from an academic institution) of the corresponding author (publication of Gmail, Yahoo, Hotmail, or other free e-mail addresses will not usually be acceptable). See sections 7 and 8 for more details.

1.3 *Supporting documents*

The following documents must be included in your submission (refer also to the Manuscript checklist that follows these guidelines). Items (1), (2), (3), (9), and (10), are mandatory. Items (4), (5), (6), (7), and (8) are required only if they apply to your manuscript. For your convenience, we have provided the required statements on a single Authors' Statement form that will be provided by the managing editor.

1. Cover letter including the following: 1, the title; 2, the names of all authors; 3, details for the corresponding author (full name, e-mail, mailing address, telephone and fax numbers); 4, a short description of the research study or topic of the manuscript (2–3 sentences) and briefly any other information regarding the manuscript that the Editors may find useful; 5, a suggested category for the manuscript; 6, reasons why authors presume their work may be of interest to the readership of *Asian Biomedicine*; 7, persons who do not fulfill the requirements to be listed as authors, but who nevertheless contributed to the manuscript should be disclosed (see 2 below); 8, a list of manuscripts that have been published, submitted, or are in press that are similar to the submission to *Asian Biomedicine* and include in your submission, copies of those similar manuscripts that might be regarded as redundant publications so that the Editors can be assured there is no redundancy, and 9. the signature of the first author or the corresponding author.

2. Authorship statement. Each author's contribution to the manuscript should be noted as described in the Authors' Statement form, and included in the Author contributions addendum at the end of the manuscript. The signatures of ALL coauthors must be included on the authorship statement or the manuscript cannot be accepted for publication. For authorship please follow the 4 criteria recommended by the ICMJE: "1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND 2. Drafting the work or revising it critically for important intellectual content; AND 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." The fourth criterion is covered in the statement on the signature page. The other 3 criteria are covered in the authorship statement. An author is considered to be someone who has made substantive intellectual contributions to a published study and must take responsibility for at least one component of the work. They should be able to identify who is responsible for each other component, and should ideally be confident in their coauthors' ability and integrity. "Gift" authorship is not acceptable.

• The corresponding author is responsible for obtaining the approval of other authors of the original submission and any subsequent revision, and for all correspondence accompanying the manuscript.

• All individuals who are listed as authors must have read and approved the final version of the manuscript.

All people who have made substantial contributions to the work, but do not meet the 4 criteria for authorship should be listed in the Acknowledgments section. Without other contributions, the acquisition of funding, general supervision of a research group, or general administrative help, provision of materials, collection of data, technical help, writing assistance, or English language editing, alone do not usually justify authorship. The contributions made by people listed in the acknowledgments should be specified (e.g., "served as scientific advisors", "critically reviewed the study proposal", "collected data", "provided and cared for study patients", "assisted in writing and technical editing of the manuscript"). Because acknowledgment may imply endorsement of an article by acknowledged individuals, all persons named in the Acknowledgments section of the manuscript must give their permission in writing to be named. The Editors may require proof of appropriate documented permission from each person named in the Acknowledgments. Do not send original documents or copies to the journal, but be sure to keep them safely archived, for access should they ever be required. Authors are required to provide a formal statement that appropriate documented permission was obtained from all persons named in the Acknowledgments as found on the Authors' Statement. The involvement of scientific (medical) writers or anyone else who assisted with the preparation of the manuscript content should be acknowledged, along with their source of funding, as

described in the commentary by Jacobs and Wager. European Medical Writers Association (EMWA) guidelines on the role of medical writers in developing peer-reviewed publications. Current Medical Research and Opinion. 2005; 21(2): 317–321, found at http://www.emwa.org/documents/about_us/EMWAguidelines.pdf. The role of medical writers should be explicitly acknowledged in the Acknowledgments or Authors' contributions sections as appropriate so that such contributions are acknowledged and transparent.

• Group authorship: if you would like the names of the individual members of a collaboration Group to be searchable through their individual PubMed records, please ensure that the title of the collaboration Group is included on the title page and also include collaborating author names as the last paragraph of the Acknowledgments section. Please add authors in the format first name, middle initial(s) (optional), and last name. You can add institution or country information for each author if you wish, but this should be consistent across all authors.

3. Statement of originality. The corresponding author must declare that the material contained in the manuscript submitted, including data, text, Figures, and Tables are original and have not been published previously in the same or similar form (except as an abstract of a meeting presentation or preliminary report, e.g. on a clinical trials registry, which should be noted in the Acknowledgments section), and must not be under consideration for publication elsewhere.

4. Copyright permission. If you have reproduced or adapted material, e.g., Figures or Tables, from copyrighted sources, the material must be clearly identified and the permission of the copyright holder, and letter(s) of permission from the copyright holder(s) must be supplied. Otherwise, such material must be removed from your manuscript. See section 13.

5. Ethics statement. Manuscripts covering the use of human participants, human data, animal subjects, or biological samples must be accompanied by the letter of approval from the relevant ethics review committee. See Section 3.

Authors must provide a formal statement of ethical conduct following the guidelines specified in the introduction, this is covered in the Authors' statement. Authors must state whether the reported research was approved by an institutional/national ethics committee or review board. If so, authors will need to state the name of the approving committee or review board and approval reference number where appropriate. If not, reasons for the exception must be provided.

A statement detailing this, including the name of the approving institutional review board or ethics committee and the reference number, must appear in all manuscripts reporting such research. If a study has been granted an exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption).

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

7. Statement of documented informed consent. The Editors may require proof of appropriate documented informed consent from each research participant in studies involving humans. Do not send original documents or copies to the journal, but be sure to keep them safely archived, for access should they ever be required. Authors are required to provide a formal statement that appropriate documented informed consent was obtained from each research participant. If not, reasons for the exception granted by the institutional review board must be provided.

8. Patient privacy and confidentiality statement. Manuscripts where human subjects can be identified must be accompanied by a documented (preferably signed) statement of informed consent to publish (in print and online) the descriptions, photographs, or pedigrees from each subject who can be identified. This documentation must be made available to Editors, and will be treated confidentially. See Section 5. Please note that this is required for all case reports and series, whether or not the patient may be identifiable.

9. Conflicts of interest statement. Any and all potential and actual conflicts of interest should also be listed. See Section 2.

10. Open access agreement. On submission, the corresponding author is required to agree that if

the manuscript is accepted for publication in *Asian Biomedicine*, noncommercial use of the article will be governed by the Creative Commons Attribution–NonCommercial–NoDerivs license as currently displayed on http://creativecommons.org/licenses/by-nc-nd/3.0/, except that sections 2 through 8 on the open access license form available from the managing editor will apply in this respect and prevail over all conflicting provisions of such a license model. Without prejudice to the foregoing, the author hereby grants the Journal Owner (also referred to as "You" in the Creative Commons license mentioned) Faculty of Medicine, Chulalongkorn University, 1873 Rama 4 Road, Pathumwan, Bangkok 10330, Thailand the exclusive license for commercial use of the article (for U.S. government employees: to the extent transferable) according to section 2, and sections 4 through 9 on the open access license form, throughout the world, in any form, in any language, for the full term of copyright, effective upon acceptance for publication as applicable. On acceptance please use the open access license form that will be provided by the managing editor.

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 *Asian Biomedicine* endeavor to ensure that what they publish is as balanced, objective, and evidence-based as possible. The potential for a conflict of interest (also known as a dual commitment, competing interest, or competing loyalty) can exist whether or not an individual believes the relationship affects their judgement. Because it is difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, *Asian Biomedicine* requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or nonfinancial. Financial conflicts are the most easily identifiable, and include financial relationships such as honoraria such as for attendance at meetings, educational grants, participation in speakers' bureaus, membership, employment, consultancies, stock ownership, or other equity interest, expert testimony, or patent-licensing arrangements. Nonfinancial conflicts are more nebulous, and include personal or professional relationships, affiliations, academic competition, intellectual passion, ideology, or knowledge or beliefs that might affect objectivity. The conflicts can vary from those with negligible potential to those with great potential to influence objectivity and judgement. However, not all relationships represent a true conflict of interest.

Authors must disclose in writing any financial interests or other conflicts that might, or might be perceived, to influence the conclusions or outcome of studies reported. Financial support from a commercial source, or support for travel to conferences by industry, must be stated in the Acknowledgments. If a study is funded by an agency with a proprietary or financial interest in the outcome of the study, the corresponding author must include the following statement in the cover letter and Acknowledgments section upon submission: "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis." Authors from pharmaceutical companies, or other commercial organizations that sponsor clinical trials, should declare this is the Conflicts of Interest statement as a competing interest on submission. To ensure that publications are produced in a responsible and ethical manner please follow the Good Publication Practice guidelines for pharmaceutical companies (GPP2, 2009) described in Graf, Battisti, Bridges, et al. for the International Society of Medical Publication Professionals. Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. BMJ 2009; 339:b4330 found at http://www.ismpp.org/gpp2. *Asian Biomedicine* will not publish advertorial content.

The International Committee of Medical Journal Editors (ICMJE) has developed a Form for Disclosure of Conflicts of Interest to facilitate and standardize authors' disclosures. The form is available from the managing editor or for download from http://icmje.org. The corresponding author should collect the conflict of interest disclosure forms completed according to the ICMJE instructions from all authors. In author collaborations where formal agreements for representation allow it, it is sufficient for the corresponding author to sign the Conflicts of Interest Statement on behalf of all authors. Please ensure that the initials of each author listed in your manuscript

appears in the *Conflicts of interest statement*. If no authors have any conflict of interest, then it is sufficient to state "All authors have no conflict of interest"

3. Human and animal rights: ethical approval of studies and informed consent to be included in studies

The ethical guidelines for publication in *Asian Biomedicine* are to ensure that the *Asian Biomedicine* review process selects manuscripts for publication that satisfy high quality standards while preventing exploitation of humans and animals for research. The *Asian Biomedicine* process is thorough, objective, fair, and conforms to international ethical standards specified in the introduction and elsewhere in these instructions. The following summarizes some key considerations that must be satisfied for publication in *Asian Biomedicine*.

For investigations involving human participants or data, or human material samples, or animal studies or samples, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the Methods section of the manuscript. Research involving human subjects, identifiable human samples (such as urine, blood, serum, or tissue), and personal and health record data must be subjected to a review by a formally constituted institutional ethical review board. Studies must in any case be in accordance with the principles outlined in the contemporary revision of the Declaration of Helsinki of 1964 (World Medical Association (WMA) incorporating the most recent (October 2013) and earlier amendments. The Declaration of Helsinki: ethical principles for medical research involving human subjects, is available at: http://jama.jamanetwork.com/article.aspx?articleid=1760318 and http://www.wma.net/en/30 publications/10policies/b3/). Any doubtful aspects of compliance with the principles of the contemporary revision of the Declaration of Helsinki must be explained and explicitly approved by the investigators' institutional review board. For those investigators who do not have formal institutional ethics review committees, the contemporary revision of the Declaration of Helsinki and recommendations of the ICMJE must be followed.

For investigations in humans, indicate in the manuscript whether the procedures followed were in accordance with the contemporary (current) revision of the Declaration of Helsinki, state explicitly in the Methods section of the manuscript that informed consent was obtained from all participating adults, or from the parents or legally authorized guardians or representatives of children (minors or less than 18 years old) or incapacitated adults, together with the way the informed consent was obtained (explicitly, verbal or written) and documented. Evidence of informed consent by participants and respect for the privacy of the study subjects is important. The authors must be able to produce documented evidence of informed consent and respect for privacy of the study subjects if required. Because patient confidentiality is better guarded, we request that authors archive the documented informed consent and provide *Asian Biomedicine* with a written statement that attests that they have received and archived documented patient consent. An archive period of 5 years after publication is considered standard, and perpetual archiving is desirable. Please note that manuscripts regarding humans that may be identified must be accompanied by a documented (preferably signed) statement of informed consent to publish (in print and online) the descriptions, photographs, or pedigrees from each subject who may be able to be identified (Please see section 5). Please note that this is required for all case reports and series, whether or not the patient may be identifiable.

If minors are old enough to understand the proposed research, its potential risks and possible benefits, and the role expected of them as participants, then is it is also desirable to obtain their assent. Assent means to express willingness to participate in research by individuals who are by legal definition too young to give informed consent. However, assent by itself is not sufficient. Even if assent is given, informed consent must still be obtained from the participant's parent or legal guardian. Legal definitions of who constitutes a "minor" dictate whether or not a person can consent to participate in a protocol. The State of Maryland, USA, considers a person 18 years and older to be an adult and therefore one who can provide consent without parental permission. In the absence of a local older age requirement, we elect to follow Maryland law. Assent may be obtained by talking with the child and supporting that talk with a written assent document (e.g. form NIH-2514-2) appropriate to the child's age and level of comprehension. The parents or legal guardian of a child participant should be fully informed

and given a protocol consent document to read and sign before their child participates in the protocol. If the child cannot read and oral assent is obtained from the child, this should be documented on the consent document. A prewritten statement on the signature page of the consent document should read, "The information in the above consent was described to my child and my child agrees to participate in the study." The parent's or guardian's signature indicating consent is in addition to the one confirming the statement of assent.

Clinical isolates and biobank samples. The consent of participants is sometimes, but not always, required before biobank samples and clinical isolates can be used in research. The use of samples must at least conform to the U.S. Office for Human Research Protections (OHRP; Rockville, MD, USA) in the U.S. Department of Health and Human Services (DHHS) regulations for the protection of human subjects (45 CFR part 46). These regulations require consent to use samples and/or data that are identifiable, and so exclude those samples that have been coded. The Declaration of Helsinki, states that "Medical research involving human subjects includes research on identifiable human material or identifiable data" and must be approved by an institutional ethics review board (IRB) or a research ethics committee (WMA, 2013). Any research using nonidentifiable samples is allowed without the need to obtain informed consent and approval of the protocol from an IRB or a research ethics committee. Nonidentifiable or anonymized biological material is that stored alongside associated information, for example, the type of tumor, medical treatment, donor's age and so forth, but all information that would allow identification of the research participant or patient is stripped, either irreversibly (unlinked anonymized) or reversibly (linked anonymized). In the case of linked anonymized samples, identification is still possible by a code, to which researchers or other users of the material—as part of the definition of the term reversibly/linked anonymized—do not have access. Coded samples have the same characteristics as linked (reversibly) anonymized samples, the only difference being that researchers and users have access to the code. Finally, samples are considered to be identified if the information that allows identification—name, address and so on—is associated directly with the tissue, such as when the patient's nametag is attached to the sample. This is, for example, how pathology departments usually store clinical samples. The matters are complex and further guidance can be obtained from Elger and Caplan. Consent and anonymization in research involving biobanks. European Molecular Biology Organization (EMBO) reports. 2006;7:661–6.

Clinical isolates, any bacterial or fungal subcultures, and virus isolates, made from clinical specimens, are not part of the specimen themselves, and are considered not to belong to the patient from whom they were obtained. According to Subpart A of the DHHS regulations, also called the Common Rule, if the study did not involve an investigator interacting or intervening with living individuals for research purposes to obtain the isolates, and the investigator does not obtain identifiable private information about those living individuals, then it is our view that the investigator is not conducting research on human subjects under the U.S. Department of Health and Human Services regulations for the protection of human subjects 45 CFR 46.102(f), and thus the study would not require IRB review (see http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.102).

Asian Biomedicine will not accept manuscripts whose data derives from transplants involving organs obtained from executed prisoners. *Asian Biomedicine* requires all procedures and studies involving human participants to have been conducted according to the ethical guidelines outlined by The Transplantation Society at http://www.tts.org and have involved no use of organs or other material from executed prisoners, or other unethical practices in obtaining donor organs. It is a fundamental principle of The Transplantation Society that organs and tissues are given freely and without coercion. As a consequence, presentations of studies involving patient data or samples from recipients of organs or tissues from executed prisoners cannot be accepted. A prerequisite for accepting a manuscript is that the authors' work complies with the current Declarations of Helsinki and Istanbul (www.declarationofistanbul.org).

In addition, scientific studies and clinical activities should be performed in keeping with the ethical principles delineated in the following policy documents:

For Live Donation of Extrarenal Organs—The consensus Statement of the Vancouver Forum. Transplantation. 2006; 81:1373–85.

For Studies of Xenotransplantation—The International Xenotransplantation Association Ethics Committee Position Paper. The ethics of xenotransplantation. Xenotransplantation. 2003;10:194–203.

For work involving animals including vertebrates or any regulated invertebrates, a full compliance with local, national, and international regulations is necessary and must be reviewed by relevant institutional ethical review boards for the care and use of laboratory animals. Animal experiments are to be undertaken only with the goal of advancing scientific knowledge and with the explicit approval of an Institutional Animal Care and Use Committee (IACUC) before they begin. When reporting experiments involving animals, indicate whether the procedures followed were in accordance with the relevant regulations for the care and use of animals. The guidelines for their care and use that were followed, and any relevant licences, should be stated in the Methods section of the manuscript. At least U.S. guidelines must be followed. All animal experiments must conform to the revised Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council "Guide for the Care and Use of Laboratory Animals" Washington, D.C.: National Academy Press; 1996. These documents can be obtained at: http://grants.nih.gov/grants/olaw/olaw.htm and the same should be stated in the Methods section of the manuscript. The European Commission Directive 2010/63/EU revising Directive 86/609/EEC for animal experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals legislation_en.htm), the revised Animals (Scientific Procedures) Act (ASPA) 1986 in the UK (https://www.gov.uk/government/publications/operation-of-aspa), The Animals for Scientific Purposes Act, BE 2558 (AD 2015) (Government Gazette, Vol. 132, Part 18 a, 13th March 2015), which regulates the use of both vertebrates and invertebrates without exception must be followed for all studies conducted in Thailand. The International Association of Veterinary Editors' Consensus Author Guidelines on Animal Ethics and Welfare (http://www.veteditors.org/resources/) provide further guidance.

Use of animals in research should be compliant with all subsequent revisions of the U.S. Health Research Extension Act (public law 99-158, 1985 "Animals in Research"). Any deviation from the Guide, Public Health Service policy, or the U.S. Animal Welfare Act must be scientifically justified and approved by the investigators' IACUC. Animals used in research and education should receive every consideration for their comfort and care, and discomfort and pain must be minimized. Descriptions of surgical procedures and experiments on animals must include the name, dose, and route of administration of the anesthetic agent. Paralyzing agents are not acceptable alternatives to anesthesia, and should be used only in conjunction with appropriate anesthetic agents. Terminal studies that require the death of an animal must employ the most humane euthanasia method that is consistent with the goal of the study and the recommendations of the Report of the American Veterinary Medicine Association Panel on Euthanasia. J Am Vet Med Assoc. 2001;218:669–96. The Editors reserve the right to reject any manuscript containing studies that does not conform to these recommendations for the use of animals in research or for which procedure approval documentation cannot be provided. Please provide a manuscript prepared according to the ARRIVE guidelines checklist available at https://www.nc3rs.org.uk/arrive-guidelines.

Any field studies and other nonexperimental research on animals must comply with institutional, national, or international guidelines, and where available should have been approved by an appropriate ethics committee, which is a requirement in Thailand since the Animals for Scientific Purposes Act, BE 2558 (AD 2015), and the manuscript should include a statement specifying the appropriate permissions and/or licences. We require that authors comply with the Convention on Biological Diversity (http://www.cbd.int/convention/) and the Convention on the Trade in Endangered Species of Wild Fauna and Flora (http://www.cites.org/).

4 Reporting clinical trials

In strict accordance with ICMJE recommendations and the Declaration of Helsinki, *Asian Biomedicine* requires as a condition of consideration for publication that all clinical trials be registered with a database that is readily available to the public. Public trials registries include http://www.clinicaltrials.gov/and other registries acceptable to the ICMJE (for a list see http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/), such as the Thai Clinical Trials Registry

(TCTR) (http://www.clinical.trials.in.th), and any other of the primary registries in the WHO Registry Network that participate in the WHO International Clinical Trials Registry Platform (for a list see http://www.who.int/ictrp/network/primary/en/). Please include the Clinical Trial Registration number and registry name in the Abstract and Methods section. Include in the Methods section a statement that the study followed the current principles of the Declaration of Helsinki, that subjects gave their documented, informed consent; and that the study was approved by an institutional ethics review board. Please note that the date of registration must precede or be concurrent with the date of selection of the first participant. Trials without a verifiable registration number will not be considered for publication. Please see http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html for further detail.

The purpose of clinical trial registration is to prevent selective publication and selective reporting of research outcomes, to prevent unnecessary duplication of research effort, to help patients and the public know what trials are planned or ongoing into which they might want to enroll, and to help give ethics review boards considering approval of new studies a view of similar work and data relevant to the research they are considering. Retrospective registration, for example at the time of manuscript submission, meets none of these purposes.

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), which provides a standard way for researchers to report trials, allowing reviewers and readers to evaluate their validity more appropriately. Other good sources for reporting guidelines are the EQUATOR Network (www.equator-network.org/home/) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services research_report_guide.html).

The ICMJE use as the definition of a clinical trial: "*any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Medical interventions include drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like.*" This definition includes phase I to IV trials. The ICMJE define health-related interventions as "*any intervention used to modify a biomedical or health-related outcome*" and health-related outcomes as "*any biomedical or health-related measures obtained in patients or participants.*" If you are unsure whether your trial needs registering, see the ICMJE FAQs for further information. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration, but should be reported following the STROBE statement and its extension as appropriate, for observational studies in conjunction with the explanatory article (see von Elm, Altman, Egger, Pocock, Gøtzsche, Vandenbroucke. STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. Bull World Health Organ. 2007;85:867–72 or http://strobe- statement.org).

5 Informed consent for publication of identifying details of patients in descriptions, photographs and pedigrees

"Patients have a right to privacy that should not be violated without informed consent" (ICMJE recommendations, December 2015). It is necessary for authors to ensure that that the anonymity of patients is carefully protected. Patients' and research subjects' names, initials, hospital or national identity numbers, dates of birth, should not be used. Other personal or identifying information should not be used unless it is essential to the clinical message or scientific purpose of the article and the patient (or parent, or legally authorized guardian or representative for minors or incapacitated adults) gives written informed consent for publication. A signed statement of informed consent to publish (in print and online) patient descriptions, photographs, or pedigrees should be obtained from all persons (or parents, or legally authorized guardians or representatives) who can be identified in such written descriptions, photographs, or pedigrees (including by the patients themselves). Informed consent for this purpose requires that such persons

should be shown the manuscript before its submission or have waived the opportunity to do so in writing.

Even where consent has been given, identifying details should be omitted if they are not essential. At the discretion of the Editors, omitting data or making data less specific to deidentify patients may acceptable if alterations do not distort scientific meaning, but changing any such data is not acceptable. Previously used measures to attempt to conceal the identity of an individual in a photograph, such as placing black bars over the person's eyes or blurring the face of the individual concerned, are not effective. Individuals can be identified in photographs that show minimal body parts, usually from identifying features (e.g. a tattoo, jewelry, clothing, fancy nail polish, scars, a nevus, or a mole). To avoid identifiability in such cases, photographs should be cropped. However, complete anonymity is difficult to achieve, and informed consent should be obtained if there is any doubt whatsoever. Our editorial office will be happy to provide you with an appropriate consent form (available in various languages used in Asia). In the Methods section, please state "each patient was given an opportunity to review the manuscript and provided documented consent for its publication."

Nonidentifiable images
At the discretion of the Editors, formal consent is not usually required for the use of entirely anonymized images from which the individual cannot be identified, e.g., x-ray images, ultrasound images, intraoperative images, pathology slides, or laparoscopic images, provided that these do not contain any identifying marks and are not accompanied by text that might identify the individual concerned. Nevertheless, consent is required for all case reports regardless of whether the patient can be identified or not.

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. Published abstracts or presentations at conferences should be noted in the Acknowledgments section. *Asian Biomedicine* follows the recommendations of the ICMJE with regard to overlapping publications and acceptable secondary publication, including translations of work published in a language other than English or multiple publications based on the same database.

Authors should be aware that replication of text from their own previous publications is text recycling (also referred to as self-plagiarism), and is mostly considered unacceptable. Where similarity of text with authors' own previous publications is necessary or unavoidable, duplication must always be reported transparently, be properly attributed, and compliant with copyright requirements. If a manuscript contains text that has been published elsewhere, authors can avoid later problems by highlighting this to the Journal on submission.

7 Article categories

Reviews, Minireviews, Practice guidelines, Original articles, History of Asian medicine, Clinical reports, Clinical vignettes, Technical reports, Brief communications, Controversies in medicine, Commentary, New developments, Clinicopathological conferences, and Letters to the editor will be considered for publication.

7.1 *Reviews*

Asian biomedicine aims to provide narrative reviews as background for those in training, including graduate students and house officers or residents, and for the continuing education of practitioners and researchers, and others who wish an overview of the current status of a field. Authors are encouraged to submit reviews of various topics of relevance to Asia. Reviews should describe the current state of knowledge or practice, integrating recent advances with accepted principles and practice, or summarizing and analyzing the consensus view of controversial issues in knowledge or practice. Reviews should aim to be critical and to provide the reader with a balanced overview of an important and topical subject in biomedicine or health sciences, emphasizing factors such as cause, diagnosis, prognosis, therapy or prevention. They should cover aspects of a topic for which scientific consensus exists, and 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. We would like reviews to be an original synthesis of ideas. The preparation of a review must, by its very nature, rely heavily on the ideas, observations, and reports of others. Therefore, it is important that the authors have exercised care in citing and quoting other articles. This precaution applies also to the use of one's own published writing. The following guidelines are intended primarily to protect our authors from inadvertent infringements of copyright, any appearance of plagiarism, or accidental bias in assembling bibliographies.

Extra vigilance is required of literature review authors, for whom the task of materials assembly (today often a software cut-and-paste operation) must be separated carefully from those of information synthesis and fresh expression.

Ideally we would like the narrative review to define the current state of scientific knowledge, authors should strive to be fair, yet discriminating, in their selection of references. Including only those papers considered to be genuinely important: and not to clutter the bibliography with citations of marginal relevance to their topic merely for the sake of "completeness." Without being so sparing with their references that they might appear to have minimized or disregarded the work of their competitors or newcomers to the field. Narrative reviews are based largely on unstructured expert opinion and should be identified as such; authors are encouraged to express their opinion rather than simply produce a review of the field with statements that are too general or miss important points. Authors should ensure that their chosen position is tenable.

By contrast, systematic reviews include articles or data sources selected systematically and critically evaluated. Systematic reviews use explicit and reproducible criteria to assemble, appraise, and combine articles with a minimum of bias. Meta-analysis builds upon systematic review by using statistical techniques to pool and summarize data. Please follow Moher, Liberati, Tetzlaff, Altman, The PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement, and its extensions as appropriate as detailed on the EQUATOR network (www.equator-network.org/home/) when reporting these types of reviews.

A review should include an abstract of not more than 250 words to inform readers of the authors' reasons for reviewing the topic, their methods, their findings and their conclusions.

Review articles are usually submitted by invitation only. However, unsolicited review articles will be given due consideration. Typical length: 6,000–10,000 words excluding references, Tables, and Figures, and no more than 100 references. Attention should be focused on articles published in the previous 5 years.

7.2 *Minireviews*

Review of special topics. Usually a narrative review concentrating on advancements in the field in the previous 5 years. Typical length: not more than 4,000 words excluding references, Tables, and Figures, and no more than 40 references.

7.3 *Practice guidelines*

Dealing with accepted medical, scientific, and social problem resolution. Clinical practice guidelines should follow the AGREE or RIGHT reporting tools for practice guidelines in health care, found at the EQUATOR Network (www.equator-network.org/home/). Typical length: not more than 10,000 words including abstract, excluding references, Tables, and Figures, and not more than 100 references.

7.4 *Original articles*

Original articles are full-length reports of current research which represent new and significant contributions to the field. We strongly recommend that authors refer to the minimum reporting guidelines for health research hosted by the EQUATOR Network (www.equator-network.org/home/) as indicated for various types of articles in parentheses as follows, and the BioSharing Portal (https://biosharing.org/) for reporting checklists for biological and biomedical research, where applicable, when preparing their manuscript. Original articles typically include clinical trials and intervention studies (CONSORT), studies of screening and diagnostic tests (STARD), laboratory (BioSharing) and animal studies (ARRIVE), cohort, case-control, and cross-sectional observational studies in epidemiology (STROBE), biospecimen reporting (BRISQ), reliability and agreement studies (GRRAS),

cost-effectiveness analyses (CHEERS), and surveys with high response rates (see STROBE-RDS for respondent-driven sampling studies, and Kelley, Clark, Brown, Sitzia. Good practice in the conduct and reporting of survey research. Int J Qual Health Care. 2003;15(3):261–266). Authors should adhere to these guidelines when drafting their manuscript, and peer reviewers will be asked to refer to these checklists when evaluating such studies. Authors are expected to submit the checklist that is most appropriate for their manuscript type. If none of the guidelines listed above are suitable for the manuscript, the author is requested to either search for the most relevant set of guidelines supplied by the EQUATOR Network or explain during the submission process why none of the guidelines are appropriate for their study type.

Section headings based on IMRAD structure should usually be used: Abstract, Introduction, Materials and methods, Results, Discussion, Conclusion, Author contributions, Conflicts of Interest Statement, Acknowledgments, and References.

The Introduction should provide a brief context or background to the subject of the manuscript, explain the importance or significance of the study, and clearly state the specific question, research objectives or purpose of, or hypothesis tested by, the study or observation. Avoid a detailed review of the literature in this section, but include sufficient background to understand the motivation for the study, and explain the experimental approach. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.

The Methods section should describe the study design and methods. Describe the research methodology in sufficient detail so that others could duplicate the work. This section should specify the name of the animal (IACUC) or human ethics institutional review board (IRB) approved the research protocols appropriate and the approval reference number as appropriate (or that the research was exempt from approval and why), and if appropriate that the included participants provided documented informed consent. Manuscripts dealing with human studies should also declare that the study followed the principles of the contemporary revision of the Declaration of Helsinki. Manuscripts regarding animal studies should indicate that relevant national, international or local regulations were followed, and these should at least meet the standards of the National Institutes of Health Guide for the Care and Use of Laboratory Animals (Washington, D.C.: National Academy Press; 1996). All participants in human studies should provide documented informed consent and this information should be expressed in the manuscript. Documented informed consent including signed informed consent forms, witnessed and documented verbal consent, or tape recordings should be archived by the authors. The authors have to provide a written statement that they have received and archived documented informed consent from all patients, as required (see section 3). Copies of the letters of IRB or IACUC approval should be submitted with the manuscript. In all cases, the complete name of the IRB or IACUC, preferably with the approval number should be provided in the manuscript. Include the study setting and dates, patients/participants with inclusion and exclusion criteria, relevant demographic details, 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, instrumentation and key reagents, and state the statistical procedures employed in the research. Specify the statistical software package(s) and versions used. The symbol®, or letters ™ or ℠, should not be used in scientific journal articles, but to comply with trademark law (U.S. Federal Trademark Dilution Act of 1996. Pub No. 104–98, 109 Stat 985) the initial letter of a trademarked word should be capitalized. The manufacturer of any drug, reagent, or equipment mentioned in the manuscript should be mentioned, with a catalog number as appropriate, such as for antibodies, enzymes, probes, or specialist reagents. Location details can usually be omitted because such information is now so freely available on the Internet that we consider it is no longer necessary to continue to require this, as consistent with the American Medical Association house style since October 4, 2011. We recommend that commercial suppliers of reagents or instrumentation be identified only when the source is critical to the outcome of the experiments. It is usually not necessary to specify the source of common reagents such as buffer salts. However, do use a general statement such as “all chemicals used were analytical grade or higher” as appropriate. Nonproprietary names or descriptive phrasing is

preferred to proprietary names for devices, equipment, and reagents, particularly in the context of general statements and interchangeable items (e.g., urinary catheters, intravenous catheters, pumps). If the use of proprietary names is necessary for clarity or to replicate the study, proprietary names should be given at first mention along with the nonproprietary name. In such cases information regarding the manufacturer or supplier (and sometimes location, but see above) is important, and authors should include this information in parentheses after the name or description. It is not necessary to identify the legal status suffix of the supplier, e.g. Ltd., Inc., GmbH, AG, and S.A., unless this forms part of the company name and common usage is preferred (e.g. DuPont for the E. I. du Pont de Nemours and Company).

On occasion, a trademark owner will request that its trademark or trade name appear in all capital letters or a combination of capital and lowercase letters often with the trademark symbol. Authors and Editors are not required by law to follow such requests. It is preferable to use an initial capital letter followed by all lowercase letters (e.g., Xerox, Kodak) unless the trademark name is an abbreviation (e.g., IBM, JAMA) or uses an intercapped construction (e.g. PubMed, iTunes). Online databases, if trademarked, can be listed in all capital letters (e.g., MEDLINE, CINAHL). Use only an initial capital letter, not all capitals, for company names that are not acronyms, because company names are not trademarks and are not protected by law.

The Results section should comprise the study results presented in a logical sequence, supplemented by Tables or Figures, or both, giving the main or most important findings first. Take care that the text does not repeat data that are presented in Tables or Figures. Emphasize and summarize only the essential features of the main outcome measures, and the main results. Where appropriate, findings should be quantified and presented using appropriate indicators of measurement error or uncertainty (e.g., confidence intervals). Data should be presented with an appropriate degree of precision and statistical data should be provided for all tested differences. See section 8.4.10.

The Discussion should be used to emphasize the new and important aspects of the study, placing the results in context with the entire published literature, the implications of the findings, and the conclusions that follow from the study results. Begin with a description of what your study found in relation to the purpose or objectives as stated in the Introduction. To avoid redundancy and for conciseness, do not repeat in detail data or other information given in other parts of the manuscript, such as in the Introduction or the Results section. Describe rather than repeat results given earlier. Although some degree of speculation as to the importance of the observations is permissible, avoid making conclusions unrelated to the data presented. For experimental studies, it is useful to begin the discussion by briefly summarizing the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast the results with other relevant studies, clearly state the limitations of the study, and explore the implications of the findings for future research and for clinical practice. Link the conclusions with the goals of the study, but avoid overstating them by making unqualified statements, and presenting conclusions not adequately supported by the data. In particular, distinguish between clinical importance and statistical significance, and avoid making statements on economic benefits and costs unless the manuscript includes the appropriate economic data and analyses. Please avoid unsupported claims of primacy or priority purporting that your study is the first (or largest of its type) or alluding to work that has not been completed. For example, avoid statements such as, “This paper is the first to report...” because even the most thorough searches may fail to reveal all instances of similar work. Although topics that require future research can be mentioned, it is unnecessary to state that “further research is needed.” State new hypotheses when warranted, but clearly identify them as such. A final summary is not necessary, because this information should be provided in the Abstract and the first paragraph of the Discussion. Instead provide Conclusions that can specifically be drawn from the current work, do not overstate your results or make conclusions related to other studies.

We prefer that manuscripts are organized with the Results and Discussion sections separated followed by a Conclusion as detailed above. However, exceptions for combined Results and Discussion sections can be made if this is justified in the cover letter.

Typical length: 3,000–5,000 words excluding references, Tables, and Figures, and not more than 50 references.

7.5 *History of Asian biomedicine*

Articles concerning the history and development of biomedicine in the Asian region. Includes articles regarding early medical efforts, specific milestones, and biographies of biomedical pioneers and past biomedical "giants" associated with the Asian region. All contributions should be thoughtful, and documented by the proper citation of original works or secondary sources. Typical length: not more than 4,000 words excluding references, Tables, and Figures, and not more than 50 references.

7.6 *Clinical reports*

Clinical reports include case reports. We want to publish cases with clinical valuable lessons and documenting the state of current practice. Therefore, common cases that present a diagnostic, ethical or management challenge, or that highlight aspects of mechanisms of injury, pharmacology or histopathology are deemed to be of educational value. In addition, we encourage reports of global health cases and medicine practiced in Asian settings. We want to publish cases worthy of discussion particularly around aspects of differential diagnosis, decision making, management, clinical guidelines, and pathology. Cases will be judged on clinical interest and educational value, not necessarily novelty or rarity.

You must have documented informed consent from patients (or parents, or legally authorized guardians or representatives in the case of minors or incapacitated adults), whether identifiable or not, before submitting case reports or case series to *Asian Biomedicine*. Please anonymize the patient's details as much as possible, e.g., specific ages, ethnicity, and occupations without omitting details essential to the clinical message or scientific purpose of the article. We will not send your manuscript for review without explicit consent from the patient, or legally authorized guardian or representative. If the patient is dead, the authors must seek permission from a relative (ideally the next of kin). If you do not have signed consent from a deceased patient, guardian or family, the head of your medical team/hospital or legal team must take responsibility that *exhaustive* attempts have been made to contact the family and that the paper has been sufficiently anonymized so as not to cause harm to the patient or their family. You will need to provide a signed document to this effect (please see section 5 for more details). Typical length: not more than 6,000 words excluding references, Tables, and Figures, and not more than 40 references (See also section 7.7).

7.7 *Clinical vignettes*

A clinical vignette is a short report of one or more patient-related cases or technical issues, and scenarios that have educational value for a wider audience, for example by illustrating a new disease entity or a prominent or unusual clinical feature of an established disease, highlighting an area of clinical controversy, a technical improvement, or illustrating a unique patient safety issue.

Clinical vignettes should be based on patients for whom at least one of the author(s) had cared during the course of the patient's illness. Clinical vignettes should describe clinical conditions that illustrate unique or important teaching points; provide insight into clinical practice, education, or research in either outpatient or hospital settings; illustrate important clinical problems commonly encountered by internists, such as diagnostic, therapeutic, or management dilemmas, including those complicated by factors such as low health literacy or language barriers. Practical or unique technical procedures or instrumentation may also be appropriate. Clinical vignettes should include a discussion of relevant literature, but they are not intended for presentation of scientific or research data.

Consider presenting a case if it increases awareness of a condition, suggests a proper diagnostic strategy, or demonstrates a more cost-effective approach to management. Alternatively, a case can be presented because it represents an unusual presentation of a relatively common condition. Other aspects include an unusual complication of a disease and its management.

Submissions should conform to the following organization: 1. A short Introduction typically describing the context of the case, and explaining its relevance and importance. 2. Learning objectives stating what the practitioners should be able to do with the case

information. 3. Case description: briefly summarize the case presentation. Include a history of the present illness, pertinent positives, negatives, key past medical history/social history (personal habits, living situation, job)/family history/medications, key physical exam, diagnostic studies, interventions. Highlight key elements from clinical course. Be complete without obscuring the essence of the case with irrelevant details. 3. Discussion: a concise discussion, highlighting important facts or teaching points gleaned from the case and/or review of the literature. Please avoid claims that your case is the "first" to describe a particular phenomenon (see section 7.4).

You must have documented informed consent from patients (or parents or legally authorized guardians or representatives in the case of minors or incapacitated adults) whether identifiable or not before submitting case reports to *Asian Biomedicine*. Please see section 7.6 for further details). Typical length: not more than 2,000 words excluding references, Tables, and Figures, and not more than 20 references.

7.8 *Technical report*

Technical reports are detailed reports of novel techniques. Typical length: not more than 6,000 words excluding references, Tables, and Figures, and not more than 40 references.

7.9 *Brief communication*

Brief communications are short research articles. Please see the requirements for Original articles (section 7.4), and note that we strongly recommend that authors refer to the minimum reporting guidelines for health research hosted by the EQUATOR Network as indicated for various types of articles in parentheses as follows, and the BioSharing Portal (https://biosharing.org/) for reporting checklists for biological and biomedical research, where applicable, when preparing their manuscript. Peer reviewers will be asked to refer to these checklists when evaluating such studies. Authors are expected to submit the checklist that is most appropriate for their manuscript type. Typical length: not more than 3,000 words, excluding references, Tables, and Figures, and not more than 20 references.

7.10 *Controversies in biomedicine*

Articles concerning various controversial medical topics. Two authors should write on opposing sides of an issue of relevance to the Asian region. Each weighing the pros and cons of their argument. A brief introductory paragraph should be included to explain what the controversial issue is and what the two arguable sides are. Typical length: not more than 3,000 words excluding references, Tables, and Figures, and not more than 20 references.

7.11 *Commentary*

Comments dealing with scientific and social issues. Typical length: not more than 3,000 words, excluding references, Tables, and Figures, and not more than 20 references.

7.12 *New developments*

Bioscience developments of interest to the Asian region. Summaries of important publications and books from Asia. Summaries of doctoral theses from the region.

7.13 *Clinicopathological conferences*

Clinicopathological conferences (CPCs) emphasize new ideas in medical science that shed light on the approach to diagnosis, disease management, or an emerging aspect of pathophysiology. The editors welcome enquiries about cases that might be appropriate subjects for CPCs, and invite submissions of CPCs. No abstract is necessary. On the second page, begin the case presentation using the following headings (as applicable): Case presentation (history of the present illness, past medical history, social and family history, review of systems, physical examination, laboratory evaluation), Case Summary, Differential diagnosis, Discussion, the Patients' course, Final diagnosis. CPCs may be published twice per year at the discretion of the Editors. You must have signed informed consent from patients (or parents, or legally authorized guardian or representative in the case of minors or incapacitated adults) before submitting to *Asian Biomedicine*, for details see section 7.6). Typical length: not more than 6,000 words, excluding references, Tables, and Figures, and not more than 50 references.

7.14 *Letters to the Editor*

Letters are welcome in response to previously published articles in *Asian Biomedicine*, or other brief technical or clinical notes of general interest. Letters should have a title, no more than four authors, include appropriate references and the corresponding 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. A copyright transfer form must be signed. Letters are selected based on clarity, significance, and space. Typical length: not more than 1000 words excluding references, 1 Table or Figure, and not more than 5 references.

8 Manuscript preparation

Text should be presented double-spaced A4-sized (297 mm × 210 mm) pages, with outer margins of 2.5 cm and left aligned text without justification. A manuscript should include a title page, abstract, text, references, conflicts of interest statement, acknowledgments, author contributions, and Figures and Tables as appropriate. Pages should be numbered consecutively, beginning with the title page. Please submit MS Word files (see sections 1.2 and 7).

8.1 *Title page*

The title page (see section 1.2) should contain the following information:

- article category
- article title (see section 8.2)
- author names (full first name, and initial (optional), family name last) and the institutions with which they are affiliated; indicate all affiliations with a superscripted number (to avoid confusion as being part of the author's name) after the author's name and in front of the matching affiliation. If an author's affiliation has changed during the course of the work, the author should list the affiliation at the time that the research (or most significant portion of the research) was conducted. Their current affiliation may be given in the Acknowledgments section, where the change of affiliation can be explained if considered necessary. The corresponding author should use their current address for correspondence, but their affiliation at the time when the work was conducted. The use of an ORCID is encouraged. See http://orcid.org/.
- declaration of any potential financial and nonfinancial conflicts of interest
- short title not exceeding 50 characters.

8.2 *Article title*

The title should be informative and provide a concise description of the complete article and include information that, along with the Abstract, will make electronic retrieval of the article sensitive and specific. Please include information about the study design as a part of the title (particularly important for randomized trials, systematic reviews, and meta-analyses). *Asian Biomedicine* additionally requires a short title, not more than 50 characters (including letters and spaces) on the title page (to be used as a running head).

8.3 *Abstract and Keywords*

Please provide an Abstract (of no more than 250 words for brevity and to avoid automatic truncation by electronic indexing systems) structured as appropriate under five headings: Background (context for the study), Objectives (study's purpose or aims), Methods (basic procedures (selection of study participants, settings, measurements, analytical methods)), Results (main findings (giving specific effect sizes and their statistical and clinical significance, if possible)), and Conclusions. For *Clinical reports* please limit the abstract to 150 words. An unstructured abstract may be used for *Reviews*, *History of Asian Medicine*, *Controversies*, and *Commentaries*. No abstract is required for *Clinical vignettes*, *CPCs*, *New developments*, or *Letters to the Editor*. Please avoid the use of abbreviations in the Abstract unless they are absolutely necessary and used more than once. Please do not cite references in the abstract unless provided in full as part of the word count. We can accept Abstracts up for 300 words for revision to our 250-word limit at the discretion of the editors.

Clinical trial abstracts should include items that the CONSORT group has identified as essential (www.consort-statement.org/resources/downloads/extensions/consort-extension-for-abstracts-2008pdf/) including the clinical trial registration number at the end of the abstract.

Keywords. Please provide from 5 to 10 key words or short phrases in alphabetical order. The use of keywords taken from the Medical Subject Headings (MeSH) list of the U.S. National Library of Medicine at the following URL is encouraged (http://www.nlm.nih.gov/mesh/meshhome.html) and will facilitate searching and retrieval of published articles.

8.4 *Main Text*

The text for most articles should be organized into the following sections: Introduction, Materials and methods, Results, Discussion, (IMRAD) Conclusion, Author contributions, Conflicts of interest, Acknowledgments, and References. For *Clinical reports* Patients and methods might be used as appropriate. See individual article types in section 7 for further details. Please refer to the *American Medical Association Manual of Style* (9th edition or later) for matters of style.

8.4.1 Abbreviations

Asian Biomedicine discourages the use of abbreviations and acronyms, and asks that authors avoid the use of abbreviations in the abstract and title entirely unless they are absolutely necessary and used more than once. Abbreviations impose a burden on a reader because the reader must first decipher the author's code. This task distracts the reader from concentrating on the content of an article. A reader should not need a specialized cipher key to understand an article. An article should not be alphabet soup. It is acceptable to substitute a standard abbreviation for an unwieldy word or phrase appearing more than five times in a manuscript. An abbreviation should never replace one short word. A simple way of avoiding abbreviations is to use a substitute word. For example, instead of writing "IRL" for "inspiratory resistive load", simply write "load" or "the load" after first stating what type. This will facilitate the "flow" of the text.

Please limit the use of nonstandard 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 abbreviation in parentheses immediately after it. Abbreviations should be defined at first mention in the Abstract, text, and in each Table and Figure (which must be understood on its own without reference to the main text). Thereafter, the abbreviation should be used consistently. 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. For a list of standard abbreviations please consult the *Council of Biology Editors Style Guide* or other standard sources such as the *American Medical Association Manual of Style* (9th edition or later).

Avoid using terms like Group 1 or Group A; readers should not have to remember what Group 1 or Group A stands for. Instead, write the "treated patients" or the "control group" or something else as appropriate.

8.4.2 Jargon, slang, colloquialisms, idioms, homonyms, euphemisms, and clichés

Specialized medical jargon and medical slang should be avoided. Colloquialisms, idioms, and vulgarisms should also be avoided in formal scientific writing. "When these words appear in medical manuscripts or in medical conversation, they are unintelligible to other scientists, particularly those of foreign countries; they are not translatable…" (Words and phrases. In: Fishbein. Medical writing: the technic and the art. Chicago: American Medical Association; 1938:46p).

Carefully check homonyms that sound alike, but are spelled differently and have different meanings. Euphemisms are indirect terms used to express something unpleasant. Directness is better in scientific writing ("The patient died."). Avoid "sacrificed" when referring to animals (note *carcass* not *cadaver*); use "killed", or "humanely killed" instead. Avoid clichés like the plague.

Please find more detailed discussion of correct and preferred language and grammar in the *American Medical Association Manual of Style* (9th edition or later).

8.4.3 Numbers

Numbers that begin a sentence should be spelled out as words. The use of "one" in running text or other numbers, *zero* or *two* should usually be written as words where use of a numeral would place unintended emphasis on a precise quantity or would be confusing. Laboratory parameters, and all quantities with units of measure, time, temperature, number of subjects, length, area, mass, and volume should be expressed using arabic numerals. Please use an en rule (–) and not a hyphen (-) to indicate spans of numbers, e.g. patients aged 6–64 years, and minus signs.

8.4.4 Units

Système International (SI) units must be used (updated (2014) 8th edition of the SI Brochure, which defines and presents the Système International d'Unités, the SI (known in English as the International System of Units is available at http://www.bipm.org/en/publications/si-brochure/). However, see the AMA Manual of Style for guidance on use and exceptions, e.g., blood pressure values, which should be reported in mmHg, temperatures to be given in degrees Celsius (°C), and enzyme activity that may be reported in International Units. Please use the metric system for the expression of length, area, mass, and volume. Please use a space between figures and the symbols (e.g. 25 kg). The degree symbol is an exception, written without spaces (e.g. 12°, and 37°C consistent with the AMA Manual of Style. Please use a degree symbol and not a superscripted "o." The correct abbreviations of the hours and seconds are "h" and "s" respectively and not "hr" and "sec." The symbol used for liter should be an uppercase "L" as consistent with the AMA Manual of Style and the U.S. National Institute of Standards and Technology (NIST) recommendations.

8.4.5 Names of drugs, devices, and other products

Use the recommended International Nonproprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic or chemical drug names should appear in lowercase letters in the text and not be abbreviated. If a specific proprietary drug needs to be identified, the copyright or brand name with an initial capital may appear only once in the manuscript in parentheses following the generic or chemical name the first time the drug is mentioned in the text. The use of trademark names should not be used with trademark symbols, e.g. ® or ™, but the trademarked word should have an initial capital (see section 7.4). For devices and other products (chemicals, reagents, or equipment), the specific brand or trade name, and the manufacturer should be provided the first time the device or product is mentioned in the text. Thereafter, the generic term (if appropriate) should be used.

When the administration of drugs is described, intra-articular, intracardiac, intramuscular, intrathecal, intravenous, intraventricular, intravitreal, oral, parenteral, rectal, subconjunctival, subcutaneous, sublingual, topical, and transdermal are acceptable terms when these are the usual or intended routes of administration.

8.4.6 Gene nomenclature

Current standard international nomenclature for genes should be adhered to. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (http://www.genenames.org). You may also refer to the resources available on PubMed at http://www.ncbi.nlm.nih.gov/guide/genes-expression. The Human Genome Variation Society has a useful site that provides guidance in naming mutations at http://www.hgvs.org/mutnomen/index.html. In your manuscript, genes should be typed in italic font, and include the accession number at first mention if appropriate.

8.4.7 Genomic data

Authors are required to deposit their genomic datasets into publicly available databases on the date of publication. For the purposes of evaluating the manuscript, authors should provide the editors and reviewers with access to the datasets when the manuscript is submitted to the *Asian Biomedicine*; information about accessing the datasets can be included in the Materials and methods section.

1. Microarray data: it is the authors' responsibility to ensure that all data collected and analyzed in their experiments adhere to the Minimal Information About A Microarray Experiment (MIAME) guidelines. Review the MIAME checklist at the following URL. http://www.mged.org/Workgroups/MIAME/miame.html

Appropriate public databases include, but are not limited to: ArrayExpress, Gene Expression Omnibus (GEO), or CIBEX.

2. Nucleotide and protein sequences: DNA Sequences, RNA Sequences, and Protein Sequences. Sequences should be deposited according to Minimum information about any (x) sequence (MIxS) guidelines available at http://www.ebi.ac.uk/ena/submit/mixs-checklists.

Appropriate public databases include, but are not limited to: European Molecular Biology Laboratory

(EMBL/EBI), GenBank, or DNA Data Bank of Japan (DDBJ).

3. Polymerase chain reaction (PCR): a set of guidelines covering key parameters of every qPCR assay that are essential for allowing reviewers, editors and readers to evaluate the technical merits of scientific publications using qPCR technology are found in the MIQE précis: practical implementation of minimum standard guidelines for fluorescence based quantitative real-time PCR experiments (see Bustin, et al. BMC Molecular Biology 2010,11:74).

8.4.8 Plant (or other) extracts

Asian Biomedicine can no longer accept data for crude extracts that have not been characterized by analysis of their major constituents (e.g. by HPLC, NMR, and mass spectroscopy (MS)). Identification of extracts should be supported by at least an HPLC or gas chromatography (GC) trace, which should be included with the manuscript. Extraction and isolation of compounds should be described in detail. The kind and amount of material, solvents, and extraction methods must be indicated. Please consider standardizing your various extracts by means of HPLC, HPLC-MS, or HPLC-NMR—fingerprinting inclusive of the identification and quantitation of the typical constituents, secondary metabolites, and main bioactive compounds, which are, or might be responsible for the pharmacological effects or activity studied. HPLC or GC followed by a suitable detection method, or by enzyme-linked immunosorbent assays, radioimmunoassays, ligand binding assays, various sensors, or fluorometric assays, to name a few, might be appropriate. The methods should be described in detail: including apparatus, columns, solvent systems, gradient, flow rate, and detection. If you do not possess the required analytical equipment or expertise, please consider seeking cooperation with a phytochemical laboratory. Without standardization of the plant (or other) extracts, the results presented cannot be pharmacologically reproduced, and we cannot accept them for publication. We would like to see evidence at a molecular level supportive of any speculation regarding the mechanism of action of putatively active components, e.g. levels of components (that might be responsible for the activity). This allows a better comparison against positive controls that might include putatively active components. A negative control is also necessary. It is usually desirable to demonstrate a dose–activity dependence. This would require at least three dose–responses.

Collecting or research on plants or other specimens (either cultivated or wild) from botanical gardens, national parks, or research forests and the like, must comply with institutional, national, or international guidelines and this needs to be explicitly reported in the Methods section of manuscripts. Some statement should be made that the collection was approved, did not require any specific permits (which should be specified if required), and did not violate any endangered or protected species. The requirement for specific permits may be waived for field studies in locations are not privately owned or protected in any way. The month and year when the plants were collected should be stated, and ideally, the exact collection location should be provided using a GPS navigation tool. We require that authors comply with the Convention on Biological Diversity and the Convention on the Trade in Endangered Species of Wild Fauna and Flora (see section 3).

Investigators who purchase dried “herbal remedies” or other materials from companies need to specify the name of the supplier and their location and ideally deposit samples in a herbarium.

Manuscripts must report the presence of specimen plants in a specified major regional herbarium, for access by future workers, and include the reference number of the voucher specimen of the plant specimen. The part of the plant used and the full name, highest academic degree, and affiliation of the expert botanist who examined it should be reported. Please provide complete information for the correct nomenclature, the scientific name (in italics), the author of this name and the family under the heading “Plant Material.” If this is in doubt, the Index Kewensis (electronic Plant Information Centre ePIC, Royal Botanic Gardens, Kew, UK: http://www.kew.org/epic), and/or the International Code of Botanical Nomenclature (www.bgbm.fu-berlin.de/iapt/nomenclature/code/tokyo-e/default.htm) should be followed. It is also helpful to mention the commonly used name for the plant that is the focus of your study.

For Chinese or ethnic traditional medicine (e.g. Kampo, Ayurvedic, or Korean traditional medicine) please use a recognized source for plant names. Herbal names in traditional Chinese medicine have been a problem

in terms of capitalization and italicization, because using italicization can get names confused with formal Linnaean classification. A helpful and authoritative online resource is from the WHO: http://apps.who.int/medicinedocs/en/d/Js2200e/20.html (and related pages). Please use common herb names are in plain text and the formal species names in italics. For example, Radix Glycyrrhizae consists of the dried roots and rhizomes of *Glycyrrhiza glabra* L. and its varieties (1–7) or of *Glycyrrhiza uralensis* Fisch. (6, 7) (Fabaceae). Other useful sources are Chan, et al. Good practice in reviewing and publishing studies on herbal medicine, with special emphasis on traditional Chinese medicine and Chinese Materia Medica. Journal of Ethnopharmacology 2012;140:469–75 and Ho-Dzun, Knüpffer, and Hammer. Additional notes to the checklist of Korean cultivated plants (5). Consolidated summary and indexes. Genetic Resources and Crop Evolution 1997;44:349–91.

The structural analysis of new plant substances is now so routine that papers reporting a single novel compound of expected structure (e.g. a new triterpene fatty acid ester) are rarely acceptable, unless other novel information regarding the plant is included.

Manuscripts describing routine bioactivity screening (e.g., antimicrobial, antioxidant, antifeedant, etc.) of crude extracts or predictable and/or unexceptional bioactivity (e.g., antioxidant activity of polyphenolics, antimicrobial activity of essential oils), are generally not acceptable.

Uncritical ethnopharmacological investigations, where a list of plants and their use are simply recorded will not be accepted.

8.4.9 Tumor cell lines and anticancer activity

In manuscripts that present results of biological studies with tumor cell lines authors should pay special attention to the U.S. National Cancer Institute (NIH) guidelines for cancer drug discovery studies. Compounds that suppress the growth of, or kill, isolated tumor cell lines grown in culture should be referred to as either "cytostatic" or "cytotoxic", as appropriate. The term "anticancer" should be reserved for compounds that show specific activity in human-based clinical studies (see Suffness M, Douros JJ. Nat. Prod. 1982; 45:1–14). Some flexibility in this system is afforded in the description of compounds that show activity in molecular-targeted antitumor assays.

Compounds should be compared against a suitable positive control substance and follow accepted guidelines when represented as "active." For example, a cytotoxic pure substance when tested against a cancer cell line would exhibit an IC_{50} value of <10 μM (or 4–5 μg/mL). Only sufficiently potent or exceptional activities will be considered. Report the biological activities by listing IC_{50} values and minimal inhibitory concentrations (MICs) for the active substance being studied, and a positive control or reference material. A negative control should also be used. Results must be based on adequate statistics. Positive controls (reference/standard compounds) and at least 3 dose responses for conventional pharmacological experiments should be included.

8.4.10 Statistical requirements

Conclusions reported in *Asian Biomedicine* should be based on adequate statistics that incorporate appropriate tests of significance, account for the type of data distribution, and are based on the number of experimental observations required for the application of the respective statistical method.

Use correct nomenclature for statistical methods. 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 an appropriate degree of precision. In brief, *P* values should be expressed to 2 digits to the right of the decimal point (regardless of whether the *P* value is significant), unless $P < 0.01$, in which case the *P* value should be expressed to 3 digits to the right of the decimal point. (One exception to this rule is when rounding *P* from 3 digits to 2 digits would result in *P* appearing nonsignificant, such as $P = 0.046$. In this case, expressing the *P* value to 3 places may be preferred. The same holds true for rounding confidence intervals that are significant before rounding, but nonsignificant after rounding.) Usually, with perhaps the exception of some genetics studies, the smallest *P* value that should be expressed is $P < 0.001$, because additional zeros do not convey useful information; the largest *P* value that should be expressed is $P > 0.99$. Please refer to the *American*

Medical Association Manual of Style (9th edition or later) for a glossary of statistical terms and advice regarding significant digits and rounding numbers.

Percentages are usually inappropriate if the denominator is less than about 20. The cutpoint of 20 to indicate a small sample is reasonable, but arbitrary. Especially in small samples, percentages can be misleading because the size of the percentage can be so much greater than the number it represents. e.g. "In this experiment, 33% of the rats lived, 33% died, and the third got away." (Lang and Secic. How to report statistics in medicine, 2nd ed. Philadelphia: American College of Physicians; 2006) Percentages may still be useful for comparison (38% vs 37% is an easier comparison than 5/13 vs 7/19). The actual numerator and denominator must be given if the denominator is less than about 20. Percentages are often unnecessary if the denominator is less than about 100, although they may be useful for ease of comparison of values with different denominators. Generally, when proportions or percentages derived from a mix of large (>100) and smaller (<100) denominators occur nearby, report all to the decimal level appropriate for the *smallest* denominator. Actual numbers should also be given. Percentages should not have a decimal place if the denominator is less than about 200; use integers (whole numbers). If the denominator is between 200 and 500, then one decimal place can be used, but is not required.

See Lang and Altman. Basic statistical reporting for articles published in biomedical journals: the "Statistical Analyses and Methods in the Published Literature" or the SAMPL Guidelines. Int J Nurs Stud. 2015;52(1):5–9 for further guidance. Reviewers will be asked to check the statistical methods, and the manuscript may be sent for specialist statistical review if considered necessary.

8.4.11 Personal communications and unpublished data

These sources should not be included in the references list, but may be described in the text and should be referred to as "personal communications" and "unpublished observations." 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.

8.5 *Authors' contributions*

The contributions of each author to the work that is reported should be clearly and briefly using their initials and stated according to ICMJE recommendations (see Section 1.3.2).

8.6 *Conflict of interest statement*

Please ensure that the initials of each author listed in your manuscript appears in the *Conflicts of interest statement*. If no authors have any conflict of interest, then it is sufficient to state "All authors have no conflict of interest". See section 2.

8.7 *Acknowledgments*

General acknowledgments for consultations and statistical analysis should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained in writing from those individuals before their names are listed in this section (see section 2. Authorship statement). 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. Previous publication of the work as an abstract of a poster or oral presentation at a conference can be presented here. If a study is funded by an agency with a proprietary or financial interest in the outcome of the study, the corresponding author must include the following statement in the cover letter and Acknowledgments section upon submission: "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis." (see section 2). Changes in author affiliation and explanations if necessary can be presented here (see Section 8.1).

Group authorship: if you would like the names of the individual members of a collaboration Group to be searchable through their individual PubMed records, please ensure that the title of the collaboration Group is included on the title page and also include collaborating author names as the last paragraph of

the "Acknowledgments" section. Please add authors in the format first name, middle initial(s) (optional), and last name. You can add institution or country information for each author if you wish, but this should be consistent across all authors.

8.8 *References*

Research articles and nonresearch articles (e.g. *Review* and *Commentary* articles) must cite appropriate and relevant literature in support of the claims made. Only articles, clinical trial registration records, and abstracts that have been published or are in press, or are available through public e-print/preprint servers, should be cited. References to published books, journal articles, articles in collections, and conference or workshop proceedings, technical reports, and websites should be listed at the end of the manuscript in numbered order of appearance in the text. Any statement in the manuscript that relies on external sources of information (i.e. not the authors' own new ideas or findings or general knowledge) should use a citation. Authors should give direct references to original research sources whenever possible. Although references to review articles can be an efficient way to guide readers to a body of literature, review articles do not always reflect original work accurately. However, extensive lists of references to original work on a topic can use excessive space. Fewer references to key original papers often serve as well as more exhaustive lists, particularly since electronic literature searching now allows readers to retrieve published literature efficiently. Authors should ensure that their citations are accurate (i.e. they should ensure the citation supports the statement made in their manuscript and authors should not misrepresent another work by citing it if it does not support the point the authors wish to make). Authors should not cite sources that they have not read or preferentially cite their own or their friends', peers', or institution's publications. Authors should avoid citing work solely from one country. Ideally, authors should cite sources that have undergone peer review wherever possible. Avoid using conference abstracts as references: if unpublished they can be cited in the text, in parentheses. References to papers accepted, but not yet published should be designated as "in press"; authors should obtain written permission to cite such articles and 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. We will generally require copies of manuscripts "in press" or "unpublished observations" to facilitate the review process. Avoid citing a "personal communication" unless it is essential and the information is not available in a public source, in which case the name of the person and date of the communication should be cited in parentheses in the text (See section 8.4.11). Authors must obtain written consent from the person who provided the communication. Excessive and inappropriate self-citation or coordinated efforts among several authors to collectively self-cite is strongly discouraged. Advertisements or advertorial material should not generally be cited unless it is strictly necessary and identified as such.

All references included in the list should be cited in the text using arabic numerals in square brackets before punctuation, so [1], and all references cited in the text should appear in the list. In the reference list, the names of up to the first 6 authors should be cited for each reference, and for articles where there are 8 or more, all other authors are cited as "et al." meaning "and (more than 1) others", therefore if there are 7 authors, the 7th author should be cited. The titles of journals should be abbreviated according to the style used for MEDLINE or the U.S. National Library of Medicine (NLM) Catalog of Journals referenced in the National Center for Biotechnology Information (NCBI) Databases (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals). To minimize such citation errors, all references should be verified using either an electronic bibliographic source, such as PubMed, or better PDFs or print copies from original sources and cited exactly as published (except that titles should be in sentence case). Authors are responsible for the accuracy and completeness of their references and for correct in-text citation. Authors are responsible for checking that none of the references refer to retracted articles except in the context of referring to the retraction. Please *do not* include DOI or PMID numbers at the end of cited references, unless the article is published online only without bridging page numbers including ahead of print, when DOIs should be given.

8.8.1 In the main text, Tables, and Figure legends

• References should be indicated by numbers in square brackets in line with the text, numbered consecutively in order of appearance, and placed before punctuation. The actual authors can be referred to, but the reference number(s) must always be given.

• References cited in Tables or Figure legends should be included in sequence at the point where the Table or Figure is first mentioned in the main text.

• Please remove field codes inserted by bibliographic software such as EndNote before submitting manuscripts. This can be done easily by selecting all text (ctrl+a) and using ctrl+shift+f9 on the keyboard.

• Do not cite abstracts unless they are the only available published reference to an important concept. Unpublished abstracts can be cited in the text, in parentheses.

• Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references. See Section 8.4.11.

8.8.2 In the references list

• References should be limited to those cited in the text and listed in numerical order of citation, NOT alphabetical order. Use Vancouver style.

• References should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume (but not month or issue number where pages are continuous throughout a volume) and inclusive page numbers.

• The surnames and initials of all the authors up to 6 should be included, but when authors number 8 or more, list the first 6 authors only followed by "et al"; where there are 7 authors, include the 7th.

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

• If citing a website, provide the author information, article title, website address (uniform resource locator or URL), 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, and DOI.

• Please remove field codes inserted by bibliographic software such as EndNote before submitting manuscripts. This can be done easily by selecting all text and using ctrl+shift+f9 on the keyboard.

• Please remove hyperlinks, which often left after cutting and pasting from Internet databases.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing, and style.) For any types not listed here use the style specified in the Uniform Requirements for Manuscripts Submitted to Biochemical Journals (5th edition) published in the New England Journal of Medicine 1997; 336:309–15 and archived at ICMJE.org or the American Medical Association Manual of Style, 9th edition or later.

Standard journal articles

Mutirangura A. Quantitative PCR analysis for methylation level of genome: clinical implications in cancer. Asian Biomed (Res Rev News). 2007; 1: 121-8.

Journal supplement

Udomsawaengsup S, Pattana-arun J, Tansatit T, Pungpapong SU, Navicharern P, Sirichindakul B, et al. Minimally invasive surgery training in soft cadaver (MIST-SC). J Med Assoc Thai. 2005; 88(Suppl 4): S189-94.

Journal article not in English, but with English abstract (and title)

Kawai H, Ishikawa T, Moroi J, Hanyu N, Sawada M, Kobayashi N, et al. Elderly patient with cerebellar malignant astrocytoma. No Shinkei Geka. 2008; 36: 799-805. [in Japanese, English abstract]

Journal article not in English (with translated title)

Miyazaki K, Murakami A, Imamura S, Yoshii M, Ishida M, Washio N, Okisaka S. [A case of fundus albipunctatus with a retinol dehydrogenase 5 gene mutation in a child]. Nippon Ganka Gakkai Zasshi. 2001;105(8):530-4. [in Japanese]

Book with edition

Sherlock S, Dooley J. Diseases of the liver and biliary system. 9th ed. London: Blackwell; 1993, p. 72-95.

Book with editors

Letheridge S, Cannon CR, editors. Bilingual education: teaching English as a second language. New York: Praeger; 1980.

Book chapter in book with editor and edition

Hewlett EL. Microbial virulence factors. In: Mandell GL, Douglas RG, Benette JE, editors. Principles and practice of infectious diseases. 3th ed. New York: Churchill Livingstone; 1990, p. 2-9.

Book series with editors

Wilson JG, Fraser FC, editors. Handbook of teratology, vols. 1–4. New York: 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

Ros R. Health impact assessment and health promotion. Bull World Health Organ [on line]. 2006 [cited 2007 Feb 12]; 84(11):914-5, Available from: *http://www.scielosp.org/pdf/bwho/v84n11/v84n11a19.pdf*

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

Theses

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 January 20, 2015.

Company/manufacturer publication/pamphlet

Eastman Kodak Company, Eastman Organic Chemicals. Catalog no. 49. Rochester, NY: Eastman Kodak; 1977, p. 2-3.

8.9 *Tables*

Please prepare Tables in MS Word format. Ensure each Table is double-spaced on a separate page. Tables should be presented without unnecessary vertical or internal horizontal rules (lines). Please view the *American Medical Association Manual of Style* (9th edition or later) for further advice on how to prepare Tables for publication.

Tables capture information concisely and display it efficiently; they also provide information at any desired level of detail and precision. An appropriate number of significant figures should be used for all data reported. Including data in Tables rather than text frequently makes it possible to reduce the length of the text. Tables should therefore supplement, not duplicate, the text, and vice versa (the text should not duplicate data presented in Tables). They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their first citation in the text using arabic numerals. Each table should be cited in the text, but the Tables should stand alone and need footnotes to explain any symbols and abbreviations used. Each column should have a short heading title and detailed explanation provided in a footnote if necessary. Items requiring explanatory footnotes should be denoted using superscripted symbols (†, ‡, §, ‖, ¶, ††, ‡‡, …), with the footnotes arranged immediately under the Table in alphabetical order. Asterisks (*, **, and hash or pound symbols (#)) should be reserved to indicate the probability level of tests of significance (usually $*P < 0.05$,

$^{**}P < 0.01$, $^{***}P < 0.001$, with #, ##, ### being used for alternative comparisons as is conventional). Abbreviations used in the Table must be defined and placed after the footnotes. If authors include a block of data or table from another source, whether published or unpublished, they must acknowledge the original source and obtain appropriate permission.

8.10 *Figures*

8.10.1 General guidelines

Figures are critical to display clearly the new knowledge contributed by your work. The number of Figures should be restricted to the minimum necessary to display data to support the text. For clarity and conciseness, it is sometimes helpful to use graphs as an alternative to Tables with many entries. However, do not present the same data in duplicate (e.g., in both graphs and Tables). Each Figure should be cited in the text. Figures should have an informative Figure legend and be numbered in the order of their first citation in the text with an arabic numeral. Figure legends should be grouped and placed on a separate page placed at the end of the manuscript following the Reference section. Do not include titles or captions within or on your Figures. The text included in each legend should be sufficient to enable a reader to understand the information in each Figure without reading the main text. All symbols and abbreviations should be defined in the Figure legend. Items requiring explanatory footnotes should follow the same style as that for Tables as described in Section 8.9. Do not use 3-dimensional (3D) graphs where there is no data axis in the third dimension, use a 2D graph instead. The 3D rendering is simply aesthetic, does not convey meaningful information, and may make interpretation more difficult. Avoid shadows and unnecessary effects for the same reason. Avoid using shades of gray that differ by less than 30% or colors that are close in hue to identify different symbols or columns in a bar chart.

Digital photographs should be in black-and-white (grayscale) or in color. Please note that Figures to be printed in black and white should not be submitted in color.

Any information that might identify the hospital or patient, including dates and hospital numbers, should be cropped out, or masked or obscured. All lettering should be made using software and 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, length of the scale marker, and stain.

While it is accepted that authors sometimes need to manipulate images for clarity, manipulation for the purposes of deception or fraud will be seen as misconduct and is not acceptable. The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by using dividing lines (or other graphic means of demarcation) and must also be stated in the Figure legend. No specific feature within an image should be enhanced, obscured (with the exception of for deidentification), moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the Figure legend.

People with red–green color blindness cannot interpret Figures that use these colors. To quote Okabe and Ito "There is a good chance that the paper you submit may go to color blind reviewers or readers. Supposing that your paper will be reviewed by three white males (which is not unlikely considering the current population in science), the probability that at least one of them is colorblind is a whopping 22%! [22% = 1-(1-0.92)^3]." We recommend to provide alternative versions of figures that are more accessible to such individuals and recolor your Figures using green and magenta (please see Masataka Okabe and Kei Ito. Color Universal Design (CUD) - How to make figures and presentations that are friendly to colorblind people. [online] 2002 (modified on 2.15.2008, 9.24.2008), Available at http://jfly.iam.u-tokyo.ac.jp/color/. Accessed September 03, 2016; or Wong. Nature Methods 2011; 8:441).

Figures must be submitted as separate picture files at an appropriate resolution (see Section 8.10.2 below). The files should be named according to the figure number and format, e.g.,
"CorrespondingAuthorName_Fig1.tif",
"CorrespondingAuthorName_Fig2.jpg."

For *Asian Biomedicine*, the axis labels should be in a sans serif font, such as Arial or Helvetica, and will be at least 8 point, preferably 10 pt (2–3 mm), after sizing to one (about 8 cm) or two column widths as appropriate. Height should be less than 20 cm. Smaller lettering will yield text that is barely legible. Minimize the number of tick marks on the axes, and do not number each tick if more than 5 ticks. Line weights of about 1 pt to 1.5 pt are appropriate. Very thin lines tend to vanish on resizing. Please make sure that all lines are thicker than 0.3 pt when the Figure is sized for publication. All fonts should be embedded. Design Figures so that the least possible number of letters is needed to avoid crowding. Avoid bold lettering, because this looks unpleasantly dark when printed. The style and format of lettering except for indicating subparts of Figures should be uniform throughout all the Figures in a manuscript. Variance of type size within a Figure should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label. Use lower case rather than capital letters in the labels of a Figure, but use an initial capital. Leave adequate space between the lettering and the axis. Please also read the *American Medical Association Manual of Style* (9th or later) for further advice on how to prepare figures for publication. More advice can be found at the following link:

http://art.cadmus.com/da/index.jsp

You may check the suitability of your artwork by using the following free tool http://rapidinspector.cadmus.com/RapidInspector/wi/index.jsp

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8.10.2 Formats

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

• EPS (Encapsulated PostScript): Vector drawings. Embed the font or save the text as "graphics." Vector figures should if possible be submitted as PDF files, which are usually more compact than EPS files.

• TIFF (Tagged Image File Format): Color (RGB) or grayscale photographs (halftones) always use a minimum of 300 dpi. TIFF files should be saved with LZW compression, which is lossless (decreases file size without decreasing quality).

• TIFF: Bitmapped line art drawings (purely black and white with no grayscale) use a minimum of 1200 dpi.

• TIFF: Combination of bitmapped line/halftone (color or grayscale) a minimum of 600 dpi.

• PDF (Adobe Printable Document Format): At appropriate resolution.

• JPEG (Joint Photographic Experts Group): *.jpg at a minimum 600 dpi. JPEG files should be saved at maximum quality.
Please do not:

• Supply files that do not meet the resolution requirements detailed above at their final size.

• Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) because the resolution is usually too low for print publication.

• Submit graphics that are disproportionately large for their content (please keep file sizes below 10 MB).

• Use Excel to make artwork and avoid the use of MS Office files like PowerPoint or Word.

• Use gratuitous color or red and green combinations in graphs (see point about color blindness above). Color should be used sparingly to identify different categories of data.

8.11 Manuscript checklist (before submission)

☐ 1. Title page

1.1. Corresponding author designated, and full mailing address including postcode

1.2. Institutional e-mail address of corresponding author

1.3. Permission to reproduce copyrighted materials

1.4. Acknowledgments listed for grants, technical support, and corporate support

☐ 2. Structured or unstructured Abstract as specified for article type (250 or 150 words)

☐ 3. Keywords or short phrases (5–10) (use MeSH where possible)

☐ 4. Manuscript text (within specified length limits using IMRAD+C structure)

☐ 5. References double-spaced and cited in the order of appearance

☐ 6. Tables (MS Word format)

☐ 7. Figure legends

☐ 8. Figures (eps, tiff, pdf, jpg)

☐ 9. Supporting documents

Of the following items (1–3), (9), and (10), are mandatory. Items (4–8) are required if applicable. For your convenience, we have provided the required statements on a single Authors' statement form that will be provided by the managing editor (Checklist point 10)

9.1. Cover letter containing the 9 specified elements

9.2. Authorship statement

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9.5. Ethics statement. Letter of approval from the relevant ethics review committee. See section 3

9.6. Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See section 4

9.7. Statement of documented informed consent. See section 3

9.8. Patient privacy and confidentiality statement. See section 5

9.9. Conflicts of interest statement. See section 2

9.10. Open access agreement

☐ 10. Authors' Statement form available from the managing editor. See section 1.3

9 The editorial and peer review process

Authors will be provided with a manuscript reference number for future correspondence. If an acknowledgment is not received in due course, the author should contact the Editorial Office.

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10 Preparation for publication

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