

The Journal of Chest Surgery (JCS) is a peer-reviewed official journal of the Korean Society for Thoracic and Cardiovascular Surgery (KSTCS). The journal is published bi-monthly and its abbreviated title is J Chest Surg. The journal publishes outstanding research articles in thoracic and cardiovascular surgery and related fields. JCS is committed to providing a place of active communication for all thoracic surgeons, advancing our knowledge on thoracic and cardiovascular surgery including physiology, diagnosis, and treatment, and offering effective treatment and cure to the public ultimately. In addition to members of the society, any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts for submission to the journal should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

I. RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals, DOAJ; the World Association of Medical Editors, WAME; and Open Access Scholarly Publishers Association, OASPA; <https://doaj.org/bestpractice>). Furthermore, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

1. Originality and Duplicate Publication

The manuscript that has been published previously or is currently under consideration for publication elsewhere will not be accepted for publication of JCS. Also, the manuscript that has been accepted in JCS should not be duplicately published in other journals. However, in the case of the thesis for a degree, the major contents can be introduced in accordance with a rule of “Key Reference”.

- Secondary publication: It is possible to republish manuscripts if the manuscripts satisfy the conditions of sec-

Instruction for Authors

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ondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

2. Registration of Clinical Trial Research

It is recommended that any research dealing with a clinical trial be registered with a primary national clinical trial registration site such as Clinical Research Information Service (<https://cris.nih.go.kr>), or other sites accredited by the World Health Organization International Clinical Trials Registry Platform (<http://www.who.int/ictrp/en>) and ClinicalTrials.gov (<http://clinicaltrials.gov/>), a service of the United States National Institutes of Health.

3. Conflict-of-Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors’ interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues.

4. Statement of Informed Consent

Copies of written informed consent or Institutional Review Board (IRB) approval for any manuscripts involving human or human products should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct. In addition, for studies conducted with human subjects, the method by which informed consent was obtained from the participants (i.e., verbal or written) also needs to be stated in the Methods section.

5. Statement of Human and Animal Rights

All human investigations must be conducted according to the principles expressed in the Declaration of Helsinki (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Indicate whether or not your IRB (or Ethics Committee or comparable group) approved this study and whether or not individual consent for the study was obtained or waived. When animals are used as subjects, institutional approval of the protocol is necessary and authors should include a statement in methods indicating that investigators complied with the Institutional Animal Care and Use Committee or an equivalent guideline.

6. Authorship

All authors must have made a significant intellectual contribution to the manuscript according to the criteria formulated by the International Committee of Medical Journal Editors. Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these four conditions. Before publication of an accepted manuscript, each author is required to certify by signing the conditions for Publication Form that he or she has participated sufficiently in the work to take responsibility for a meaningful share of the content of the manuscript. An image file of the conditions for publication form signed by all authors should be attached to the manuscript.

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- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

7. Process for Managing Research and Publication

Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

8. Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

II. COPYRIGHTS, OPEN ACCESS, ARCHIVING POLICY, AND DATA SHARING

1. Copyright

Copyright in all published material is owned by the KSTCS. Authors must agree to transfer copyright during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

2. Open Access Policy

JCS is an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to be permitted for use of tables or figures published in JCS in other journals, books, or media for scholarly and educational purposes. This is in accordance with the Budapest Open Access Initiative definition of open access.

3. Archiving Policy

The full text of JCS has been archived in PubMed Central (<https://www.ncbi.nlm.nih.gov/pmc/journals/1683/>), National Library of Korea (<https://www.nl.go.kr/>) from the 1th issue of Volume 44, 2011. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk/>), authors cannot archive pre-print (i.e., pre-refereeing), but they can archive post-print (i.e., final draft post-refereeing). Authors can archive publisher's version/PDF.

4. Data Sharing

JCS encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly

accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: JCS accepts the ICMJE Recommendations for data sharing Statement policy (<http://icmje.org/icmje-recommendations.pdf>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in JKMS vol. 32, no. 7:1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

III. SUBMISSION AND PEER-REVIEW PROCESS

1. Submission of Manuscripts

All manuscripts should be submitted online via the journal's website (<http://www.jchesturg.org/submission/>) with written consents containing all the authors' signatures on copyright transfer by the corresponding author, and author's checklist. And all the reviewing and editing is also performed via this system. Microsoft Word is the preferred software program. Any questions and answers regarding the review process and other related matters can be checked on the above on-line system. In addition, whenever any changes are made during the process of a review of the manuscripts, the relevant information is forwarded to the corresponding author and the first author. Authors can submit their manuscripts throughout the year, and the date of receipt will be the day when the Editorial Board receives the draft. Accepted manuscripts for publication by the journal will be sent to authors for proofreading after printing. All accepted manuscripts are processed by system of **iThenticate**® to prevent any issues concerning plagiarism and authors can be asked to revise manuscript by editor. After that, the editor will proofread the draft more than one time. Unless special requests are made, the society will not be obligated to return the draft, regardless of its publication.

2. Peer Review Process

- Assigning of reviewers: All examinations of papers are performed via an online submission system. Manuscripts are sent to the 3 most relevant investigators for reviewing of the contents. Three reviewers send the examination results to the editor through the e-submission system. The identities of the referees will not be revealed to the authors.
- Duration of examination for papers: Manuscripts should be completely examined within 1 month. The reviewer must complete the initial examination and send the results, including a suggestion to continue review or reject the manuscript, to the editor within 2 weeks.

- Final decision of examination results: The results of the review will be classified as follows:
 - Accepted: The manuscript will be forwarded to the publisher without further corrections.
 - Minor revisions: The author should address the comments of the reviewers, which will be confirmed before being sent to the publisher.
 - Major revisions: The author should address the comments of the reviewers and make the appropriate corrections prior to additional review by the reviewers.
 - Rejection: If at least one of the 3 reviewers rejects the manuscript, then a final decision will be made by the editor based on the rules set forth by the Editorial Board. If the author has reasonable cause to ask for reexamination of his/her paper, then the editor shall consult to the reviewer and make a final decision.
 - Consultation: Review of the manuscript will be carried out through consultation with the appropriate subcommittees and subspecialists.

3. Rules Associated with Rejection

- If the subject of the original article includes clinical characteristics similar to a previous publication without offering new results, the paper should be rejected.
- If a case report presents a disease previously published in original articles, the paper can be rejected. The exception is a case presenting a different clinical manifestation, different diagnostic tests, or a new treatment modality from the previous case reported.
- If the paper asserts the effectiveness of a drug or good commercial benefit, the editor can reject the paper after consultation with the subspecialty committee.
- If the paper was rejected in the past, it cannot be resubmitted.
- If the author does not address the revised documents following receipt of reviewers' comments, the paper can be rejected.

IV. MANUSCRIPT PREPARATION

The editors reserve the right to improve the style and, if necessary, return the manuscript to the author for revision.

1. Publication Types

Manuscripts are categorized as editorial, basic/clinical research, case report, how-to-do it, classics in thoracic surgery, collective of current review, lecture, brief communication or correspondence, and key reference. The abstracts and discussions of the annual meetings or conferences can be published.

2. Language

Manuscripts should be written primarily in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary.

3. General

The main document with manuscript text and tables should be prepared with Microsoft Word.

- The manuscript should be written in 11-point font with double-line spacing on A4 sized (21.0×29.7 cm) paper with 2.5-cm margins on the top, bottom, right, and left.
- The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, type the full word initially and then give the abbreviation in parentheses. Define abbreviations at first appearance in the text and from then on, rewrite only the abbreviation.
- Arabic numerals are mandatory and units of measure should be presented according to the International System (SI) of units.
- Descriptions of genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information or the HUGO Gene Nomenclature Committee.

4. Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org/>) and the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

5. Size Limit & Format

Table 1 shows the recommended maximums of manuscripts according to publication type; however, these requirements are negotiable with the editor.

Table 1. Recommended maximums for articles submitted to JCS

Category ^{a)}	Text (word) ^{b)}	Abstract (word)	Tables & Figures	References	Keywords
Editorial	2,000	-	2	5	-
Basic/Clinical research	5,000	SA, 250	10	30	5
Case report	1,500	UA, 150	3	10	5
How-to-do-it	1,500	UA, 150	3	5	5
Review	7,500	UA, 250	10	60	5
Brief communication/ Correspondence	1,000	-	3	5	-
Historical note	5,000	UA, 150	10	20	5

The size of the manuscript should not exceed its limit according to the article type. SA, structured abstract (background, methods, results, conclusion); UA, unstructured abstract. ^{a)}The category of complying with the Editorial Board's decision. ^{b)}Maximum number of words is exclusive of the title page, abstract, references, tables, and figure legends.

6. Basic and Clinical Research

The manuscript should be arranged in the following order: title page, abstract and keywords, main text (introduction, methods, results, and discussion), conflict of interest, (acknowledgments, Funding), ORCID, references, tables, and figure legends.

1) Title pages

The title page should carry the following English information.

- Manuscript title, which should be concise but informative. The title is limited to 100 characters including spaces.
- Each author's name (first name, middle name, and family name) followed by the highest academic degree and ORCID (Open Researcher and Contributor ID) number. The number of authors may not exceed 6 persons unless there are particular circumstances.
- The name of the departments, institutions, city, and nation where the work was conducted.
- For a multicenter study, indicate each individual's affiliation using a superscript Arabic number (¹, ², ³, ...).
- A running head of 40 characters or less may be included for editorial purposes and revised by the Editorial Board if inappropriate.
- The name, affiliation, complete mailing address, telephone number, and e-mail address of the corresponding author for correspondence and reprints.
- Meeting presentation: If the paper has been or is to be presented at the meeting of an academic society or association, the name of the meeting should be provided.

2) Abstract and keywords

The only abstract of research articles should contain the following components in the order listed: Background, Methods, Results, and Conclusion. It should be no more than 250 words. Keywords with a maximum of 5 items should be listed at the end of the Abstract. If keywords are not on the list published in volume 34-1 (January 2001) or on the keywords dictionary of the Journal, they can be based on Medical Subject Heading (MeSH) of Medline (<https://meshb.nlm.nih.gov>). And keywords should begin with a capital letter and may be revised by the Editorial Board. However, at least one obligatory keyword should be selected from the appended list (obligatory keywords) of each volume of the journal.

3) Main text

The main text should be arranged in this order: Introduction, Methods, Results, and Discussion. Every reference, figure, and table must be cited numerically in the order mentioned in the text.

- Introduction: The Introduction should address the purpose of the study briefly and concisely, and include background reports only related to the purpose of the study.
- Methods: Materials, methods, and study design should be presented in detail. When the experimental methodology is the main issue of the paper, the process should be described in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, and country). A statement concerning IRB approval and consent procedures must appear at the beginning of the Methods section when clinical studies or experiments using laboratory animals or pathogens are done. Methods of statistical analysis and criteria for statistical significance should be described. An ethics statement should be placed here when the studies are done using clinical data, samples, or animals (Refer to section I. RESEARCH AND PUBLICATION ETHICS). Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.
- Results: A detailed description of the study results should be clearly arranged in a logical manner. In cases in which tables are used, the contents described in tables should not be redundantly described in the main text, but the important trends and points should be emphasized.
- Discussion: Observations pertaining to the results of research and other related materials should be interpreted for your readers. New and important observations should be emphasized. The contents in the Introduction or Results should not be simply repeated. The meaning of the observed opinion, along with its limits, should be explained, and within the limits of the research results, the conclusion should be connected to the purpose of the research. The conclusion should be in this section, which includes a comprehensive description of the judgment or thoughts of the authors being induced from the Results and Discussion sections and corresponding to the purpose of the study mentioned in the Introduction. The simple summary or overlapped array of the results should be avoided.

4) Conflict of interest

A potential conflict of interest should be disclosed in the

manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending). Any members of Editorial board of JCS must declare that he or she is an Editorial Board of JCS, however, did not involve in the peer reviewer selection, evaluation, and decision process of this article. Otherwise, no potential conflict of interest relevant to this article was reported.

5) Acknowledgments

The acknowledgments should be presented after the main text and before the reference list. Persons who have contributed intellectually to the paper but whose contributions do not justify authorship may be named and their function or contribution described, e.g., scientific adviser, data collection, or participation in clinical trial.

6) Funding

All sources of funding applicable to the study should be stated here explicitly. All original articles, editorials, reviews, and new technology articles must state sources of funding for this study.

7) ORCID

All authors are recommended to provide an ORCID. To obtain an ORCID, authors should register in the ORCID web site: <https://orcid.org>. Registration is free to every researcher in the world.

8) References

In the text, references should be cited with Arabic numerals in brackets and numbered in the order cited. The abbreviated journal title shall be used according to the NLM Catalog: Journals referenced in the NCBI Databases (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) and the Journal Browser of KoreaMed (<https://www.koreamed.org/JournalBrowserNew.php>). References should be numbered consecutively in the order in which they are first mentioned in the text. Each reference should be cited as [1,2], or [3-5], Kim and Jang [6], or Park et al. [7]. Six authors can be listed. If there are more than 6 authors, only list the first 3 names with “et al.” Unpublished observations and personal communication should not be used as references, although references to written, not oral communication may be inserted (in parentheses) in the text. For more on references, refer to the Citing

Medicine: the NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>). Sample references are given below:

Journal Articles

1. Park S, Chung Y, Lee HJ, Park IK, Kang CH, Kim YT. *The role of primary tumor resection in patients with pleural metastasis encountered at the time of surgery*. Korean J Thorac Cardiovasc Surg 2020;53:114-20.
2. Brehm JM, Hagiwara K, Tesfaigzi Y, et al. *Identification of FGF7 as a novel susceptibility locus for chronic obstructive pulmonary disease*. Thorax 2011;66:1085-90.

Books

3. Topol EJ, Teirstein PS. *Textbook of interventional cardiology*. 6th ed. Philadelphia (PA): Elsevier Saunders; 2012.

Book Chapters

4. Korman SH, Keren A. *Metabolic heart failure*. In: McDonagh TA, Gardner RS, Clark AL, Dargie H, editors. *Oxford textbook of heart failure*. New York (NY): Oxford University Press; 2011. p. 55-76.

Website

5. National Cancer Institute. *General information about non-small cell lung cancer (NSCLC)* [Internet]. Bethesda (MD): National Cancer Institute; 2020 [cited 2020 Jul 10]. Available from: <http://cancer.gov/cancertopics/pdq/treatment/non-small-cell-lung/healthprofessional>.

9) Tables

Tables should be double-spaced and inserted on a separate page at the end of the text document, with the table number, table title, and legend. The numbers should be allocated accordingly in order in which the table was quoted in the main text. The title and contents of a table should be concise and clear, so that a reader can understand the table without referring to the text. Each column should be given a short heading. Only the first letter of the first word in each row and column should be capital letters. Tables should be written as "Table" in the text. No vertical or horizontal lines are allowed to be included within a table. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. Statistical measures such as SD or SE should be identified. All nonstandard abbreviations should be defined in footnotes. A table should not exceed one page when printed. Use lower case letters in superscripts ^{a)}, ^{b)}, ^{c)} ... for special remarks. Each mark must be defined in a footnote.

10) Figures

Each figure should be submitted in a separate file. They should be submitted in EPS, TIF, JPEG, or PPT format. The figures should be sized to column width (8.5 or 17.5 cm). The figure images should be provided in high resolution (preferably 600 dpi for figures and 1,200 dpi for line art and graphs). Figures should be numbered in the form Fig. 1, Fig. 2, and Fig. 3 using Arabic numerals, in the order in which they are cited. Related figures should be combined into one figure, with each subfigure denoted by the letters, A, B, C, and so on, following the Arabic number of the main figure (e.g., Fig. 1A, Fig. 1B, C). Titles and detailed explanations belong in the figure legends, not on the illustrations themselves. Microscopic images should be described with staining method and magnification rate (e.g., H&E, ×400). Electron microscopic photographs should have an internal scale marker. Figures can be marked with arrows, letters, or other indicators, if necessary. Figure legends should consist of a one-sentence description rather than a phrase or a paragraph. If the figures are not original, the author must contact each publisher to request permission and this should be remarked on in the footnote to the figure.

7. Other Types of Manuscripts

All other types of manuscripts should meet the above-mentioned requirements.

1) Collective or Current Review

Review article shall be limited to an invited review article, which, by the Editorial Board, was selected as a significant theme from areas relevant to thoracic and cardiovascular surgery field and whose authors were selected and referred on the basis of articles published in this or other journals. The submitted manuscript should be decided to be published via reviewing of the Editorial Board. It should include a title page, abstract and keywords, introduction, body text, conclusion, conflict of interest, (acknowledgments, funding), ORCID, references, tables, and figure legends. There should be an unstructured abstract less than or equal to 250 words.

2) Case Report

Case report shall cope with states of diseases that has not been reported or has rarely seen, and those that had been already reported but are distinctively different from the previous reports can be published in this journal. Its abstract, unlike those for research articles, shall have only one paragraph and be written within 150 words. Its cover should include the phrase "Case Report", and its title cannot include "... case" or "A case of." It should include title page, abstract and key-

words, case report(s), discussion, conflict of interest, (acknowledgments, funding), ORCID, references, tables, and figure legends. Its discussion shall focus on what the case report emphasizes.

3) Editorial

Editorials are invited perspectives on an area of thoracic and cardiovascular surgery, dealing with fields of research, current medical interests, fresh insights and debates. No abstract is required for Editorial.

4) Brief Communication or Correspondence (Letter to the Editor)

Brief Communication is comments or opinion of reviewer (or other readers). Correspondence is a letter from author (or reviewers) to editor. No abstract is required and do not include tables.

5) How to Do It

“How to Do It” article should be a description of a useful surgical technique or innovative concept, and contain descriptive, illustrative material.

6) Historical Note

Describe breakthrough achievements that led to the development of thoracic surgery in Korea. These articles may include biographical heritage of the KSTCS. These articles must be proved by official organization.

V. MANUSCRIPTS ACCEPTED FOR PUBLICATION

1. Final Version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

2. Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within 48 hours when the manuscript editor contacts the author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

3. Proofs and Reprints

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 48 hours. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

4. Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's editorial office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of author's errors) or errata (corrections of publisher's errors) in a later issue of the journal.

VI. ARTICLE PROCESSING CHARGES

There is no author's submission fee and other publication-related fees as publication costs are shouldered by the publisher. Revenue sources of journal are from the support of publisher (KSTCS).

VII. EDITORIAL OFFICE CONTACT INFORMATION

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