Instructions for authors

Advances in Pediatric Surgery

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Advances in Pediatric Surgery (Adv Pediatr Surg, APS) is the official journal of the Korean Association of Pediatric Surgeons and an international, peer-reviewed journal published twice a year, on June 30th and December 31st. We aim to provide broad and in-depth development of pediatric surgery by publishing high quality research and case reports from around the world. The categories of manuscripts are original articles, case reports, reviews and letters to the editor.

Manuscripts should adhere to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, issued by the International Committee of Medical Journal Editors (ICMJE; http://www.icmje.org/recommendations/), unless otherwise specified.

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For detailed information on our editorial and ethical standards, please refer to the Editorial Policies section on our website (https://aps-journal.org/policy/policies.php). Our policies encompass all aspects of scholarly publishing, including Publication Ethics, Copyright & Open Access, Use of Generative AI, Peer Review Process, Sharing and Archiving Policies (covering Article Sharing, Data Sharing, Archiving, and Preprints), and Advertising. All authors are required to carefully review and adhere to these policies before submission.

MANUSCRIPT SUBMISSION

All manuscripts should be submitted through the online manuscript management system available at https://submit.aps-journal.org/. Once you have logged into your account, the online system will lead you through the submission process in a step-by-step process. After entering all of the checklist items and information on the authors, manuscript title, abstract, keywords, and other details, you will be prompted to upload your files. Please attach any other related material with the submitted manuscript, so that the reviewers are aware of any potential overlap. Please contact the editorial office if you have difficulty in submitting a manuscript.

If necessary, please refer to the templates available on the journal website (https://aps-journal.org/authors/authors.php) when preparing the manuscript.

Submission by Editors

All manuscripts from editors, employees, or members of the editorial board are processed in the same way as other unsolicited manuscripts. During the review process, submitters will not engage in the selection of reviewers or the decision process. Editors will not handle their manuscripts even if the manuscripts are commissioned.

The conflicts of interest declaration should be added as follows.

Conflicts of Interest: OOO has been an Editorial Board member of Advances in Pediatric Surgery since OOO but has no role in the decision to publish this article. No other potential conflicts of interest relevant to this article were reported.

MANUSCRIPT PREPARATION

All manuscripts must meet the following basic requirements to be eligible for review by the Journal. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

1. General Text Style

Language: Manuscripts should be submitted in English. Authors should use the past tense to describe past events and data. Use the present tense for authors' opinion and generally accepted facts.

Format of manuscript: Manuscripts should be submitted in the file format of Microsoft Word 2010 or higher. Manuscripts should be typed on an A4-sized document, be double-spaced on 21.0×29.7 cm (A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 10-12 pt. The file format of figures should be .ppt, .jpg or .tif.

Equipment and drugs: For all equipment and non-generic drugs mentioned in the manuscript, the manufacturer's name should be provided in parentheses at the first mention. Following AMA style, the city and country of the manufacturer are not required. Generic names should be used for all drugs; if a proprietary (brand) name is necessary for the study, it should follow the generic name in parentheses.

Units: SI units should be used for measurements. The unit of temperature is degrees Celsius (°C).

Abbreviations: Use abbreviations sparingly and only when they ease the reader's understanding. Avoid using abbreviations in the title unless they are widely recognized (e.g., DNA, COVID-19). All abbreviations must be spelled out at their first mention in the abstract and again in the main text, followed by the abbreviation in parentheses. Thereafter, the abbreviation should be used consistently. Standard units of measure (e.g., kg, mL, hr) do not need to be defined.

Numbers: In the text, numbers equal to or less than nine should be written as text. Numbers larger than nine should be Arabic numerals, except when beginning a sentence.

Reporting of sex, gender, race, and ethnicity: Ensure correct use of the terms sex (reporting biological factors) and gender (reporting identity, psychosocial or cultural factors). Unless inappropriate, report the sex and/or gender of study participants. 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.

Declaration of AI and AI-assisted technologies in the writing process: Authors are required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of manuscript submission. It must be clearly reported in a dedicated section of the Methods, or in the Acknowledgements section for article types lacking a Methods section. This disclosure should provide details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. Authors should affirm that there is no plagiarism of text or images in materials produced by AI. It is not acceptable to cite AI-generated material as a primary source.

2. Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized controlled trials, diagnostic accuracy studies, meta-analyses, observational studies, and non-randomized studies, authors should follow the relevant reporting guidelines. Recommended sources include the EQUATOR Network (https://www.equator-network.org/) and the National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html). APS requires compliance with the reporting guidelines summarized in Table 1 for the listed article types.

3. Publication Types

APS publishes the following types of manuscripts: original articles, review articles, systematic reviews and meta-analyses, case reports, editorials, and correspondences. Manuscripts including fewer than six cases are categorized as case reports,

Table 1. Reporting guidelines for specific study designs

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	https://www.equator-network.org/reporting-guidelines/consort/
TREND	Non-randomized controlled studies	https://www.cdc.gov/hivpartners/php/trend-statement/index.html
STROBE	Observational studies	https://www.equator-network.org/reporting-guidelines/strobe/
STARD	Diagnostic/prognostic studies	https://www.equator-network.org/reporting-guidelines/stard/
PRISMA	Systematic reviews and meta-analyses	https://www.equator-network.org/reporting-guidelines/prisma/
CARE	Case reports	https://www.equator-network.org/reporting-guidelines/care/

whereas those reporting six or more cases are considered original articles.

Original articles: These include original basic or clinical studies that are scientifically sound and provide significant new knowledge. The content should contribute to the diagnosis, treatment, and fundamental understanding of pediatric surgical diseases.

Review articles: These are usually invited by the Editorial Board and provide a comprehensive overview of a specific topic. Authors who wish to submit an unsolicited review article should contact the Editorial Board before submission.

Systematic reviews and meta-analyses: These should provide a comprehensive and structured overview of published material on a clearly defined subject. Authors must describe in detail how the evidence was identified, including the sources searched and the inclusion and exclusion criteria applied. Meta-analyses should quantitatively synthesize the results of two or more studies to address a specific research question or association. All submissions must adhere to the PRISMA guidelines (http://www.prisma-statement.org).

Case reports: These describe rare clinical cases or those that provide a significant new contribution to diagnosis and treatment.

Editorials: These are invited commentaries on articles recently published in the journal or perspectives on active research areas, fresh insights, and debates within the field of pediatric surgery.

Correspondences: This section welcomes readers' comments on articles published in the journal within the last 6 months or other topics of general interest to pediatric surgeons.

4. Original Articles

The manuscripts for original articles should be organized in the following order: title page, abstract, main text, references, tables, figure legends, and figures. Pages are numbered consecutively, beginning with the abstract as page 1. The total word count should not exceed 5,000 words.

Title page

Title page should include (1) the title of the article (less than 50 words); (2) full names of all authors (First name, Middle initial, LAST NAME in capitals) and institutional affiliation including the name of department(s) and institution(s) of each author; (3) name, full address (including the postal code) of the institutional affiliation, telephone number, and e-mail address of the corresponding author; (4) a running title of 50 characters or less including blank spaces; and (5) notes (disclaimers). Notes include conflict of interest, funding, data availability statement, and authors' contributions according to the CRediT taxonomy (https://credit.niso.org/), additional contributions, and ORCID of all authors. All contributors who do not meet the criteria for authorship should be listed in an additional contribution section.

Abstract

The abstract must be a structured summary consisting of the Purpose, which states the primary aim of the study; Methods, describing the study design, participants, and procedures; Results, presenting the key findings with relevant numerical data; and Conclusion, highlighting the main takeaways and any significant or unexpected observations. The word count should not exceed 300 words. Neither the authors' names nor their affiliations should appear on the Abstract page.

Keywords

These should be listed at the bottom of the abstract to be used as index terms, less than 5 words. Medical Subject Heading (MeSH; http://www.nlm.nih.gov/mesh) terms are highly recommended for selection of keywords.

Main text

The main text of the manuscripts should have pages for the

INTRODUCTION, METHODS, RESULTS, and DISCUSSION sections.

INTRODUCTION: Briefly describe the purpose(s) of the investigation, including relevant background information.
METHODS: Describe the research plan, materials or subjects, and methods used. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as precisely as possible. When quoting specific materials, equipment, or proprietary drugs, the name of the manufacturer must be given in parentheses. Generic names should be used instead of commercial names.

Institutional Review Board (IRB) approval, when applicable, must be stated. Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and the study population (demographics, length of follow-up). Explanations of the experimental methods should be concise, yet enable replication by a qualified investigator.
RESULTS: Results should be presented in logical sequence in the text, tables, and illustrations and repetitive presentation of the same data in different forms should be avoided. Any data mentioned in the Methods must be presented in the Results section.
DISCUSSION: Results should be interpreted for readers. Emphasize new and important observations. Do not merely repeat the contents of the Results. Explain the meaning of the observations with its limitations. The answer to the purpose of the research should be connected to the results.

References

APS reference follows the description below. Otherwise, it follows Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine). The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI Databases (http://www.ncbi.nlm.nih.gov/journals). The reference number should be cited in the main text in square brackets, e.g., [1]. All authors' names are listed when there are six or fewer authors. When there are more than six authors, only the first three authors' names are given, followed by 'et al.' Limit the number of references to 50 for original articles.

- Journal article

1. Yang HB, Cho MJ, Cho YJ, et al. Perception on the intestinal malrotation: a 2021 survey conducted by the Korean Association of Pediatric Surgeons. Adv Pediatr Surg 2025;31:59-65.
2. Molla YD, Alebel MT, Alemu HT. Neonatal surgical mortality in East Africa: a systematic review and meta-analysis. J Pediatr Surg 2026 Jan 23 [Epub]. https://doi.org/10.1016/j.jpedsurg.2026.162942

- Book

3. Tyler DS, editor. Sabiston textbook of surgery: the biological basis of modern surgical practice. 22nd ed. Elsevier; 2025.

- Chapter in a book

4. Neumayer L, Vargo D. Principles of preoperative and operative surgery. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston textbook of surgery: the biological basis of modern surgical practice. 19th ed. Elsevier Saunders; 2012. p. 211-39.

- Dissertation

5. Hong GD. The relationship between low serum cholesterol level and cancer mortality [dissertation]. Seoul National University; 2015.

- Conference paper

6. Rice AS, Brooks JW. Canabinoids and pain. In: Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. IASP Press; 2003. p. 437-46.

- Online sources

7. American Cancer Society. Cancer facts and statistics [Internet]. American Cancer Society; c2026 [cited 2026 Jan 20]. Available from: https://www.cancer.org/research/cancer-facts-statistics.html

- Preprint

8. Sharma N, Sharma P, Basu S, et al. The seroprevalence and trends of SARS-CoV-2 in Delhi, India: a repeated population-based seroepidemiological study [Preprint]. Posted 2020 Dec 14. medRxiv 2020.12.13.20248123. https://doi.org/10.1101/2020.12.13.20248123

Tables

- Tables should be numbered sequentially with Arabic numerals in the order in which they are mentioned in the text.
- Tables should be understandable and self-explanatory, without references to the text.
- If an abbreviation is used in a table, it should be defined in

a footnote below the table.

- Additional information for any clarification should be designated for citation using alphabetical superscripts a), b), c) or asterisks (*) for statistical significance. The explanation for superscript citation should follow these examples: a) Not tested. *P<0.05, **P<0.01, ***P<0.001.
- Statistical measures, such as the standard deviation (SD) or standard error of the mean (SE), should be identified.
- If a table has been previously published, it should be accompanied by the written consent of the copyright holder, and the footnote must acknowledge the original source.

Figures

- General requirements: Figures must be cited in the text and numbered consecutively using Arabic numerals in the order of their citation (e.g., Fig. 1, Fig. 2A). Figures should not be embedded within the text. Each figure must be submitted as an individual file. Figure legends should begin on the next page after the last table. Each figure must have its own legend. Abbreviations and any additional clarifications should be described within each figure legend. Footnotes below figures should follow the order of abbreviations first, followed by symbols. Symbols must be marked with lowercase alphabet letters (a), b), c), etc.) in the order of usage, or with asterisks (*) to indicate statistical significance.
- File formats and resolution: Figures must be submitted in EPS, TIFF, or PDF format, with minimum resolutions of 1,200 dpi for line drawings, 600 dpi for grey-scale works (e.g., gel or blot images), and 300 dpi for color or half-tone artwork.
- Figure legends: Each figure must have a separate legend that describes the staining techniques used, includes the magnification for photomicrographs without inset scales, and provides sufficient detail to allow interpretation without reference to the main text.
- Ethical considerations: Any writing or marks that could identify a patient must be removed.
- Permissions: If any tables or figures are taken or modified from other papers, authors must obtain permission through the Copyright Clearance Center (https://www.copyright.com/) or from the individual publisher. For figures or tables from open-access journals under the Creative Commons License, authors must verify the source precisely in the accompanying footnote.

[Example]

- Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier.
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Appendix/Supplementary materials

Video clips related to surgery and advanced surgical technique can be submitted for placement on the Journal website. The video should be 3 to 5 minutes in duration. The available video for-mats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format.

5. Review Articles

These are organized as follows: title page, unstructured abstract less than 300 words, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, MAIN BODY, and CONCLUSION sections. The number of references should be limited to 80. Otherwise, it keeps the style and format of original articles.

6. Systematic Reviews and Meta-Analyses

Systematic reviews and meta-analyses should be organized in the following order: title page, structured abstract (Purpose, Methods, Results, and Conclusion; limited to 300 words), main text, references, tables, figure legends, and figures. Except for these specific requirements, they must follow the general style and format of original articles. All submissions in this category must comply with the PRISMA guidelines (http://www.prisma-statement.org).

7. Case Reports

These should be organized in the following order: title page, unstructured abstract less than 250 words, main text, references, tables, figure legends, and figures. The main text consists of the INTRODUCTION, CASE REPORT, and DISCUSSION sections. The total word count should not exceed 3,000 words. A maximum of 20 references and total 6 figures or tables are allowed. Otherwise, it follows the style and format of original articles. It should be described according to CARE statement (https://www.equator-network.org/reporting-guidelines/care/).

8. Editorials

Editorials are invited by the editors and should be commentaries on articles recently published in the journal. Editorial

Table 2. Recommended maximums for articles submitted to APS[a)]

Type of article	Abstract (word)	Text (word)[b)]	References	Tables & Figures
Original Article	Structured, 300	5,000	50	NL
Review	Unstructured, 300	NL	80	NL
Systematic Review	Structured, 300	NL	NL	NL
Case Report	Unstructured, 250	3,000	20	6
Editorial	-	1,000	10	4
Correspondence	-	1,000	5	4

APS, Advances in Pediatric Surgery; NL, not limited.
[a)]The requirements for the number of references, tables and figures and length of the main text can be consulted with the Editorial Office;
[b)]Excluding abstract, tables, figures, acknowledgments, and references.

topics could include active areas of research, fresh insights, and debates in the field of pediatric surgery. Editorials should not exceed 1,000 words, excluding references, tables, and figures. A maximum of 10 references and total 4 figures or tables are allowed.

9. Correspondences

It is organized as follows: title page, main text, and references. The word count should not exceed 1,000. A maximum of 5 references and total 4 figures or tables are allowed.

MANUSCRIPT PROCESSING AFTER ACCEPTANCE

1. Final Version

After the paper has been accepted for publication, the authors should submit the final version of the manuscript. The names and affiliations of the 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 authors must respond within two days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

3. Proof

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

4. Post-Publication Corrections

To correct errors in published articles, the corresponding author should contact APS'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 author correction or publisher correction in a later issue of the journal.

Minor errors will be corrected directly in the online version of the article. An indication of the correction, along with the date it was made, will be added to the article information in both the HTML and PDF versions. A separate correction note will not be published.

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