

INSTRUCTIONS TO AUTHORS

Enacted in September 2025

Manuscripts submitted to the *Convergence Hepatology* must adhere to the following regulations. For aspects not covered in these regulations, please follow the 'Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org>)'.

1. Types of Manuscripts, Author Qualifications, and Language

Convergence Hepatology publishes clinical or experimental research papers (original articles), case reports, reviews, commentaries, clinical images, and letters to the editor. Original articles, case reports, clinical images, and letters to the editor can be submitted by clinicians and researchers worldwide. Reviews and commentaries are submitted only upon invitation by the editorial board. Manuscripts should be written in English, and submitted original articles and case reports are reviewed by the editorial committee as they are. The copyright for all articles published in this journal is owned by the Convergence Liver Cancer Study Group.

2. Research and Publication Ethics

This journal follows the research ethics regulations of the Convergence Liver Cancer Study Group and the 'Guidelines on Publishing Ethics for Medical Journals' established by the Korean Association of Medical Journal Editors (KAMJE) (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13), as well as the 'Guideline on Good Publication' by the Committee on Publication Ethics (COPE) (<https://publicationethics.org/guidance/Guidelines>).

1) Clinical Trials Registration

Clinical trials must be registered with a national clinical trial registration site (<https://cris.nih.go.kr/>) or an organization certified by the WHO or the International Committee of Medical Journal Editors.

2) Disclosure of Conflicts of Interest

The corresponding author must inform the editor of any potential conflicts that could influence the interpretation of results, such as financial support from pharmaceutical companies, political pressure from interest groups, or academically related issues. All financial support used in the research must be clearly disclosed.

3) Informed Consent

Copies of the patient's consent and the approval of the Institutional Review Board (IRB) must be kept. Editors or reviewers may request these copies to resolve any questions regarding patient consent or IRB approval.

4) Regulations on Human and Animal Rights

Research involving humans must comply with the ethical standards of the Helsinki Declaration (revised in 2013). Research involving animals, including mammals and birds, must be approved by the Institutional Animal Care and Use Committee and conducted in accordance with the Animal Protection Act of Korea Article 13 or equivalent regulations. Copies of the approved experimental protocols must be available to editors or reviewers upon request.

5) Authorship Qualifications

Each author listed must meet the following criteria: 1) have contributed to the conception and design of the study, data analysis, and interpretation; 2) have contributed significantly to drafting or revising the manuscript; 3) agree with the content of the final manuscript. If there are more than six authors, a detailed description of each author's role must be submitted when the manuscript is submitted.

6) Originality and Duplicate Publication

Submitted manuscripts must be original and not under consideration for publication elsewhere. No part of a manuscript that is accepted for publication can be published elsewhere without permission from the editorial board. If a manuscript published in *Convergence Hepatology* is found to have been published elsewhere, this will be announced in the journal, and the authors' affiliated institutions will be notified, with penalties applied.

7) Secondary Publication

Manuscripts can be republished if they meet the criteria for secondary publication as outlined in the 'ICMJE Recommendations' (http://www.icmje.org/urm_main.html).

8) Copyright Permission

When citing figures or tables from previously published articles, permission must be obtained from the original journal, and a note regarding copyright permission must be included.

3. Management of Research and Publication Misconduct

In cases of suspected research or publication misconduct, such as duplicate publication, plagiarism, data fabrication, unauthorized changes in authorship, undisclosed conflicts of interest, or ethical issues discovered in submitted manuscripts, as well as complaints against reviewers or editors who may have misappropriated authors' ideas or data, the resolution process follows the flowcharts provided by the Committee on Publication Ethics (COPE; <http://publicationethics.org/resources/flowcharts>). The editorial board of *Convergence Hepatology* discusses and decides on suspicious cases and, if necessary, publishes errata, clarifications, retractions, and apologies in the journal. The journal does not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

4. Manuscript Review Process

All submitted manuscripts are evaluated for their quality, originality, and clinical or scientific significance. Typically, an initial decision on the manuscript is made within four weeks of submission, and the reviewers' comments are communicated to the corresponding author via email. The revised manuscript must be resubmitted online by the corresponding author, along with a detailed explanation of how each of the reviewers' comments was addressed. The manuscript must be reviewed by at least two experts, and reviewers may request additional reviews or further revisions. If a revised manuscript is not submitted within eight weeks after the editorial board's decision, it is considered withdrawn from publication.

5. Copyright

The copyright for accepted manuscripts is assigned to the Convergence Liver Cancer Study Group and must not be published elsewhere without written permission. A copyright transfer agreement must be submitted to the editorial office via mail upon acceptance for publication.

6. Online Submission Guidelines

All manuscripts submitted to *Convergence Hepatology* must be submitted via the online submission system on the journal's website (<https://clcsg.org>) following the instructions provided there. Failure to comply with the guidelines may result in the manuscript being returned or publication being delayed.

7. Manuscript Preparation

1) Word Processor and Manuscript Format

All manuscripts should be written concisely and clearly in English. Manuscripts should be prepared using Microsoft Word or another major word processor, with a font size of 12 points, double-spaced (200%),

and with margins of 3 cm on all sides of A4 or letter-sized paper. Page numbers should be assigned to all pages, starting from the title page. The units used in the manuscript should be metric units. Research methods such as randomized controlled trials, diagnostic accuracy studies, meta-analyses, observational studies, and non-randomized controlled trials should be prepared following the guidelines presented in the table below.

2) Submission Guidelines for Specific Research Methods

Initiative	Type of study	Source
CONSORT	Standards of Reporting Trials	https://www.equator-network.org/
STARD	Standards for Reporting of Diagnostic Accuracy Studies	
PRISMA	Preferred Reporting Items of Systematic Reviews and Meta-Analyses	
STROBE	Strengthening the Reporting of Observational Studies in Epidemiology	
MOOSE	Meta-Analysis of Observational Studies in Epidemiology	

8. Original Articles

Original articles report the results of basic and clinical research. There is no limit to the length of the manuscript, but the editorial board may limit excessive figures or large tables. The manuscript should be structured as follows: title page, abstract and keywords, introduction, materials and methods, results, discussion, summary, acknowledgments, references, tables, figures, and photographs. Upon submission, it must be stated that the manuscript or any part of it has not been previously published and is not under consideration for publication elsewhere. Additionally, any conflicts of interest related to financial support from pharmaceutical companies, political pressure from interest groups, or academically related issues must be disclosed to ensure they did not influence data analysis and manuscript preparation.

1) Title Page

The title page should include the title of the article and the names and affiliations of all authors. The title should convey the content of the paper using a minimum number of words, including keywords, and be within 120 English characters excluding spaces. Acronyms or abbreviations should not be used, and the species of experimental animals must be indicated in the title. A short title should be provided, within 50 English characters excluding spaces. For multi-center studies, if authors from different affiliations are included, the primary institution should be listed first, and other institutions should be numbered sequentially with superscripts following author names. The corresponding author's name,

address (including postal code), telephone, fax number, and email address should be provided.

2) Abstract and Keywords

The abstract should be structured into four sections: ① Background/Aims ② Methods ③ Results ④ Conclusions, and should be written in English within 250 words. Abbreviations should be minimized and clearly understandable. Keywords in English should be selected from the Medical Subject Headings (MeSH) of Index Medicus, and up to five keywords should be listed. Keywords not listed in MeSH can be used with confirmation from the editorial committee.

3) Introduction

The introduction should briefly present the background of the research and mention relevant studies and results by other researchers in the field. The aim of the study should be clearly stated.

4) Materials and Methods

Methods should be described concisely but in enough detail to allow reproduction by other researchers. The source of any special chemicals or reagents used should be indicated as manufacturer, city, state, and country. It should be stated if ethical approval or patient consent was obtained. Statistical analysis methods and criteria for statistical significance should be provided.

5) Results

Results should be presented logically using tables and figures. The content of tables and figures should not be duplicated.

6) Discussion

The discussion should succinctly interpret and discuss the research data and results. Speculative interpretations are possible but should be related to the research results. Avoid repeating what is described in the results section.

7) Acknowledgments

This section may include individuals who provided practical help or special reagents but do not qualify for authorship yet contributed to the research.

8) Funding

Information about funding support for the research should be included in this section. Authors must specify all sources of research support related to the manuscript. If there is nothing to disclose, state "None."

9) Ethical Statement

It is recommended to write as follows: Example: Written consent was obtained for the anonymous provision of demographic data, medical condition, images, videos, treatment, and prognosis information of patients.

10) Conflict of Interest

According to research and publication ethics statements, conflicts of interest must be disclosed in this section, regardless of whether they exist. If there are no conflicts to report, state "No potential conflict of interest relevant to this article was reported."

11) Author Contributions

The corresponding author is responsible for specifying the contributions of co-researchers to the research/manuscript. This section must clearly describe each author's contributions to the manuscript. Authorship is granted only to those who have made significant contributions to one or more of the following roles or tasks: conception or design of the research, data collection, data analysis and interpretation, manuscript drafting, critical revision of important intellectual content, or final approval of the version to be published. Contributions not qualifying for authorship should be included in the acknowledgments section.

Example: A.B. and C.D. designed the study, E.F. and G.H. collected data, C.D. and E.F. analyzed data, C.D. and I.J. drafted the first manuscript, A.B., E.F., and I.J. critically reviewed the manuscript, and G.H. and I.J. supervised the project. All authors read and approved the final manuscript.

12) References

References should be numbered consecutively in the order they are cited in the text and enclosed in square brackets. When referencing, it is recommended not to use author names where possible; if necessary, list both Korean and foreign author names in English, e.g., 'Kim [1], Bailey [3]' for one author or 'Park et al. [2], Brougham et al. [4]' for more than one author. If Korean authors have provided bibliographic information in English, follow the example for foreign authors. References should be listed in a separate REFERENCES section in the order they are cited in the text. Up to six authors can be listed for journal articles, and if there are more than seven authors, list the first three followed by 'et al.' If the reference is an online publication without a volume or issue number, provide the digital object identifier (DOI). Journal names should be abbreviated according to 'Index Medicus', and unspecified technical formats should follow 'The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>)'.

Journal Articles:

1. Alter MJ, Margolis HS, Krawczynski K, et al. The natural history of community-acquired hepatitis C in the United States. The Sentinel Counties Chronic non-A, non-B Hepatitis Study Team. *N Engl J Med* 1992;327:1899-1905.
2. Lauer GM, Walker BD. Hepatitis C virus infection. *N Engl J Med* 2001;345:41-52.

Entire Book:

3. Brenner DA, Choi AM, editors. *Molecular Pathophysiology of Liver Diseases*. New York: Springer; 2011.

Part of a Book:

4. Afdhal NH. Management of Hepatitis C. In: Schiff ER, Maddrey WC, Sorrell MF, editors. *Schiff's Diseases of the Liver*. 10th ed. Philadelphia: Lippincott Williams & Wilkins; 2007. p. 1233-58.

Dissertation:

5. Jones RM. The role of cellular apoptosis in liver fibrosis [dissertation]. Ann Arbor (MI): University of Michigan; 2005.

Conference Paper:

6. Thompson AJ, Holmes JA. Advances in treatment strategies for hepatitis C. In: *Proceedings of the 65th Annual Meeting of the American Association for the Study of Liver Diseases*; 2014 Nov 7-11; Boston, MA. Alexandria (VA): AASLD; 2014. Abstract 75.

Online Publication:

7. Smith C, Patel R, Chen G, et al. Hepatitis C virus and liver cancer risk. *Hepatology*. 2020 May 1 [Epub]. doi:10.1002/hep.31248.

Online Sources:

8. Centers for Disease Control and Prevention. Hepatitis C FAQs for Health Professionals [Internet]. Atlanta (GA): CDC; 2020 [cited 2021 Oct 1]. Available from: <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>.
9. World Health Organization. Global Hepatitis Report 2017 [Internet]. Geneva (CH): WHO; 2017 [cited 2021 Oct 1]. Available from: <https://www.who.int/hepatitis/publications/global-hepatitis-report2017/en/>.

13) Tables

Tables should be written in English, concise, and clear enough to understand independently of the text. When referring to tables in the text, cite them before the period at the end of a sentence [e.g., ... (Table 1)]. Tables should be prepared on a separate page, numbered sequentially in the order they are cited in the text, e.g., 'Table 1', followed by a title (e.g., Table 1. Subject characteristics according to glucose tolerance status). For numerical data, specify the units of measurement at the top of each column. Statistical significance of differences in research results should be indicated using appropriate statistical analysis. Abbreviations other than standard ones should be explained in footnotes (e.g., EVR, early virologic response; SVR, sustained virologic response). If additional explanation is needed, mark it alphabetically (^{a,b,c}) on the right side of the relevant part and explain in sequence in footnotes at the bottom of the table. General content, abbreviations, and symbols should be explained in separate lines at the bottom of the table.

14) Figures and Photographs

High-resolution figures (300 dpi for color photos, 1,200 dpi for drawings or graphs) should be submitted in EPS or TIF format, and JPEG format is also acceptable for photographs. Each figure should be saved and sub-

mitted as a separate file. All figures and photographs must have legends provided separately in English in complete sentence form, not phrases, and text within figures should also be in English. Symbols, arrows, and letters used in figures should be of contrasting colors to the background and remain legible even when reduced for printing. For optical microscope images, specify the staining method and magnification; for electron microscope images, include a scale bar indicating internal magnification. All figures can be adjusted by editors for publication suitability. When referring to figures in the text, cite them before the period at the end of a sentence [e.g., ... (Fig. 1)]. When citing multiple figures simultaneously, use '(Figs. 1 and 2)', for statistics '(p=0.005, Fig. 4)', and for subdivided figures '(Fig. 1A and 1B)'.

9. Case Reports

Case reports are published only for clinically important or very rare cases. They should report significant topics to medical researchers and preferably include illustrations to aid understanding. The structure should be title page, abstract and keywords, introduction, case presentation, discussion, acknowledgments, references, tables, and figures. The number of authors should not exceed seven, and the abstract should be within 150 words without a specific format. The total number of tables and figures should not exceed five, and references should be limited to 15.

10. Reviews

Reviews focusing on specific topics are published only upon invitation by the editorial board. The structure should be title page, abstract and keywords, introduction, main text, conclusion, acknowledgments, references, tables, and figures. The abstract should be within 200 words without a specific format. The main text, including references, tables, and figures, should not exceed 7,500 words.

11. Commentaries

Commentaries on recently published articles in the *Convergence Hepatology*, which provide the latest insights and issues in the field, are written upon request by the editorial board. Commentaries should cover topics with new insights and issues in all areas of hepatology. Commentaries should not exceed 2,000 words, excluding references, tables, and figures.

12. Clinical Images

Clinical image submissions aim to demonstrate cutting-edge imaging techniques that help evaluate unusual aspects of common medical conditions or diagnose rare cases. These images should depict pathological and radiological findings with excellent quality and provide a comprehensive view of the disease. The manuscript structure should include a

title, a concise summary highlighting major clinical features and blood test results, a detailed description of imaging features crucial for diagnosis or treatment, a brief discussion of the diagnostic and therapeutic process, and full names and affiliations of the authors. Manuscripts should include up to two images and up to five authors, with a total word count not exceeding 500 words. Supplementary videos can be posted online. Videos should effectively convey key findings in a reasonable time and should be addressed in the text. Authors should include appropriate labels (e.g., arrows, anatomical structure abbreviations) in the video. Patient privacy and confidentiality must be maintained by removing personal information (e.g., name, hospital name, medical record number) from images, captions, and text.

13. Letters to the Editor

If you wish to provide constructive criticism or opinions on a specific article published in the journal, rapidly present new medical findings, or briefly describe exceptional and educational cases, you may submit a letter to the editor. However, publication is at the discretion of the edi-

torial board. Manuscripts should be prepared on one page of A4 paper without an abstract, in the order of title, text, keywords, references, tables, and figures. Photos or figures should not exceed a total of three, and references should be limited to five.

14. Journal Publication

The *Convergence Hepatology* is published on the last day of March and September annually.

15. Publication Fees and Printing Costs

There is no publication fee for original articles or case reports, but authors may incur costs for design fees, plate-making fees, and any additional color or special printing. Offprints are produced upon request by the author, with a minimum of 30 copies, and authors bear the actual costs. When sending the proof to the corresponding author, a quotation related to offprint orders will be included.