1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

Articles in this category are not solicited by TBCR, but are instead submitted by the authors. All submitted articles are subject to peer-review, but unsuitable submissions may be rejected outright by the editors. The requirements for each submission category are as follows:

(1) Original Article
Originality and clinical impact are essential for acceptance of original articles. Original article should entail a section describing the contribution each author made to the manuscript, please refer to “Author contributions” section for details. Meta-analysis will be categorized into this type.
Structured abstract: 300 words (max)
Text: 5000 words (max)
References: not limited
Figures/tables (combined): not limited

(2) Review Article
A review article is a timely, in-depth focus on certain fields. Review articles are generally solicited by editors, but unsolicited ones may also be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution each author made to the manuscript, please refer to “Author contributions” section for details.
Unstructured abstract: 300 words (max)
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(3) Editorial Commentary
The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.
Authors: 5 (max)
Abstract: not required
Text: 2,500 words (max)
References: 25 (max)
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(4) Editorial
Editorials are written by recognised leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.
Authors: 5 (max)
(5) Case Report
Only cases of exceptional interest and novelty are considered.
Unstructured abstract: 300 words (max)
References: 20 (max)
Figures and tables (combined): not limited
Note: The authors should provide a statement at the end of the main text that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”
If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to be provide consent, then consent must be sought for the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

(6) Technical Note
Technical note should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.
Unstructured abstract: 250 words (max)
Text: 2,500 words maximum including abstract but excluding references, tables and figures.
References: 35 (max)
Figures/tables: 4 (max)

(7) Letter to the Editor
Letter to the Editor on content published in the journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.
Abstract: not required
Text: 1000 words (max)
References: 10 (max)
Figures and tables: not limited

2. PREPARATION OF THE TEXT
Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows: Title page; Abstract; Keywords; Text (see Content Specifications section above); Tables; Legends; Figures.
The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated

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The title page should include:
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3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author should be given;
4) The contribution made by each author should be briefly stated in the Authors’ Contributions section (See “Authors’ Contributions” in detail);
5) Footnote section: Conflicts of Interest (See specific statement in following Policy of Conflict of Interest) or Informed Consent according the article type;
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Abstract
The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Keywords
Following the Abstract, 3-5 keywords should be given.

Text
Authors must format their manuscripts with following subheadings: Background, Methods, Results and Conclusions
if the manuscript is an original article. However, we do not require these subheadings for review, case report and others, they can be written in several sections with their own headings according to the topic.

Tables
Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the tables should be defined at the bottom.

Legends
Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

Reference
A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years. Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text. The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in the order in which they appear consecutively [e.g., “cancer-related mortality (19),” “denocarcinoma (29, 30)”). If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

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Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: at least 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

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### 8. ETHICAL CONSIDERATIONS
Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/120index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

*For studies in the following categories: Randomized controlled trials or other intervention*
**research:** This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

**Case-control study:** A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

**Prospective cohort study:** In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

**Cross-sectional studies:** Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

**Basic or translational medical research using human specimens:**

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

◆ **For other categories:**

**Retrospective and ambispective cohort studies:** In these studies, the patients’ exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient’s personal data have been secured.

**Review, editorial and editorial commentary**

- No statement on medical ethics is required.

**Case report and visualized surgery:**

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

**Diagnostic accuracy tests:** These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

**Nested case-control study:** In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.

• The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:
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• State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.
• The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
• Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

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Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for Case report, original/research articles and technical note. The statement should be included in the footnote. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

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a. Conflicts of Interest: See section “Conflict of interest” for details.
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(III) Provision of study materials or patients:
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