Clinical Pediatric Hematology-Oncology

INSTRUCTIONS FOR AUTHORS

Enacted in May 8 1998
Recently revised in October 30 2021

Clinical Pediatric Hematology-Oncology (*Clin Pediatr Hematol Oncol, CPHO*) is the official journal of the Korean Society of Pediatric Hematology-Oncology (KSPHO). CPHO is a double-blind peer-reviewed, open access journal that delivers important clinical, translational and basic research results in pediatric hematology and oncology. It is published online (www.cpho.or.kr) and in print form biannually (April 30 and October 31) in English, encompassing Original Articles, Review Articles, Case Reports, Editorials, and Letter to the Editor. Any physicians or researchers who would like to submit a manuscript to CPHO are advised to carefully read the aims and scope section of this journal. Manuscripts submitted to CPHO should be prepared according to the following instructions for authors. CPHO follows the International Committee of Medical Journal Editors (ICMJE) "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (http://www.icmje.org/recommendations/) if otherwise not described below.

AIMS AND SCOPE

Clinical Pediatric Hematology-Oncology (*Clin Pediatr Hematol Oncol, CPHO*) is a double-blind peer-reviewed, open access journal and the official journal of the Korean Society of Pediatric Hematology-Oncology (KSPHO). CPHO aims to deliver new and important scientific knowledge and information regarding clinical and biological aspects of pediatric hematology-oncology contribute to the healthcare of children, adolescents and young adults. The areas of specific interest covered by CPHO include epidemiology and biology of pediatric hematology-oncology, hematopoiesis, benign hematologic disease, transfusion, immunology, pediatric hematologic malignancies, benign and malignant pediatric solid tumors, hematopoietic stem cell transplantation, supportive care, late effects and palliative care for childhood cancer. CPHO publishes Original Articles, Review Articles, Case Reports, Editorials and Letters to the Editor in English. CPHO is indexed/tracked/covered in Google Scholar, DOAJ (Directory of Open Access Journals), KoreaMed and Korea Citation Index (KCI).

RESEARCH AND PUBLICATION ETHICS

CPHO adheres to the ethical guidelines for research and publication described in the Guidelines on Good Publication (http://publicationethics.org/resources/guidelines) and ICMJE "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals" (http://www.icmje.org/recommendations/).

1. Authorship and Author's Responsibilities

Authorship credit should be based on the following 4 criteria of ICMJE Recommendations (http://www.icmje.org/recommendations/): (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data of the work; AND (2) Drafting of the article or revising it critically for important intellectual content; AND (3) Final approval of the version to be published; AND (4) Agreement to be accountable for all aspects of the work in ensuring the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

After the initial submission of the manuscript, any changes whatsoever in the authorship [adding author(s), deleting author(s), or re-arranging the order of authors] must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. A Copyright Transfer Agreement must be com-

pleted by every author.

The corresponding author takes primary responsibility for communicating with the journal during the manuscript submission, peer review, and publication process and typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, and clinical trial registration documentation and gathering conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries and critiques of the work in a timely manner and to critiques of the work and should cooperate with any requests from the journal for data, additional information, or questions about the paper even after publication. There is no limitation on the number of authors.

Persons or institutes who contributed to the article but who do not fulfill all four criteria of authorship stated above should be regarded as a non-author contributor, and referred to in the 'Acknowledgments' section of the manuscript. The role of any non-author contributor should be written in detail. Written consent from the non-author contributor should also be provided.

2. Readership

The primary readership of the journal comprises clinicians and researchers who care for children with hematologic and oncologic diseases, although we believe that members of other professional fields may also benefit from the journal.

- Researchers may obtain insight into recent clinical research in the field of pediatric hematology and oncology, as well as detailed research methods
- Clinicians in the field may obtain new information and recent developments in the care of patients
- Allied health professionals, including nurses, may obtain up-to-date information regarding the care of children with hematologic and oncologic diseases
- Medical students may achieve an understanding of recent trends in the field and learn from interesting cases
- Policy makers may gain an understanding of the results of nationwide health care policies for children with hematologic and oncologic diseases
- The public, especially the family members of patients, may learn about recent advances in the diagnosis and treatment of relevant diseases

3. Originality, Plagiarism, and Duplicate Publication

All submitted manuscripts should be original and must not have been previously published or simultaneously be under consideration for publication by other journals, Plagiarism and duplicate publication are forbidden. Fraudulent data should not be added to the manuscript. Parts of the accepted manuscript should not be duplicated in other journals without the permission of the Editorial Board.

Submitted manuscripts are screened for possible plagiarism or duplicate publication by Crossref Similarity Check (https://www.crossref.org/services/similarity-check/) which uses Turnitin's iThenticate software (http://www.ithenticate.com/). If plagiarism or duplicate publication is detected, the manuscript may be rejected, and the authors may incur other penalties.

4. Secondary Publication

It is possible to republish manuscripts if they satisfy the conditions of secondary publication of the ICMJE Recommendations (http://www.icmje.org/recommendations/).

5. Disclosure of Conflicts of Interest

Authors must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data of the submitted article. Examples of potential conflicts of interest are financial or non-financial support from or connections to pharmaceutical companies, and political pressure from special interest groups, All funding sources supporting the work, and institutional or corporate affiliations of the authors, should be acknowledged in the title page.

6. Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as https://cris.nih.go.kr/cris, or other sites accredited by World Health Organization as listed at http://www.who.int/ictrp/en/ or the ICMJE (www.icmje.org).

7. Statement of Human and Animal Rights

All research based on humans must be conducted according to the principles expressed in the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/), and must be approved by authors' institutional review board (IRB). For original articles and case reports involving human subjects, authors must show IRB approval on submission. Any article that contains personal medical information, photographs, or images of identifiable patients requires the patient's explicit informed consent before publication.

Research based on animals must be approved by the Institutional Animal Care and Use Committee (IACUC) of the investigator's institution, and be done in accordance with the NIH Guide for the Care and Use of Laboratory Animals.

8. Guidelines on Gender Parity of Research Participants

In clinical research of human subjects, the sex or gender of research participants must be described accurately. All research must include both male and female participants; if any research is limited to a single gender, the scientific rationale for the research must be clear.

In cell or animal-based research, the source, certification status and biological characteristics of cell lines and animals must be shown. Researchers should also aim for gender parity in animal-based research.

9. Statement of Informed Consent and IRB Approval

Copies of written informed consent and institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

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1. Copyright

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2. Open Access policy

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PREPARATION OF MANUSCRIPT

1. General Requirements

Manuscripts should be written in clear English, and submitted in the format of Microsoft Word. Manuscripts should be typed on A4 size, double-spaced, using font size of 12, with 3.0 cm margin on top, bottom, and left margins. All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their institutions should appear on the manuscript pages. Heading should be in bold letters, and aligned in the center.

2. Reporting Guidelines for Specific Study Designs

It is recommended for authors to follow the reporting guidelines for the specific study design, such as randomized control study (ie, CONSORT: Consolidated Standards of Reporting Trials), study of diagnostic accuracy (ie, STARD: Standards for Reporting of Diagnostic Accuracy), meta-analyses and systematic reviews of randomized controlled trials (ie, PRISMA: Preferred Reporting Items of Systematic Reviews and Meta-Analysis), meta-analyses and systematic reviews of observational studies (ie, MOOSE: Meta-analysis of Observational Studies in Epidemiology), and observational studies (ie, STROBE: Strengthening the Reporting of Observational Studies in Epidemiology).

3. Types of Manuscripts

Original Article is a manuscript containing results of clinical, laboratory, or experimental investigations. Original article should be organized in the order of Title page, Abstract, Introduction, Materials and Methods, Discussion, Acknowledgments, References, Tables and Figures. Length is limited to 300 words of structured abstract with four subsections (background, methods, results, and conclusion), 3,500 words of body text and 40 references.

Review Article is usually solicited by the Editor-in-Chief. Authors who wish to submit an unsolicited review should contact the Editor-in-Chief. Topics of scientific consensus or remaining controversial may be dealt with in the review. Review article should be organized in the order of Title page, Abstract, Introduction, Body text, Conclusion, Acknowledgments, References, Tables, and Figures. Length is limited to 300 words of unstructured abstract, 5,000 words of body text, and 100 references.

Case Report is a manuscript containing descriptions of unusual and interesting cases. Case report should be organized in the order of Title page, Abstract, Introduction, Case report, Discussion, References, Tables, and Figures. Abstract should be unstructured and its length should not exceed 250 words. Length is limited to 1,500 words of

body text, 15 references, and 4 images.

Editorial is usually written by the Editorial Board members. It focuses on articles presented in the corresponding issue. Length is limited to 1,200 words of body text and 40 references.

Letter to the Editor is a manuscript containing interesting cases or brief constructive comments on interesting topics in pediatric hematology and oncology. Letters may be edited by the Editorial Board. Corresponding author should be the first author. Length is limited to 1,500 words of body text and 10 references.

Summary of Article Type

	Abstract & Keywords	Main text	Figures (Including Videos) & Tables	References
Original Article	≤300 words; structured; graphical abstract optional but recommended	≤3,500 words	≤7 2 or more recommended	≤40
Review Article	≤300 words; unstructured; graphical abstract optional but recommended	≤5,000 words	Not limited 2 or more recommended	≤100
Case Report	≤250 words; unstructured	≤1,500 words	≤5 2 or more recommended	≤15
Editorial	N/A	≤1,200 words	≤3	≤40
Letter to the Editor	N/A	≤1,500 words	≤2	≤10

4. Structure of Manuscripts

Title Page

Title page should carry the following information: 1) Title of the manuscript with no more than 20 words. Only the first letter of the first word of the title should be capitalized; 2) Author list with authors' full name, institutional affiliations, and open researcher and contributor ID (ORCID, http://orcid.org/). The author's academic degree should be omitted. The affiliation in each case should be indicated by superscript of Arabic numbers; 3) The name, mailing address, telephone and fax numbers, e-mail address, and ORCID of the corresponding author; 4) Sources of support in the form of grants, equipment, drugs, or all of these; 5) Running title of no more than 50 characters including spaces; 6) Word counts for the body text.

Abstract and Key Words

Abstract should be concise. The length of the abstract should not be more than 300 words in original articles and review articles, and 250 words in case reports. For original articles, abstract must be structured with four subsections: Background, Methods, Results, and Conclusion. For review articles and case reports, a non-structured abstract is applied. Three to six key words should be listed at the end on the Abstract page. For the selection of key words, refer to Medical Subject Headings (MeSH, http://www.nlm.nih.gov/mesh).

Graphical Abstract

Although a graphical abstract is optional, its use is encouraged as it may increase readership of the article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531×1328 pixels (h×w) or proportionally larger. The image should be readable at a size of 6×11 cm using a regular screen resolution of 96 dpi. Preferred

file types: PPT, TIFF, JPEG, GIF, or EPS files. For questions on the graphical abstract, please contact journal@cpho.or.kr.

Introduction

Introduction should describe the purpose of the article concisely and include relevant background information.

Material and Methods

Authors should describe details of the study design, materials (subjects), and methods used in this order.

Clearly describe the selection of observational or experimental participants (healthy individuals or patients, including controls), including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age, sex, or ethnicity is not always known at the time of study design, researchers should aim for inclusion of representative populations into all study types and at a minimum provide descriptive data for these and other relevant demographic variables. 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., testicular leukemia). Authors should define how they determined race or ethnicity and justify their relevance. Authors should use neutral, precise, and respectful language to describe study participants and avoid the use of terminology that might stigmatize participants. In clinical research of human subjects, the sex or gender of research participants must be described accurately. All research must include both male and female participants; if any research is limited to a single gender, the scientific rationale for the research must be clear. In cell or animal-based research, the source, certification status and biological characteristics of cell lines and animals must be shown. Researchers should also aim for gender parity in animal-based research.

For experimental study, authors should describe the process in detail so that other researchers may replicate the experiment as closely as possible. The sources of special chemicals or reagents should be given along with the source location (name of company, city, state, and country). Machine and equipment should also be given their model name, city, state and country of manufacture in parenthesis. The statistical software program used should be described.

The study protocol must be approved by authors' Institutional Review Board (IRB). The animal study must be approved by the Institutional Animal Care and Use Committee (IACUC) of the investigator's institution.

Results

Results should be presented in logical sequence in the text, tables, and figures. Do not repeat all of the data in the tables or figures in the text but emphasize or summarize only the most important observations. Citation of tables and figures should be provided as Table 1 and Fig. 1.

Discussion

There should be an emphasis on the new and important aspects of the study. Do not repeat the results in detail or other information that is given in the Introduction or the Results section. Discuss according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Limitation and further requirements may be described. Conclusion should be stated briefly in the last paragraph of the Discussion section.

Acknowledgments

Persons or institutes who contributed to the article but not fulfilling all four criteria of authorship of ICMJE Recommendations (http://www.icmje.org/recommendations/) should be regarded as a non-author contributor, and referred to in the 'Acknowledgments' section of the manuscript. The role of any non-author contributor should be written in detail. Written consent from the non-author contributor should also be provided.

References

References should be numbered consecutively in the order in which they are cited in the text. Each reference should be cited as [1], [1,4] or [5-8] at the end of the related phrases in the text. The number of references should not be more than 40 in Original Article, 100 in Review Article and 15 in Case Report.

The abbreviated journal title should be used according to the list of Journals Indexed for MEDLINE (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals) and the list of KoreaMed Journals (https://koreamed.org/journals). List all authors up to 6, but if more than 6, list the first 3 authors and add "et al." Numbered references to Abstracts of conferences, personal communications, unpublished data, or manuscripts either "in preparation" or "submitted for publication" are unacceptable. If essential, such material can be incorporated at the appropriate place in the text. We recommend the use of a tool such as EndNote for reference management and formatting. Follow the NEJM styles (https://www.nejm.org/author-center/new-manuscripts) shown in the examples below:

1) Journal article

Suh WS, Cho MS, Lee JW, et al. Cytarabine monotherapy as bridging treatment for hematopoietic stem cell transplantation in children with juvenile myelomonocytic leukemia. Clin Pediatr Hematol Oncol 2012;19:92-9.

2) Book

Lanzkowsky P. Manual of pediatric hematology and oncology. 5th ed. San Diego: Elsevier Academic Press, 2011;87-122.
Ahn HS. Textbook of Pediatrics. 10th ed. Seoul: Mirae N Co, 2012;831-8.

3) Book chapter

Margolin JF, Rabin KR, Steuber CP, Poplack DG. Acute lymphoblastic leukemia. In: Pizzo PA, Poplack DG, editors. Principles and practice of pediatric oncology. 6th ed. Philadelphia: Lippincott Williams & Wilkins, 2011;518-65.

4) Website

Advisory Committee on Blood Safety and Availability. The 2007 national blood collection and utilization survey report. Washington, DC: Department of Health & Human Serviced, 2007. (Accessed July 1, 2011, at http://www.hhs.gov/ash/ blood-safety/2007nbcus_survey.pdf)

Tables

Tables must be cited in the order in which they appear in the text using Arabic numerals. Tables should have more than 4 rows and should not be over one page. All non-standard abbreviations should be explained in the footnotes, e.g., Abbreviations: NAIT, neonatal alloimmune thrombocytopenia; NA, not applicable. For special remarks, lower case letters in superscripts [a], [b], [c] ... should be used.

Figures

Color figures and pictures can be used when appropriate. Figures should be submitted as JPEG, TIFF, or Power

point files. Photographs including radiographs, CT/MRI scans, and scanned images must have a resolution of at least 300 dpi. If one figure is composed of several photographs, each one of them should be identified alphabetically, i.e. (A), (B), (C), etc., with a corresponding legend. Photo files may be up to 10 MB in size. Figures should be numbered using Arabic numerals, i.e., Figure 1, Figure 2, etc., and cited in the manuscript as (Fig. 1), (Figs. 3A and 3B), etc. Explanatory figure legends should be provided in end of the manuscript.

Arrows should be included in radiographs or histology figures to point out areas of interest described in the figure legends below the figures.

Inclusion of patient photographs as part of the manuscript requires the submission of a photo release form signed by the patient and/or guardians. The accompanying legend for the photograph should also specify that written consent from the patient and/or guardians was obtained for the submission and publication of the photograph.

General Text Style

- Nomenclatures: For medicine, use generic names. If a brand name should be used, insert it in parentheses after the generic name. Do not use the symbols ® or ™ unless necessary. To make the articles more readable and informative, the name of genes, enzymes and microorganisms should be written in italics, e.g., *BCR-ABL* mutations, *BCR-ABL* kinase, *N-myc* gene, and *E. coli*.
- Statistical Expression: Mean and standard deviation should be described as mean±SD, also mean and standard error as mean±SE. *P* should be uppercase and italicized to indicate statistical significance.
- Units: SI units (International System of Units) should be used. Unit for volume is "L", instead of "l" to avoid confusion. Leave a space between number and units as 5 mmHg, but 5% or 36°C is permitted. (Council of Science Editors. Scientific style and format. The CSE manual for authors, editors, and publishers, 7th ed. Reston: The Council, 2006.)
- Numbers: In the text, numbers should be Arabic numerals, except when beginning a sentence. Numbers greater than 999 should have commas, e.g., 10,000.
- Abbreviations: When using abbreviations, define the abbreviation completely in parentheses at first mention. Do not use non-standard abbreviations in the Title. Common hematological, immunological, molecular, and chemical terms can be used without definition in the Title, Abstract, Text, Tables, and Figure legends, e.g., RBC, WBC, ALL, AML, CML, CLL, IgG, HLA, ELISA, AIDS, DNA, cDNA, RNA, mRNA, PCR, bp, kb, and kDa. Hb (hemoglobin) and Hct (hematocrit) can be used without definition except in the Title. Other common abbreviations may be used without definition in Tables, e.g., hr (hour), sec (second), min (minute), d (day), wk (week), mo (month), y (year), N (sample size), P (statistical significance), mL (milliliter), SD (standard deviation of the mean), and SE (standard error of the mean).

ELECTRONIC SUBMISSION OF MANUSCRIPT

1. Electronic Submission of Manuscript

Authors are requested to submit their manuscripts electronically by using the online submission system of CPHO (http://cpho.or.kr). The site will guide authors step by step through the submission process. Figure files should be uploaded and also embedded in the manuscript file for the convenience of reviewers. Authors, reviewers, and editors can send and receive all correspondences through this online submission system. All procedures after submission are informed to the first and corresponding authors. Contact the Editorial Office via e-mail for specific inquiries, such as request of letter of acceptance for publication, request of change of authors, or other related requests. And authors who are unable to submit via online should contact the Editorial Office.

2. Checklist for Authors

You will be first requested to confirm the CPHO Checklist for Authors. Before submitting the new manuscript, please ensure every point listed in the CPHO Checklist for Authors (http://www.cpho.or.kr/authors/sub01.html) has been addressed.

PEER REVIEW PROCESS

1. Review Process

Clinical Pediatric Hematology-Oncology (Clin Pediatr Hematol Oncol, CPHO) is a double-blind peer-reviewed open access journal. CPHO reviews all manuscripts received. All submitted manuscripts are first screened upon arrival for possible plagiarism or duplicate publication by Crossref Similarity Check (https://www.crossref.org/services/similarity-check/) which uses Turnitin's iThenticate software (http://www.ithenticate.com/) upon arrival, and reviewed for its format by the manuscript editor. After the screening, the Editor-in-Chief sends the manuscript to an Associate Editor of the relevant field. The Associate Editor reviews and sends the manuscript to two peer reviewers in the corresponding field and the English Editor. In addition, if deemed necessary, a review of the manuscript's statistics may be requested to the Statistical Editor. The assigned reviewers can accept or reject the review request. Once the reviewers accept the request, they should submit their decision and comments on the manuscript within 2 weeks. Authors' names and affiliations are removed during peer review.

On the basis of the comments of the reviewers, the assigned Associate Editor primarily determines whether the article is acceptable or not. A decision is made as "acceptance", "minor revision", "major revision" or "rejection". The acceptance criteria for all papers are based on the quality and the originality of the research and its clinical and scientific significance. Acceptance of the manuscript is decided on the basis of the comments and the recommended decision of the reviewers. The authors can check comments and results of the peer review on the online system. The corresponding author will be contacted for revision by e-mail. After revising the manuscript, the corresponding author should submit the revised manuscript online with a reply describing the alterations that have been made in response to the reviewers' comments item by item. Failure to resubmit the revised manuscript within 60 days is regarded as a withdrawal.

Based on the opinion of the Associate Editors, the Editor-in-Chief will make a final decision on acceptance for publication or rejection for publication of the finally revised manuscripts. The Editor-in-Chief can request any further corrections or revisions if necessary. The final decision on acceptance for publication or rejection for publication will be forwarded to the corresponding author from the Editorial Office by e-mail. After acceptance, the final version of the manuscript should be submitted within 1 week of the request. The order of publication is the duty of the Editor-in-Chief. Any errors discovered in the articles after publication should be notified to the Editorial Office and be inserted in Erratum.

2. Appeals of Decision

Any appeal against the editorial decision must be made within 2 weeks of the date on the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail their reasons for the appeal. All appeals will be discussed with at least one other associate editor. If the associate editor(s) does not agree, the appeal will be discussed at a full editorial meeting. CPHO does not consider second appeals.

MANUSCRIPTS ACCEPTED FOR PUBLICATION

1. Final version

After the article has been accepted for publication, the author(s) should submit the final version of the manuscript within 1 week of the request. 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. The EPS, JPG, PPT, or TIF formats are the preferred digital files for photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible even after reduction to the journal's column widths. All symbols must be defined in the figure captions. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect the 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 2 days 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. Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, within 2 days, the editorial office (or printing office) must be notified of any errors found in the file within 2 days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

4. Errata, Corrigenda

For correcting errors in published articles, the corresponding author should contact the Journal's Editorial Office with a detailed description of the correction. Corrections that profoundly affect the interpretation or the conclusions of the article will be reviewed by the Editors. Corrections will be published as Corrigenda (corrections of authors'errors) or Errata (corrections of publisher's errors) in a later issue of the Journal.

PUBLICATION PAGE CHARGES

There are no charges for the article submission or article processing for publication.
All costs for the publication process are supported by the Publisher.

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The Korean Society of Pediatric Hematology-Oncology