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To achieve these purposes, the JCGG Topics covered by the journal include but are not limited to health service research for older adults, clinical trials involving Asian populations (including Asian expatriates, and persons of Asian descent outside Asia), international and comparative research, as well as interdisciplinary clinical gerontology research.

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ABSTRACTING AND INDEXING

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Review articles, Original articles, Brief communications, Case reports and Letters to the Editor are considered for publication. The Editorial Board requires authors to be in compliance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at http://www.icmje.org.

These Instructions to Authors are revised periodically by JCGG Editors as needed. Authors should consult a recent issue of the Journal or visit www.jcgg-online.com for the latest version of these instructions. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

Article Categories
The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

Editorials
Editorials are short articles or comments concerning a specific paper in the Journal or a topical issue in the field. Although they are normally invited, unsolicited editorials may be submitted and will be given due consideration.

Format guide
• Word limit: 1500 words
• References: 10 or less

Review Articles
These articles aim to provide the reader with a balanced overview of an important and topical issue in research or clinical practice. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Format guide
• Word limit: 4500 words
• Abstract: unstructured, up to 250 words
• References: 80 or less
• Tables/Figures: 6 maximum
**Original Articles**

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

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The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

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The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

**Format guide**

- Word limit: 3500 words
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**Brief Communications**

These reports should be concise presentations of preliminary experimental results, instrumentation and analytical techniques, or aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

The Editors reserve the right to decide what constitutes a Brief Communication.

**Format guide**

- Word limit: 1500 words
- Abstract: unstructured, up to 150 words
- References: 15 or less
- Tables/Figures: 2 maximum
- No subheadings

**Case Reports**

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance.

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The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature.
The Case Presentation should include statements of the problem, patient history, diagnosis, treatment, outcome and any other information pertinent to the case(s).

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Format guide
- Author: 6 or less
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- Abstract: unstructured, up to 250 words
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- Tables/Figures: 3 maximum

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Letters should have a title, and include the corresponding author's mailing and e-mail addresses.

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- Tables/Figures: 1 maximum

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For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects. Available at: http://www.wma.net/en/30publications/10policies/b3/17c.pdf).

For investigations in humans, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adults and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).
For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the European Commission Directive 86/609/EEC for animal experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm) should be followed and the same should be stated in the methods section of the manuscript.

**Disclosure of Conflicts of Interest**

A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. JCGG Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it is difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

Please ensure that any conflicts of interest and sources of funding are fully declared on page 2 of the JCGG Authorship & Conflicts of Interest Statement form.

**Reporting Clinical Trials**

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to http://www.consort-statement.org for more information). This JCGG has adopted the ICMJE proposal from the International Committee of Medical Journal Editors (ICMJE) that require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article.

For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at http://www.icmje.org.

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A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable. State explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects or from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

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All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

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(5) Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See Section 4 for more information.

(6) Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. See Section 5 for more information.

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**Title Page**

The title page should contain the following information (in order, from the top to bottom of the page): article category, article title, names (spelled out in full*) and academic degrees of all authors, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author’s name and in front of the matching affiliation. Corresponding author details (name, e-mail, mailing address, telephone and fax numbers)

*The name of each author should be written with the family name last, e.g., Wan-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work.

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An abstract (no longer than 300 words) is required for the following article categories: Review Articles, Original Articles, Brief Communications and Case Reports.

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**Background/Purpose**: briefly explain the importance of the study topic and state a precise study question or purpose.

**Methods**: briefly introduce the methods used to perform the study; include information on the study design, setting, subjects, interventions, outcome measures and analyses as appropriate.

**Results**: briefly present the significant results, with data and statistical details such as p values where appropriate; be sure that information in the abstract matches that in the main text.

**Conclusion**: state the meaning of your findings, being careful to address the study question directly and to confine your conclusions to aspects covered in the abstract; give equal emphasis to positive and negative findings.
Abstracts for Review Articles, Brief Communications and Case Reports should be unstructured, in one single paragraph with no section headings, but include information on the background/purpose of the report, methods (as appropriate), results (or case report), and conclusions.

An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

No abstract or keywords are required for Editorials and Letters to the Editor. For all article categories, 3-5 relevant keywords should be provided in alphabetical order. Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html). Avoid general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

Main Text

The text for Original Articles and Brief Communications should be organized into the following sections: Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. Subheadings in long papers are acceptable if needed for clarification and ease of reading. Sections for Case Reports are: Introduction, Case Presentation, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. Each section should begin on a new page.

Abbreviations

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary and ensure consistency of abbreviations throughout the article.

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Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the Eighties or nineteenth century. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

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Statistical Requirements
Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature of statistical methods (e.g., two sample t test, not unpaired t test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail.

All p values should be presented to the third decimal place for accuracy. The smallest p value that should be expressed is \(p < 0.001\), since additional zeros do not convey useful information; the largest p value that should be expressed is \(p > 0.99\).

Personal Communications and Unpublished Data
These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

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Since it is difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the JCGG requires authors to disclose all and any potential conflicts of interest and let readers judge for themselves. Therefore, please ensure that you provide information about any potential financial and non-financial conflicts of interest (see Section 2 for more information) in a concise paragraph after the main text.

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General Guidelines
The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Section 9.7.

Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details (such as their name and date of birth) of the patient must be removed. If their face is shown, use a black bar to cover their eyes so that they cannot be identified (for further information, see www.elsevier.com/patientphotographs).

All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section 9.8.2 below). The files should be named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg".

Formats
Regardless of the application used, when your electronic artwork is finalized, please "save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below): EPS: Vector drawings. Embed the font or save the text as "graphics". TIFF: Color or grayscale photographs (halftones) - always use a minimum of 300 dpi. TIFF: Bitmapped line drawings - use a minimum of 1000 dpi. TIFF: Combination of bitmapped line/half-tone (color or grayscale) - a minimum of 600 dpi. DOC, XLS or PPT: If your electronic artwork is created in any of these Microsoft Office applications, please supply "as is". Please do not: Supply
files that do not meet the resolution requirements detailed above; Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low; Submit graphics that are disproportionately large for the content.

A detailed guide on electronic artwork is available at http://www.elsevier.com/artworkinstructions

**Tables**

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

**References**

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

*In the Main Text, Tables, Figure Legends*

- References should be indicated by superscripted numbers according to order of appearance in the text, and placed after punctuation. [The actual authors can be referred to, but the reference number(s) must always be given.]
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
- Do not cite abstracts unless they are the only available reference to an important concept.
- Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references. Also see Section 9.3.7.

*In the References List*

- References should be limited to those cited in the text and listed in numerical order, NOT alphabetical order.
- References should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.
- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by "et al".
- Abbreviations for journal names should conform to those used in MEDLINE.
- If citing a website, provide the author information, article title, website address and the date you accessed the information.
- Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

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**Journal article not in English but with English abstract**


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**Book with editors**

**Book chapter in book with editor and edition**

**Book series with editors**

**Bulletin**

**Electronic publications**


**Item presented at a meeting but not yet published**

**Item presented at a meeting and published**

**Theses**

**Website**

**Company/manufacturer publication/pamphlet**

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