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Korean Society of Obstetrics and Gynecology
Korean Society of Maternal Fetal Medicine
Korean Society of Gynecologic Endocrinology
Korean Society of Gynecologic Endoscopy
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제품		
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	일반 우유	베지밀 토들러
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[Reference] 1. Köhler G, et al. A dose-ranging study to determine the efficacy and safety of 1, 2 and 4 mg of dienogest daily for endometriosis. *Int J Gynaecol Obstet* 2010;108:21-25. 2. Strowitzki T, et al. Dienogest in the treatment of endometriosis-associated pelvic pain: a 12-week, randomized, double-blind, placebo-controlled study. *Eur J Obstet Gynecol Reprod Biol* 2010;151:193-198. 3. Petraglia F, et al. Reduced pelvic pain in women with endometriosis: efficacy of long-term dienogest treatment. *Arch Gynecol Obstet* 2012;285:167-173. 4. Strowitzki T, et al. Dienogest is as effective as leuprolide acetate in treating the painful symptoms of endometriosis: a 24-week, randomized, multicenter, open-label trial. *Hum Reprod* 2010;25:633-641. 5. Strowitzki T, et al. Detailed analysis of a randomized, multicenter, comparative trial of dienogest versus leuprolide acetate in endometriosis. *Int J Gynecol Obstet* 2012;117:228-233. 6. Strowitzki T, et al. Safety and tolerability of dienogest in endometriosis: pooled analysis from the European clinical study program. *Int J Womens Health* 2015;7:393-401. 7. Moehner S, et al. Long-term treatment of endometriosis with dienogest: Real-world results from the VIPOS study. *JEPPD*. 2021;13(2):104-110.

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Obstetrics & Gynecology Science

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the health policies especially for maternal health.

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The editor selects peer referees by recommendation of the editorial board members or from the specialist database owned by the editorial board. All papers undergo double-blind peer review by two or more reviewers and an editor. Acceptance of the manuscript is decided based on the quality and originality of research and its clinical and scientific significance by the referees. This journal uses a double-blind review, which means that identities of both the reviewer and author are concealed from the reviewers, and vice versa, throughout the review process. A referee's decision is given as "accept," "minor revision," "major revision," and "reject." If there is a marked discrepancy in the decisions between two referees or in opinions between the author and referee(s), the editor may send the manuscript to another referee for additional comments and a recommended decision. An initial decision will normally be made within four weeks of receipt of a manuscript, and the reviewers' comments will be sent to the corresponding authors by e-mail. Revised manuscripts must be submitted online by the corresponding author, who must

indicate the alterations that have been made in response to the referees' comments item by item. Failure to resubmit the revised manuscript within eight weeks of the editorial decision is regarded as a withdrawal. If manuscripts from Editor-in-Chief or Associate Editors are submitted, it is also treated through same process with other manuscripts. However, those authors are not involved in the peer reviewer selection, review process, or final decision.

Article Processing Charges

There are no page charges for submission or publication.

MANUSCRIPT CATEGORIES

The journal focuses on clinical and experimental studies, reviews, and short communications. Any physician or researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. However, manuscripts should be submitted in English.

[1] Original Articles

Original articles are reports of basic or clinical investigations. The maximum length of a manuscript is 3,500 words of body text, excluding the abstract, references, figures, and tables. These articles are limited to 40 references. The manuscript should be organized in the following sequence: title page, the abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figures with their legends.

[2] Reviews

Reviews are invited by the editor and should be comprehensive analyses of specific topics. Authors who wish to submit unsolicited reviews should contact the editor-in-chief to determine appropriateness of reviews for publication in OGS. These articles are organized as follows: title page, the abstract and keywords, introduction, body text, conclusion, acknowledgments, references, tables, and figures with their legends. The maximum word count is 4,500 words of body text, excluding the abstract, references, tables, and figures. The editors also suggest a limit of 150 references.

[3] Short Communications

A short communication is a definitive report of highly significant findings in the field; it receives a very rapid review and, if accepted, is published within an average of 12 weeks from receipt.

A manuscript should not exceed 1,500 words and must contain an unstructured abstract of approximately 150 words, a one-paragraph introduction, an abbreviated materials and methods section, a results section, and a concise discussion section. There should be no more than 20 references and no more than two tables (including figures).

[4] Letter to the Editor

A letter to the editor provides brief comments in response to a specific published article in OGS. A letter addressing an article published in one of the three previous issues will be considered. The editor-in chief may invite the author(s) of the published article to reply in writing. A published letter is accompanied by either a reply from the original author(s) or the statement, "Reply declined." A letter must include a title page (including your affiliation, full address, and e-mail address), conflict of interest disclosure, and a Statement of Authorship signed by all authors. A letter can be signed by no more than four authors and must not exceed 1,000 words (excluding references); only one table or figure may be included (if essential). Additionally, no more than five references are allowed. Letters to the editor should deal with short clinical cases of medical interest or innovation. All letters should be recommended by the journal's editors. Please do not upload your case report as a letter on the submission website. No abstract or keywords are required, and text should be formatted in one continuous section.

[5] Video Articles

Video articles are published in full online and include the abstract, video file, and still image. Video authors have the ability to present their scientific findings through visual media. All submitted files should be properly labeled so that they directly relate to the video articles' content. The maximum file size is 350MB (after conversion to MP4) and the video should not exceed 10 minutes. Formats accepted for conversion include MPG, AVI, MOV, WMA, WMV, SWF, RM, and FLA. An audio narration in English must accompany the video without music soundtracks. Please provide a video still image file as well. It can be any frame from the video or may be a separate. There should be a manuscript submitted with the video that includes a title page, structured abstract, body of text, and disclosures, as well as references (if needed). The abstract should not exceed 250 words and must describe concisely, in a paragraph, the following: Objective, Methods, Results, and Conclusion. The body text should not exceed 1,000 words, and there should be no more than 20 references. A video file should

be submitted by using a URL/URI/External Resource.

MANUSCRIPT PREPARATION

Manuscripts for submission to OGS should be prepared according to the following instructions. The journal follows the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (<http://www.icmje.org/recommendations/>), commonly known as "the Vancouver style," if not otherwise described below.

General Guidelines

After entering information about the authors, the manuscript title, abstract, keywords, and other details, you will be prompted to upload your files. The main document with manuscript text and tables should be prepared with in Microsoft Word.

- The main document should be organized in the following order: title page, the abstract and keywords, introduction, materials and methods, results, discussion, acknowledgments, references, tables, and figures with their legends.
- The manuscript should be written in 10-point font with double spacing on A4-sized paper (21.0×29.7 cm) with 2.5 cm margins (top, bottom, right, and left).
- Manuscript pages are to be numbered consecutively, centered at the bottom of each page and beginning without the title page as page 1.
- The use of acronyms and abbreviations is discouraged and should be kept to a minimum. Acronyms and abbreviations cannot be used in the title. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.
- Drug and chemical names should be stated in standard chemical or generic nomenclature. Units of measure should be presented according to the International System (SI) of units.

1) Title Page

Include the following items on the title page: title of the article, full names of authors, academic degrees, and institutional affiliations of all authors. A short running head must also be provided, consisting of fewer than 40 characters including spaces. When addresses of authors differ, begin with the name of the organization where the primary research was conducted and follow with the names of the other organizations along with the authors' names, listed in numerical order. At the bottom of the title page, identify the corresponding author and include his/her postal address and

e-mail address.

2) Abstract and Keywords

The abstract should not exceed 250 words and describe concisely, in a paragraph, the following: Objective, Methods, Results, and Conclusion. Up to five keywords should be listed below the abstract as index terms. For the selection of keywords, refer to Medical Subject Headings (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>) in Medline.

3) Introduction

Briefly describe the purpose of the investigation, including relevant background information.

4) Materials and Methods

Describe the research plan, materials (or subjects), and methods used, in that order. Explain in detail how the disease was confirmed and how subjectivity in observations was controlled. When experimental methodology is the main issue of the paper, describe the process in detail so as to recreate the experiment as closely as possible. The sources of the apparatus or reagents used should be given along with the source location (name of company, city, state, and country). Information regarding institutional review board/ethics committee approval or waiver and informed consent should be stated. Methodology for statistical analyses and criteria for statistical significance should be described.

5) Results

Results should be presented in a logical sequence in the text, tables/figures, and illustrations. Do not repeat in the text all data that appear in the tables or figures; you may, however, describe important points and trends.

6) Discussion

Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the introduction or results. Explain the meaning of observed opinions along with their limits; within the limits of the research results, connect the conclusion to the purpose of the research.

7) Acknowledgments

If necessary, persons who have made substantial contributions but who have not met the criteria for authorship are acknowledged

here.

8) Ethical Approval

Clinical studies or experiments using laboratory animals or pathogens should mention approval of the studies by relevant committees in this section. The sources of special chemicals or preparations should be given along with their location (name of company, city and state, and country). Method of statistical analyses and the criteria for determining significance levels should be described. An ethics statement should be placed here when the studies are performed using clinical samples or data, and animals.

9) Patient Consent

All authors are required to follow the ICMJE requirements (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>) on privacy and informed consent from patients and study participants. Confirm that any patient, service user, or participant in any research, experiment, or clinical trial described in the paper has given written consent to the inclusion of material pertaining to themselves; and that authors have fully anonymized them.

10) Funding Information

All sources of funding applicable to the study, disclosure of potential conflicts of interest (including financial interests, activities, relationships, and affiliations), information on previous presentations, and any important disclaimers should be stated explicitly here.

11) References

In the text, references should be cited with Arabic numerals in brackets in the order cited. In the References section, the references should be numbered in order of appearance in the text (in English). List all authors if there are less than or equal to six authors. List the first six authors followed by "et al." if there are more than six authors. If an article has been published online but has not yet been given an issue or pages, the digital object identifier (DOI) should be supplied. Journal titles should be abbreviated in the style used in Medline. If the reference is in Korean, then provide the English version in the references list. Other types of references not described below should follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

• **Journal articles:**

1. Park JH, Chung D, Cho HY, Kim YH, Son GH, Park YW, et al. Random urine protein/creatinine ratio readily predicts proteinuria in preeclampsia. *Obstet Gynecol Sci* 2013;56:8-14.
2. Reed SD, Newton KM, Garcia RL, Allison KH, Voigt LF, Jordan CD, et al. Complex hyperplasia with and without atypia: clinical outcomes and implications of progestin therapy. *Obstet Gynecol* 2010;116:365-73.

• **Entire book:**

3. Korean Society of Obstetrics and Gynecology. *Gynecology*. 4th ed. Seoul: Korean Medical Book Publisher; 2007.

• **Part of a book:**

4. Holschneider CH, Berek JS. Valvar cancer. In: Berek JS, Novak E, editors. *Berek & Novak's gynecology*. 14th ed. Philadelphia (PA): Lippincott Williams & Wilkins; 2007. p.1549-80.

• **Conference paper:**

5. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. *Proceedings of the 10th World Congress on Pain*; 2002 Aug 17-22; San Diego, CA. Seattle (WA): IASP Press; 2003. p.437-68.

• **Online publication:**

6. Dieci MV, Barbieri E, Piacentini F, Ficarra G, Bettelli S, Dominici M, et al. Discordance in receptor status between primary and recurrent breast cancer has a prognostic impact: a single-Institution analysis. *Ann Oncol* 2012 Sep 20 [Epub]. <https://doi.org/10.1093/annonc/mds248>.

• **Online sources:**

7. American Cancer Society. Cancer reference information [Internet]. Atlanta (GA): American Cancer Society; c2012 [cited 2012 Oct 20]. Available from: http://www.cancer.org/docroot/CRI/CRI_0.asp.
8. National Cancer Information Center. Cancer incidence [Internet].

Goyang (KR): National Cancer Information Center; c2012 [cited 2012 Oct 20]. Available from: <https://www.cancer.go.kr/lay1/S1T1C504/sublink.do>.

12) Tables

- Each table should have a title, begin on a new page, and be numbered with an Arabic numeral in the order in which it is cited in the text.
- The title and contents of a table should be written in concise and clear English so that the reader can understand the table without referring to the text.
- The total number of tables shall not exceed five.
- Within a table, if a non-standard abbreviation or description is necessary, elaborate with an annotation below the table. Insert lower case, superscript letters a), b), c), etc., to the right of terms that need explanation. The annotation (preceded by the respective lower case letter) should appear below the table.
- Statistical measures, such as SD or SEM, should be identified.
- Vertical or horizontal lines between entries should be omitted.

13) Figures

- Upload each figure as a separate image file.
- The figure images should be provided in EPS or TIF format—although the JPEG format is allowed for color figures—in high resolution (preferably 300 dpi for figures and 600 dpi for line art and graphs).
- If figures are not original, the author(s) must contact each publisher to request permission to reprint; include information regarding permission to reprint in a footnote below the figure.
- Figures should be numbered, using Arabic numerals, in the order in which they are cited in the text.
- In the case of multiple images within the same figure, use capital letters after the numeral to indicate the correct order (e.g., Fig. 1A, Fig. 1B).
- The total number of figures shall not exceed five.
- A figure legend should be a one-sentence description (rather than a phrase or a paragraph) in English.

PROCESS FOR IDENTIFICATION OF AND DEALING WITH ALLEGATIONS OF RESEARCH MISCONDUCT

1. Step to Prevent Research Misconduct

The journal adheres to the ethical guidelines for research and publication described in "Good Publication Practice Guidelines for Medical Journals" (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=) and "Guidelines on Good Publication" (<http://www.publicationethics.org/resources/guidelines>). When journal faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and other issues, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). Editorial Board will discuss the suspected cases and reach a decision. The journal will not hesitate to publish erratum, corrigendum, clarifications, retractions, and apologies when needed.

2. COPE's Guideline

The resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>).

PUBLICATION ETHICS

1. Authorship and Contributorship

The OGS follows the recommendations for authorship by the ICMJE, 2017 (<http://www.icmje.org/icmje-recommendations.pdf>) and Good Publication Practice Guidelines for Medical Journals 2nd Edition (KAMJE, 2013, https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7&per_page=). Authorship credit should be based on 1) Substantial contributions to the conception

or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet conditions of 1, 2, 3, and 4. In addition, an author should be accountable for the parts of the work he or she has done and should be able to identify which co-authors are responsible for specific other parts of the work. Authors should have confidence in the integrity of the contributions of their coauthors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged as contributors not be authors. These authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

A corresponding author should be designated when there are two or more authors. The corresponding author is primarily responsible for all issues to the editor and audience.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship.

Contributorship is a concept that was applied initially to original research papers and it is sometimes difficult to define for other articles. Each contributorship statement should clarify the specific

contributions of individuals to planning, performing, and reporting the work described in the article, as well as identify one, or occasionally more, contributor(s) as being responsible for the overall content as guarantor(s).

2. Complaints and Appeal

The policy of OGS is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from:

<https://publicationethics.org/appeals>

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problem. If any individuals or institutions want to inform the cases, they can send a letter via the contact page on our website: <https://ogscience.org/index.php?body=contact>. For the complaints or appeals, concrete data

Table 1. Examples of data sharing statements that fulfill these ICMJE requirements*

Element	Example 1	Example 2	Example 3	Example 4
Will individual participant data be available (including data dictionaries)?	Yes	Yes	Yes	Yes
What data in particular will be shared?	All individual participant data collected during the trial, after deidentification.	Individual participant data that underlie the results reported in this article, after deidentification (text, tables, figures, and appendices).	Individual participant data that underlie the results reported in this article, after deidentification (text, tables, figures, and appendices).	Not available
What other documents will be available?	Study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code	Study protocol, statistical analysis plan, analytic code	Study protocol	Not available
When will data be available (start and end dates)?	Immediately following publication. No end date.	Beginning at 3 months and ending at 5 years following the article publication.	Beginning at 9 months and ending at 36 months following the article publication.	Not available
With whom?	Anyone who wishes to access the data.	Researchers who provide a methodologically sound proposal.	Investigators whose proposed use of the data has been approved by an independent review committee ("learned intermediary") identified for this purpose.	Not available
For what types of analyses?	Any purpose	To achieve aims in the approved proposal.	For individual participant data meta-analysis.	Not available
By what mechanism will data be made available?	Data are available indefinitely at (link to be included).	Proposals should be directed to xxx@yyy. To gain access, data requestors will need to sign a data access agreement.	Proposals may be submitted up to 36 months following article publication. After 36 months the data will be available in our University's data warehouse but without investigator support other than deposited metadata.	Not available
		Data are available for 5 years at a third-party website (link to be included).	Information regarding submitting proposals and accessing data may be found at (link to be provided).	Not available

*ICMJE = International Committee of Medical Journal Editors.

with answers to all factual questions (who, when, where, what, how, why) should be provided.

The Editor, Editorial Board, or Editorial Office is responsible for complaints and appeals. A legal consultant or ethics editor may be able to help with the decision making. The consequence of remedy depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the Committee of Publication Ethics (COPE).

3. Conflict-of-Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest include financial support from or connections to pharmaceutical companies, political pressure from interest groups, and related academic issues. In particular, all sources of funding applicable to the study should be explicitly stated. Disclose any potential conflicts of interest in the Acknowledgments section of the manuscript. Authors without conflicts of interest should also include a statement in the Acknowledgments section confirming that no such interests exist. When Editor-in-Chief or Deputy Editor submit the manuscripts, they are excluded from peer review process including the reviewer selection, evaluation, and final decision.

4. Clinical Data Sharing Policy

This journal follows the data sharing policy described in "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors" (<https://doi.org/10.3346/jkms.2017.32.7.1051>). As of July 1, 2018 manuscripts submitted to ICMJE journals that report the results of interventional clinical trials must contain a data sharing statement as described below. Clinical trials that begin enrolling participants on or after January 1, 2019 must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>.

If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record. All of the authors of research articles that deal with interventional clinical trials must submit data sharing plan of example 1 to 4 in Table 1. Based on the degree of sharing plan, authors should deposit their data after deidentification and report the DOI of the data and the registered site.

5. Ethical Oversight

All submitted manuscripts should be original; further, they should not be under consideration for publication by other scientific journals. Any part of the accepted manuscript may not be duplicated in any other scientific journal without the permission of the editorial board. If duplicate publication related to a paper in this journal is detected, the author(s) will be named in the journal, and the respective institute(s) of affiliation will be informed; additionally, there will be penalties for the author(s). Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening.

6. Intellectual Property

All published papers become the permanent property of the Korean Society of Obstetrics and Gynecology. Copyrights of all published materials are owned by the Korean Society of Obstetrics and Gynecology.

7. Post-Publication Discussions

The post-publication discussion is available through letter to editor. If any readers have a concern on any articles published, they can submit letter to editor on the articles. If there founds any errors or mistakes in the article, it can be corrected through erratum, corrigendum, or retraction.

Submission Checklist

Obstetrics & Gynecology Science

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Instructions for Authors for further details of any item.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded, and contain:

- Abstract, keywords
- All figure captions
- All tables (including title, description, footnotes)

Further considerations

- Manuscript has been 'spell-checked' and 'grammar-checked'.
- References are in the correct format for this journal.
- All references mentioned in the Reference list are cited in the text, and vice versa.
- Permission has been obtained for use of copyrighted material from other sources (including the Web).
- Color figures are clearly marked as being intended for color reproduction on the Web (free of charge) and in print, or to be reproduced in color on the Web (free of charge) and in black-and-white in print.
- If only color on the Web is required, black-and-white versions of the figures are also supplied for printing purposes.

Conflict of Interest Form

Obstetrics & Gynecology Science

Corresponding Author Name _____

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Manuscript Title _____

As an integral part of the online submission process, the corresponding authors are required to confirm whether they or their co-authors have any conflicts of interest to declare, and to provide details of these. At the point of submission, Korean Society of Obstetrics & Gynecology policy requires that each author discloses any financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications, or opinions stated.

Author Signed Declarations

Use more forms if needed to add names.

By signing this conflict of interest form, each and every undersigned author agrees as follows: To the best of my knowledge, I have no relevant financial relationships except as follows (please list any possible exceptions below the author name).

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Korean Society of Contraception and Reproductive Health

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