

## INSTRUCTION FOR AUTHORS

Thank you for your interest in *Digestive Medicine Research (DMR)*. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

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### 1. ABOUT THE JOURNAL

The mission of *Digestive Medicine Research (Dig Med Res; DMR)* is to deliver up-to-date and authoritative coverage of basic, translational, clinical research and operative techniques in digestive diseases, including but not limited to esophagology, gastroenterology, hepatobiliary pancreas, and related fields. Consistent with its mission, DMR as an international peer-reviewed open-access journal focuses on Original Articles, Review Articles, Case Reports, and Visualized Surgery (“How I Do It”).

*Digestive Medicine Research (DMR)* is the official journal of The Seventh Affiliated Hospital of Sun Yat-sen University. Under the auspices of the hospital, DMR warmly welcome authors who will identify new findings that are changing the practice of medicine and to advise readers how to apply them in daily patient care. All submissions and review processes of DMR are conducted electronically to expedite the reviews and publication process. DMR features fast-track publication, which means articles are going to be published promptly once accepted, without delay in fitting

the publication frequency.

Manuscripts must be prepared in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” developed by the International Committee of Medical Journal Editors (N Engl J Med 1991;324:424-428). Manuscripts submitted must not be under consideration for publication elsewhere.

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### 2. MANUSCRIPT CATEGORIES

#### (1) Original Article

Word limit: 5000 words maximum including abstract but

excluding references, tables and figures.

Abstract: 450 words maximum, with sub-headers (Background, Methods, Results and Conclusions).

References: no maximum.

Figures/ tables: no maximum, but 8 figures should be preferable.

Audio/video material: If there is any audio/video, the paper to which the audio/video clip relates should be mentioned in the recording. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the DMR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Written consent from all parties must be supplied at submission. More detailed instruction for preparing a video, please refer to the “Video” section.

Description: Full-length reports of current research in either basic or clinical science. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Original articles should entail a section describing the contribution of each author to the manuscript. See section “Authors’ Contribution” for details. Meta-analysis will be categorized into this type.

These submissions will undergo full peer review.

## **(2) Review Article**

Reviews should provide a definitive and comprehensive review of a major topic connected with digestive medicine.

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Reviews are comprehensive analyses of specific topics. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author made to the manuscript. See section “Author contributions” for details.

## **(3) Short Communication**

Word limit: 3,500 words maximum including abstract but

excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: maximum 3 figures or tables.

Description: A small-scale study that includes important new information may be published as a short communication.

## **(4) Case Report**

Word limit: 1,500 words maximum excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: 20 maximum.

Figures/ tables: 3 maximum.

Audio/video material: If there is any audio/video, the paper to which the audio/video clip relates should be mentioned in the recording. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the DMR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Written consent from all parties must be supplied at submission. More detailed instruction for preparing a video, please refer to the “Video” section.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in digestive medicine. The text should be arranged as follows: Introduction, Case Report, Discussion. Only cases of exceptional interest and novelty are considered.

The authors should provide a statement at the end of the main text to confirm 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 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 provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the 'Consent' section of the manuscript should be amended accordingly.

These submissions will undergo full peer review.

#### **(5) Technical Note**

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 10 maximum.

Audio/video material: The paper to which the audio/video clip relates should be mentioned in the recording. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the DMR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Written consent from all parties must be supplied at submission. More detailed instruction for preparing a video, please refer to the "Video" section.

Description: Technical notes articles 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. These submissions will undergo full peer review.

#### **(6) Visualized Surgery**

"Visualized Surgery" is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed "how to" multimedia manual for operative procedures.

The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include

four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged.

The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the DMR reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Written consent from all parties must be supplied at submission. More detailed instruction for preparing a video, please refer to the "Video" section.

#### **(7) Brief Report**

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 8 maximum.

Description: A short report on new and interesting observations concerning digestive medicine that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

#### **(8) Editorial**

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: Editorial is written by recognized leader(s) in the field. It is generally solicited by the (Deputy) Editor(s)-in-Chief.

These submissions will undergo an in-house review to determine suitability for publication.

#### **(9) Editorial Commentary**

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: 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.

### **(10) Correspondence**

Word limit: 1,000 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 10 maximum.

Figures/tables: Only 1 table or figure.

Description: Correspondence 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.

These submissions will undergo an in-house review to determine suitability for publication.

### **(11) Meeting Report**

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 350 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/ Tables: no maximum, but 8 figures should be sufficient.

Description: Reports of meetings, symposia, congress and conferences related to digestive medicine. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

These submissions will undergo full peer review.

### **(12) Clinical Guideline**

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

These submissions will undergo full peer review.

## **3. STRUCTURE OF THE MANUSCRIPT**

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures.

### **Title Page**

The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote.

In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the systematic review/meta-analysis, original article and review article, the contribution of each author must be specified.

### **Abstract And Keywords**

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results and conclusions. Do not use reference, table or figure in

the abstract. It must be factual and comprehensive. The structured abstract should state the background, methods, results, and conclusions. The use of abbreviations and acro-nyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. The abstract of a systematic review/meta-analysis, original article and review article should be structured into four paragraphs with sub-headers of background, methods, results and conclusions. The abstracts for all other manuscript types should be unstructured.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

### **Text**

Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, viewpoint, commentary and others do not have those clear sections, they can be written in several sections with their own headers according to the topic.

### **Author Contributions**

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

- (I) Conception and design:
- (II) Administrative support:
- (III) Provision of study materials or patients:
- (IV) Collection and assembly of data:
- (V) Data analysis and interpretation:
- (VI) Manuscript writing: All authors

(VII) Final approval of manuscript: All authors

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

### **Acknowledgments**

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate ‘Acknowledgements’ section as ‘None’.

DMR policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial 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 including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

### **Footnote**

- a. Conflicts of Interest: See section “Conflict of interest” for details.
- b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”. When there is no financial disclose, authors should also indicate “Financial Disclose” section

as “None”.

- c. Ethical statement: the authors are 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. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

## References

In the text, references should be cited using Arabic numerals in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “heart failure (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 three or more, 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. Names of journals should be abbreviated in the style used in Pubmed.

Authors are responsible for the accuracy of the references. The format of reference sees as follow.

### ❖ Journal article

e.g.: Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

### ❖ Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

e.g.: Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI: 10.1111/j.1442-2042.2009.02314.x

### ❖ Book

e.g.: Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

### ❖ Chapter in a Book

e.g.: Gilchrist RK. Further commentary: Continent stroma.

In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

## Tables

Tables should be self-contained and complement, but not duplicate information contained in the text. All tables should be numbered consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

If tables have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials during paper submission. Plus, when a manuscript is accepted for publication, please provide us with the tables in tabular form which is convenient for copyediting and typesetting.

## Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered consecutively in the order of reference in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials.

Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

Line figures: Must be sharp, black and white graphs or

diagrams, drawn professionally or with a computer graphics package.

**Text sizing:** in figures Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

**Figure legends:** Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/ explain all abbreviations and units of measurement.

### **Videos**

DMR will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi, and m4v. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: <http://dmr.amegroups.com/pages/view/submit-multimedia-files>.

**Duration:** Video files should be limited to 20 minutes.

**Quality:** Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280\*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

**Text in video:** All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be numbered consecutively

### **Appendix**

The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article's reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online”.

### **Survival curves**

Cumulative survival rates are usually calculated with the Kaplan-Meier's method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.

Censored cases should be shown as short vertical lines(“whiskers”) on the curves. Alternatively, the exact numbers of the cases at each unit time should be shown in an attached table as “No. at risk”. Events such as death and relapse must not be shown as marks such as open circles or triangles, but as simple stepdowns of the curves.

Labels for curves can be written in the graph area when the curves are far enough from each other.

### **Abbreviations and symbols**

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

### **Statistics**

Statistics must be prepared in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” developed by the International Committee of Medical Journal Editors (N Engl J Med 1991;324:424-428). Details are as described as below.

Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid sole reliance on statistical hypothesis

testing, such as the use of P values, which fails to convey important quantitative information. Discuss eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report treatment complications. Give numbers of observations. Report losses to observation (such as dropouts from a clinical trial). References for study design and statistical methods should be to standard works (with pages stated) when possible rather than to papers in which the designs or methods were originally reported. Specify any general-use computer programs used.

Put general descriptions of methods in the Methods section. When data are summarized in the Results section specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Avoid nontechnical uses of technical terms in statistics, such as “random” (which implies a randomizing device), “normal,” “significant,” “correlations,” and “sample.” Define statistical terms, abbreviations, and most symbols.

### Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

## 4. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at: <http://www.ICMJE.org/>.

Author name: Each author’s given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling: The Journal uses US spelling and authors

should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary.

Units: All measurements must be given in SI or SI- derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>.

Abbreviations: Must be used sparingly – only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

## 5. REVIEW PROCESS

Manuscripts are assigned sequentially to Science Editors. An Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers’ evaluations and Science Editor’s comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the re-view process for manuscripts felt to be of high priority in order to reach a rapid decision. Such ‘fast-track decisions’ will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be

competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

All journals Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. When contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between authors and readers. If extensive alterations are required, the manuscript will be returned to the author for revision.

## **6. 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 the Declaration of Helsinki (as revised in Edinburgh 2000), available at: <http://www.wma.net/en/30publications/10policies/b3/>. 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).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/ guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated

to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

## **7. INFORMED CONSENT**

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 visualized surgery. 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).

## **8. POLICIES ON CONFLICT OF INTEREST**

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>). Conflict of interest would be included in the FOOTNOTE section.

### **(1) Participants**

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

#### **a. Authors**

When authors submit a manuscript of any type or format

they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

#### **b. Peer Reviewers**

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We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)); (2) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (3) the Australian Clinical Trials Registry (<http://www.actr.org.au>); (4) the Chinese Clinical Trials Register (<http://www.chictr.org>); and (5) the Clinical Trials Registry - India (<http://www.ctri.in>).

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