

# Gastroenterology

## INSTRUCTIONS FOR AUTHORS

### Please address all inquiries to:

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*Gastroenterology* publishes clinical and basic studies of all aspects of the digestive system, including the liver and pancreas, as well as nutrition. The types of articles *Gastroenterology* publishes include original papers, review articles, and special category manuscripts. 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 (<http://www.icmje.org>). *Gastroenterology* is a member of the Committee on Publication Ethics (COPE) (<http://www.publicationethics.org>).

*Gastroenterology* strongly encourages the submission of papers on a breadth of clinical topics in gastroenterology, hepatology, endoscopy, randomized controlled trials (phases II-IV but typically not phase I), high-quality observational studies, and novel case series.

*Gastroenterology* is interested in all aspects of clinical trials including treatment, prevention, diagnosis, screening, and quality of life. High-quality meta-analyses are also welcome. Publication priority will be determined by factors such as novelty, impact upon clinical practice, strength of the experimental design, and mechanistic insight.

*Gastroenterology* is interested in all aspects of high impact translational and basic studies that would be of interest to our broad readership. These aspects include defining a critical physiologic or disease process/pathway, or mechanism for disease progression or protection; identifying a genetic cause, modifier, or association with disease; describing a novel experimental disease model; characterizing a novel GI-related mechanism of drug action; preclinical studies that describe a potential novel therapy, diagnostic, or prognostic marker or tool that is related to a disease.

*Gastroenterology* has a total circulation of approximately 17,000—about 12,000 in the United States and 5,000 in other countries. 80% of subscribers are AGA members. In the United States, about 75% of subscribers are physicians, and about 25% of subscriptions go to residents, medical schools, and libraries. About 68% of the papers published originate overseas.

*Gastroenterology* is abstracted and indexed in *Biological Abstracts*, *CABS*, *Chemical Abstracts*, *Current Contents*, *Excerpta Medica*, *Index Medicus*, *Nutrition Abstracts*, and *Science Citation Index*.

*Gastroenterology* is ranked 1st of 76 journals in the Gastroenterology and Hepatology category on the 2014 Journal Citation Reports®, published by Thomson Reuters, and has an Impact Factor of 18.187. Its immediacy index, which is a measure of how topical and urgent work published *Gastroenterology* is, is 5.669,

the highest in the field. On average, authors receive decisions on their manuscripts within three weeks.

## INFORMATION ABOUT ARTICLE TYPES

**\*\* All manuscript must be submitted via [www.editorialmanager.com/gastro](http://www.editorialmanager.com/gastro)\*\***

**\*\* For more information, please see our Figure Submission FAQs at <http://www.gastrojournal.org/content/faqs>\*\***

## Original Articles

Full-length reports of original research relevant to clinical, basic, and translational studies. Submissions must adhere to the following guidelines:

- **Manuscript:** only **Microsoft Word** documents will be accepted.
- **Title page:** title; authors' names; authors' institutions; corresponding author contact information; conflict of interest statement (**for all authors**); author contributions to manuscript.
- **Word count: 7,000 words** (inclusive of main text; references; table/figure legends).
  - Approximately 1,000 words of the total count should appear in the "Materials and Methods" section of the manuscript.
- **Abstract:** 260 words, structured as follows: background and aims; methods; results; conclusion; four to five keywords.
- **Tables/Figures: seven tables** (no panels) **and/or figures total**.
  - Please submit figures as **separate attachments** in **JPEG, TIFF, EPS, or PDF** formats (**300 PPI** resolution).
- **Randomized Controlled Trials:** Provide **CONSORT checklist** and **patient flowchart** as supplemental attachments.
- **Clinical Trials:**
  - Provide the **clinical trial registry website and trial number** at the **end** of the "conclusions" section of the **abstract**.
  - Include a statement in the "**methods**" section of the manuscript **affirming** that "**all authors had access to the study data and reviewed and approved the final manuscript.**"
  - Include the **clinical trial protocol in English** as a supplemental attachment.
- **Revised manuscripts:**
  - **References:** please **list names of authors who share first authorship in bold** text. In addition, **include the phrase "Author names in bold designate shared co-first authorship" at the end of the references section.**

# INSTRUCTIONS FOR AUTHORS

- **What You Need to Know:** This note will appear as a box on the second page of the published version of each article, containing summarizations about your study under the following 4 headings:

BACKGROUND AND CONTEXT

NEW FINDINGS

LIMITATIONS

IMPACT

Please provide a brief sentence or two (25-30 words) under each of these 4 headings that very briefly summarize your study in relation to each category.

- **Short summary:** please prepare a one or two sentence “lay summary” of each original research article’s findings. It should be approximately **25-30 words** and very briefly summarize the article’s very basic findings. You will have an opportunity to enter this summary on the Editorial Manager website as you are submitting your revision. It will appear on the *Gastroenterology* table of contents if your paper is ultimately accepted.

## Brief Communications

Brief Communications are concise, meritorious scientific reports of novel original research. The format is as follows:

- **Manuscript:** Only **Microsoft Word** documents will be accepted.
- **Title Page:** title; authors’ names; authors’ institutions; corresponding author contact information; conflict of interest statement (**for all authors**); author contributions to manuscript.
- **Word Count:** Article text must not exceed 750 words (not including table, figure, or references).
- **Abstract:** No abstract.
- **Tables/Figures:** May include up to 1 table or figure.
  - Please submit figures as **separate attachments** in **JPEG, TIFF, EPS, or PDF** formats (**300 PPI** resolution).
- **References:** Limited to **8**.
  - Format: Jones RS, et al. *Gastroenterology* 2011; 2: 373 -380 (only the first author is listed, unless manuscripts with joint first authors are cited, and article title is not included).
- Brief Communications must include these elements in this order: Introduction, Methods, Results, and Discussion, and all article titles should be declarative.
- **Revised manuscripts:** In the references, please **list names of authors who share first authorship in bold text**. In addition, **include the phrase “Author names in bold designate shared co-first authorship” at the end of the references section.**

## Clinical Challenges and Images in GI

This article type is presented as an unknown with the diagnosis hinging on the correct interpretation and integration of the image

and clinical data. Submissions must adhere to the following guidelines:

- **Manuscript:** only **Microsoft Word** documents will be accepted.
- **Title Page:** title (**cannot reveal diagnosis**); authors’ names (**limit of three**); authors’ institutions; corresponding author contact information; conflict of interest statement (**for all authors**).
- **Word Count: Q&A format (one page each).**
- **Abstract:** not required.
- **Tables/Figures:** no limit.
  - Images can be either clinical, pathologic (gross or microscopic), endoscopic, or radiographic. They must be of high quality (**300 PPI** resolution) and illustrate the diagnosis well. Images should not include panel labels.
  - Please submit figures as separate attachments in **JPEG, TIFF, EPS, or PDF** formats.
  - All necessary information pertaining to figures must be included in the text (*i.e.*, **no figure legends**).
  - The inclusion of **three or more images** will qualify the submission for **online-only publication**.
- **References:** limited to **three**.

## Correspondence

Letters to the Editor allow the opportunity to offer novel perspectives and opinions on papers published in *Gastroenterology*. Submissions must adhere to the following guidelines:

- **Manuscript:** Only **Microsoft Word** documents will be accepted.
- **Title Page:** title; authors’ names (**limit of three**); authors’ institutions; corresponding author contact information; conflict of interest statement (**for all authors**).
- **Word Count: 750** (inclusive of main text and table/figure legends).
- **Abstract:** not required.
- **Tables/Figures: One table or figure permitted.**
- **References:** Up to **eight**.
  - Format: Jones RS, et al. *Gastroenterology* 2011; 2: 373 -380 (only the first author is listed, unless manuscripts with joint first authors are cited, and article title is not included).
- **Must reference an article in press or an article appearing in the current issue at time of submission.** (*e.g.*, a response to a July article must be submitted by the end of July). Your letter may not appear as an article in press until the authors of the original article discussed in the letter have been invited to respond. All letters submitted by the deadline for consideration are compiled and sent to the authors of the original article for a response at the end of the month in which their article has been published.

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