Clinical Endoscopy

Instructions for Authors

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Clinical Endoscopy (Clin Endosc, CE) is an open-access and peer-reviewed journal that aims to help researchers, technicians, and physicians stay updated on the latest advances in experimental, diagnostic, and therapeutic endoscopic techniques for gastrointestinal and pancreaticobiliary disorders.

CE publishes original articles, review articles, images of issue, videos of issue, brief communications, guidelines, and letters to the editor on all subjects in the field of experimental, diagnostic, and therapeutic endoscopy, including novel advances in image-enhanced endoscopy, green endoscopy and artificial intelligence-aided detection and therapy. In addition, editorials explore challenging issues and encourage constructive debates on gastrointestinal and pancreaticobiliary diseases. CE also publishes special issues featuring articles on the endoscopic management of obesity.

Currently, CE is the joint official journal of the Korean Society of Gastrointestinal Endoscopy (KSGE), International Digestive Endoscopy Network (IDEN), Vietnam Association of Gastroenterology (VNAGE)/Vietnam Federation for Digestive Endoscopy (VFDE), Thai Association for Gastrointestinal Endoscopy (TAGE), and Digestive Endoscopy Society of Taiwan (DEST). Therefore, CE introduces and disseminates country-specific guidelines and updated endoscopy-related knowledge in East and Southeast Asia.

CE is published bimonthly (on the 30th of January, March, May, July, September, and November). Manuscripts submitted for publication in CE should be prepared according to the instructions. For issues not addressed in these instructions, the author should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/recommendations) from the International Committee of Medical Journal Editors (ICMJE).

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1. Research and publication ethics

For the policies on research and publication ethics not stated in the Instruction, the guidelines of the Committee of Publication Ethics (COPE; https://publicationethics.org/) or Good Publication Practice Guidelines for Medical Journals (https://kamje.or.kr/) should be applied.

Research ethics

Manuscripts with the following misconduct or dishonest acts cannot be published either online or in the journal.

- Forgery (fabrication): recording or reporting on made-up data or research results that do not exist.
- Alteration (falsification): manipulating research data, equipment, processes, or results intentionally to distort research contents or results.
- Plagiarism: using others' ideas, research processes, contents, and/or results without proper authorization or citations.

Statement of human and animal rights and informed consent

Any investigations involving humans or animals should be approved by the Institutional Review Board (IRB) or the Animal Care Committee, respectively, of the institution(s) where the research was conducted. CE will not consider publishing any reports on studies involving humans or animals which have not received appropriate approval. Informed consent should be obtained from patients who participated in the clinical investigations, unless the relevant IRB waived this requirement. Human subjects' names, initials, hospitals, dates of birth, or other personal or identifying information should not be used. Images of human subjects should not be used unless the information is essential for scientific purposes, and explicit permission has been provided. Even when consent is provided, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, authors should ensure that such alterations do not distort scientific meaning. If consent has not been ob-

tained, it is generally insufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. If the experiments involve animals, the research should be based on national or institutional guidelines for animal care and use. A statement describing whether the study was conducted with the approval of the IRB (with or without patient informed consent) or animal care committee must be provided in manuscripts describing human or animal research, respectively. CE may also request documentation of approval by the IRB or the Animal Care Committee for other types of articles when necessary. The content of each article is the responsibility of the authors and not of CE.

Originality and duplicate publication

Manuscripts that are under review or published by other journals will not be accepted for publication in CE. Any part of the accepted manuscript should not be duplicated in any other scientific journal without permission from the Editorial Board, although the figures and tables can be used freely if the original source is verified according to the Creative Commons Attribution Noncommercial License (https://creativecommons.org/licenses/by-nc/4.0/). It is mandatory for all authors to resolve any copyright issues when citing a figure or table from another journal that is not open access.

Secondary publication

It is possible to republish the manuscript if it satisfies the condition of secondary publication of the recommendations from the ICMJE (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html).

Authorship

All authors must have made a significant intellectual contribution to the manuscript according to the criteria formulated by the International Committee of Medical Journal Editors (ICMJE). Each author should have sufficiently participated in the work to take public responsibility for the content. 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; (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. All authors should meet criteria 1, 2, 3, and 4. All authors must state that they have approved the final submitted draft.

- **Author contributions:** Author contributions should be written according to "Contributor Roles in CRediT" format (https://casrai.org/credit/).
- **Contributors:** Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contributes substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.
- **Correction of authorship:** Any changes to the author list after submission, such as a change in the order of the authors or the deletion or addition of authors, should only be made before the manuscript has been accepted and must be approved by the Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) an explanation for the change to the author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal, or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.
- **Role of the corresponding author:** The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process, and typically ensures that all the journal's administrative requirements are met, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and gathering conflict of interest forms and statements. The corresponding author should be available throughout the submission and peer-review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data, additional information, or questions about the article.

Use of artificial intelligence (AI)-assisted technologies

The journal has adopted policies, as specified by the ICMJE, regarding the use of AI in the preparation of materials intended for publication in the journal. Generative AI, including language models, chatbots, image creators, machine learning, and similar technologies, can be employed to enhance readability and language accuracy in scientific writing. However, chatbots or other AI-assisted technologies cannot be listed as authors.

We do not permit the use of generative AI or AI-assisted tools

to create or alter images in submitted manuscripts. Adjustments, such as brightness, contrast, or color balance, are acceptable if they do not obscure the original information. Exceptions apply if AI is integral to the research design or methods, for which case details must be provided in the Methods section. Authors should adhere to AI software policies and be asked for pre-AI-adjusted versions of images for editorial review.

Authors are required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of the manuscript submission. It must be clearly reported in a dedicated section of the Methods section, or in the Acknowledgements section for article types lacking a Methods section. This disclosure provides details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. Authors should affirm that there is no plagiarism of text or images in the materials produced by AI. It is unacceptable to cite AI-generated materials as the primary source.

Registration of clinical trial research

Any research involving a clinical trial should be registered with a primary national clinical trial registration site such as CRIS (https://cris.nih.go.kr/cris/index/index.do) or other primary national registry sites accredited by the World Health Organization (https://www.who.int/clinical-trials-registry-platform) or clinicaltrials.gov (http://clinicaltrials.gov/), a service of the United States National Institutes of Health.

Conflicts of interest

A conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) their actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). The impact of these relationships can vary from being negligible to having a great potential for influencing reporting or judgment. Not all relationships represent true conflicts of interest. Nevertheless, the potential for a conflict of interest can exist regardless of whether an individual believes that the relationship affects their scientific judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and are the most likely to undermine the credibility of the journal, authors, and science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion (http://www.icmje.org/conflicts-of-interest/). Authors must disclose any potential conflicts of interest in the manuscript. Conflicts of interest may occur during the research process; however, disclosure itself is an important point that can negate the conflict. Disclosure allows the editors, reviewers, and readers to approach the manuscript with an understanding of the situation in which the research work was performed.

Management of research and publication misconduct

When the journal faces suspected cases of research or publication misconduct, such as redundant (duplicate) publication, plagiarism, the use of fraudulent or fabricated data, changes in authorship, undisclosed conflicts of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, or complaints against editors, a resolution process will be undertaken. The resolution process will follow the flowchart provided by the Committee on Publication Ethics (COPE) (http://publicationethics.org/resources/flowcharts). Discussions and decisions regarding suspected cases of research or publication misconduct will be conducted by the Editorial Board.

Editorial responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics through guidelines for retracting articles; the maintenance of the integrity of the academic record; ensuring that business needs do not compromise intellectual or ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and ensuring that there is no plagiarism or fraudulent data in publications. Editors have the following responsibilities: the responsibility and authority to reject/accept articles, to ensure the absence of conflicts of interest with respect to articles they reject/accept, the acceptance of a paper when reasonably certain, the publication of corrections or retractions when errors are found, and the preservation of the anonymity of reviewers.

2. Editorial policy

Copyright

The copyright of any paper published in this journal belongs to the Korean Society of Gastrointestinal Endoscopy. However, the legal responsibility remains with the authors. Public announcements of the content before publication are allowed only if required as a result of a public health emergency. The Copyright Transfer Agreement must be signed by the corresponding author

on behalf of all co-authors and submitted together with the manuscript at the time of initial online submission. The paper will not be published until the copyright transfer is complete.

Open access policy

CE is an open-access journal distributed under the terms of the Creative Commons Attribution Noncommercial License (https://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided that the original work is properly cited. It is not necessary to request permission from the publisher to use the tables or figures of articles published in CE in other journals or books for scholarly and educational purposes.

Data sharing

CE encourages data sharing wherever possible unless ethical, privacy, or confidentiality concerns prevent this. Authors may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- **Clinical trials:** CE accepts the ICMJE recommendations for data sharing statement policy (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in Journal of Korean Medical Science (https://doi.org/10.3346/jkms.2017.32.7.1051).

Archiving policy

CE provides electronic backup and preservation of access to the journal content from the 44th volume, 2011, in the event the journal is no longer archived in PubMed Central (https://www.ncbi.nlm.nih.gov/pmc/journals/1800/) or the National Library of Korea (https://www.nl.go.kr/). Authors can archive the publisher's version/PDF of a previously published article.

Preprint policy

A preprint is a version of a scholarly paper preceding formal peer review and publication in a peer-reviewed scholarly journal. CE allows authors to submit preprints to the journal, without considering this to be a duplicate submission or publication. CE recommends that authors disclose the existence of a preprint with its DOI in a letter to the editor during the submission process. Otherwise, a plagiarism check program—Similarity Check (Crosscheck)—may flag the manuscript as containing excessive duplications. A preprint submission will be processed using the same peer-review process as a regular submission. If a preprint is accepted for publication, the authors should update the information on the preprint site with a link to the article published in CE, including the DOI for the CE article. It is strongly recommended that authors cite the article in CE instead of the preprint in their next submission to journals.

3. Manuscript submission and peer review

Manuscript submission

Any physician or researcher involved in clinical or basic research on gastrointestinal endoscopy can submit a manuscript for publication in CE. Please visit the manuscript management system (https://submit.e-ce.org/), as only online submissions will be considered for publication. Please consult the submission checklist (https://submit.e-ce.org/about/Checklist.php) prior to submission to ensure that all required elements have been included. The Copyright Transfer Agreement (https://submit.e-ce.org/about/Author.php) should be signed by the corresponding author and submitted to the editorial office by fax or regular mail upon acceptance of the manuscript.

Peer review

Every submitted manuscript will be peer-reviewed by at least two reviewers before a decision is made to accept, reject, or return it for revision. The review system is single-blinded, so the authors cannot identify the reviewers. The review process is conducted using a manuscript management system. If the authors are asked to revise the manuscript, they should revise it based on the reviewers' comments or provide a reasonable answer to the reviewers' comments, justifying why a suggested revision has not been made. The authors should reply and upload the revised manuscript within eight weeks after receiving the review results. Otherwise, the manuscript is considered to have been withdrawn. However, the authors can extend the revision period if more time is required.

Generative AI tools lack up-to-date knowledge and may produce nonsensical, biased, or false information. Manuscripts may also include sensitive or proprietary information that should not be shared outside the peer-review process. Therefore, peer reviewers do not upload manuscripts to generative AI tools. If any part of the evaluation of the claims made in the manuscript is supported by an AI tool, peer reviewers should declare the use of such tools transparently in the peer review report.

Submission from editorial board members

All manuscripts from editors, employees, or members of the editorial board are processed in the same way as other unsolicited manuscripts. During the review process, editors, employees, or members of the editorial board will not engage in the selection of reviewers or the decision-making process for manuscripts on which they are authors. Editors will not handle their own manuscripts even if they are commissioned articles.

4. Publication types

Original articles

These describe new findings from clinical studies or basic research that may contribute to clinical diagnosis and treatment, or an understanding of pathogenesis or epidemiology.

Review articles

A concise compilation of the knowledge and skills in a specific area to provide hints for patient management or outline recent research activity. A review article is usually invited by the editorial board.

Systematic review and meta-analysis

These answer well-defined research questions by appraising the current literature. These should follow the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). In addition, CE recommends registration of the protocol of the systematic review and meta-analysis in the PROSPERO database (International Prospective Register of Systematic Reviews).

Editorials

Editorials express opinions on current topics of interest or provide comments on papers published elsewhere in the same issue. Editorials are usually solicited by the editor.

Image of issue

This format is to present state-of-the-art still images that will interest and help readers in the evaluation of unusual features of common conditions or in the diagnosis of unusual cases.

Video of issue

This format is to introduce state-of-the-art video that will interest and aid in the evaluation of unusual features of common conditions or in the diagnosis of unusual cases.

Brief reports

Reserved for the rapid and concise circulation of simple, but meaningful, data, remarkable preliminary findings before publication of a full report, or a follow-up study.

Letters to the editor

Letters to the editor should be related to a recent article published in the Clinical Endoscopy within previous two years.

5. Manuscript preparation

The manuscript should be prepared using Microsoft Word. It should be formatted with double line spacing and 10-point font on A4-sized paper. The pages should be numbered consecutively, beginning from the title page.

Standard metric units

These units are used to describe length, height, weight, and volume. The unit of temperature is the degree Celsius (°C). All other units are expressed according to the International System of Units (SI). All units must be preceded by a single space, except for the percentage (%).

Reporting guidelines for specific study designs

Authors are encouraged to consult the reporting guidelines relevant to their specific research design. Good sources of reporting guidelines are the EQUATOR Network (https://www.equator-network.org/home/) and the United States National Institutes of Health/National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

CONSORT/STROBE/PRISMA: Randomized controlled trials must be presented according to the CONSORT guidelines (https://www.equator-network.org/reporting-guidelines/consort/). Observational studies must be conducted according to the STROBE guidelines (https://www.equator-network.org/reporting-guidelines/strobe/). Meta-analyses must be presented according to the PRISMA guidelines (https://www.equator-network.org/reporting-guidelines/prisma/).

The checklist for the appropriate guidelines must be filled out and attached to the submission. Checklists are available as links in the Attach Files section of the submission process.

Graphical Abstract

A graphical abstract is mandatory for Original Articles and Sys-

tematic Reviews/Meta-analyses. Authors should submit the graphical abstract together with the manuscript at the time of initial submission. The graphical abstract should follow the Clinical Endoscopy Graphical Abstract Instructions for Authors. The official Clinical Endoscopy Graphical Abstract Microsoft PowerPoint (PPT) template is available on the journal website and must be used for preparing all graphical abstracts.

Cover letter

A cover letter should inform the editor that neither the submitted material nor portions of it have been published previously, or are under consideration for publication elsewhere. When more than one related manuscript has been published or is under consideration for publication in this or other journals, the authors must declare this in their letter and enclose copies of those publications for editorial perusal. Failure to do so may lead to automatic rejection of the submitted manuscript. The corresponding author certifies that all listed authors participated meaningfully in the study and that they have seen and approved the final manuscript.

The manuscript should be in the following order:

Original articles: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, methods, results, discussion), references, figure legends, tables, and figures.

Review articles: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, main text, conclusions), references, figure legends, tables, and figures.

Systematic review and meta-analysis: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, main text, conclusions), references, figure legends, tables, and figures.

Editorials: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references (figure legends, tables, and figures if included).

Image of issue: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references, figure legends, and figures.

Video of issue: title page (including ethics statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references, figure and video legends, figures, and videos.

Brief reports, Letters to the editor: title page (ethics statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references (figure legends, tables, and figures if included).

Title page

The title page should contain the title of the paper, full names of the authors (including ORCID iD), institutional affiliation, corresponding author's name and contact information, and notes. A running title of no more than 50 characters should be included. The notes must include ethics statements, conflicts of interest, funding, author contributions, and acknowledgments.

Ethics statements: When reporting experiments including human or animal subjects, the authors should indicate whether they have received approval from the IRB for the study and consent from the included patients. In case of Image of issue and Video of issue, ethics statements confirming that the informed consent was obtained from the patient(s) for the publication of their information and imaging or the author's institutional review board approval of an informed consent waiver must be included.

Conflicts of interest: The authors must declare any potential conflicts of interest. If a supplier of medicine or medical equipment is involved, the authors should clarify any commercial relationship with the manufacturer or research funds received from the manufacturer. Conflicts of interest exist when an author (or the author's institution), reviewer, or editor has financial or personal relationships that may inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). If the authors have nothing to disclose, please state: "The authors have no potential conflicts of interest."

Funding: Any funding provided to support the research should be described here. Providing a FundRef ID is recommended, in addition to the name of the funding agency, country, and, if available, the grant number. If the funding agency does not have a FundRef ID, please ask that agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org). Additional detailed policy of FundRef description is available from https://www.crossref.org/fundref/.

Author contributions: Author contributions should be written in the following format (according to the CRediT – Contributor Roles Taxonomy) as described at https://credit.niso.org/. (1) Conceptualization, (2) Data curation, (3) Formal analysis, (4) Funding acquisition, (5) Investigation, (6) Methodology, (7) Project administration, (8) Resources, (9) Software, (10) Supervision, (11) Validation, (12) Visualization, (13) Writing-original draft, and (14) Writing-review & editing. One author can have more than one contributor role, and individual contributor roles may not have an author allocated.

Acknowledgments: A brief acknowledgment of persons who made a genuine contribution may be included. The authors are responsible for obtaining written permission to use copyrighted text or illustrations.

If any of the sections are not relevant to the manuscript, please include the heading and write "None" for that section.

Abstract

The abstract for an original article or systematic review and meta-analysis should be described continuously under the subheadings Background/Aims, Methods, Results, and Conclusions, and is limited to 200 words. Abstracts for review articles are limited to 200 words, without subheadings. The abstract should not contain references. Five or fewer keywords should be supplied below the abstract and should use terms listed in the Medical Subject Headings (MeSH) database.

Original articles: The rationale for the study and pertinent background should be outlined in the Introduction. The Introduction should not contain the results or conclusions. The Methods should outline the scheme of the study, materials, and methods, in that order. It should clearly state how the diagnosis of the patient was confirmed and how the patient was observed. The Methods should describe the investigations in sufficient detail so that another investigator could repeat the work. Ethical guidelines for human or animal studies should be described and the registration number of the IRB or institutional animal welfare committee approval should be cited. Whether informed consent was obtained from the persons involved in the study must be stated in the Methods. The Results should be presented in a logical sequence. Statistical analyses should be appropriate for the different measurements. Subheadings may be used in this section. If a table is used, the content should not be repeated in the main text. The Discussion considers the results in relation to any hypothesis presented in the Introduction. This should emphasize new observations. The data provided in the Results should not be reiterated.

Review articles: Substantive reviews of systematic and clinical topics in gastroenterology will be considered for publication. They will be evaluated by peer review of the manuscript before consideration for publication. The inclusion of at least one table or figure pertaining to the topic is highly recommended.

Systematic review and meta-analysis: The number of authors is limited to 14. The maximum word count is 3,500 words. Systematic review and meta-analysis must answer well-defined research questions by critically appraising the current literature. Meta-analysis should not be performed when the quality of the primary studies is suboptimal.

Editorials: This article type should have fewer than three authors and should not exceed 1,000 words. No subdivisions are required. Tables and figures may be included. The total number of references should be limited to a maximum of 10.

Image of issue: This article type should have fewer than six authors and should not exceed 300 words. The main text (summary of the presentation and discussion) should not be divided into sections. The number of references is limited to three.

Video of issue: This article type should have fewer than six authors and should not exceed 300 words. The main text (summary of the presentation and discussion) should not be divided into sections. The number of references is limited to three.

Brief reports: This article type should not exceed 1,500 words, and there should be no more than three tables and figures. The main text should not be divided into sections. Informed consent from the persons involved must be obtained and stated in the manuscript. The number of references is limited to ten, and the number of authors is limited to eight.

Letters to the editor: A reader can file an inquiry or addition and authors or editors can comment on it. A letter should amount to no more than one printed page. No more than two tables, figures, or photographs may be attached.

References

References must be arranged according to the chronological order of their appearance in the manuscript, with the corresponding citation numbers formatted as superscripts. The last names and initials of all the authors (up to three) should be included. List the first three authors followed by "et al." if an article has seven or more authors. Journal titles are abbreviated in accordance with the Medline format. Non-published articles cannot be cited, but if such information has to be cited, the terms "personal communication" or "unpublished article" must be stated in the text. The references should be formatted as follows:

Journal articles

1. Graham KS, Ingram JD, Steinberg SE, Narkewicz MR. ERCP in the management of pediatric pancreatitis. Gastrointest Endosc 1998;47:492–495.
2. Purcell R. The hepatitis C virus: overview. Hepatology 1997;26(3 Suppl 1):S11–S14.

Books

3. Classen M, Tytgat G, Lightdale C. Gastroenterological endoscopy. 2nd ed. Thieme; 2010.
4. Korelitz BI, Felder JB. Gastrointestinal complications of ulcerative colitis and Crohn's disease. In: Kirsner JB, Shorter RG, eds. Inflammatory bowel disease. 4th ed. Williams & Wilkins; 1995. p. 437–460.

Websites

5. 2020 Guidance on Decontamination of Equipment for Gastrointestinal Endoscopy [Internet]. The British Society of Gastroenterology; 2020 [cited 2021 May 31]. Available from: https://www.bsg.org.uk/clinical-resource/guidance-on-decontamination-of-equipment-for-gastrointestinal-endoscopy/

Otherwise, the references follow the bibliographic standard detailed in Citing Medicine, 2nd ed, published by the National Library of Medicine (https://www.ncbi.nlm.nih.gov/books/NBK7256/).

Tables and figures

Tables require a heading, and figures require a heading and a caption. Each table and figure must be cited in the text and numbered consecutively in Arabic numerals according to the order of citation. All non-standard abbreviations must be explained in the footnotes below the table. If a symbol is used in a table, footnote it with a), b), c)… as a superscript, in order, and place the explanatory matter in the footnote below. Photographic images should be submitted in jpg, tiff, gif, png, or ppt format with a resolution of at least 600 dpi. The name of the stain and magnification should be included for microscopic figures.

Video or animation

Submission of videos or animations is encouraged. If the content of a video or animation differs, a maximum of three files can be submitted. Each file should not exceed 5 minutes in length and 30 megabytes in size. The total length of all files should not exceed 7 minutes in length and 90 megabytes in size. The file format should be avi, mov, or mp4. All videos must be of the highest quality possible. Any editing of the video is the responsibility of the author(s). No editing of the original data in individual frames or alteration of the original speed of the video can be made unless clearly stated. Narration can be included with the video. If the authors chose to include narration, be sure that all audio is at an appropriate level to be understood using computer speakers at mid-level volume. Patients should not be identifiable, or their pictures must be accompanied by written permission to use the video.

6. Manuscripts accepted for publication

Final version

After a paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for the submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible when the figure is reduced to match the journal's column widths. All symbols must be defined in the figure captions. If references, tables, or figures are moved, added, or deleted during the revision process, they must be renumbered to reflect such changes so that all tables, references, and figures are cited in numeric order.

Manuscript corrections

Before publication, the manuscript editor will correct the manuscript to meet the standard publication format. The author(s) must respond within two working days when the manuscript editor contacts the author for revisions. If the response is delayed, the publication of the manuscript may be postponed to the next issue.

Galley proof

The author(s) will receive the final version of the manuscript as a PDF file. The authors must notify the Editorial Office (or printing office) of any errors found in the file within two working days of receipt. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

7. Article processing charge

All accepted manuscripts are exempt from article processing charges until there is a policy change.

Initial version October, 1981
Revised on April 23, 2004; October 12, 2004; February 16, 2005; July 24, 2005; February 8, 2006; June 13, 2007; January 11, 2008; July 30, 2008; January 30, 2009; February 25, 2011; December 12, 2011; October 24, 2012; October 7, 2013; May 19, 2014; May 20, 2016; May 26, 2017; January 23, 2018; March 26, 2019; November 30, 2020; January 30, 2021; July 30, 2021; March 1, 2022; February 1, 2024; October 18, 2024, and most recently June 17, 2025