



Instructions for Authors

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1. Research and publication ethics

For human research, the study should follow the *Declaration of Helsinki*, available from <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>. For animal studies, the authors should indicate how they minimized pain or discomfort to the animals in keeping with *The Institutional Guide for the Care and Use of Laboratory Animals*. Correct use of the terms "sex" (when reporting biological factors) and "gender" (identity, psychosocial or cultural factors) must be done. The sex and/or gender of study participants and the sex of animals or cells should be described unless inappropriate. Also, the methods used to determine sex and/or gender should be described. If the study was conducted involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance. Any article that contains personal medical information about an identifiable living individual requires the patient's explicit consent before we can publish it.

Approval from the Institutional Review Board (IRB) is required for clinical research. Clinical trials should be registered with a primary national clinical trial registration site, such as the registry sponsored by the United States National Library of Medicine (<https://clinicaltrials.gov>), or the Korea Clinical Research Information Service (CRIS), available from <https://cris.nih.go.kr> or other sites accredited by the World Health Organization (WHO) or the International Committee of Medical Journal Editors (ICMJE) and the registration number should be cited in the Abstract. Informed consent must be obtained from the person involved prior to submission and its obtainment must be stated in the materials and methods of 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, 3) final approval of the version to be published according to The Uniform Require-

ments for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, 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. Author Contributions should be written according to "Contributor Roles in CRediT" format (<https://casrai.org/credit/>). Any papers that are forged, altered, plagiarized, redundant, or dishonest cannot be published.

The submitted manuscript will be checked for plagiarism using CrossCheck (<http://crossref.org/services/similaritycheck/>). Secondary publication is allowed only if its language is different, the readers are different, and the two journal editors agree.

Regarding policies on research and publication ethics that are not stated in these instructions, the guidelines of the Committee on Publication Ethics (COPE) available from <https://www.publicationethics.org>, can be applied.

CONSORT/STROBE/PRISMA

Randomized controlled trials must be presented according to the CONSORT guidelines (<http://www.consort-statement.org>). Observational studies must be presented according to the STROBE guidelines (<http://www.strobe-statement.org>). Meta-analyses must be presented according to the PRISMA guidelines (<http://www.prisma-statement.org/PRISMAStatement>). The checklist for the appropriate guideline must be filled out and attached to your submission. Checklists are available as links in the Attach Files part of the submission process.

Preprint policy

A preprint is a full draft of a scientific paper that precedes formal peer review and publication in a peer-reviewed scientific journal. Most preprints are given a digital object identifier (DOI). Clinical Endoscopy allows preprints for submission. Preprints are not treated as duplicate. Disclosure with DOI is required at the submission in the Cover letter.

2. Publication types

Review articles: A concise compilation of the knowledge and skill 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 current literature. These should follow the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). Also, Clinical

Endoscopy recommends the registration of the protocol of the systematic review and meta-analysis at the PROSPERO data base (International Prospective Register of Systematic Reviews).

Commentaries: These are commissioned by invitation only. Original papers should not be submitted.

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.

Case reports: A report on a single case or an analysis of a few cases to add to the clinical spectrum. The case should be significant clinically, new, and rare.

Brief reports: Reserved for the rapid and concise circulation of simple, but meaningful data, preliminarily remarkable findings before a full description, or a follow-up study.

Letters to the editor: Any comments or opinions on published papers or suggestions for the journal are welcomed.

3. Peer review

Every submitted manuscript is peer-reviewed by at least three reviewers before deciding whether to accept or reject it, or return it for revision. The review system is single blinded so that authors cannot identify reviewers. The review process is carried out through 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 they did not revise it. The authors should reply and upload the revised manuscript within 8 weeks after receiving the review results. Otherwise, they are considered to have withdrawn the manuscript. However, the authors can extend the due time in case of requiring more times for revision after notification.

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5. Manuscript submission

Any physician or researcher involved in clinical or basic research on gastrointestinal endoscopy can submit a manuscript. Please visit the manuscript management system from <https://submit.e-ce.org/>, because only online submissions will be considered.

Every item in the checklists (<https://submit.e-ce.org/about/Checklist.php>) should be completed before submission. The Copyright Transfer Agreement (<https://submit.e-ce.org/about/Author.php>) should be signed by all authors and be submitted to the editorial office by fax or regular mail on acceptance. Submission should be done by the corresponding author.

6. Publication charges and reprints

A publication fee will be charged to the author based on the number of pages, colored inserts (all figures except X-ray images should be published in color), and number of reprints, as below.

1) Page charges

Black and white pages: W 13,000 (eq. 13 USD) per page

Colored pages: W150,000 (eq.150 USD) per page

Invited papers, original articles, systematic review and meta-analysis are exempt from page charges.

2) Illustration surcharges

W 6,000 (eq. 6 USD) for each illustration

3) Reprints are available on request

W 55,000 (eq. 55 USD) for a minimum of 50 copies

Shipping cost is not included.

The currency unit (W) is Korean won.

7. Correction policy

We recognize our responsibility to correct errors that we have previously published. We expect authors to inform the journal of any errors they have noticed in their article once published. Corrections are made according to the journal's discretion.

Erratum

Erratum concerns notification of an important error made by the journal that affects the publication record or the scientific integrity of the paper, or the reputation of the journal or authors. Errata must be requested by authors within the journal policy. Errata are not generally published for simple, obvious typographical errors. However, errata are published when an apparently simple error is significant (for example a Greek alpha for an 'a' in a unit, or a typographical error in the corresponding author's name).

8. Manuscript preparation

The manuscript should be prepared with Microsoft Word. It should be double-spaced in font size 10 on A4 sized paper. Number the pages consecutively, beginning from the title page.

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 by 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 should certify that all listed authors participated meaningfully into the study and that they have seen and approved the final manuscript.

The manuscript should be in the following order:

Review articles: title page, abstract, introduction, main text, conclusions, conflicts of interest, acknowledgements, references, figure legends, tables, and figures.

Systematic review and meta-analysis: title page, abstract, introduction, main text, conclusions, conflicts of interest, acknowledgements, references, figure legends, tables, and figures.

Commentaries: title page, main text, conflicts of interest, acknowledgements, references (figure legends, tables, and figures if included).

Original articles: title page, abstract, introduction, materials and methods, results, discussion, conflicts of interest, acknowledgements, references, figure legends, tables, and figures.

Case reports: title page, abstract, introduction, case report, discussion, conflicts of interest, acknowledgements, references, figure legends, tables, and figures.

Brief reports, Letters to the editor: title page, main text, conflicts of interest, acknowledgements, 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, institutional affiliation, corresponding author address), and footnotes. A running title of no more than 50 characters should be included. Also, all authors are required to submit his/her ORCID number.

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. It is limited to 150 words without subheadings for case reports. Also an abstract for review article is limited to 200 words. Five or fewer keywords should be supplied below the abstract and should refer to the terms from Medical Subject Headings (MeSH). The abstract should not contain abbreviations or references.

Main text

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. An abstract is required. 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 critical appraising of current literature. Meta-analysis should not be done when the quality of primary studies is suboptimal.

Commentaries: It should have fewer than three authors and should not exceed 1,000 words. No subdivisions such as the Introduction, Materials and Methods, Results, and Discussion are required. The total number of references should be limited to a maximum of 10.

Original articles: The rationale for the study and pertinent background should be outlined in the Introduction. The Introduction should not contain results or conclusions. The Materials and 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 Materials and Methods should be described 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 institutional review board or institutional animal welfare committee should be cited. Obtainment of informed consent from the person involved must be stated in the materials and methods of the manuscript. The Results should be presented in a logical sequence. Statistical analyses should be appropriate for the different measurements. Subheadings may be used. If a table is used, the same content should not be repeated in the main text. The Discussion considers the results in relation to any hypothesis advanced in the Introduction. It should emphasize new observations. Data given in the Results should not be reiterated.

Case reports: The format should include an Introduction, Case report, and Discussion similar to those of an original article. The maximum word count is 1,500 words. The number of authors is limited to eight. The number of references should not exceed 20, and there should be no more than five figures.

Brief reports: It 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 an Introduction, Materials and Methods, and Discussion. Obtainment of informed consent from the person involved must be stated in the manuscript. The number of references is limited to ten. Otherwise, the format is same as for case reports.

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



figures, and photographs may be attached.

Standard metric units are used for describing length, height, weight, and volume. The unit of temperature is the degree Celsius (°C). All others are as in the International System of Units (SI). All units must be preceded by one space, except percentage (%) and temperature (°C).

Conflicts of interest: If there is any conflict of interest, the authors should disclose it. If medicine or medical equipment is involved, the authors should clarify any commercial relationship with the manufacturer or research funds from the manufacturer. Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties).

Author contributions: Author contributions should be written in the following format (Contributor Roles in CRediT) available from <https://casrai.org/credit/>. (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, (14) Writing-review&editing. The author can be duplicated in the contributor roles, and the contributor roles may not have an author.

Acknowledgements: A brief acknowledgement of persons who made a genuine contribution may be included. Authors are responsible for obtaining written permission to use any copyrighted text or illustrations. All funding related to the work should be specifically stated.

References: References are numbered serially in the text in the order of citation with numbers as superscripts. List all authors if there are six or fewer authors. List the first three authors followed by "et al." if there are seven or more authors. Journal titles are abbreviated in accordance with the style of Index Medicus. Non-published articles cannot be cited, but if such information has to be cited, "personal communication" or "unpublished article" must be stated in the text. The references should be formatted as follows:

Journal articles: Graham KS, Ingram JD, Steinberg SE, Narkewicz MR. ERCP in the management of pediatric pancreatitis. *Gastrointest Endosc* 1998;47:492-495.

Journal supplementary articles: Purcell R. The hepatitis C virus: overview. *Hepatology* 1997;26(3 Suppl 1):11S-14S.

Entire books: Classen M, Tytgat G, Lightdale C. *Gastroenterological endoscopy*. 2nd ed. New York (NY): Thieme; 2010.

Parts of book: Korelitz BI, Felder JB. Gastrointestinal complications of ulcerative colitis and Crohn's disease. In: Kirsner JB, Shorter RG, eds. *Inflammatory bowel disease*. 4th ed. Baltimore: Williams & Wilkins; 1995. p. 437-460.

Otherwise, the references follow Patrias K. *Citing medicine: the NLM style guide for authors, editors, and publishers*. 2nd ed. [Internet]. Bethesda (MD): National Library of Medicine (US); c2007 [updated 2009 Oct 21; cited 2011 Feb 25]. Available from <https://www.nlm.nih.gov/citingmedicine>.

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

Video or animation: Submission of video or animation is encouraged. If the content of the video or animation differs, a maximum of three files can be submitted. Each file should not exceed 5 min in length and 30 megabytes in size. All files together should not exceed 7 min in length and 90 megabytes in size. The file format should be avi, asf, or wmv.

Initial version October, 1981

Revised April 23, 2004, October 12, 2004, February 16, 2005, July 24, 2005, February 8, 2006, June 13, 2007, January 11, 2008, July 30, 2008, and 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 and most recently November 30, 2020.



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