

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*. 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 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, and 3) final approval of the version to be published according to *The Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication*. Each and every author's participation should be stated specifically using the fol-

lowing terms: conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing-original draft, and writing-review and editing. 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.

2. Publication types

Commentaries: There are commissioned for only invited articles. 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.

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.

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 manu-

script. 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/Autor.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 and original articles are exempt from page charges.
- 2) Illustration surcharges
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- 3) Reprints are available on request
 - W 55,000 (eq. 55 USD) for a minimum of 50 copies
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 - 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:

Original article: 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.

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

Commentaries, 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. Each and every author's participation should be stated specifically using the following terms: conceptualization, data curation, formal analysis, fund-

ing acquisition, investigation, methodology, project administration, resources, software, supervision, validation, visualization, writing-original draft, and writing-review and editing. Also, the corresponding author is required to submit his/her ORCID number.

Abstract: The abstract for an original article 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

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.

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.

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).

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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.

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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.

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