

INSTRUCTIONS FOR AUTHORS

AIMS AND SCOPE

The *Journal of Gastroenterology and Hepatology (JGH)* is the official journal of the Asia Pacific Association for Gastroenterology. The Journal publishes peer-reviewed original papers, reviews, meta-analyses and systematic reviews, and editorials concerned with clinical practice and research in the fields of hepatology, gastroenterology and endoscopy. Papers cover the medical, surgical, radiological, pathological, biochemical, physiological, ethical and historical aspects of the subject areas. Clinical trials are afforded expedited publication if deemed suitable. *JGH* also deals with the basic sciences and experimental work, particularly that with a clear relevance to disease mechanisms and new therapies. Case reports and letters to the Editor will not be considered for publication.

EDITORIAL REVIEW AND ACCEPTANCE

The acceptance criteria for all papers and reviews are based on the quality and originality of the research and its clinical and scientific significance to our readership. All manuscripts are peer reviewed under the direction of an Editor. The Editor reserves the right to refuse any material for review that does not conform to the submission guidelines detailed throughout this document, including ethical issues, completion of an Exclusive License Form and stipulations as to length.

SUBMISSION OF MANUSCRIPTS

Manuscripts should be submitted online at:

<http://mc.manuscriptcentral.com/jgh>

Authors need to supply an email address as all correspondence will be by email. For assistance please contact Ms Roisin Stewart, email: Roisin.Stewart@asia.blackwellpublishing.com; tel: 613 9467 9344; fax: 613 9274 3101. Submission instructions are available at the website.

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

ONLINE GUIDELINES

Visit the *Journal of Gastroenterology and Hepatology* home page at <http://www.blackwellpublishing.com/jgh> for more information, and Wiley-Blackwell's web pages for submission guidelines and digital graphics standards at: <http://www.blackwellpublishing.com/bauthor/journal.asp> and <http://www.blackwellpublishing.com/bauthor/illustration.asp>

The *Journal of Gastroenterology and Hepatology* is also available online at <http://www.blackwell-synergy.com>.

SUBMISSION REQUIREMENTS

Each author that submits a paper to the Journal must:

- Complete the Exclusive Licence Form, (ELF) at the time of submission of manuscript
- Enter the subject domain (see pull-down menu) and three to five key words
- Provide all supporting material for their paper as to the specifications outlined in this document

If authors fail to comply with these initial requirements, their manuscripts will not be processed for review.

MANUSCRIPT CATEGORIES AND SPECIFICATIONS

All articles, with the exception of Editorials, must contain an abstract of no more than 250 words. Abstracts for original articles should be formatted into subheadings, as detailed below. Titles must not be longer than 120 characters (including spaces).

Editorials

These are invited by the Editor-in-Chief or their delegated editor, and should be a brief review of the subject concerned, with reference to and commentary about one or more articles published in the same issue of *JGH*. Editorials are generally 1200–1500 words, may contain one table or figure and cite up to 15 references, including the source article [this should be cited as *J Gastroenterol Hepatol* (year);(vol): [this issue].

Review Articles

JGH welcomes reviews of important topics across the scientific basis of gastroenterology and hepatology, and advances in clinical practice. Most published reviews are in response to editorial invitation, including thematically related “mini-series” of reviews. Authors considering submitting a review for *JGH* are advised to canvass their possible review with the Editor-in-Chief or a colleague editor; this avoids early rejection if the subject matter is not deemed a high priority for the Journal at the time of submission. Reviews are limited to 3500–5000 words, with an abstract of up to 250 words and up to 75 references and 3–7 figures or tables.

Meta-Analyses or Systematic Reviews

JGH particularly welcomes submission of Meta-Analyses and Systematic Reviews, which underpin evidence-based medicine. From time-to-time, an honorarium for preparation of these articles may be made available by the *JGH* Foundation; for up-to-date information, check the *JGH* website [<http://www.blackwell-synergy.com/loi/jgh>] and recent advertisements in the Journal, or email the Editor-in-Chief. Guidelines for preparation of Meta-Analysis and Systematic Reviews are similar to other reviews, and articles are subject to the usual peer review process. Meta-Analyses and Systematic Reviews have a word limit of 3500–5000 words, with an abstract of up to 250 words and up to 75 references and 3–7 figures or tables.

Original Articles (including clinical trials)

JGH welcomes original articles concerned with clinical practice and research in the fields of hepatology, gastroenterology and endoscopy. Papers can cover the medical, surgical, radiological, pathological, biochemical, physiological, ethical and/or historical aspects of the subject areas. Clinical trials are afforded expedited publication if deemed suitable. *JGH* also deals with the basic sciences and experimental work, particularly that with a clear relevance to disease mechanisms and new therapies. Original articles are limited to 3000 words, with an abstract of up to 250 words and up to 50 references and 3–7 figures and tables.

Education and Imaging

The Editors welcome contributions to the Education and Imaging section (*Hepatobiliary and Pancreatic or Gastrointestinal*). The purpose is to present imaging for the evaluation of unusual features of common conditions or diagnosis of unusual cases. Contributions will be reviewed by the Education and Imaging Coordinating Editors. The format of the *Hepatobiliary and Pancreatic Images* pages involves two parts, each of which will occupy up to one journal page. In part 1, a case will be described briefly, including a summary of the presentation, clinical features and key laboratory results. One to two key images will then be presented. It is helpful to the reader if the author responds to questions that follow from the images of the case, such as ‘What is your diagnosis? What are the features indicated on the CT scan? What is the differential diagnosis?’ Part 2 will briefly describe the imaging features, particularly those that lead to diagnosis or which are critical for management. Differential diagnosis should be mentioned. It will be useful to include either further images or pathological details that validate the imaging diagnosis. Occasionally, presentation of analogous cases or related images from a similar case might be appropriate. Please include between one and three references to definitive studies and appropriate reviews of the subject. The format of the *Gastrointestinal Images* page involves a brief background to and description of the disorder of interest together with two figures of high quality. Colored endoscopic photographs are encouraged. The submission may take the form of a case report or may illustrate particular features from more than one patient.

Materials for the Education and Imaging section should be submitted online at: <http://mc.manuscriptcentral.com/jgh>

MANUSCRIPT PREPARATION

Manuscripts should 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/>.

The journal uses US spelling and authors should therefore follow the latest edition of the *Merriam-Webster’s Collegiate Dictionary*. All

measurements must be given in SI units as outlined in the latest edition of *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors* (Royal Society of Medicine Press, London).

Abbreviations should be used sparingly and 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.

Upon its first use in the title, abstract and text, the common name of the species should be followed by the scientific name (genus, species and authority) in parentheses. However, for well-known species, the scientific name may be omitted from the article. If no common name exists in English, the scientific name should be used only. At the mention of a chemical substance, give the generic name only. Trade names should not be used. Drugs should be referred to by their generic names, rather than brand names.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and keywords, (iii) text, (iv) acknowledgments and potential conflicts of interest, (v) references, (vi) figure legends, (vii) tables (each table complete with title and footnotes) and (viii) figures.

Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

Title page

The title page should contain: (i) the title of the paper; (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 address and email address, plus facsimile and telephone number of the author to whom correspondence about the manuscript, proofs and requests for offprints should be sent.

The title should be short, informative and contain the major key words. Articles with a title longer than the 120 character limitation may not be sent out for review. A short running title (less than 40 characters, including spaces) should also be provided.

Abstract and keywords

Original articles must have a structured abstract that states in 250 words or less the purpose, basic procedures, main findings and principal conclusions of the study. Divide the abstract with the headings: Background and Aim, Methods, Results, Conclusions. The abstracts of reviews need not be structured. The abstract should not contain abbreviations or references. Three to five keywords should be supplied below the abstract and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser—(<http://www.nlm.nih.gov/mesh/meshhome.html>).

Text

Authors should use subheadings to divide the sections of their manuscript: Introduction, Methods, Results, Discussion, Acknowledgments and References.

Acknowledgments and potential conflicts of interest

The source of financial grants and other funding should be acknowledged, including a frank declaration of the authors' industrial links and affiliations. In the case of clinical trials or any article describing use of a commercial device, therapeutic substance or food must state whether there are any potential conflicts of interest for each of the authors: failure to make such a statement may jeopardise the article being sent out for peer-review. The contribution of colleagues or institutions should also be acknowledged. Thanks to anonymous reviewers are not allowed.

References

We recommend the use of a tool such as EndNote or Reference Manager for reference management and formatting. EndNote reference styles can be searched for here: <http://www.endnote.com/support/enstyles.asp> Reference Manager reference styles can be searched for here: <http://www.refman.com/support/rmstyles.asp>

The Vancouver system of referencing should be used. In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited only in tables or figure legends, number them according to the first identification of the table or figure in the text.

In the reference list, the references should be numbered and listed in order of appearance in the text. Cite the names of all authors when there are six or less; when seven or more list the first three followed by *et al.* Names of journals should be abbreviated in the style used in MEDLINE.

Reference to unpublished data and personal communications should appear in the text only. References should be listed in the following form:

Journal article

- 1 Nishida T, Kobashi H, Fujioka SI et al. A prospective and comparative cohort study on efficacy and drug resistance during long-term lamivudine treatment for various stages of chronic hepatitis B and cirrhosis. *J. Gastroenterol. Hepatol.* 2008; **23**: 794–803

Book

- 2 Takada T. *Medical Guideline of Acute Cholangitis and Cholecystitis*. Tokyo: Igaku Tosho Shuppan Co; 2005.

Chapter in a Book

- 3 Siewert JR. Introduction. In: Giuli R, Siewert JR, Couturier D, Scarpignato C, eds. *OESO Barrett's Esophagus. 250 Questions*. Paris: Hors Collection, 2003; 1–3.

Journal article in electronic format

- 4 Spycher C, Zimmerman A, Reichen J. The diagnostic value of liver biopsy. *BMC Gastroenterol.* 2001; **1**: 12. Cited 22 Nov 2007. Available from URL: <http://www.biomedcentral.com/1471-230X/1/12>.

Online article not yet published in an issue

5. 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.

Testro AG, Visvanathan K. Toll-like receptors and their role in gastrointestinal disease. *J.Gastroenterol. Hepatol* 2009 doi 10.1111/j.1440-1746.2009.05854.x

Tables

Tables should be self-contained and complement, but not duplicate, information contained in the text. Tables should be numbered consecutively in Arabic numerals and placed at the end of the manuscript with a comprehensive but concise legend above the table. Tables should be double-spaced and vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations should be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *P*-values. The table and its legend/footnotes should be understandable without reference to the text.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Low resolution images will be sufficient for the review process, but upon acceptance authors will be asked to supply high-resolution images or original figures for publication.

Original images

Each figure must be supplied electronically as high resolution (at least 300 d.p.i.) files, and saved as .eps or .tif format. A high resolution print-out must also be provided. Digital images supplied only as low-resolution print-outs cannot be used.

Color figures

Color photographs should be submitted as good quality, glossy color prints. A charge of US\$530 for the first three color figures and US\$265 for each extra color figure thereafter will be charged to the author.

Figure legends

Legends should be self-explanatory and typed on a separate sheet. The legend should incorporate definitions of any symbols used and all abbreviations and units of measurement should be explained so that the figure and its legend are understandable without reference to the text. If figures have been reproduced from another source, the author must provide a letter stating copyright authorization.

PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production.

Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the *essential* correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue.

Authors publishing in the Journal will be asked to sign a Copyright Transfer Agreement. In signing the form it is assumed that authors have obtained permission to use any copyrighted or previously published material. All authors must read and agree to the conditions outlined in the form, and must sign the form or agree that the corresponding author can sign on their behalf. Articles cannot be published until a signed form has been received. Authors can download the form from <http://www.wiley.com/go/ctaaglobal>

Covering letter

Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter. The Journal's position on possible dual publication in more than one language has been outlined in the following editorial: Farrell GC. *Déjà vu, mais pas en anglais! Precautionary notes on publishing the same article in two languages.* *J. Gastroenterol. Hepatol.* 2007; **22**: 1699–1700.

It will facilitate peer-review of the manuscript if authors nominate a preferred reviewer. Alternatively, a non-preferred reviewer can be nominated.

The covering letter must also contain an acknowledgement that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

Authors must declare any financial support or relationships that may pose conflict of interest by disclosing at the time of submission any financial arrangements they have with a company whose product figures prominently in the submitted manuscript or with a company making a competing product. Such information will be held in confidence while the paper is under review and will not influence the editorial decision but, if the article is accepted for publication, the Editor will usually discuss with the authors the manner in which such information is to be communicated to the reader.

If tables or figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

Authors who require the return of any submitted material that is accepted for publication should inform the Editorial Office after acceptance. If no indication is given that author material should be returned, the Publisher will dispose of all hardcopy and electronic material two months after publication.

ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee (Human or

Animal) of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Tokyo 2004), available at <http://www.wma.net/e/policy/b3.htm>. The *Journal of Gastroenterology and Hepatology* 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, usually in writing. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

Registration of Clinical Trials

We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Trials register at or before the onset of patient enrolment. This policy applies to any clinical trial starting enrolment after July 1, 2008. For trials that began enrolment before this date, we request registration by December 1, 2008, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt. We do not advocate one particular registry, but registration 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, but are not limited to: (1) the registry sponsored by the United States National Library of Medicine (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>); (6) University hospital Medical Information Network (UMIN) (<http://www.umin.ac.jp/ctr/>).

Randomized Controlled Trials

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to international standards for animal usage in research. These include but are not limited to the NHMRC of Australia, NIH and European Union.

Early View

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