

AUTHOR GUIDE

LATEST INFORMATION

- ✓ **Case Reports:** Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters.
- ✓ **Letters, Techniques and Images:** Manuscripts formerly published as “Endoscopic Images of Interest”, “New Instruments and Techniques” are now included in the new section “Letters, Techniques and Images” and published under a new format.

Please take a moment to consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

1. ABOUT THE JOURNAL

Scope: *Digestive Endoscopy (DEN)* is the official journal of the Japan Gastroenterological Endoscopy Society, the Asian Pacific Society for Digestive Endoscopy and the World Endoscopy Organization. *Digestive Endoscopy* serves as a medium for presenting original articles that offer significant contributions to knowledge in the broad field of endoscopy. The Journal also includes Reviews, Original Articles, How I Do It, Case Reports (only of exceptional interest and novelty are accepted), Letters, Techniques and Images, abstracts and news items that may be of interest to endoscopists.

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Publisher: Wiley Publishing Asia Pty Ltd

2. EDITORIAL REVIEW AND ACCEPTANCE

The acceptance criteria for all papers are the quality and originality of the research and its significance to our readership. Except where otherwise stated, manuscripts are peer reviewed by two anonymous reviewers and the Editor. All manuscripts will be reviewed by using the online submission system, and all

relevant data should be submitted online. Final acceptance or rejection rests with the Editorial Board.

All manuscripts should be written so that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication on the basis of content, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

Authorship should be finalized during the submission process. Please ensure that all authors are listed and in the correct order, because changes are not permissible once the accepted manuscript goes into production.

3. DISCLOSURE

Conflict of Interests: All authors should declare, according to the standard of each country, any employment, leadership role or advisory role with a company, stock ownership and option, patent royalties and licensing fees, honoraria, received fees for promotional materials, financial support and grants, devices donated from the industry and other potential relationships that may pose conflict of interests as “Conflict of Interests” between the Acknowledgments and References sections. All authors will be required to complete a conflict of interests disclosure form as part of the initial manuscript submission process. The corresponding author is responsible for obtaining all the relevant information from all authors of the manuscript. Please visit [here](#) to consult the details of the latest disclosure guidelines according to the standards of the International Committee of Medical Journal Editors (ICMJE).

4. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee 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 2008), available at: <http://www.wma.net/en/30publications/10p>

[olicies/b3/](#). In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editors recognize that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case. Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research. *Digestive Endoscopy* retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies.

5. CLINICAL TRIALS REGISTRY

As a condition of consideration for publication, registration in a public trials registry is recommended as a principle. (If authors are considering submitting a non-registered trial, please explain the reason why it has not been registered.) Trials must have been registered before the start of the study; in other words, before the enrolment of the first patient. 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. Clinical trials should be registered in one of the registries approved by ICMJE.

Registries that currently meet all necessary criteria include: **(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 New Zealand Clinical Trials Registry (<http://www.anzctr.org.au/>); **(4)** the Chinese Clinical Trials Registry (<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/>).

6. RANDOMIZED CONTROLLED TRIALS

Randomized controlled trials should follow the guidelines of the CONSORT Statement. The CONSORT Statement will also be used as

the criteria of peer review for randomized controlled trial papers:
<http://www.consort-statement.org/>.

7. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLES

Word Limit: 3000 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, structured (subheaders): Objectives, Methods, Results, Conclusions.

References: No limit.

Figures/Tables: No limit.

Supporting Information: Video, additional data, tables and audio are acceptable as supporting information.

Description: Full-length reports of current research in either basic or clinical science. Arrange text as follows: Introduction, Methods, Results, Discussion, Acknowledgment, Conflict of Interests, References, and when relevant, Supplementary Material.

(2) REVIEW ARTICLES

Word Limit: 3500 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, structured or unstructured.

References: No limit.

Figures/Tables: No limit.

Supporting Information: Video, additional data, tables and audio are acceptable as supporting information.

Description: Reviews are comprehensive analyses of specific topics with an inclusive reference list, or they may be systematic reviews. Some of them will be submitted upon invitation by the Editor. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(3) CASE REPORTS

Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters, Techniques and Images.

Word Limit: 1500 words including abstract but excluding references, tables and figures.

Abstract: Short, unstructured (no use of subheaders). Maximum of 250 words.

References: Up to 10 in total.

Figures/Tables: Up to four in total.

Supporting Information: Video, additional data, tables and audio are acceptable as supporting information.

Description: New observations of diseases, clinical findings or novel/unique treatment

outcomes relevant to practitioners in Endoscopy. Arrange text as follows: Abstract; Introduction; Case Report; Discussion; Acknowledgment; Conflict of Interests; References.

(4) HOW I DO IT

[BY INVITATION OF EDITORS]

Word Limit: 3000 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of subheaders).

References: Up to 20 in total.

Figures/Tables: Up to five in total.

Supporting Information: Video, additional data, tables and audio are acceptable as supporting information.

Description: How I Do It contains useful clinical improvements for diagnosis and treatment. It must be based on empirical observation and it should include discussions about methods and results with references. Arrange text as follows: Abstract; Introduction; Procedure or Technique; Discussion.

(5) LETTERS, TECHNIQUES AND IMAGES

Word Limit: 300 words.

Authors: Maximum of three authors.

Abstract: No abstract.

References: Up to five.

Figures/Tables/Images: Up to two. Size of one figure should not exceed 80 mm horizontal x 80 mm vertical. Composite photos can be accepted within this size regulation when necessary.

Supporting Information: Video, additional data, tables and audio are acceptable as supporting information.

Description: Letters may be submitted to the Editor on any topic of discussion; clinical observations, as well as letters commenting on papers published in recent issues. Manuscripts formerly published as New Instruments and Techniques, Endoscopic Images of Interest, and Clinical Trial Notes are now published under this manuscript category. After the review, Editors may ask authors to shorten manuscripts originally submitted as Case Reports and rewrite them as Letters, Techniques and Images.

(6) EDITORIALS

[BY INVITATION OF EDITORS]

Word Limit: 1600 words.

Abstract: No abstract.

References: Up to five.

Description: Proposals for Editorials may be submitted; however, in this case, authors

should only send an outline of the proposed paper for initial consideration.

8. COPYRIGHT

Papers accepted for publication in *Digestive Endoscopy* become copyright of The Japan Gastroenterological Endoscopy Society. Papers need to be submitted with a signed Author Submission Requirement Form that includes transfer of copyright. In signing the transfer of copyright, 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 https://mc.manuscriptcentral.com/societyimages/den/DEN-ELF_Dec_6_2013.pdf.

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9. STYLE OF MANUSCRIPTS

Manuscripts must follow the style detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publications' as presented at: <http://www.ICMJE.org/>.

Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the *Merriam-Webster's Collegiate Dictionary*.

Units: All measurements must be given in SI or SI-derived units. Statistics and measurements should always be given in numerals; that is, 10 mm. Confusing mathematical notation, and particularly subscripts and superscripts, should be avoided. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr/>.

Abbreviations and Acronyms: Standard abbreviations may be used and should be defined in the abstract and on first mention in the text. In general, however, 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.

Trade Names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

10. STRUCTURE OF MANUSCRIPTS

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page; (ii) abstract and key words; (iii) text; (iv) acknowledgments; (v) conflicts of interest; (vi) references; (vii) supporting information; (viii) figure legends; (ix) tables (each table complete with title and footnotes); and (x) 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 name, the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent.

The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. 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. The title should be short, informative and contain the major key words. A short running title (less than 40 characters including spaces) should also be provided. The running title is the short title in the upper right-hand corner of the article to help facilitate article search.

ABSTRACT AND KEYWORDS

The length of abstracts must adhere to the specifications under the section Manuscript Categories. Please note that the requirements differ between manuscript types. The abstract should not contain abbreviations or references.

Five key words, for the purposes of indexing, should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) Browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

TEXT

Please note that the requirements differ between manuscript types. Please refer to the section Manuscript Categories for individual requirements.

ACKNOWLEDGMENTS

The contribution of colleagues or institutions should be acknowledged. Thanks to anonymous reviewers are not appropriate.

CONFLICT OF INTERESTS

Authors are required to disclose any conflict of interests. The statement should be the same as on the Author Submission Requirement Form. The absence of any interest to disclose must also be stated.

REFERENCES

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 references 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 fewer; when seven or more authors, list the first three followed by *et al*. Reference to unpublished data and personal communications should not appear in the references list but should be cited in the text only (e.g. Smith A, 2000, unpubl. data). All citations mentioned in the text, tables or figures must be listed in the references list.

Names of journals should be abbreviated in the style used in Index Medicus.

Authors are responsible for the accuracy of all references.

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

Standard Journal Article:

1 Oda I, Gotoda T, Hamanaka H *et al*. Endoscopic submucosal dissection for early gastric cancer: Technical feasibility, operation time and complications from a large consecutive series. *Dig. Endosc.* 2004; **17**: 54–8.

Standard Journal Article using DOI: articles published online in advance without volume, issue, or page number. The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

(More information about DOIs: <http://http://www.doi.org/faq.html>):

2 Noda Y, Fujita N, Kobayashi G *et al*. Prospective randomized controlled study comparing cell block method and conventional smear method for pancreatic juice cytology. *Dig. Endosc.* Published online: 13 Jul 2011; DOI:10.1111/j.1443-1661.2011.01180.x

Book: 3 Yamada T. *Principles of Clinical Gastroenterology*. Blackwell Publishing, Boston, 2008.

Chapter in an Edited Book: 4 Ginsberg GG. Endoscopic equipment. In: Cotton PB (ed). *Advanced Digestive Endoscopy: Practice and Safety*. Blackwell Publishing, Boston, 2008; 43–76.

TABLES

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *P*-values. Statistical measures such as SD or SEM should be identified in the headings. If tables 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.

FIGURES

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Figures should be sized to fit within the column (80.5 mm), intermediate (112 mm) or the full text width (168 mm). Magnifications should be indicated using a scale bar on the illustration. Line figures should be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package. Lettering must be included and should be sized to be no larger than the journal text. Magnifications should be indicated using a scale bar on the illustration.

If 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 Author Submission Requirement Form and also explicitly explained on the covering letter.

Line Figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

Text Sizing in Figures: Lettering must be included and should be sized to be no larger than the journal text or 8 point (should be readable after reduction – avoid large type or thick lines.)

Line Width: Between 0.5 and 1 point.

Figure Legends Type figure legends on a separate page. Legends should be concise but

comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement. More help on preparation of illustrations can be found at: <http://authorservices.wiley.com/bauthor/illustration.asp>

EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

$$dx/dt = c(x - x^3/3 + y + z) \quad (1)$$

$$DY/DT = -(X + BY - A)/C \quad (2)$$

11. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but it is not integral to that article. Supporting Information is hosted via a link on Wiley Online Library, but does not appear in the print version of the article. Supporting Information must be submitted together with the article for peer review; it should not be added at a later stage. It can be in the form of tables, figures, appendices, audio and video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or a fully included figure/table. The materials are published as they are supplied and are not checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5 MB, although video files may be larger. Prior to submission, please check the guidelines at: <http://authorservices.wiley.com/bauthor/suppmat.asp>.

12. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at: <http://mc.manuscriptcentral.com/den/>.

Authors must supply an email address as all correspondence will be by email. Two files should be supplied: the covering letter and the manuscript (in Word or rich text format (.rtf)). The covering letter should be upload-

ed as a file not for review.

GENERAL

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. For assistance, please contact the Editorial Office of Digestive Endoscopy (email: digestive_endoscopy@jges.or.jp; phone: +81-3-3525-4670; fax: +81-3-3525-4677).

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
- Do not use 'Enter' at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
- Specify any special characters used to represent non-keyboard characters.
- Take care not to use I (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for β (Greek beta).
- Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).
- Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded for ease of transmission during the review process.

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. This must be stated in the covering letter. The covering letter must contain an acknowledgment that all the 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. 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.

PRE-ACCEPTANCE ENGLISH-LANGUAGE

EDITING

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. Visit <http://wileyeditingservices.com/> to learn about the options. All services are paid for and arranged by the author. Please note using the Wiley English Language Editing Service does not guarantee that your paper will be accepted by this journal.

13. 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. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following website: <http://www.adobe.com/products/acrobat/readstep2.html>.

This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

14. OFFPRINTS

Minimum orders of 50 offprints will be provided upon request, at the author's expense. These paper offprints may be ordered online. Please visit <http://offprint.cosprinters.com/>, fill in the necessary details and ensure that you type information in all of the required

fields. If you have queries about offprints please email: offprint@cosprinters.com. Printed offprints are posted to the correspondence address given for the paper unless a different address is specified when ordered. Note that it is not uncommon for printed offprints to take up to eight weeks to arrive after publication of the Journal. Electronic offprints are sent to the corresponding author at his or her corresponding email address as given on the title page of the paper, unless advised otherwise.

15. NO PUBLICATION FEES

Up to four color illustrations, if judged relevant and of good quality, will be published free of charge. A charge of A\$550/US\$265/¥32,000 of the fifth and subsequent color figures will be charged to the author. Composite color photographs made up of smaller pictures will not be accepted.

16. TRACKING MANUSCRIPTS

(1) BEFORE ACCEPTANCE

Authors can track your manuscript's progress through the review process at: <http://mc.manuscriptcentral.com/den/>.

(2) AFTER ACCEPTANCE

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the Production Editor to check on progress. For more details on online production tracking and for a wealth of resources, including FAQs and tips on article preparation, submission and more, visit: <http://authorservices.wiley.com/bauthor/>.

17. EARLYVIEW

EarlyView articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, ra-

ther than having to wait for the next scheduled print issue. *EarlyView* articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors' final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The nature of *EarlyView* articles means that they do not yet have volume, issue or page numbers, so *EarlyView* articles cannot be cited in the traditional way. They are therefore given a Digital Object Identifier (DOI), which allows the article to be cited and tracked before it is allocated to an issue. After print publication, the DOI remains valid and can continue to be used to cite and access the article. More information about DOIs can be found at: <http://www.doi.org/faq.html>.

18. ONLINE GUIDELINES

For more information, visit the *Digestive Endoscopy* home page at:

<http://wileyonlinelibrary.com/journal/den>.

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<http://authorservices.wiley.com/bauthor/> and

<http://authorservices.wiley.com/bauthor/illustration.asp>.

This journal is also available online via Wiley Online Library:

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19. EDITORIAL OFFICE ADDRESS

Editorial Office

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