

Órgano de expresión científica de:

Sociedad Española de Patología Digestiva (SEPD)
Sociedad Española de Endoscopia Digestiva (SEED)
Asociación Española de Ecografía Digestiva (AEED)



INSTRUCTIONS TO AUTHORS

The *Spanish Journal of Gastroenterology* (Revista Española de Enfermedades Digestivas), the Official Journal of the Spanish Society of Digestive Diseases (Sociedad Española de Patología Digestiva) (SEPD), Spanish Society of Gastrointestinal Endoscopy (Sociedad Española de Endoscopia Digestiva) (SEED) and Spanish Association of Digestive Ultrasonography (Asociación Española de Ecografía Digestiva) (AEED), publishes original papers, rapid communications, editorials, reviews, rapid reviews, research letters, images in digestive diseases, clinical practice guidelines, and other special articles on all aspects referring to the digestive diseases. Manuscripts must be written following recommendations issued by the International Committee of Medical Journal Editors (Available at: <http://www.icmje.org>), and according to the following guidelines: the journal has two versions: a) print and b) online. The print version is available in English or Spanish. The online version includes articles in English and Spanish. This version publishes Letters to the editor in English or Spanish. Once a manuscript has been accepted, its author(s) should submit an English version within a month's term after acceptance date for the online publication. Manuscripts in English will be reviewed by experts. Should the authors wish, the Journal may provide contact information for companies specialized in the translation of biomedical texts. Authors may be asked to contact professionals regarding the correction of the English content of manuscripts either before or after acceptance. This expense will be the responsibility of the authors. Should the translated paper fail to be received at the Journal's editorial office within this timeframe, paper acceptance will be cancelled and the paper will not be published.

IMPACT FACTOR (2017) JCR: 1.858

ISSN: 1130-0108

Free full text at www.reed.es www.sepd.es

Contact Information:

Sociedad Española de Patología Digestiva (SEPD)

C/ Sancho Dávila, 6. 28028 Madrid (Spain)

Teléfono: 91 402 13 53 e-mail: info@reed.es

Types of authors

1. Corresponding author. The person responsible for submitting a paper to the Journal and then receiving/sending different versions as required by the editorial process. This is the author the Editorial Committee will be in touch with for any manuscript-related issues, and needs not be the manuscript's first author.
2. First and second author as co-authors. Under selected, adequately justified circumstances in the initial letter to the Editor-in-Chief, a corresponding author may propose another author to appear as first author in co-authorship with the second author, such that both authors would share the first position in the publication (shared authorship).
3. Contributor. As in the section above, a list of contributors may be submitted to the Editor-in-Chief. If approved, the list will be included in an "Acknowledgments" section at the bottom of the manuscript. Five is the maximum number of acknowledged contributors.
4. Authorship by scientific societies (or official groups thereof). They may be included in the authors list in full-name format, with the corresponding abbreviation at the bottom of the authors section.

Example: Sociedad Española de Patología Digestiva, author, author.
SEPD: Sociedad Española de Patología Digestiva.

A list of the scientific society's members who contributed to the article (maximum, 20 authors) may be appended at the bottom of the manuscript; the number of contributors may be extended after consultation with the Editor-in-Chief if the list is included in an appendix.

Should an author be included in representation of a scientific society, an asterisk will be used next to his/her name in the authors list to identify him/her, which will then be explained at the bottom of the authors section.

Example: author, author (*), author.

(*) on behalf of the SEPD (Sociedad Española de Patología Digestiva).

Submission

All types of manuscripts must be submitted through the website www.reed.es by the corresponding author (the author who runs the paper through the online tool and who will receive all communications along the validation process through to publication and thereafter in case of reply letters or editorial issues). It is necessary that the full article and then a version with no identified authors or sites be separately submitted to ensure a blind review (there are blanks available for it in the online editorial process). Please check no such identifications are present in the heading or body text. The editors and publishers are not responsible for the opinions expressed by contributors to the Journal. Accepted manuscripts become the permanent property of *The Spanish Journal of Gastroenterology* (Revista Española de Enfermedades Digestivas) (*Spanish Society of Digestive Diseases* "Sociedad Española de Patología Digestiva"). Shared authorship may be approved for selected papers if adequately warranted by the corresponding author in a letter to the Editor-in-Chief, as discussed above, stating that both authors equally contributed to the manuscript.

The "Revista Española de Enfermedades Digestivas" is an open-access journal, which means that all its contents are accessible free of charge to non-commercial, individual users. Individual users are permitted to read, download, copy, distribute, print, search, or reference full article texts in this journal without prior permission from the publisher or the author, according to the definition of "open access" by BOAI (*Budapest Open Access Initiative*). Works may be reused provided their integrity remains unchanged, and their authors are properly referenced or quoted; the rights to derivative works are held by the original copyright holders.

A regular monographic issue of *Revista Española de Enfermedades Digestivas* may be scheduled with the standard layout but including only manuscripts on the selected topic. Authors interested in including their manuscript in an already scheduled monographic issue should discuss it in the initial letter submitted by the corresponding author to the Editor-in-Chief.

Form and preparation of manuscripts

Cover letter. All submissions to REED must be accompanied by a cover letter addressed to the Editor-in-Chief. The authors must briefly explain the type of the article they are submitting, what new insight the study provides and the contribution of all the authors following ICMJE norms.

It should be explicitly stated that the article is not currently under review by any other journal and that it has not been published previously. The authors must declare any conflicts of interest (again following ICMJE norms (available at www.ICMJE.org)) and if the article has received any kind of financial support. If during the editorial process changes to the original article are requested, when the new version of the manuscript is sent, a new cover letter that is different from the original (a copy of the original letter will not

be accepted) must be included which lists in an orderly fashion the changes made and any issues the authors wish to take up with the Editor-in-Chief (see the Editorial section).

TYPES OF MANUSCRIPTS

1. ORIGINAL PAPERS

Manuscripts describing original research must be written in English or Spanish, they must be concise, well organized, clearly written, and should not exceed 3,000 words (including the abstract, text, tables and figures), and 35 references. The illustrations must be 3 tables and 3 figures at most. The title must not exceed 130 characters (excluding spaces), and the abstract must not exceed 250 words. Acceptance of original manuscripts will be based upon originality and importance of the investigation. These manuscripts will be assessed by the editors and will be peer-reviewed in a majority of cases by two experts from the Editorial Committee, including the section's Associate Editor. Authors shall be responsible for the quality of language and style and are strongly against submitting manuscripts which are not written in idiomatic English and Spanish or English. In case of articles submitted in Spanish, authors should submit an English version within one month after acceptance. The Editorial reserves the right to reject poorly written manuscripts even if their scientific content is qualitatively suitable for publication. Manuscripts are submitted with the understanding that they are original contributions and do not contain data that has been published elsewhere or are under consideration by another journal. Meeting abstracts do not constitute prior publications.

Randomized clinical trials should follow the CONSORT guidelines (www.consort-statement.org); and should be registered as clinical trials (www.clinicaltrials.gov or WHO's International Clinical Trial Registry Platform). For cohort and case-control studies and cross-sectional studies the STROBE norms should be followed (www.strobe-statement.org). For studies analyzing diagnostic accuracy, the STARD norms are recommended (www.stard-statement.org).

Sections should be included in the following order: title page, abstract, introduction, material and methods (or patients and methods), results, discussion, references, acknowledgment of any intervening grant or financial support, references, tables, figure legends, and figures. All pages must be numbered in the upper right corner, starting with the title page.

All original articles must fulfill appropriate recommendations according to the type of study to which they refer and are specified in the official website of the REED (online version of the publication norms).

Submission of any checklist tables corresponding to the relevant article is mandatory.

Title page or cover page

This section must include: full title, running title (less than 50 characters) for headings, author name(s), key words, list of abbreviations, and disclosures.

Title. The title should not exceed 130 characters, not including spaces between words, and must reflect the manuscript's main subject. It should all the information necessary to make electronic recovery of the article as sensitive and specific as possible. The use of acronyms and abbreviations should be avoided. The species used for work with experimental animals must be indicated in the title. Inclusion of sentences such as "A propos of a case" or "Literature review" or "Experience in our institution" is not encouraged.

Author names. This page must contain: the full name of all authors; the names of department(s) and institution(s) where the work was done; and in a multi-authored work involving more than a single institution, indicate individual affiliation by means of a superscript Arabic number. It is necessary the e-mail address of all authors that will be used for the verification of the right cession of the journal, too. Where appropriate, the 16 digit ORCID code should also be included.

Contact information. Please include full name, telephone number, e-mail address, and address of the author to whom correspondence, galley proofs and offprint requests will be sent.

Key words. A list of keywords should be included in the same page. Key words (three to eight in total) complement the title and help in paper identification. Terms obtained from the Index Medicus medical subject headings (MeSH).

List of abbreviations in the order of their mention in the paper. Do not abbreviate otherwise unless a term is used more than five times in the manuscript. The full term substituted for by an abbreviation must precede the latter, except for standard measuring units. Units should be preferentially expressed as International System units. Abbreviate units of measure only when used with number. Chemical, physical, biologic and clinical units must be always strictly defined. Abbreviations used in figures or tables should be defined in the legend.

Disclosures. All authors must disclose any potential conflicts (financial, professional, or personal) that are relevant to the manuscript. If the authors have nothing to disclose, this must be stated. We recommend the ICMJE model (www.icmje.org/coi_disclosure.pdf) be used.

Abstract

The abstract must be written as continuous text organized as background and study's purpose, methods, main results, and conclusions. Only conclusions directly supported by data should be included. Do not use abbreviations, footnotes or references in the abstract. The abstract may not exceed 250 words.

Introduction

Provide the minimum background information that will orient the general reader. The aims and an a priori hypothesis must be stated.

Methods

These will be described in detail for assessment and repetition by other researchers. For methods that are used without significant modification, citation of the original work will suffice. Ethical standards met by researchers for both animal and human studies must be briefly described. Studies in humans must have express authorization by the local ethics committee for clinical trials, which must be clearly stated in the manuscript. That means that informed consent was obtained from each patient included in the study and that the study protocol conforms to the ethical guidelines of the 1975 Declaration of Helsinki (1983 Revision). Any paper that is a randomised controlled trial should adhere to the guidelines that can be found at the following web-site: www.consort-statement.org. Refer to individual patients by number, not by initials. Particularly in figures, names, initials and hospital numbers must not be included. When experiments carried out in animals are described, provide assurance that all animals received humane care according to guidelines issued by an international research council or institution, or a national law on laboratory animal care and use. Include the names and locations (city and state or country) of manufacturer when mentioning drugs, tools, instruments, prostheses, designs software, etc. Statistical methods used must be described. Studies must include experiments and/or control groups; otherwise, actions implemented for bias avoidance must be explained, as well as their potential effect on study conclusions. Statistical terms, abbreviations and most symbols should be defined. The software used should be stated.

Results

These must be concise and clear, with a minimum necessary number of tables and figures. Mention all tables and figures. Findings should be presented with the appropriate indicators of mean error or uncertainty (for example, confidence intervals) When numerical results are given, derived forms (percentages) should not be given but also the absolute values on which the calculations were made.

Unnecessary data duplication or repetitions should be avoided both in the text and the figures and tables.

Discussion

Except in review articles, a thorough inclusion of literature references is not necessary. Own findings shall be related to those of previous investigations, and differences between results obtained and those seen by other authors will be noted. The discussion should not include new results. Implications of the findings should be discussed, including possible explanations and implications for clinicians, minimizing reiteration of the results, avoiding repetition of material in the introduction, and keeping a close focus on the specific topic of the paper. Care should be taken not to overstate the importance of findings or to draw conclusions which are not fully justified by the data.

Likewise, the authors should comment the strengths and weaknesses of the study and the unanswered questions and future research.

Acknowledgment

Acknowledgment of any personal assistance and intervening grant or financial support, either public or private.

References

Bibliography references will be identified in the text by Arabic numbers between parentheses. Only literature that is published or in press (with the name of the publication known) may be numbered and listed; abstracts and letters to the editor may be cited. List all authors up to three, using three and "et al." when the number is greater than three. References will be consecutively numbered following the order in which they are quoted in the text. Personal communications and unpublished data should not be included (they may be quoted between parentheses in the text). Journal name abbreviations must be those included in the National Library of Medicine's Index Medicus. Style and punctuation must conform to the requirements of the Spanish Journal of Gastroenterology (Revista Española de Enfermedades Digestivas). For example:

1. Article in standard journal

You CH, Lee KY, Menguy R. Electrocardiographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980;79:311-4.

Goate AM, Haynes AR, Owen MJ, et al. Predisposing locus for Alzheimer's disease on chromosome 21. *Lancet* 1989;1:352-5.

2. Organization as author

The Royal Marsden Hospital Bone-Marrow Transplantation Team. Failure of syngenic bone-marrow graft without preconditioning in posthepatitis marrow aplasia. *Lancet* 1977;2:272-4.

3. Author is not quoted

Coffee drinking and cancer of the pancreas [editorial]. *BMJ* 1981;283:628.

4. Volume with supplement

Magni F, Rossoni G, Berti F. BN-52021 protects guinea-pigs from heart anaphylaxis. *Pharmacol Res Commun* 1988;20(Suppl. 5):75-8.

5. Issue with supplement

Payne DK, Sullivan MD, Massie MS. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1 Suppl. 2):89-97

6. Volume with part

Hanly C. Metaphysics and innateness: a psychoanalytic perspective. *Int J Psychoanal* 1988;69(Pt 3):389-99.

7. Issue with part

Edwards L, Meyskens F, Levine N. Effect of oral isotretinoin on dysplastic nevi. *J Am Acad Dermatol* 1989;20(2 Pt 1):257-60.

8. Issue without volume

Baumeister AA. Origins and control of stereotyped movement. *Monogr Am Assoc Ment Defic* 1978;(3):353-84.

9. Neither issue nor volume

Danoek K. Skiing in and through the history of medicine. *Nord Medicinist Arsh* 1982;86:100.

10. Paper with published erratum

Schofield A. The CAGE questionnaire and psychological health (erratum published in *Br J Addict* 1989; 84; 701). *Br J Addict* 1988;83:761-4.

11. Identification of paper type

Spargo PM, Mannes JM. DDAVP and open heart surgery [letter]. *Anaesthesia* 1989;44:363-4. Furchman SA, Joiner KA. Binding of the third component of complement C3 by toxoplasma gondii [abstract]. *Clin Res* 1987;35:475A.

Books and other monographs

12. Personal author(s)

Consol JH, Armour WJ. Sport injuries and their treatment. 2nd ed. London: S. Paul; 1986. pp. 1-6.

13. Editors quoted as authors

Diener HC, Wilkinson M, editors. Drug-induced headache. New York: Springer-Verlag; 1988.

14. Book chapter

Weinsten L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. *Pathologic physiology: mechanisms of disease*. Philadelphia: Saunders; 1974. pp. 457-72.

15. Congress proceedings

Vivian VL, editor. Child abuse and neglect: a medical community response. *Proceedings of the First AMA National Conference on Child Abuse and Neglect: 1984 Mar 30-31*; Chicago, Chicago: American Medical Association; 1985.

16. Communication of congress proceedings

Harley NH. Comparing radon daughter dosimetric and risk model. In: Gammage PB, Kaye SV, editors. *Indoor and human health. Proceedings of the seventh Life Sciences Symposium: 1984 Oct 29-31*; Knoxville (TN). Chelsea (MI) Lewis 1985;69-78.

17. Scientific and technical report

Akutsu T. Total heart replacement device. Bethesda (MD): National Institutes of Health. *National Heart and Lung Institute*; 1974 Apr. Report No.; NIH/NHLI 69-21 85-4.

Electronic Material. The URL should be cited with the date of access. For example: GLOBOCAN Cancer Fact Sheets: colorectal Cancers [Internet]. [cited 2017 Feb 9]. Available from: <http://globocan.iarc.fr/old/FactSheets/cancers/colorectal-new.asp>

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology. [Internet]. 2016 [cited 2016 Dec 16]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf

Other published materials

18. Newspaper articles

Pensberger B, Specter B. CECs may be destroyed by natural process. *The Washington Post* 1989; Sect A: 2 (col 5).

Unpublished material

19. In press

Lillywhite HB, Donald JA. Pulmonary blood flow regulation in an aquatic snake. *Science* (In press).

TABLES

Double-spaced and each typed on separate sheets, tables should be identified by Arabic numbers and a title in their upper margin, and must include explanatory notes below the table. Do not duplicate material presented in a figure.

Authors should place explanations in the table footer, not in the title. The footer should also include explanations of all abbreviations not in common use. For table footers, the following symbols should be used in this order: * † ‡ § || ¶ ** †† ‡‡. §§, |||, ¶¶, etc.

FIGURE LEGENDS

Number with Arabic numerals in the order mentioned in the text. Provide a title (this should not appear on the figure itself). Legends should include enough information needed for accurate interpretation, thus rendering text interrogation unnecessary. Explain all abbreviations and symbols. For any copyrighted material, indicate that permission has been obtained (send a fax of this permission). Photographs of identifiable persons must be accompanied by a signed release that indicates informed consent. If your figures include text, an 8 to 10 point font should be used.

FIGURES

Photographs must be submitted in a modifiable format (jpg, ppt or tiff) and with a resolution of 300 pixels per inch in a separate archive rather than embedded in the text. It is necessary that the minimum size was 10 cm wide. Figures must not repeat data already included in the text. Object photographs and microphotographs should include a ruler allowing measure calibration. Symbols and arrows included to guide interpretation must contrast with the background. Patient name and other patient-identifying data should not be included. Black and white microphotographs are better than color microphotographs for reproduction. Color illustrations will be included only when they represent an outstanding contribution to paper comprehension. As a general rule, the total number of tables and figures should be not higher than six.

2. RAPID COMMUNICATIONS

These are original studies which report novel findings, unreported or underreported new techniques, small series of unusual findings or preliminary results from a research project, study, etc. They should contain no more than 1,200 words, 15 references, an abstract of 100 words and up to 4 figures or tables. These manuscripts will be reviewed within 15 days by the section's Associate Editor, and by the Editor-in-Chief or Executive Editor, and any changes suggested should be implemented by the authors within one week.

3. EDITORIALS

This section consists of comments on articles published in the Spanish Journal of Gastroenterology and are invited by the Editor or Associate Editors. They should be no longer than 1,500 words excluding references, 3 authors at most (exceptionally 4 if adequately justified to the Editor-in-Chief), no more than 25 references, and a table or figure can also be included. Please provide a title page. The paper will be reviewed by the section's Associate Editor, and/or the Editor-in-Chief or Executive Editor.

4. REVIEWS

Narrative Reviews. Review articles on selected clinical and basic topics of interest for the readers of the Spanish Journal of Gastroenterology will be solicited by the Editors. Authors interested (5 at most) in contributing reviews are requested to first contact the Executive Editor or one of the Associate Editors with an abstract of the proposed article, arguing its usefulness. Review articles are expected to be clear, concise and updated. Review articles must be accompanied by a summary. The word limit for review articles

is 3,500 words excluding the summary, references, tables and figures. The inclusion of tables and figures to summarize critical points is highly desirable, with 5 figures and/or tables and 50 references at most. Review articles are reviewed by the Editorial Committee and may be sent to outside expert reviewers before a final decision for publication is made. Revisions may be required. Please provide a title page. Papers will be reviewed by the section's Associate Editor and by the Editor-in-Chief or Executive Editor. Please find this under "Reviews" within the online tool.

Systematic reviews and Meta-analyses. The *Revista Española de Enfermedades Digestivas* encourages the publication of systematic reviews and meta-analyses. Manuscripts will initially undergo a methodological review by the section's Associate Editor (SRMA), and then a peer review similar to that for original papers. They will be of the same length, with the same number of tables and figures, as narrative reviews, with a maximum of 100 references. In both cases the PRISMA norms should be followed (www.prisma-statement.org). Please find this under "Reviews" within the online tool.

Rapid reviews. These are shortened syntheses of knowledge in which the usual requirements for a systematic review are simplified with the aim of accelerating the diffusion of information. Such studies will deal with innovative techniques, health care decision making, technological assessment, etc., which require a simplified and rapid analysis.

They will contain a maximum of 2,500 words and up to 25 references. Four figures or tables will be allowed. It is recommended that the number of authors should not exceed four. Authors interested in submitting a rapid review must contact the Editor-in-Chief or an Associate Editor. Papers will be reviewed within 15 days by the section's Associate Editor, and by the Editor-in-Chief or Executive Editor; suggested changes should be made by the authors within one week. Please find this under "Reviews" within the online tool.

Authors interested in contributing rapid reviews are requested to first contact the Editor or Associate Editors.

5. IMAGES IN DIGESTIVE DISEASES

The images in digestive diseases section is designed to highlight interesting pathological, radiographic, endoscopic, or ultrasonographic findings along with their clinical correlation and relevance. Submissions should be limited to no more than 200 words and include high-quality gross photos and/or histomicrograph(s) or imaging studies (minimum resolution: 300 dpi). Format must be .jpg or .tif or similar. Capture from the original source is recommended. These should include a brief clinical history, detailed description of the image(s), the differential diagnosis, and 3 references, 3 figures, and 4 authors at most. Papers will be reviewed by the Editor-in-Chief or Executive Editor, and when needed by the section's Associate Editor; when published, brief comments by the Editors and, when appropriate, by a reviewer will be included at the bottom of the manuscript.

6. RESEARCH LETTERS

The Editorial Committee reserves the right to edit letters received. This type of scientific letters may refer to an article previously reported in the Journal (within the past two years) and, when entailing a reply, the latter's authors will be given the opportunity to answer back; whenever possible, both papers will be reported in the same regular issue. In this case, the letter will be a letter to the editor, identified as such in its heading (Dear Editor). Research letters may also include observations, well documented uncommon cases, or brief scientific opinion articles on an interesting subject. In both cases, the structure will be devoid of sections such as introduction, material and methods, results, discussion, conclusions, etc. – this should be a free-text manuscript without sections. They may be subjected to peer review and undergo editing for clarity and brevity. Letters must not be longer than 300 words, and may contain 1 table or figure, only when essential for understanding the text, a total of 5 references, and 3 authors at most. Letters must have a title. A title page should be provided. A maximum of 4 authors will be allowed. The paper will be reviewed by the Editor-in-Chief or Executive Editor, and when appropriate by the section's Associate Editor or reviewer.

7. CLINICAL PRACTICE GUIDELINES

These are a set of systematically developed recommendations to facilitate physician decision making with the aim of optimizing patient care; to this end the most appropriate diagnostic and/or therapeutic options are selected for a given health issue or specific clinical condition. These should be based on the GRADE (<http://www.gradeworkinggroup.org/>) system, with the coordinator(s) (maximum 2) providing the required tasks, time schedule and work plan, as well as a systematic literature review and recommendations development. These aspects will be communicated by the corresponding author to the Editor-in-Chief in his/her initial letter. Guidelines may be supported or promoted by scientific societies. The maximum number of authors is 35, with every author representing a scientific society or group thereof identified as such. Maximum article length is 3,500 words, with a maximum of 150 references. Papers may include 3 figures and 3 tables (or a maximum of 6, exceptionally 7, both included), one of which must be a flow chart adequately laying out the involved methodology. A title page with keywords should be provided. Manuscripts will be reviewed by an external panel of experts in the field, who cannot be members or any of the scientific societies promoting the set of guidelines. They will also undergo a methodological review by the section's Associate Editor (SRMA). Please find this under "Reviews" within the online tool.

8. SPECIAL ARTICLES

Special articles are on a variety of topics and may include practice guidelines, in-depth scientific reviews, meeting reports, consensus documents, points of view and commentaries on social policy. The maximum number of authors will be 8 and where necessary more authors may be reported as a supplement at the end of the article. The length of each article should not exceed 3,000 words and 35 references. However, exceptionally, when duly justified to the Editor-in-Chief, up to 15 authors may be included, provided it is deemed essential by the Editorial Committee. Maximum length is 3,500 words, with a maximum of 100 references. A title page including keywords is to be provided. Papers will be reviewed by the Editor-in-Chief or Executive Director, and when appropriate by the section's Associate Editor. Please find this under "Reviews" within the online tool.

9. OBITUARIES

These apply to individuals who are outstanding either due to their professional development or the advances they have made in the field of digestive disorders. Such texts will be written on invitation by the Chief Editor or proposed by readers to the Chief Editor.

They may be up to 800 words long, and be accompanied by a photograph (in the latter case a maximum of only 600 words is allowed). They will not include references and will not be referenced in PubMed. They may be signed by one or two authors.

ETHIC RESPONSIBILITIES AND AUTHORSHIP

No studies which have been previously published will be accepted. In those studies in which some type of plagiarism, duplication or redundancy is identified, the manuscripts will be referred to the Ethics Committee of the Journal and the guidelines established by the Committee on Publication Ethics (COPE; <http://publicationethics.org/resources/flowcharts>) will be followed. Authors are held responsible for obtaining permission for the partial reproduction of materials (text, tables, figures) included in other publications, and for accurately quoting their origin. Authorization must be requested from both the author(s) and publishers of said material.

Conflict of interest: The Spanish Journal of Gastroenterology (*Revista Española de Enfermedades Digestivas*) expects authors to declare any commercial involvements that may represent a conflict of interest in connection with their articles. Within the authors list only individuals having intellectually contributed to the submitted work should be included. Helping in data collection and taking part in a technique are not sufficient criteria for inclusion as author. Overall, to be included in an author's list the following requirements should be met:

1. Having taken part in the conception and implementation of the work that gave rise to the paper.
2. Having taken part in the writing of the text and its potential revisions.
3. Having authorized the final version for publication. Statements and opinions expressed in the articles and communications in *The Spanish Journal of Gastroenterology* (*Revista Española de Enfermedades Digestivas*) are those of the author(s) and not necessarily those of the Editorial Committee or publisher, and the Editor(s) and publisher rejects any responsibility or liability regarding any authorship conflicts arising in published papers.

Neither the Editorial Committee nor the publisher guarantees, warrants, or endorses any product or service advertised in the Journal, nor do they guarantee any claim made by the manufacturer of such product or service.

Authors must declare if there is any financial or personal relationship which might affect the objectivity of the results. This statement must be included in all original articles, editorials, review and special articles.

Authors belonging to a research team. When a study is signed by a large research group (e.g with more than 20 members) the corresponding author must be identified in representation of the whole group. If the number of signing authors is greater than 12, the first six will be identified in order and the remaining authors will be cited together with their affiliation in the Acknowledgements at the end of the article.

In this way, all the authors are identified in PubMed following the order in which they appear in the Acknowledgements and the group is registered in PubMed.

When a study is signed conjointly by a working group, a panel of experts or a committee, etc., the name of the working group will appear in the heading and the list of authors and their affiliations will be given in the Acknowledgements at the end of the manuscript. This way PubMed will register all the authors in the working group.

Definition of the responsibilities shared by authors. When the signing authors of a manuscript consider that two authors should figure as first or senior authors, this should be explicitly stated in the Acknowledgements. For example, "Dr A and Dr B contributed equally as co-first authors".

EDITORIAL PROCESS

Once successful submission of a manuscript has taken place, an acknowledgement will be sent by e-mail to the corresponding author. The number of the manuscript should be used by the authors in all communications with the Editorial Department. Authors should be aware that all manuscripts which fully comply with the submission requirements outlined will be evaluated by the Editorial Committee of The Spanish

Journal of Gastroenterology (Revista Española de Enfermedades Digestivas), and two experts from the National Editorial Committee. The Editor can choose to early reject a manuscript without peer review if the manuscript is incomplete or unlikely to be accepted. Evaluation will be according to a protocol established for this purpose, and will remain anonymous; author names and paper origin, therefore, must not be included in any of the manuscript sections. After review, the corresponding author will be notified of the decision to accept or reject the manuscript for publication. This letter will be accompanied in most, but not all, cases by the comments of the reviewers. This letter will be sent via e-mail.

In some cases, authors will be invited to submit a revised version of the manuscript for further review. This invitation does not imply, in any case, that the revised version will be accepted for publication. In general, revised manuscripts must be received within one month of the date of the first decision. If we do not receive a response from the authors within 6 months with regard to the changes requested, REED will automatically perform an "author rejection" of the article. No paper will be definitely accepted until all corrections have been completed. To facilitate work by the Editorial Committee, authors must underline all changes made in the revised version of the manuscript. A cover letter must state that the revised manuscript has been revised according to the comments made by the Editor and the reviewers and must contain a point by point response to the reviewers. The Spanish Journal of Gastroenterology (Revista Española de Enfermedades Digestivas) reserves the right to introduce changes and modifications in the study, without altering its contents, in order to improve understanding. Papers will be published in groups according to scientific criteria and editorial availability.

FAST TRACK REVIEW

Fast track review is available at REED but only for original articles or reviews that provide findings of great impact in the clinical or basic science fields. They would be included as a Rapid Communication or Rapid Review, as described above.

Authors may request a fast track review from the Editor-in-Chief by sending a cover letter justifying the need for this type of review. The Editor-in-Chief will inform the authors as to the suitability of their article for this type of review within a period of 4 days. If the request is granted, a first editorial decision will be taken within 14 days and if the article is accepted, priority will be given to on-line publication and keeping all the steps of the editorial process.

Confirmation of the fast track process does not guarantee acceptance of the manuscript. If the manuscript is not accepted for fast track review, it could be assessed following standard procedures.

PROOFS

Proofs will be sent to the corresponding author to be checked. Please pay particular attention to general layout and quality and accuracy of figures and tables in the proofs. Further changes or additions to the edited manuscript after these corrections cannot be accepted. Proofs must be returned within 48 hours of receipt, by e-mail (www.reed.es) if the corrections are minor, to expedite publication.