

The Official Journal of:

**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, editorials, reviews, case reports, letters to the Editor, images in digestive diseases, 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received at the Journal's editorial office within this timeframe, paper acceptance will be cancelled and the paper will not be published.

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### Submission

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### Form and preparation of manuscripts

**Cover letter.** Authors should briefly explain the original contribution of their work. The authors should briefly explain what is new in the study, the contribution made by each authors and should confirm that the study is not under review in any other journal and declare any conflicts of interest.

### TYPE 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 the majority of cases, by two experts from the Editorial Committee. 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](http://www.consort-statement.org)); and should be registered as clinical trials ([www.clinicaltrials.gov](http://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](http://www.strobe-statement.org)). For studies analyzing diagnostic accuracy, the STARD norms are recommended ([www.stard-statement.org](http://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.

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**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 must be used.

**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 havenothing to disclose, this must be stated. We recommend the ICMJE model ([www.icmje.org/coi\\_disclosure.pdf](http://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](http://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 manufacturers

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(Supl. 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 Supl. 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 Medicinhist* 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.

Furhman 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. 2.<sup>o</sup> 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](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 with a modifiable format (pdf, jpg, gif, png, ppt, xls, xlsx, tiff, psd) and a resolution of 300 pixels per inch. 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, new techniques, small series of unusual findings or preliminary results. 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 in 15 days and any changes suggested should be implemented by the authors in 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, no more than 25 references, an a table or figure can also be included. Please provide a title page.

## 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 Editor or one of the Associate Editors with an outline of the proposed article. 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.

**Systematic reviews and Meta-analyses.** The *Revista Española de Enfermedades Digestivas* encourages the publication of systematic reviews and meta-analyses. Manuscripts will be peer reviewed and will be of the same length as narrative reviews. In both cases the PRISMA norms should be followed ([www.prisma-statement.org](http://www.prisma-statement.org))

**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 contributing rapid reviews are requested to first contact the Editor or Associate Editors.

## 5. CASE REPORTS

Case reports will only be accepted if they represent an outstanding contribution to the etiology, pathogenesis or treatment of a specific disorder. The word limit for a case report are 1,000 words, excluding the references which should not exceed 10. Three tables or figures can be included and 5 authors at most. We recommend the EQUATOR norms ([www.equator-network.org](http://www.equator-network.org); CARE Guidelines) be used for clinical cases.

## 6. IMAGE IN DIGESTIVE DISEASES

Image 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. 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.

## 7. RESEARCH LETTERS

The Editorial Committee reserves the right to edit letters received. 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. Please provide a title page for letters.

## 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.

## 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

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 guide-

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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.

## 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, otherwise they will be considered as "de novo" manuscripts. 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.

## 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](mailto:www.reed.es)) if the corrections are minor, to expedite publication.