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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) is an international journal, 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). It is available in two identical editions, printed and online (<https://www.reed.es>). REED publishes original papers, editorials, reviews, letters, images in digestive diseases, clinical practice guidelines, and other special articles on all aspects referring to the digestive diseases.

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Authors should address the sex and/or gender dimensions (SGBA) of their research in the manuscript and in the case of human subjects research, should consider which terms best describe their data. Authors can refer to the guidelines on sex and gender equity in research: (SAGER, <https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6>).

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Authors should state in the manuscript the availability of data supporting the study findings for original articles and systematic reviews and/or meta-analyses. A statement to this effect should appear in the published work. This statement should be placed in a new section, after the "Generative AI and AI-assisted technologies statement in the writing process", entitled "Data availability statement" and authors should mark/add the availability of data supporting the study findings with one of the following phrases:

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Randomized clinical trials must follow the CONSORT guidelines (<https://www.consort-spirit.org/>) and be registered as clinical trials (<https://www.clinicaltrials.gov/> or WHO's International Clinical Trial Registry Platform). For cohort, case-control, and cross-sectional studies the STROBE guidelines should be followed (www.strobe-statement.org). The STARD guidelines (www.stard-statement.org) are recommended for diagnostic accuracy studies. In general, the EQUATOR network compiles guidelines for the presentation of scientific reports. It is recommended to attach with the manuscript, the checklist provided by this platform according to the type of study:

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Author names. This page must contain: the full name of all authors and co-authors, and the names of the departments/services and institutions where the work was done; in a multi-authored work involving more than a single institution, individual affiliations must be indicated by means of a superscript Arabic number.

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The contribution of each author or co-author to the conception and/or development of the background research, and/or to the writing of the manuscript (project management, formal analysis, conceptualization, data preservation, draft and definitive writing, revision, edition, research, methodology, funding, resources, software, supervision, validation, and visualization) must be accurately specified, particularly so in the review and approval of the final version (CRediT (Contributor Roles Taxonomy) by the Consortia for Advancing Standards in Research Administration Information (CASRAI): <https://casrai.org/my-credit/>). In case of co-authorship by first or senior authors, this should be indicated at the bottom of the page with an asterisk indicating the co-authors.

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Except in review articles, an exhaustive, comprehensive list of literature references is unnecessary. Own findings should be related to those of previous investigations, and any differences between the results obtained by the authors and those of other researchers should be noted. The discussion should not include new results. The implications of the findings, including potential explanations and impacts for clinicians, should be discussed while minimizing reiteration of results, avoiding repetition of introduction contents, and keeping a close focus on the article's specific topic. Care should be taken to avoid emphatic statements as well as conclusions not supported by data.

Likewise, the authors should discuss the strengths and weaknesses of the study, the questions that remain unanswered, and the potential for future research.

Key point table

A table should be provided indicating what was previously known about the topic of the study, what the study contributes and how the results will influence clinical practice.

Acknowledgements

Any personal assistance, grant, or funding, whether public or private, should be acknowledged. Grants and funding must be included in a "Funding" or "Support source(s)" section. The "Acknowledgements" section is to thank all those who helped with the research but do not meet the criteria as authors, previously stated. Any individual who provided intellectual or technical help (even with writing and editing), or with special devices or materials should be acknowledged. The International Committee of Medical Journal Editors offers detailed guidelines on who should be included as author, and who in the acknowledgements section (available at: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

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You CH, Lee KY, Menguy R. Electrocardiographic study of patients with unexplained nausea, bloating and vomiting. *Gastroenterology* 1980;79:311-4. DOI: 10.17235/125478

Goate AM, Haynes AR, Owen MJ, et al. Predisposing locus for Alzheimer's disease on chromosome 21. *Lancet* 1989;1:352-5. DOI: 10.17235/125478

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. DOI: 10.17235/125478

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. DOI: 10.17235/125478

7. Issue with part

Edwards L, Meyskens F, Levine N. Effect of oral isoretinoin 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 Arsh* 1982;86-100. DOI: 10.17235/125478

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.^a ed. London: S. Paul; 1986. p. 1-6. DOI: 10.17235/125478

13. Editors quoted as authors

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

14. Book chapter

Weinstein L, Swartz MN. Pathologic properties of invading microorganisms. In: Sodeman WA Jr, Sodeman WA, editors. Pathologic physiology: mechanisms of disease. Philadelphia: Saunders; 1974. p. 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. Pre-Prints (document assigned to a journal, not yet reviewed within the editorial process). Example:

Bar DZ, Atkatsh K, Tavarez U, Erdos MR, Gruenbaum Y, Collins FS. Biotinylation by antibody recognition- A novel method for proximity labeling. *BioRxiv* 069187 [Preprint]. 2016 [cited 2017 Jan 12]. Available from: <https://doi.org/10.1101/069187>

20. In press

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

Article retracted (or containing a retraction) (ICJME. <https://www.ncbi.nlm.nih.gov/books/NBK7282/>box/A33752/?report=objectonly)

21. Article containing retraction

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry* 2002;63(2):169. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry* 2000;61(12):909-11.

22. Article containing a partial retraction

Starkman JS, Wolder CE, Gomelsky A, Scarpero HM, Dmochowski RR. Voiding dysfunction after removal of eroded slings. *J Urol* 2006;176(6 Pt 1):2749. Partial retraction in: Starkman JS, Wolter C, Gomelsky A, Scarpero HM, Dmochowski RR. *J Urol* 2006;176(3):1040-4.

Further examples of document type referencing are available in: "Patrias K, author; Wendling D, editor. Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers [Internet]. 2nd edition. Bethesda (MD): National Library of Medicine (US); 2007 (https://www.nlm.nih.gov/bsd/uniform_requirements.html#journals).

TABLES

Double-spaced with each typed on a separate page, tables must be identified by Arabic numbers and a title in their upper margin; explanatory notes must be added under the table. They should not duplicate material already presented in a figure. Authors should place explanations in the table footer, not in the title. All uncommon abbreviations must be explained in the footer. For table footer notes the following symbols should be used in this order: *, †, ‡, §, ||, f, **, ††, ‡‡, §§, ||||, f||f, etc. One of the tables (with the same numbering) may appear as a "link" for online access.

FIGURE LEGENDS

Figures must be identified with Arabic numbers in the order mentioned in the text. They must have a title (which should not appear within the figure itself). Legends should include the necessary, sufficient information to allow an accurate interpretation, thus rendering text interrogation unnecessary. All abbreviations and symbols must be explained. For any copyrighted material, an indication that permission was obtained

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Photographs must be submitted in a separate archive with a modifiable format (jpg or tiff) and a resolution of 300 pixels per inch. A minimum width of 10 cm is required.

Figures must not repeat data already included in the text. Object photographs and microphotographs should include a ruler to allow measure calibration. Symbols and arrows included to guide interpretation must contrast the background. Patient names and other patient-identifying data such as hospital or practitioner names 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 maximum number of tables and figures should not exceed a total of 6.

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A graphic summary of the content of the research should be submitted together with the manuscript. In REED website you will find a ppt template for its elaboration.

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This section consists of comments on articles published by the Journal upon invitation by the Editor-in-Chief or an Associate Editor. Exceptionally, they might also deal with some current free topic of interest. They should be no longer than 1,500 words excluding references. In the case of needing more space (maximum 1,750 words), the editorial should be sent directly in English. A maximum of 3 authors is allowed, and up to 25 references may be included. A title page must be attached. One figure and/or table may also be included.

2. REVIEWS

Narrative reviews. The Editor-in-Chief will request review articles on topics of particular clinical or translational interest for the readers of the *Revista Española de Enfermedades Digestivas*. Interested authors (a maximum of 8) are advised to first contact the Editor-in-Chief or an Associate Editor providing a rough draft of their proposed paper. Review articles are expected to be clear, concise, and up-to-date. Review articles must be accompanied by an abstract and a visual abstract. The word limit for review articles is 3,500 words excluding the abstract and references. An inclusion of tables and figures summing up key points is highly desirable, with a maximum of 5 figures and/or tables, and 100 bibliography references. Review articles will be peer-reviewed as well as reviewed by the Editorial Board. Modifications may be requested. A title page should be attached.

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This section was designed to highlight particularly interesting pathological, radiographic, endoscopic, or ultrasonographic findings, together with their relevance and clinical correlates. Submissions should be limited to a maximum of 200 words and include high-quality gross photos and/or histomicrographs or imaging studies (minimum resolution: 300 dpi). They should include a brief clinical history, a detailed description of the images provided, a maximum of 3 references, and a maximum of 3 figures. They will have 4 authors at most. A title page including keywords should be attached. Following acceptance the editors may add comments in one or two paragraphs—about the submission at the bottom of the manuscript.

4. LETTERS TO THE EDITOR

The Editorial Board reserves the right to edit all letters to the editor received. Letters may have a maximum of eight authors, contain up to 600 words (excluding references), and include one table or one figure only if essential for understanding the text. A maximum of eight references is permitted. Letters should present original

work that does not meet the criteria for publication as a full original article, or comments on previously published work in REED. Letters must have a title but should not be structured into sections (e.g., Materials and Methods, Results). When another REED article is referenced, it should be cited in the text with its corresponding reference (if in press, this should be stated). In the case of a reply, the authors concerned will be given the opportunity to respond. If both contributions are accepted, efforts will be made to publish them in the same issue of REED.

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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.

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