

Órgano de expresión científica de:

Sociedad Española de Patología Digestiva (SEPD)

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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received at the Journal's editorial office within this timeframe, paper acceptance will be cancelled and the paper will not be published.

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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.  
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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.

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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).

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## 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

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## 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 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.

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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 Supl. 2):89-97

#### 6. Volume with part

Hanly C. Metaphysics and innatenesis: 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. 2<sup>nd</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.; NIHHLI 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].

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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.

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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.

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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.

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## 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 .tiff 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.

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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.

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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.

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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. The length of

each article is 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.

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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.

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## 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.

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