

REVISTA ESPAÑOLA DE ENFERMEDADES DIGESTIVAS

The Spanish Journal of Gastroenterology

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) is 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, 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 (Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, available at <http://www.icmje.org/icmje-recommendations.pdf>).

Once a manuscript has been accepted, if written in Spanish, its author(s) must submit an English version within a month's term for publication. Manuscripts in English will be reviewed by experts in said language. A professional revision of the English text may be requested of the authors. Should the authors wish, the Journal may provide contact information for companies specialized in the translation of biomedical texts. The resulting 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at the Journal's editorial office within this timeframe, paper acceptance will be cancelled and the article will not be published.

IMPACT FACTOR (2019): 2.196
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

Submission

All types of manuscripts must be submitted through the online platform "www.reed.es". 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 (spaces are indicated in the online platform to this end). Please check no such identifications are present in the heading, body text or figures. The editors and publishers are not responsible for the opinions expressed by the authors contributing to the Journal. Accepted manuscripts become the permanent property of REED (*Sociedad Española de Patología Digestiva*).

REED is an open-access journal, which means that all its contents, whether text, images or—when appropriate—audiovisual materials, are accessible free of charge to non-commercial, individual users. Individual users are permitted to read, download, copy, distribute, print, search, or link full article texts in this journal without prior permission from the publisher or 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.

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 original material the study provides, and the contribution of all the authors following the International Committee of Medical Journal Editors (ICMJE) recommendations. It should explicitly state that the article is not currently under review by any other journal and that it has not been previously published, whether in full or in part. The authors must declare any conflicts of interest (www.ICMJE.org) and if the article has received any financial support (WMA Statement on Conflict of Interest. Available at: <https://www.wma.net/policies-post/wma-statement-on-conflict-of-interest/>).

Papers must comply with the Declaration of Helsinki (World Medical Association) regarding ethical principles for research involving human subjects (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>).

If during the editorial process changes to the original article are requested from authors, when the new version of the manuscript is submitted a new, different cover letter should be attached (a copy of the original cover letter will not be accepted), describing in an orderly fashion the changes that were made and any comments the authors may wish to share with the Editor-in-Chief (see the Editorial section).

TYPES OF ARTICLES

1. ORIGINALS

Manuscripts describing original research must be submitted in English or Spanish, using the Calibri 12 pt font, 1.5 spacing, and justified text, and should not exceed 2,500 words excluding references (including text, tables, and figure legends). Up to 3 figures and 3 tables may be included, as well as a maximum of 35 references. 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 the originality and relevance of the investigation. Originals will be assessed by the editors and will be peer-reviewed, as well as reviewed by the section's Associate Editor. Authors shall be responsible for the quality of language and style, and must avoid submitting manuscripts written in poor English and/or Spanish. In case of articles submitted in Spanish, the authors should submit an English version within one month after acceptance. The publisher reserves the right to reject poorly written manuscripts even if their scientific content is qualitatively suitable for publication. Manuscripts will be submitted with the understanding that they are original contributions and do not contain data that were previously published elsewhere, whether in full or in part, or are under consideration by another journal. Meeting abstracts do not constitute prior publications.

Randomized clinical trials must follow the CONSORT guidelines (www.consort-statement.org) and be registered as clinical trials (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.

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 on the upper right corner, starting with the title page.

All original articles must meet the relevant recommendations for their referenced study type, as specified at www.reed.es (authors, publication norms). Any checklists relevant to the type of manuscript involved must be submitted. These must be in editable format, and their inclusion in a separate file is not required.

Title or Cover page

This section must include: full title, running title (fewer than 50 characters) for heads, author name(s), keywords, abbreviations list, and disclosures.

Title. The title should not exceed 130 characters, not including spaces between words, and must reflect the manuscript's main subject. It must include all the information necessary to render electronic search as sensitive and specific as possible. Use of acronyms and abbreviations should be avoided. Any animal species used during the research must be specified in the title. The inclusion of sentences such as "A propos of a case," "Literature review," or "Experience in our institution" is advised against.

Systematic reviews and/or meta-analyses must be specified as such in the paper's title.

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.

It is also necessary to provide the authors' e-mail addresses, which will be used to verify the assignment of rights to the journal. Where appropriate, the 16-digit ORCID code should also be included.

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/credit/>).

Contact information. The full name, telephone number, FAX number, e-mail address, and physical address of the author to whom correspondence and galley proofs should be sent must be included.

Keywords. A list of keywords must be included in the same page. Keywords (three to eight in total) complement the title and help in paper content identification. Terms must match those in the Medical Subject Headings (MeSH) list at MedLine database or their Spanish translation (DeCS (Descriptores en Ciencias de la Salud), available at <https://decs.bvsalud.org/E/homepagee.htm>). Acronyms and abbreviations must not be used. Generic terms should use qualifiers to pin down the subject or viewpoint discussed in the text (e.g., an article on duodenal ulcer may deal with its diagnosis, treatment, etiology, prevention, etc.).

Abbreviations list. Abbreviations must be listed in the order of mention in the main text. Abbreviations must follow the full terms they stand for except for commonly used measurement units. Units should preferentially be those of the International System of Units (*Système international d'unités*, SI). Measurement units will only be abbreviated when associated with numerical values. Chemical, physical, biological, and clinical units must be always strictly defined. Abbreviations used in tables or figures should be defined in their legends.

Abstract

Abstracts should be written as continuous text organized in the following sections: background and aim of the study, methods, major results, and conclusions. Only conclusions directly supported by the available data should be recorded. Abbreviations, footnotes, and references should not be used in the abstract. Abstracts should not exceed 250 words.

Introduction

The introduction should provide a minimum of general information to orient the general reader. The objectives and inferential hypotheses must be herein stated.

Methods

These will be described in detail to facilitate assessment and reproducibility by other researchers. For methods that are used without significant modification citing the

original source will suffice. The ethical standards met by the researchers for studies in animals and humans must be briefly described. Studies in human subjects must have the express approval of the local Ethics Committee for clinical research, which must be clearly stated.

This means that all patients included in the study gave their informed consent, and the study protocol conforms to the ethical principles contained in the 1975 Declaration of Helsinki (2013 revision). Articles referring to randomized, controlled clinical trials should adhere to the Consolidated Standards of Reporting Trials (CONSORT) guidelines (www.consort-statement.org). Patients must be identified by numbers, not initials. Particularly in figures, names, initials, and hospital numbers must not be included. When experiments carried out in animals are described, assurance must be provided that all animals received humane care according to the guidelines issued by an international research council or institution, or a national law on laboratory animal care and use. The names and locations (city, state, country) of manufacturers should be included when mentioning drugs, accouterments, devices, prostheses, designs, software programs, etc. The statistical methods used must also be described. Studies must include experiments and/or control groups; otherwise, any actions implemented for bias avoidance must be explained, as well as their potential effects on study conclusions. Statistical terms, abbreviations, and most symbols should be defined. Any software used should be stated.

Results

These must be concise and clear, follow a logical sequence, and have the minimum necessary number of tables and figures. All tables and figures must be mentioned in the text. Findings should be presented with appropriate error or uncertainty measurement indicators (e.g., confidence intervals). When numerical results are reported, not only derived forms (percentages) should be given but also the absolute values on which the calculations were made.

Discussion

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.

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 did not participate as authors. 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>).

References

Bibliography references will be identified in the text by Arabic numbers between parentheses. Only references that have already been published or are in press (when the name of the publication is known) may be numbered and listed; abstracts and letters to the editor may be cited (Manuscript sections, g: References ii. Style and Format, The NLM's Citing Medicine, 2nd edition, revised in 2015. Available at <https://www.ncbi.nlm.nih.gov/books/NBK7256/>).

Up to three authors may be listed, using three author names followed by "et al." when their number is greater than three. References will be consecutively numbered following the order in which they are quoted in the text.

With the current assignment of DOI codes to REED articles, the inclusion of references in the full article document (Word format) is no longer necessary. References will be included when the article is submitted via the online platform. This platform has been optimized to include a DOI search tool, so the author may automatically obtain the corresponding DOI for each and every reference in the article by merely copying the references list at some point during the article submission process. 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 REED requirements. 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 syngeneic 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 Medicinhist 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.

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*. 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: Sode-man 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. **Pre-Prints** (document assigned to a journal, not yet reviewed within the editorial process). Example:

Bar DZ, Atkash 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, Scarperio HM, Dmochowski RR. Voiding dysfunction after removal of eroded slings. *J Urol*. 2006 Dec;176(6 Pt 1):2749. Partial retraction in: Starkman JS, Wolter C, Gomelsky A, Scarperio HM, Dmochowski RR. *J Urol*. 2006 Sep;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.ncbi.nlm.nih.gov/books/NBK7256/> and 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: *, †, ‡, §, ||, ¶, **, ††, ‡‡, §§, ||||, ¶¶, 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 must be provided (and a copy of said permission must be faxed). Photographs showing identifiable persons must be accompanied by a signed authorization for informed consent. Should figures include any text, an 8 to 10 point font should be used.

FIGURES

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.

2. RAPID COMMUNICATIONS

These are original contributions reporting novel findings: new techniques, small series of unusual cases, preliminary results. They must have the same structure as originals and 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, and suggested changes should be implemented by the authors within one week. In this case, the editorial process will involve at least two Associate Editors, who may consider the opinion of external expert reviewers.

3. EDITORIALS

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. 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.

4. REVIEWS

Narrative reviews. The Editor-in-Chief will solicit 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. 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.

Systematic reviews and meta-analyses. These will have the same length as narrative reviews. In both cases PRISMA guidelines (www.prisma-statement.org) must be complied with.

Rapid reviews. These are shortened syntheses of knowledge where the usual requirements for a systematic review are simplified, aiming to speed up the spread of information. They will deal with innovative subjects or techniques, decision making in health care, technology assessments, etc., which may require a simplified, short-notice analysis. They will contain a maximum of 2,500 words and up to 25 references. Four figures and/or tables will be allowed. It is recommended that the number of undersigned authors should not exceed eight, and the editorial process will be expedited, as occurs with brief originals. Authors interested in submitting a rapid review must contact the Editor-in-Chief or an Associate Editor.

5. IMAGES IN DIGESTIVE DISEASES

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 one or two paragraphs—about the submission at the bottom of the manuscript.

6. SCIENTIFIC LETTERS

The Editorial Board reserves the right to edit any letters to the editor that are received. These may have a maximum of 8 authors, should contain a maximum of 300 words (excluding references), and may include a table or figure, only if essential for text understanding, and a total of 5 references. Letters do have a title but are not structured into sections, that is, materials and methods, results, etc. When another

REED article is referenced, this should be cited with its reference in the text (if in press, specify as such). In case it is a reply, the alluded authors will be given the opportunity of providing a response in turn. If both papers are accepted, attempts will be made to publish both in the same issue of REED.

7. CLINICAL PRACTICE GUIDELINES

These are a set of systematically developed recommendations to facilitate physicians' 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. They should be based on the GRADE system (<http://www.gradeworkinggroup.org/>), with the coordinator(s) (maximum 2) providing the required tasks, time schedule, and work plan, as well as a systematic literature review and the relevant recommendations. 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 being 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 formats 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 one of the section's Associate Editors. They may be found 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 3,500 words, with a maximum of 100 references. A title page including keywords must be attached.

9. OBITUARIES

They refer to individuals who were outstanding either due to their professional trajectory or their having made relevant contributions to the study of digestive diseases. They will be included at the invitation of the Editor-in-Chief or at the proposal of readers to the Editor-in-Chief. 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.

ETHICAL RESPONSIBILITIES AND AUTHORSHIP

No studies previously published will be accepted. In papers where plagiarism, duplication or redundancy is identified, an opinion will be requested of the Journal's Ethics Committee, 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 reproduction—even incomplete—of materials (text, tables, figures) included in other publications, and for accurately quoting their original. Authorization must be requested from both the author(s) and publisher(s) of said material.

Conflicts of interest: REED expects authors to declare any commercial involvements that may represent a conflict of interest in connection with their articles. The authors list must only include the individuals who intellectually contributed to the submitted manuscript. Contributing to data collection or taking part in a technique are insufficient criteria for an individual to be included as author. Overall, to be included in an authors list the following requirements should be met:

1. Having taken part in the conception and development of the work the manuscript is based upon.
2. Having taken part in the writing of the text and its potential revisions.
3. Having authorized the final version for publication. The statements and opinions expressed in the articles and communications included in the *Revista Española de Enfermedades Digestivas* are those of the author(s) and do not necessarily reflect those of the Editorial Board. Both the Publisher and Editorial Board decline responsibility for any authorship conflicts that may arise in published papers.

Neither the Editorial Board nor the Publisher guarantee, warrant, or endorse any of the products or services advertised in the Journal, nor do they guarantee any of the claims made by the manufacturers of such products or services. Authors must declare

if there is any financial or personal relationship that might potentially affect the objectivity of their results. This statement must be included in all original articles, editorials, reviews, and special articles.

Authors belonging to a research team: When a manuscript is jointly signed by a large research group (e.g., > 20 authors), the corresponding author must be identified in representation of the whole group. If the number of undersigned authors is greater than 12, the first six will be identified in their due order, and the remaining authors will be cited together with their affiliation in the acknowledgements section at the end of the article.

Whenever a manuscript is jointly signed by a working group, a panel of experts, 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 section at the end of the manuscript.

In this way, PubMed will collect all the authors in the working group.

Definition of responsibilities shared by two authors: When the undersigned authors of a manuscript consider that two authors should be listed as first or "senior" authors, this should be explicitly stated in the acknowledgements section; for example, "Dr. A and Dr. B, contributed equally as co-first authors."

EDITORIAL PROCESS

Once a manuscript has been correctly submitted, its reception will be acknowledged in an email addressed to the corresponding author. Authors must use the original's number should communication with the publisher be required outside the online tool. Authors must bear in mind that all originals fully compliant with submission requirements will be blindly evaluated by at least two experts in REED's Editorial Board. The Editor-in-Chief may directly reject a manuscript should its quality or interest fail to meet REED's specific requirements.

The evaluation will be performed according to specific guidelines, and will remain anonymous. Consequently, author names and paper origin must not be included in any of the sections of the manuscript. After the review, the corresponding author will be notified of the decision to accept or reject the manuscript for publication in a letter. This letter will be accompanied in most cases by comments of the reviewers, and will be emailed via the Journal's online platform.

Authors will be invited to submit a revised version of their manuscript for further review if so advised by the reviewers, the Associate Editor or the Editor-in-Chief. In no

case will this invitation imply that the revised version will be accepted for publication. All submitted revised versions must comply with the established format (font, Calibri; size, 12 pt; spacing, 1.5; justified). In general, revised manuscripts must be received within one month of the date of the first decision. If no response is received from the authors regarding the requested changes after 6 months, REED will automatically mark the manuscript as "rejected by author."

No paper will be definitively accepted until all corrections have been completed. To facilitate the work of the Editorial Board, the authors must upload a separate letter to the REED online platform clearly explaining one by one all the changes included, in the same order established by the reviewers in their proposed changes. Without such letter the manuscript may be returned to the authors. REED reserves the right to introduce changes and modifications in the original, 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

A fast-track review (expedited review, rapid review program) is available at REED for the above-mentioned brief original articles and rapid reviews.

Authors may request a fast track review from the Editor-in-Chief in their cover letter, justifying the need for this type of review. The Editor-in-Chief will assess the suitability of their article for this type of review, and respond within 4 days. If the request is granted, a first editorial decision will be made within 14 days; if the article is accepted, priority will be given to its online publication while keeping up all the steps involved in the editorial process.

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

PROOFS

Proofs will be sent to the corresponding author to be checked. Please pay particular attention to the general layout, quality and accuracy of the figures and tables in the proofs. Further changes or additions to the edited manuscript after these corrections will not 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