INSTRUCTIONS FOR AUTHORS

The 2005 editorial team is launching new features and procedures as outlined below.

GASTROINTESTINAL ENDOSCOPY publishes original papers reporting investigations and observations relating to endoscopic procedures used in the study and treatment of digestive diseases. All submissions undergo peer review. Submissions may be accompanied by supplemental materials posted to the electronic version of the journal; such materials also will be subject to peer review. Careful adherence to submission guidelines will avoid unnecessary delays, as incomplete submissions may be returned to the authors before initiation of the peer review process.

ETHICAL CONCERNS

• Prospective authors should refer to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals¹ (http://www.icmje.org) to familiarize themselves with ethical conventions of publication; specifically, the issues of redundant or duplicate publication, authorship criteria, and potential conflicts of interest.
• The Editor reserves the right to investigate alleged improprieties related to these conventions.
• When questions of scientific misconduct or dishonesty in research occur, the Editor reserves the right to proceed according to the guidelines of the Office of Research Integrity.² Authors may be asked to provide the appropriate documentation of compliance, as well as the data on which the manuscript is based.
• Investigations involving human subjects or animals must have prior approval of the appropriate institutional review board or an equivalent body.³,⁴
• In countries where institutional review is not established practice, a statement must be included in the methods section that the research was carried out in accordance with the Helsinki Declaration.⁵

MANUSCRIPT TYPES

GASTROINTESTINAL ENDOSCOPY will consider the following types of submissions. Authors should consider these categories and review recent issues of the journal when preparing submissions.
• Original Article: work of approximately 3000 words reporting basic science or clinical investigations in areas relevant to gastrointestinal endoscopy.
• Review Article: extensive review of the published literature, limited to 3500 words, on a particular, well-defined topic. Do not combine with reports of individual cases.
• New Methods and Materials: report of experience with new developments in the endoscopic arena, given in no more than 1200 words.
• At the Focal Point: unusual or classic findings illustrated by no more than four high-quality images, accompanied by a brief description of no more than 200 words.
• Technical Review: systematic, scholarly overview of technologic advances in endoscopy, authored by a single individual and limited to 3500 words. Submissions of this type must follow a predefined format; instructions specific to this type of submission can be found at http://www.mosby.com/gie.
• Thinking Outside the Box: an opinion piece of no more than 1000 words on a provocative matter or novel unexplored concept related to the practice of endoscopy, possibly accompanied by editorial comment; no abstract necessary.
• Case Series: report and analysis of a series of four or more related cases, described in no more than 2000 words.
• Brief (Case) Report: a single case described in no more than 600 words.
• Letter to the Editor: reader comments, limited to 300 words.

SUBMISSION REQUIREMENTS

• Original submissions will be considered for publication with the understanding that they are contributed solely to Gastrointestinal Endoscopy. If any material related to the submission (other than a brief abstract) has been published in any medium or has been submitted for publication elsewhere, the authors should provide copies of all related manuscripts, and outline the relationship of all materials for the Editor, to avoid allegations of duplicate publication.
• All manuscripts must be submitted online at http://gie.editorialmanager.com. This web site provides step-by-step instructions for manuscript submission as well as a tutorial for authors.
• All peer review, tracking, and follow-up will be done through this system.
• Articles must be written in standard English. All accepted manuscripts are subject to copy editing for conciseness, clarity, grammar, spelling, and journal style.

AUTHOR AGREEMENT FORM

• At the time of electronic submission, a completed Author Agreement Form must be faxed to the editorial office. Peer review will not be initiated until this document is received. The original document, containing ink signatures, should be mailed to the editorial office following electronic submission. This must be on file before publication can occur.
• The Author Agreement Form must be completed in its entirety by each author. A copy of the form can be found...
INSTRUCTIONS FOR AUTHORS (continued)

at the end of these instructions, in each issue of the journal, and online at http://www.mosby.com/gie.

• The deletion or addition of authors at any point between submission and publication must be explained to the satisfaction of the Editor. The Editor reserves the right to clarify each author’s role in the work outlined.

SUBMISSION FORMAT

Key Words
When prompted by the online submission process, authors should provide no fewer than three but no more that five key words that reflect the content of the manuscript. For guidance, consult the Medical Subject Headings (MeSH terms), available on-line at http://www.nlm.nih.gov/mesh/meshhome.html.

Title/Cover Page
The online instructions will guide you in creating this item. This page also should specify each author’s contribution to the following criteria for authorship: conception and design; analysis and interpretation of the data; drafting of the article; critical revision of the article for important intellectual content; final approval of the article.

Abstract
For Original Articles, New Methods and Materials, and Case Series submissions, a structured abstract of no more than 250 words should use the following headings when applicable to the report:
• Background
• Objective
• Design
• Setting
• Patients
• Interventions
• Main outcome measurements
• Results
• Limitations
• Conclusions
Submissions to Reviews, Brief Reports, and At the Focal Point do not require an abstract.

Text Structure
Manuscripts should be structured according to the following:
• Title: What is the main conclusion of the study?
• Introduction: Why carry out the study?
• Background: What is already known on the issue?
• Methods: How was the study done?
• Results: What were the main findings?
• Discussion: What do these results add to the current body of knowledge?
Randomized controlled trials should be presented according to the CONSORT guidelines (http://www.consort-statement.org).5

The paper’s emphasis should be on tables, figures, and/or images. Authors should stress why the results are important and what the study adds to current knowledge. In addition, authors should include a capsule summary at the end of the text, briefly recapping the salient points.

Product and Drug Names
Generic drug names should be used; trade names may be inserted in parentheses after the initial mention of the drug. Product names should be treated similarly, listing the manufacturer’s name, city, and state in parentheses.

Laboratory Values
Laboratory values should be presented in SI units. For conversion from non-SI units see http://www.tecbexpo.com/techdata/techcntr.html. Following laboratory values, normal values should be presented in parentheses in the text.

Abbreviations
Spell out abbreviations the first time the terms appear in the text. You may follow the list of standard abbreviations found in the AMA Manual of Style, 9th edition.6

Statistics
• All studies reporting levels of significance must include the sample size calculation and power used in that calculation. Justification for deviating from calculated sample sizes must be addressed.
• Statistical techniques that do not appear in the published literature should be presented as an appendix. All but the most standard tests should be referenced.
• For reporting means, standard deviations, and standard error, the following format should be used: “mean (SD)” and “mean ± SE.” For reporting medians, the values of the interquartile range (IQR) and those of the range should be given.
• Report levels of significance for all comparisons made, whether significant or not, with p-values or confidence intervals.
• Papers that overstate the level of significance of findings due to multiple comparisons must be adjusted statistically and the results and discussion presented only with respect to the corrected findings. The problem may be avoided through the use of multivariate methods; however, significance levels may be corrected with post-hoc tests, such as Bonferroni’s method. Multiple comparisons of data from a single data set typically can occur in either of the two following situations: repeated measurements of a single variable are tested over time, or several correlated variables are used in different tests of hypotheses.
• Interpretation of results of regression analyses requires that units of continuous variables as well as categories of discrete or ordinal variables be specified. Additionally, for logistic regression and Cox regression analyses, the baseline or reference category of discrete or ordinal variables must also be given.
Figures and Tables
Figures (including color photographs) are published without charge to authors.

- Instructions for creating figures can be found below and at http://gie.editorialmanager.com.
- It is crucial that you create your figures at the correct resolution before uploading them to the Editorial Manager website. For step-by-step instructions (with screenshots of common graphics applications for PC or Mac users) on how to create your figures at the proper resolution, see “Application guidelines” at http://authors.elsevier.com. For best results, please follow these guidelines carefully.
- Figure images should be provided in EPS or TIF format. If it is an endoscopic figure, please leave it in its native image form. Graphics software such as Photoshop and Illustrator (not presentation software such as PowerPoint, CorelDraw, or Harvard Graphics) should be used to create the figures.
- Illustrations should be saved at the highest resolution setting and sized as close to a column width (3 to 4 inches) as possible.
- Legends should be typed in a separate document and include enough information so that figures can be interpreted without reference to the text. Give staining and magnification for photomicrographs of histologic slides.
- At the discretion of the Editor, images may appear in the print version of the Journal, the electronic version, or both.

Video/Computer Graphics: NEW FEATURE!

- An original, edited CD-ROM or DVD-R in Windows-compatible format will be the standard format for submission of videos and computer graphics (ie, slide presentations with or without animation).
- Three copies of the disk containing the video/computer graphics should be submitted by mail or courier when the manuscript is submitted. Be sure to include the manuscript title and date of submission so that the disks can be cross-referenced to the manuscript submission. Please indicate the video component on the submission cover page.
- All videos or graphics submitted must be of the highest quality possible.
- Submissions of videos that were originally recorded through the S-video or RGB outputs of the endoscope processor are desired.
- Gastrointestinal Endoscopy may edit any video or computer graphics. Reviewers, following the usual policy with illustrations, may suggest changes in the video or computer graphic.
- A sound track is highly recommended, but not required.
- Maximum cumulative length of videos or computer graphics is 8 minutes, and materials may be divided into several smaller clips not to exceed 8 minutes in total. If the video or animation is divided into several clips, each clip should be identified at the beginning of the section (eg, Video Clip 1, Graphic 1) and on the disk. Several videos/graphics may be on the same disk, but if they are separate clips, they must be saved as separate files. When needed, use of simple transitions, eg, fade in/out dissolve, dip to color dissolve, are suggested.
- Concise legends (typed on a separate page) must accompany each video clip or computer graphic presentation.
- The following formats for video will be accepted: MPEG-1 or MPEG-2 (.mpg), Quicktime (.mov), or Compuserve GIF (.gif). Please contact the publisher about the use of other formats.
- A graphic will be used in the text to indicate the location of a video clip or computer graphic component. Videos/computer graphics for accepted manuscripts will not be returned, nor will they be accepted separately from a rejected manuscript.
- If the article is accepted for publication, the video will be digitized and permanently archived on the Gastrointestinal Endoscopy website (http://www.mosby.com/gie).

References
- References must be cited in the text in consecutive order and identified by superscript numbers.
- It is the author’s responsibility to check the accuracy of all references by verifying them against the original documents. Citations can be verified by using PubMed’s Citation Matcher (http://www.ncbi.nlm.nih.gov/entrez/query/static/citmatch.html).
- Examples of correct forms of reference, in accordance with Uniform Requirements for Manuscripts Submitted to Biomedical Journals,1 are given in the online submission instructions.

CME Questions: NEW FEATURE!
Original articles and Reviews should be accompanied by two questions: one generic and one based on the results of the article. Focus should be on the subject of the research as well as the findings of the study. Use of a key figure that best illustrates the question is encouraged.

- Questions will be reviewed by the journal’s CME committee who reserves the right to edit, change, and publish them in the journal or elsewhere. All submitted questions, whether or not they appear in the journal, become the property of the ASGE.
- The questions should be contained in a separate document for uploading.
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  Manuscript title
  Author
  Topic
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  Objective
  Item/Stem
  Possible answers (A-E)
  Correct response
  Rationale for correct response
  1-2 references that cover the given rationale
• For each question, authors should indicate which of the following procedure categories is appropriate to the question:
1. EGD (esophagus, stomach, and duodenum)
2. ERCP (pancreas and biliary system)
3. Enteroscopy (small intestine)
4. Capsule endoscopy (small intestine)
5. Colonoscopy (colon)
6. Endoscopic ultrasonography
7. General (ie, none of the above)
• For each question, authors also should indicate the focus of the question, using the following classifications:
1. Etiology and pathophysiology
2. Diagnosis
3. Therapy
4. Outcome

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