



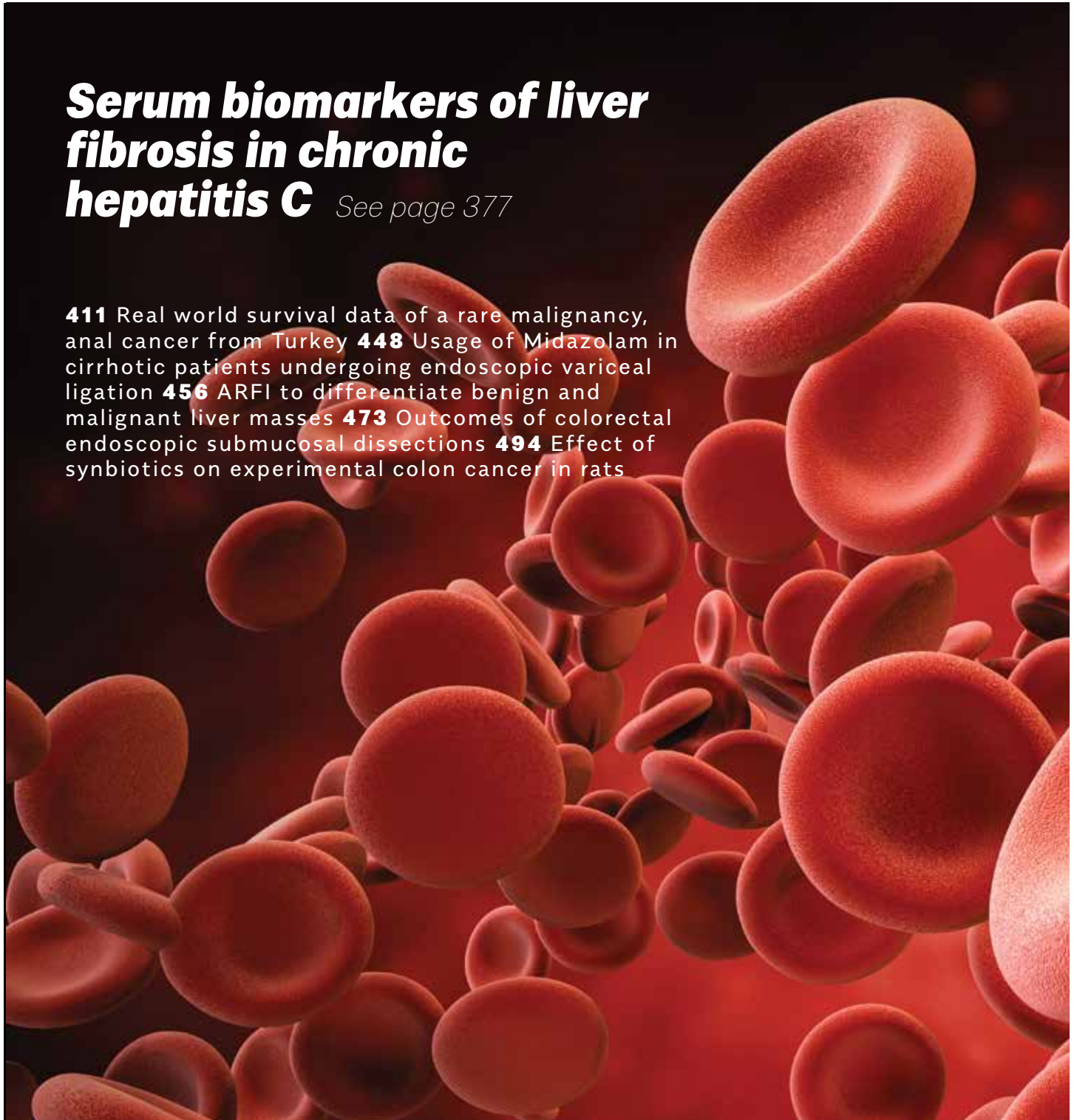
TURKISH JOURNAL OF

Gastroenterology

OFFICIAL JOURNAL OF THE TURKISH SOCIETY OF GASTROENTEROLOGY

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Aims and Scope

Turkish Journal of Gastroenterology (*Turk J Gastroenterol*) is the double-blind peer-reviewed, open access, international publication organ of the Turkish Society of Gastroenterology. The journal is a bimonthly publication, published on January, March, May, July, September, November and its publication language is English.

Turkish Journal of Gastroenterology aims to publish international at the highest clinical and scientific level on original issues of gastroenterology and hepatology. The journal publishes original papers, review articles, case reports and letters to the editor on clinical and experimental gastroenterology and hepatology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

Turkish Journal of Gastroenterology is indexed in Science Citation Index Expanded, PubMed/MEDLINE and TUBITAK ULAKBIM TR Index.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at turkjgastroenterol.org. The journal guidelines, technical information, and the required forms are available on the journal's web page.

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Instructions to Authors

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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An approval of research protocols by the Ethics Committee in accordance with international agreements (*World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research In-*

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Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system, available at turkjgastroenterol.org. Manuscripts submitted via any other medium will not be evaluated.

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Title page: A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract

An English abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings (*Background/Aims, Materials and Methods, Results, and Conclusion*). Please check Table 1 below for word count specifications.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1000	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media
Diagnostic Challenge	1200	No abstract	5	No tables	7 or total of 15 images

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text

of original articles should be structured with Introduction, Materials and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments

Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles

Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports

There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case Presentation, and Discussion subheadings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor

This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on



subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Diagnostic Challenge

Turkish Journal of Gastroenterology encourages authors to submit their striking clinical images that may challenge and inform readers and contribute to their education. This type of submissions should present the image as an "unknown" and should encourage the readers to interpret and diagnose the image. The answer will be presented on a separate page of the issue so the main text or the title should not reveal the answer. The case should be described in the first part; the answer should discuss the image findings and the diagnosis. The article should not be longer than 1200 words.

Quick look to guidelines

These manuscripts are summaries of published guidelines. Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The guideline that is being summarized must be properly cited within the manuscript.

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (*even if they are defined within the main text*). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (*in TIFF or JPEG format*) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted

separately through the submission system. Images should not be labeled (*a, b, c, etc.*) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (*minimum dimensions: 100×100 mm*). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (*including the state if in USA*), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (*General Electric, Milwaukee, WI, USA*)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text. Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article

Rankovic A, Rancic N, Jovanovic M, et al. Impact of imaging diagnostics on the budget - Are we spending too much? *Vojnosanit Pregl* 2013; 70: 709-11.

Book Section

Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. Infectious Diseases. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author

Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as Author

Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference Proceedings

Bengissson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report

Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

Thesis

Yılmaz B. Ankara Üniversitesindeki Öğrencilerin Beslenme Durumları, Fiziksel Aktiviteleri ve Beden Kitle İndeksleri Kan Lipidleri Arasındaki İlişkiler. H.Ü. Sağlık Bilimleri Enstitüsü, Doktora Tezi. 2007.

Manuscripts Accepted for Publication, Not Published Yet

Slots J. The microflora of black stain on human primary teeth. Scand J Dent Res. 1974.

Epub Ahead of Print Articles

Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. Diagn Interv Radiol. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis (serial online) 1995 Jan-Mar (cited 1996 June 5): 1(1): (24 screens). Available from: URL: [http:// www.cdc.gov/ncidod/EID/cid.htm](http://www.cdc.gov/ncidod/EID/cid.htm).

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When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found (*each reviewer's comment, followed by the author's reply and line numbers where the changes have been made*) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

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From the Editor

Dear Colleagues,

In the middle of the year, I would like to share some up-to-date information regarding the Turkish Journal of Gastroenterology.

During the first 6 months of 2018, the Turkish Journal of Gastroenterology received 427 international submissions, including 254 original articles, 20 reviews, 77 case reports and 52 letters to the editor. In addition, in the same period we have accepted 64 original articles, 7 case reports and 27 letters to the editor for publication. Researchers from all over the world continue to submit their original studies to the Turkish Journal of Gastroenterology, and since January 2018, we have received 12% of submissions from the Middle East, 27% from Asia (majority from China), 11% from Europe and the United States, and 48% from Turkey. The average time for submission to the first decision was 42 days in this half of the year. Our rejection rate for original articles was 69%, whereas the overall rejection rate was 70%.

Despite great efforts, our editors occasionally struggle to find specialized reviewers for certain manuscripts. Thus the evaluation processes of some papers may have taken longer than usual. Please forgive us for those un-

wanted delays. We invite our readers to contribute to the peer review process as reviewers. Please directly contact our editorial office staff if you are interested.

This year, we have also started to publish interesting cases in "Letter to the editor" format due to the limited space our journal has for case reports. This enables us to continue publishing interesting cases in a more compact format. We also encourage authors to submit their cases in "Diagnostic Challenge" format, which is very popular among our readers.

I would also like to hear more about your thoughts and suggestions regarding the Turkish Journal of Gastroenterology. Please do not hesitate to contact me personally for feedback (osmanozdogan@yahoo.com).

I wish you all a happy vacations in the summer and hope that you can find time to follow our journal.

Sincerely,

Osman Cavit Özdoğan, MD

Editor in Chief

Turkish Journal of Gastroenterology