INSTRUCTION TO AUTHORS

Journal of Gastrointestinal Oncology (JGO; J Gastrointest Oncol, ISSN 2078-6891, online ISSN: 2219-679X), the official journal of Society for Gastrointestinal Oncology (SGO), is an open-access, international peer-reviewed journal, published by AME Publishing Company.

JGO publishes manuscripts that describe new findings in the field and provides current and practical information on diagnosis, prevention and clinical investigations of gastrointestinal cancer treatment. Specific areas of interest include, but not limited to, multimodality therapy, markers, imaging and tumor biology.

JGO is indexed and covered by PubMed, CINAHL, EBSCO, Free Medical Journals, Google Scholar, Index Copernicus, Scopus, WZB database, PubMed Central and Science Citation Index Expanded (SCIE).

MANUSCRIPT CATEGORIES

Review Articles
A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, tables, figures, figure legends, and references. Abstracts are limited to 450 words. Review Article should entail a section describing the contribution each author made to the manuscript. See section Authors' Contribution” for details.

Original Articles
Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 450 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Original articles must be no longer than 5000 words excluding title page, abstract, tables, figures, figure legends, and references. Descriptions of the following points are critically evaluated.

In reports of prospective clinical trials:
- The study rationale, trial design, and number of cases
- Approval of local ethical committees and informed consent by patients
- Precise data presentation and justifiable conclusions

For reports of randomized controlled trials, authors should refer to the CONSORT statement (www.consort-statement.org).

In reports of retrospective clinical observations:
- Selection criteria of cases
- Efforts to eliminate possible biases in retrospective analysis
- Justifiable conclusions

In reports of basic research:
- Clinical impact of the study

Editorials
Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief. Length should be 2,500 words maximum excluding references, tables and figures with no more than 25 references and no more than 2 figures/tables. No abstracts are required. Word Limit: 2,500 words maximum excluding references, tables and figures.

Editorial Commentary
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum.
Figures/Tables: 2 maximum.
Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

Art of Operative Techniques
“Art of Operative Techniques” is a featured section that publishes illustrated articles. These articles must include three subheadings – Introduction, Operative Techniques...
and Comments. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors. If required, our medical illustrator may be made available, however, there will be additional costs associated with the use of this service.

**Masters of Gastrointestinal Surgery**

“Masters of Gastrointestinal Surgery” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include three subheadings – Introduction, Operative Techniques and Comments. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the *JGO* reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

**Safeguards and Pitfalls**

“Safeguards and Pitfalls” is a featured section, which will include brief reports that highlights technical mistakes or possible complications in the performance of gastrointestinal surgical procedures. These reports should detail the mechanism of their occurrence, followed by recommendations of the appropriate management. Strategies to avoid these complications should also be included. Excluding references, tables and figures, the text is limited to 2500 words. Photos, drawings and videos are encouraged.

**Case Reports**

The *JGO* publishes case reports with new findings that may alter the disease concept of gastrointestinal oncology. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing GI oncology. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients’ identification must be carefully masked. The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

The text is limited to 2500 words and the abstract is limited to 300 words.

**Genetics Reports**

Previously undescribed pathogenic germline mutation in a hereditary cancer syndrome or related diseases will be reported in this section as a pedigree case report. Similarly high penetrance polymorphisms or mutations associated with significant adverse drug reactions will be also accepted. A case report with known mutation or polymorphism may also be considered if the report can be expected to contribute substantially to the advancement and/or accumulation of the current knowledge in the field of clinical cancer genetics. The nucleotide sequence of the mutation or polymorphism must be defined on the genomic DNA. The method of the mutation/polymorphism detection should be described explicitly, such as with PCR conditions and primer sequences. Whenever appropriate, a pedigree (family tree) must be presented. The pedigree should be drawn according to the “Recommendations for Standardized Human Pedigree Nomenclature”, Am J Hum Genet 1995;56:745-52. Strict care should be taken to prevent the identification of the patients and any other relevant family members. It is the responsibility of authors to obtain appropriate informed consent for publication.

No running head or mini-abstract is necessary. An abstract of fewer than 150 words should be provided as well as a genetic summary describing disorder, ethnicity, gene and its GenBank, EMBL or DDBJ accession number and chromosomal assignment, type of DNA variant, mutation,
allelic frequency, method of mutation detection, etc.

Technical Notes
Originally-devised techniques for gastrointestinal oncology diagnosis or treatment are published as a Technical note. The backgrounds are briefly described in introduction and the technique is intelligibly explained using clear illustrations. The advantage and possible benefit to use the new technique should be highlighted. The text is limited to 2500 words and the abstract is limited to 300 words.

Short Communications
A small-scale study that includes important new information may be published as a short communication. It usually carries an abstract of fewer than 450 words, text of fewer than 3500 words, up to three tables or figures, and essential references.

Letters to the Editor
Correspondences on content published in the Journal or on other topics of interest to our readers are welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. The length should be 1000 words maximum with no more than 10 references and only one table or figure. No abstracts are required. An appropriate title should be provided.

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All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well-designed and functions very well with minimal difficulties. New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us (jgo@amepc.org), and we will help solve the problem.

Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

Text
Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and double-spacing throughout. Number pages consecutively, beginning with the title page.

Title Page
The title page should carry: a) the title of the article; b) authors’ names with institutional affiliations; c) corresponding author’s name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 60 characters including spaces.

Abstract and Key Words
The second page should carry an abstract of no more than 450 words (see also instructions for specific categories above). Do not use references in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

Provide three to five key words. Use terms from the medical subject headings (MeSH) list of Index Medicus.

References
Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus.

The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19); “adenocarcinoma (29,30)”].

List all authors, but if the number exceeds three, give three followed by “et al.”


For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

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Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as P = 0.230 instead of the term ‘N.S.’ or ‘not significant’. For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data-.doc, .rtf, Excel or PowerPoint files-because tables submitted as image data cannot be edited for publication.)
The Journal may reject manuscripts if remarkable deviation from this instruction is found.

**Figures**

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

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**Videos**

*JGO* will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., av1., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://jgo.amegroups.com/pages/view/submit-multimedia-files.

**Duration:** Video files should be limited to 20 minutes.

**Quality:** Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

**Text in video:** All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

**Survival Curves**

Cumulative survival rates are usually calculated with the Kaplan-Meier’s method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

- Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.
- Censored cases should be shown as short vertical lines (“whiskers”) on the curves. Alternatively, the exact numbers of the cases at each unit time should be shown in an attached table as “No. at risk”.
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- Labels for curves can be written in the graph area when the curves are far enough from each other.

**Abbreviations and Symbols**

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

**Statistics**

Describe which statistical methods were used for which analyses. A *P* value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact *P* values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

**Appendix**

The Supplementary Appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article’s reference list.

The Appendix must be submitted in a Word file. The Appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide
the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online.”

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We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree AME Publishing Company, to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript, and assure that the authors will pay for Article Processing Charges (APC).

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- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”).

Author Contributions
This section is only required for original article, review article and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The ‘Authors’ Contributions’ section should be completed as follow:
(I) Conception and design:
(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: XX/All authors
(VII) Final approval of manuscript: All authors

Note: 1. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2. Contributions section is not required when there is only one author.

Example:
M.M.M. designed the overall study with contributions from S.F. S.F. designed and carried out experiments, collected and analyzed data, and cowrote the paper. Y.S. designed and carried out experiments and collected and analyzed data with S.F. and M.M.M. S.B. carried out experiments, adapted the rapid TALEN assembly protocol, and analyzed data with Y.S. M.S.W. and M.M.M. designed the vector for the repair experiment. M.S.W. constructed the repair vector. S.F. and Y.S. carried out the repair experiment. S.F., Y.S., M.S.W., and M.M.M. discussed and edited the paper. M.M.M. supervised this study, designed and performed experiments, analyzed data, and wrote the paper.


Funding
Details of all funding sources for the work in question should be included in the ‘Acknowledgement’ section.

The following rules should be followed:
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- The full official funding agency name should be given, i.e. ‘National Institutes of Health’, not ‘NIH’ (full RIN-approved list of UK funding agencies) Grant numbers should be given in brackets as follows: ‘[grant number xxxx]’
- Multiple grant numbers should be separated by a comma as follows: ‘[grant numbers xxxx, yyyy]’
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An example is given here: ‘This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432}
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2. Reporting Conflicts of Interest
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To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as “I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis.”

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

Ethical considerations
Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/?%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).
For studies in the following categories:
**Randomized controlled trials or other intervention research:** This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

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- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
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For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient’s personal data have been secured.

**Systematic review and meta-analysis, review, opinion, hypothesis, and editorial**
- No statement on medical ethics is required.

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- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
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**Nested case-control study:** In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:
- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
• The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:
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• State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

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• The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
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For more information on statement of ethics, please feel free to consult our editorial staff.

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Stephen D. Wang.
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Update on March 12, 2019