



AGA INSTITUTE

GASTROENTEROLOGY

INFORMATION ABOUT ARTICLE TYPES

Original Articles

Original Articles are full-length reports of original research. Articles cover topics relevant to clinical, basic, and translational studies in these areas of interest. They may discuss nutrition, immunology, cell biology, molecular biology, morphology, physiology, pathophysiology, epidemiology, imaging, or therapy. Both adult and pediatric problems are included. To be published, the work presented in the manuscript must be original; on occasion, confirmatory studies of timely and important observations will also be acceptable. In addition, other considerations for evaluating the acceptability of a submitted manuscript include its importance, the soundness of the experimental design, the validity of the methods, the appropriateness of the conclusions, and the quality of presentation.

Original article submissions to *Gastroenterology* cannot exceed 7,000 words, including the abstract, figure and table legends, and references. Approximately 1,000 words of the total count should appear in the "Materials and Methods" section of the manuscript. No more than a combined total of seven figures and/or tables are permitted. The editor reserves the right to publish excessively long tables as online-only material. The physical size of a figure cannot exceed 7 inches wide by 9 inches tall. Your manuscript will be returned to you if it does not meet these criteria.

Brief Communications

Each issue of *Gastroenterology* contains one or more "Brief Communications." Topics of reports may include, but are not limited to, identification of the genetic basis of a disease, a description of a unique case series, novel techniques, new animal models of human disease, and mechanistic insights. Submissions to Brief Communications must adhere to the following guidelines:

- Limit of 750 words not including the title page, table contents, and references, but including figure legends.
- Limit of 8 abbreviated references; example: Jones RS et al. *Gastroenterology* 2011; 2: 373-380 (only first author is listed, unless manuscripts with joint first authors are cited, and article title is not included).
- Limit of 1 figure OR table. Please submit the figure as a separate JPEG, TIFF, EPS, or PDF file (300 PPI resolution).
- No abstract.
- Brief Communications must include these elements in this order: Introduction, Methods, Results, and Discussion, and all article titles should be declarative.
- Revised manuscripts: In the references, please list names of authors who share first authorship in bold text. In addition, include the phrase "Author names in bold designate shared co-first authorship" at the end of the references section.

Clinical Challenges and Images in GI

Clinical Challenges and Images in GI presents a striking image that is meant to test and inform readers. The article is presented as an unknown with the diagnosis hinging on the correct interpretation and integration of the image and clinical data. The answer is presented on a separate page of the journal. The section is intended to illustrate and teach important medical points. If you would like to submit an image for publication in the journal, please follow the instructions below.

- Images can be either clinical, pathologic (gross or microscopic), endoscopic, or radiographic. They must be of high quality (300 PPI resolution) and illustrate the diagnosis well.
- The article must include a title that does not reveal the answer to the challenge. This title will be published should the article be accepted.
- The case should be described in one typed double-spaced page or less. Format should be as follows: short pertinent history; physical exam and laboratory findings; and initial clinical course. The image(s) should then be described with all labeled structures explained in the text.
- The answer should discuss the image findings and the diagnosis in no more than one double-spaced typed page. The diagnosis and discussion should make an important medical teaching point and include from one to three pertinent references. Information regarding the specific patient in terms of follow-up and response to therapy should be given as appropriate.
- No more than three authors are allowed on each submission. Contributors must provide their names, addresses, phone, and e-mail addresses. Contributors must complete the Author Statement form.

Letters to the Editor

Letters to the Editor allow the opportunity to offer novel perspectives and opinions on papers published in *Gastroenterology*. Letters must be submitted for consideration by the end of the month in which the corresponding article was published (*e.g.*, a response to an article in the July issue should be submitted by the end of July). At the end of each submission period, all letters received that month will be assessed by the board of editors. Letters deemed of interest to the journal are collated and sent to the authors of the original article for a response; the authors are given two weeks to reply. A decision will then be made whether to publish the letter with or without its reply. No more than three letters are published for any given manuscript, and they are evaluated in sequence of submission.

Submissions must not exceed 750 words with no more than 8 references (not included in the word count). Original or unpublished data will not be considered. For references, please use the following format: Jones RS, et al. *Gastroenterology* 2011; 2: 373 -380 (only the first author is listed, unless manuscripts with joint first authors are cited, and article title is not included). The letter and the reply cannot include more than 3 authors each. All letters become the property of *Gastroenterology* and are subject to editing by the journal. Letters are selected based on their relevance and originality, and typically less than one third of those submitted are accepted.

Gastroenterology in Motion

This article type contains two parts: (1) video and narration; (2) published text with relevant figures/tables.

Video Guidelines

- All videos must be of the highest quality possible. Any editing of the video is the responsibility of the author(s).
- No editing of the original data in individual frames or alteration of the original speed of the video can be made unless clearly stated.
- Transitions should be selected in a consistent and simple pattern. Dramatic transitions are discouraged as they tend to distract the viewers from the main contents of the video.
- Allow adequate pauses for the viewers to properly take in the information presented. A typical pause should be 4 -5 seconds long.
- Acceptable video file formats are: MPEG (.mpg), Quicktime (.mov), or Microsoft (.avi).
- Maximum video length is 10 minutes. Maximum file size/video is 160 MB.
- No more than 2 videos per submission.
- Concise legends must accompany each video in the text file.
- Narration can be included with the video. If you elect to include narration, be sure that all audio is at an appropriate level to be understood using computer speakers at mid-level volume.
- Patients should not be identifiable, or their pictures must be accompanied by written permission to use the video.
- Histology and/or radiology can be included for teaching purposes.
- There are no submission fees or page charges. However, there is a charge for color figures (see below).

Published Text Guidelines (no more than 2 journal pages)

- The video must be accompanied by a double-spaced summary not to exceed 1000 words. The text must follow the below format:
 - Introduction (one paragraph without a header)
 - Description of technology (one paragraph)
 - Video description (up to two paragraphs)
 - Take home message (implications/significance of video demonstration (one to 8 sentences))
 - References (no more than 8, using the abbreviated Brief Report format)
- The title page of the text must include the title, the authors, the corresponding author's contact information, the authors' affiliations, any funding support, any writing assistance, and any relevant conflicts of interest. If there are no conflicts of interest, the authors must state this.

Figures/Tables Guidelines

- A combination of up to two figures and/or tables in total can be included with the submission. The figures must be submitted as separate attachments.
- Please submit figures as separate attachments in JPEG, TIFF, EPS, or PDF formats.
- Figures must have a resolution of 300 PPI or greater.
- Figures must be accompanied by concise figure legends.
- Figures reviewed in color will be published in color. Authors are responsible for pay costs associated with color figures (\$650 for the first figure; \$100 for each subsequent figure).

Copyright

The AGA Institute holds the copyright to all accepted videos and their accompanying text. To reuse the video or text in any form, permission must first be obtained from *Gastroenterology's* publisher, Elsevier.

Practical Teaching Cases

Practical Teaching Cases showcase common clinical scenarios that are part of the knowledge base of GI. The section serves the growing need for standardized, high-quality educational activities that are easily accessible and useful to *Gastroenterology's* readership.

- Images can be clinical, pathologic (gross or microscopic), endoscopic, or radiographic. They must be of high quality (300 PPI) and illustrate the diagnosis well.
- In addition to images, some cases may lend themselves to the presentation of serial lab data in a figure or table format using standard *Gastroenterology* formatting.
- The article must include a title that does not reveal the answer to the question. This title will be published should the article be accepted.
- The case must be described in one typed double-spaced page or less. The format of the case must include short pertinent history, physical exam and laboratory findings, and initial clinical course. The image(s) or data table/ figure must then be described with all labeled structures explained in the text.
- At the time of submission, authors must categorize the case into a single organ system/ clinical area of interest (*i.e.*, esophagus, stomach, small bowel, pancreas, liver, colon).
- Include a structured multiple choice question (4 possible answers) that highlights a diagnostic, therapeutic, or clinical aspect of the case. All potential answers must be plausible.
- The answer must discuss the image findings and the diagnosis in no more than one double-spaced typed page. The discussion must explain why the various incorrect options are not supported by the case or literature as well as the basis for the correct answer. The diagnosis and discussion must make an important medical teaching point and include from one to three pertinent references. Preferred references include recent practice guidelines, topic reviews, or other manuscripts wherein further information for the interested reader is available.
- Information regarding the specific patient (in terms of follow-up and response to therapy) must be given as appropriate.
- No more than three authors are allowed on each submission. Contributors must provide their names, addresses, phone, and e-mail addresses. Contributors must complete the Author Statement form.

Meeting Summaries

This section includes brief reports of symposia, conferences, and meetings in digestive disease research. They include critical commentary, connections among the presentations, and consensus, if any, that emerged from the meeting. The editors encourage authors of potential meeting summaries to propose submissions for this section in advance of scheduled meetings. Summaries must be submitted within two months after a meeting.

Mentoring, Education, and Training Corner

This section focuses on the education, development, and support of young learners and protégés in the field of digestive disease. Expert guest authors will provide reviews on a wide array of topics including career opportunities, steps for success, gender and ethnic diversity, training updates, and balancing home and work life. The material presented in this section will be organized by overarching themes. Submissions are by invitation only, but email inquiries (gastro@gastro.org) by prospective authors will be considered.

Editorials

Editorials express opinions on current topics of interest or provide comments on papers published elsewhere in the same issue. Submissions are by invitation only.

Reviews in Basic and Clinical Gastroenterology and Hepatology

Each issue of *Gastroenterology* will typically contain a review article by two or more collaborating authors that is solicited by the board of editors (no unsolicited reviews will be considered). Each review article will be divided into two sections, basic and clinical, with one section to be overseen by a basic science editor and the other by a clinical editor.

Reviews must not exceed a total of 6,000 words, not including references, figure legends or table legends. A maximum of 150 references are permitted. Authors are also required to include a minimum of 4 figures or illustrations and to work with *Gastroenterology's* medical illustrator in developing them.

Covering the Cover

This section provides a general preview of two clinical articles and two basic articles that appear in each issue and are of particular importance to our readership. As it is written by the section editors, no unsolicited submissions will be considered.

Selected Summaries

Selected Summaries are concise, expert overviews of articles recently published in other journals, books, and digital media that are of potential interest to our readership. Summaries are primarily written by a regular staff of contributors selected by the Section Editors.

Clinical Practice Updates

The Clinical Practice Updates Committee (CPUC) of the AGA institute has been charged with providing authoritative and balanced narrative reviews and rapid commentaries that will have the greatest impact on the clinical practice of gastroenterology and hepatology.

Potential subjects for these articles will derive from several sources in coordination with the AGA Institute Clinical Guidelines Committee. First, important topics that are initially proposed for an AGA guideline but do not meet rigid criteria for guideline grading will be sent to CPUC for review and consideration. Second, ideas for topics will be generated by CPUC and *Gastroenterology* editors as well as other AGA committees and members. Third, summaries of important symposia (e.g., Freston Conference) will be included. Topics can be presented in the form of a comprehensive, narrative review or—for particularly timely issues in gastroenterology, hepatology, and health care in general—as a rapid commentary.

All prospective topics and selected authors will be approved by CPUC with guidance from the AGA Institute Governing Board. At least two authors, from different institutions, who are recognized authorities will be invited to write an article. It is anticipated that the authors will often have

differing opinions to help ensure balance and achieve consensus. A member of CPUC with expertise in the field will guide the writing to ensure the highest quality and greatest balance in the final product. Once an article is written, it will be submitted for evaluation by *Gastroenterology* editors, who will decide whether to accept the paper or send it for further review prior to acceptance. With seasoned and motivated authors and the guidance of CPUC, these outstanding reviews will be published in a timely manner and provide *Gastroenterology* readers the most up-to-date and scholarly information across the spectrum of gastroenterology, hepatology, and nutrition.