

GUIDE FOR AUTHORS

Advances in Digestive Medicine (AIDM) is the official peer-reviewed journal of The Gastroenterological Society of Taiwan (GEST), The Digestive Endoscopy Society of Taiwan (DEST) and Taiwan Association for the Study of the Liver (TASL). It is published every 3 months by Elsevier (in March, June, September and December). The Journal aims to publish original research and review papers on all fields of digestive medicine and related disciplines that are of topical interest to the medical profession.

Authors are welcome to submit reviews, perspectives, original articles, short communications, case reports, image and challenge, and letters to the editor for consideration.

The Editorial Board requires authors to be in compliance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (URMs), which are compiled by the International Committee of Medical Journal Editors (ICMJE); current URMs are available at <http://www.icmje.org>.

This Guide for Authors is revised periodically by the Editors as needed. Authors should consult a recent issue of the Journal or visit <http://www.aidm-online.com> for the latest version of this guide. Any manuscript not prepared according to this guide will be returned immediately to the author(s) without review.

Article Categories

The categories of articles that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

Editorials

These are usually written by invited authors or editorial board members and are comments on recent news or articles published in the Journal.

Format guide

- Word limit: 1200 words (excluding references)
- References: 15 or less
- Tables/Figures: none

Review Articles

These should aim to provide the reader with a balanced overview of an important and topical subject in digestive medicine, emphasizing factors such as cause, diagnosis, prognosis, therapy or prevention. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

While review articles are usually submitted by invitation only, unsolicited review articles will also be given due consideration.

Format guide

- Word limit: 3500 words (excluding abstract and references)
- References: 50 or less
- Abstract: up to 500 words, unstructured (i.e., no subheadings)
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

Perspectives

These are comments on recent news or ground-breaking work and should provide a short review of the current state of research and explain the importance of the new findings. Perspectives on papers previously published in *AIDM* should add a different viewpoint to the research and should not merely be a repetitive summary of the original paper. As these are meant to express a personal commentary, Perspectives should have no more than 3 authors.

Format guide

- Word limit: 1200 words (excluding references)
- References: 10 or less
- Tables/Figures: 1 table or figure

Original Articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to digestive medical science.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide

- Word limit: 3000 words (excluding abstract and references)
- References: 40 or less

- Abstract: up to 500 words, structured (i.e., with the section headings *Background, Methods, Results* and *Conclusion*)
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

Short Communications

These reports should be concise presentations of preliminary experimental results or technical aspects of clinical or experimental practice that are not fully investigated, verified or perfected but which may be of widespread interest or application.

Format guide

- Word limit: 1500 words (excluding abstract and references)
- References: 10 or less
- Abstract: up to 500 words, unstructured (i.e., no subheadings)
- Tables/Figures: 1 table or 1 figure

Case Reports

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References.

The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome.

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when

discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Format guide

- Word limit: 1200 words (excluding abstract and references)
- References: 10 or less
- Abstract: up to 500 words, unstructured (i.e., no subheadings)
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

Image and Challenge

These present a striking clinical image for the evaluation of unusual or interesting diagnostic features. The format consists of two or fewer image(s) of high quality, a brief description of the image features and key learning points.

Format guide

- Word limit: 300 words (excluding references)
- References: 5 or less
- Tables/Figures: no tables, and no more than 2 figures
- No subheadings

Letters to the Editor

Letters are welcome in response to previously published *AIDM* articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other brief technical or clinical notes of general interest. Letters should have a title, no more than four authors, include appropriate references and the corresponding author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of *AIDM* Editors. Letters are selected based on clarity, significance, and space.

Format guide

- Word limit: 500 words (excluding references)
- References: 5 or less
- Tables/Figures: 1 table or 1 figure
- Begin with "Dear Editor"
- No subheadings

Specifications for the different article categories

| Article category | Word count limit | | No. of references allowed | No. of tables/figures allowed |
|-----------------------|------------------|------------|---------------------------|-------------------------------|
| | Abstract | Main text* | | |
| Editorial | None | ≤ 1200 | ≤ 15 | None |
| Review Article | ≤ 500 | ≤ 3500 | ≤ 50 | No limit |
| Perspectives | None | ≤ 1200 | ≤ 10 | ≤ 1 table or 1 figure |
| Original Article | ≤ 500 | ≤ 3000 | ≤ 40 | No limit |
| Short Communication | ≤ 500 | ≤ 1500 | ≤ 10 | ≤ 1 table or 1 figure |
| Case Report | ≤ 500 | ≤ 1200 | ≤ 10 | No limit |
| Image and Challenge | None | ≤ 300 | ≤ 5 | ≤ 2 figures |
| Letters to the Editor | None | ≤ 500 | ≤ 5 | ≤ 1 table or 1 figure |

*Refers to the main body of text only, i.e., does not include article title, abstract, table headings/tables, figure legends and references.

Contact details for submission

If assistance is required by the authors, please refer to the tutorials for authors and/or customer support that are available on the EES website; you may also contact the Editorial Office. Please do not post, fax or e-mail your manuscripts to the Editorial Office

Editorial Office

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Before You Begin

Ethical Approval of Studies and Informed Consent

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. *Declaration of Helsinki: ethical principles for medical research involving human subjects*. Available at: <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>).

For investigation of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the European Commission Directive 86/609/EEC for animal experiments (available at http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm) should be followed and the same should be stated in the methods section of the manuscript.

Disclosure of Conflicts of Interest

A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. *AIDM* Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest and let readers judge for themselves. Therefore, please ensure that you provide information about any potential financial and non-financial conflicts of interest in a concise paragraph after the main text.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

Please ensure that the name of each author listed in your manuscript appears in either Section I or Section II on page 2 of the *AIDM Authorship & Conflicts of Interest Statement form* (an author's name cannot appear in both Section I and Section II of the form).

Submission declaration

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see <http://www.elsevier.com/postingpolicy>), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to Authorship

This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts. Before the accepted manuscript is published online, requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (i) the reason the name should be added or removed, or the author names rearranged; and (ii) an updated *Authorship & Conflicts of Interest Statement* with signatures from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of author names, this must include confirmation from the author(s) being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedures as described above.

Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) online publication of the accepted manuscript is suspended until authorship has been agreed.

After the accepted manuscript is published online, any requests to add, remove, or rearrange author names in an article will follow the same policies as detailed above and result in a corrigendum.

Reporting Clinical Trials

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to <http://www.consort-statement.org> for more information). The *AIDM* has adopted the ICMJE proposal that requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article.

For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at <http://www.icmje.org>.

Copyright

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Funding/Support Statement

All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified in a Funding/Support Statement.

Language (usage and editing services)

Articles should be written in English, using American English spelling. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop <http://webshop.elsevier.com/>

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Identification of Patients in Descriptions, Photographs and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable. State explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects or from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

Submission

Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) must be submitted online to *AIDM* through the Elsevier Editorial System (EES) at <http://ees.elsevier.com/aidm>.

Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the Journal's style.
- You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes, headers and footers. References especially should NOT be formatted using the MS Word "endnotes" or "footnotes" function; instead, you may use the commercially available EndNote® or Reference Manager® software to manage your references.
- Put text, references, table headings and tables, and figure legends in one file.
- Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg".

The Editorial and Peer Review Process

As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, then the manuscript will be rejected without review.

Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. The *AIDM* follows a double-blind peer review process. Authors may submit a list in their cover letter of reviewers who they wish to review or not to review their manuscript. However, the actual peer reviewers invited will remain anonymous and may or may not be the reviewers suggested by the authors as the selection of reviewers is at the sole discretion of *AIDM* Editors. The editors and reviewers will not disclose any information about a manuscript or its review to anyone except the manuscript's corresponding author.

The corresponding author will usually be notified within 10 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance. If revisions are required, authors are asked to return a revised manuscript to the Editorial Office via the EES within 60 days. Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

Preparation

Supporting Documents

The following documents must be included in your submission (refer also to the Checklist, http://1.elscdn.net/promis_misc/aidm_checklist.doc). Items (1), (2) and (3) are mandatory. Items (4), (5), (6) and (7) are required only if they are applicable to your manuscript.

(1) Cover Letter. This must include the following information:

- title of the manuscript
- names of all the authors (spelled out in full and with the family name last, e.g., Wan-Lin Chang) and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author's name and in front of the matching affiliation
- corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
- a statement that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere
- persons who do not fulfill the requirements to be listed as authors but who nevertheless contributed to the manuscript (such as those who provided writing assistance, for example) should be disclosed
- list of manuscripts that have been published, submitted, or are in press that are similar to the submission to the *AIDM* (and include in your submission copies of those similar manuscripts so that *AIDM* Editors can be assured there is no overlap)
- the signature of the corresponding author
- Optional: if you have a list of reviewers who you wish to review or not to review your manuscript, you may include this list in the cover letter

(2) Authorship & Conflicts of Interest Statement. Each author's contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed. Please use the *AIDM Authorship & Conflicts of Interest Statement* form that is provided at <http://1.elscdn.net/aidm-authorship-form.doc>. Your signature and those of ALL your coauthors must be included.

(3) Copyright Transfer Agreement. In the event that your manuscript is accepted for publication in the *AIDM*, you are required to transfer all copyright ownership in and relating to the work to The Gastroenterological Society of Taiwan (GEST), The Digestive Endoscopy Society of Taiwan (DEST) and Taiwan Association for the Study of the Liver (TASL). Please use the *AIDM Copyright Transfer Agreement* form that is provided at <http://1.elscdn.net/aidm-copyright-form.doc>. Your signature and those of ALL your coauthors must be included.

(4) Ethics Statement. Articles covering the use of human or animal samples in research, or human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities.

(5) Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication.

(6) Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified.

(7) Copyright Permission. If you have reproduced or adapted material from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to reproduce or adapt the copyrighted sources must be supplied. Otherwise, such material must be removed from your manuscript.

Manuscript Preparation

Text should be typed double-spaced on white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. The manuscript should include a title page, abstract, keywords, main text, conflicts of interest statement, acknowledgments (if any), references, and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

Title Page

The title page should contain the following information (in order, from the top to bottom of the page):

- article category
- article title
- running title not exceeding 50 characters
- IMPORTANT: please do NOT include any author names and affiliations or corresponding author information on the title page (this information should be listed in your cover letter instead) because the *AIDM* follows a double-blind peer review process.

Main Text

The text for Original Articles should be organized into the following sections: Introduction, Methods, Results, Discussion, Conflicts of Interest Statement, Acknowledgments (if any), and References. Sections for Case Reports are: Introduction, Case Report, Discussion, Conflicts of Interest Statement, Acknowledgments (if any), and References. Each section should begin on a new page.

Abbreviations

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses (even if it was previously defined in the abstract). Thereafter, the abbreviation may be used. An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary and ensure consistency of abbreviations throughout the article. Ensure that an abbreviation so defined does actually appear later in the text (excluding in figures/tables), otherwise, it should be deleted.

Numbers

Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the Eighties or nineteenth century. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

Units

International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees Celsius.

Names of drugs, devices and other products

Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text. For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, "IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)". Thereafter, the generic term (if appropriate) should be used.

Gene nomenclature

Current standard international nomenclature for genes should be adhered to. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature

Committee (<http://www.genenames.org>). You may also refer to the resources available on PubMed at <http://www.ncbi.nlm.nih.gov/guide/genes-expression>. The Human Genome Variation Society has a useful site that provides guidance in naming mutations at <http://www.hgvs.org/mutnomen/index.html>. In your manuscript, genes should be typed in italic font and include the accession number. Statistical requirements

Statistical analysis is essential for all research papers except Case Reports. Use correct nomenclature for statistical methods (e.g., two sample *t* test, not unpaired *t* test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail. All *p* values should be presented to the third decimal place for accuracy. The smallest *p* value that should be expressed is $p < 0.001$ since additional zeros do not convey useful information; the largest *p* value that should be expressed is $p > 0.99$.

Personal communications and unpublished data

These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

Abstract

A concise and factual abstract of no more than 500 words in length is required for the following article categories: Review Articles, Original Articles, Short Communications, and Case Reports.

Abstracts for Original Articles should be structured, with the section headings Background, Methods, Results and Conclusion. Abstracts for Review Articles, Short Communications and Case Reports should be unstructured, in one single paragraph with no section headings.

The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. No abstract is required for Editorials, Perspectives, Image and Challenge, and Letters to the Editor.

Keywords

Please provide 3-6 relevant keywords (in alphabetical order) for the following article categories: Review Articles, Original Articles, Short Communications, and Case Reports. Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>). Avoid general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

No keywords are required for Editorials, Perspectives, Images and Challenge, and Letters to the Editor.

Acknowledgements

General acknowledgments for consultations and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

Figures

General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables.

Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details (such as their name and date of birth) of the patient must be removed. If their face is shown, use a black bar to cover their eyes so that they cannot be identified (for further information, see <http://www.elsevier.com/patientphotographs>).

All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg".

Formats

Regardless of the application used, when your electronic artwork is finalized, please "save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: vector drawings. Embed the font or save the text as "graphics".
- TIFF: color or grayscale photographs (halftones)—use a minimum of 300 dpi.
- TIFF: bitmapped line drawing use a minimum of 1000 dpi.
- TIFF: combination of bitmapped line/halftone (color or grayscale) use a minimum of 600 dpi.
- DOC, XLS or PPT: if your electronic artwork is created in any of these Microsoft Office applications, please supply "as is".

Please do not:

- Supply files that do not meet the resolution requirements detailed above;
- Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low;
- Submit graphics that are disproportionately large for the content.

A detailed guide on electronic artwork is available at <http://www.elsevier.com/artworkinstructions>. Please note that the cost of color illustrations will be charged to the author.

Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

References

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

In the main text, tables and figure legends

- References should be indicated by numbers in square brackets in line with the text, numbered consecutively in order of appearance, and placed before punctuation. [The actual authors can be referred to, but the reference number(s) must always be given.]
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
- Do not cite abstracts unless they are the only available reference to an important concept.
- Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., "unpublished observation", "personal communication") as references.

In the references list

- References should be compiled at the end of the manuscript according to the order of citation in the text.
- References should be limited to those cited in the text only.
- Journal references should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.
- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 6 authors only followed by "et al".
- Abbreviations for journal names should conform to those used in MEDLINE.
- If citing a website, provide the author information, article title, website address and the date you accessed the information.
- Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

Standard journal article

Hsu SW, Shu K, Lee WC, Cheng YT, Chiang PH. Adrenal myelolipoma: A 10-year single-center experience and literature review. *Kaohsiung J Med Sci* 2012;28:377-82.

Journal supplement

Kaplan NM. The endothelium as prognostic factor and therapeutic target: What criteria should we apply? *J Cardiovasc Pharmacol* 1998;32(Suppl 3):S78-80.

Journal article not in English but with English abstract.

Kawai H, Ishikawa T, Moroi J, Hanyu N, Sawada M, Kobayashi N, et al. Elderly patient with cerebellar malignant astrocytoma. *No Shinkei Geka* 2008;36:799-805. [In Japanese, English abstract]

Book with edition

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