

# Instructions to the Authors

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## ■ Scope of the journal

Scope of the journal:

The Saudi Journal of Gastroenterology (SJG) is an open access peer-reviewed publication. Authors are invited to submit articles in the field of gastroenterology, hepatology and nutrition, with a wide spectrum of coverage including basic science, epidemiology, diagnostics, therapeutics, public health, and standards of health care in relation to the concerned specialty. Review articles are usually by invitation. However review articles of current interest and a high standard of scientific value could also be considered for publication. The journal does not charge for submission and processing of manuscripts.

## ■ Submission of manuscripts

Manuscripts must be submitted electronically as it will save time and maintain channels of instant communication.

**FOR ELECTRONIC SUBMISSION:** please log on to: [www.journalonweb.com/sjg](http://www.journalonweb.com/sjg)

- New authors are required to register as an “author”, which is a simple two-step procedure. For online submission articles should be prepared in two files (first page file and article file). Images should be submitted separately.
- **First Page File:** This should include all the aspects that will be outlined in the first page. All information which can reveal your identity should be here. Use only text/rtf/doc files. Do not zip the files.
- **Article file:** The main text of the article, beginning from the Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your names in page headers, etc.) in this file. Use only text/rtf/doc. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.
- **Images:** Submit good quality color images. Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1024x760 pixels or 5 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files. Color images in tiff/bmp/png/eps are usually larger than 400 kb.
- **Legends:** Legends for the figures/images should be kept ready for copy-paste during the submission process.

Copyright form and images (if any) should be sent to the publisher. Only one set of images is required which should be sent at the time of submission of revised article. Contributors' form to be sent only once within 2 weeks of submission of manuscript

## ■ Editorial Process

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to the Saudi Journal of Gastroenterology and have not been published, simultaneously submitted, or already accepted for publication elsewhere. All manuscripts received are duly acknowledged.

The Editors review all submitted manuscripts initially for consistency in terms of the scope and message of the journal. Manuscripts are then sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Articles may be rejected after being reviewed by the editors if considered to be outside the scope, reader-interest, or publishing standards of the journal. Within a period of eight to ten weeks, contributors will be informed about the Editorial Board decision. Articles accepted would be copy-edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which must be returned within three days. Corrections received after that period may not be included. The contributor may provide names of two or three particularly qualified reviewers who have had experience in the subject of the submitted manuscript, but who are not affiliated with the same institutes as the contributor/s.

#### **Peer-Review Process:**

Finally, our peer-review process is double-blind (the editor and the reviewer are unaware of the authorship details, and nor are the authors aware of the editor/peer-reviewer's details).

### **Manuscripts preparations:**

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The format of the SJG complies with the "Uniform Requirements of Manuscripts Submitted to Biomedical Journals" published by the International Committee of Medical Journal Editors" (The Vancouver style). For latest updates see the website <http://www.icmje.org>.

- **Original articles:** Randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rate. Up to 3000 words excluding references and abstract.
- **Review articles:** Systemic critical assessments of literature and data sources. Up to 4000 words excluding references and abstract.
- **Systematic reviews/ Meta analyses:** Updated statistical approach combining published data from multiple studies to increase power (over individual studies), and improve estimates of the size of the effect and/or to resolve uncertainty when reports disagree. Up to 3000 words excluding references and abstract.
- **New Horizon:** Review of a new or evolving disease, subject, investigative tool, or treatment modality. Up to 2000 words excluding references and abstract.
- **Debate:** Review of updated literature considering the pros and cons of a particular treatment, diagnostic or therapeutic approach, or strategy. Each debate section consists of two articles written by authorities representing both sides of the spectrum. Strictly by invitation. Up to 2000 words each article, excluding references and abstract.
- **Letter to the Editor:** Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and 4 references.
- **Case Reports:** The Journal no longer accepts case reports for publication.
- **Announcements** of conferences, meetings, courses, awards, and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained. Up to 100 words.

Use double spacing throughout. Number pages consecutively, beginning with the title page.

#### **Title Page**

The title page should carry:

1. Type of manuscript (Original/Review/Case)
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 50 characters;

4. The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
5. The name of the department(s) and institution(s) to which the work should be attributed;
6. The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript;
7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
8. Source(s) of support in the form of grants, equipment, etc.; and
9. If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.

### **Abstract Page**

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). Abstracts of case reports and review articles should not be structured. The abstract of all other manuscripts should be structured and state the Context (Background/ Aims, Settings and Design, Methods and Material, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 key word.

### **Introduction**

State the purpose of the article and summarize the rationale for the study or observation.

### **Methods**

Describe the selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail. Give references to established methods, including statistical methods; provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomised clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomisation, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT statement (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org>).

### **Ethics**

When reporting studies on human, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <http://www.wma.net/en/30publications/10policies/b3/>). Do not use patients' names, initials, or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anaesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA (animal) and ICMR (human). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

### **Statistics**

Whenever possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyse them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomising device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Use upper italics ( $P = 0.046$ ).

### **Results**

Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasise or summarise only important

observations.

### Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies.

In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

### Acknowledgements

As an appendix to the text, one or more statements should specify

1. contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair;
2. acknowledgments of technical help; and
3. acknowledgments of financial and material support, which should specify the nature of the support. This should be the last page of the manuscript.

### References

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as “unpublished observations” with written permission from the source. Contributors should obtain written permission and confirmation of accuracy from the source of a personal communication. The commonly cited types of references are shown here, for other types of references such as electronic media, newspaper items, etc. please refer <http://www.icmje.org>.

1. Standard journal article: Seshadri L, George SS, Vasudevan B, Krishna S. Cervical intraepithelial neoplasia and human papilloma virus infection in renal transplant recipients. Indian J Cancer 2001;38:92-5. List the first six contributors followed by et al.
2. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
3. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp465-78.

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

### Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations used in table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: \*, †, ‡, §, ||, . \*\*, ††, ‡‡

## Illustrations:

- **Images:** Submit good quality color images. Each image should be less than 100 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files.
- **Legends for Illustrations**  
Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

## Protection of Patients' Rights to Privacy

Identifying information should not be published in written descriptions, photographs, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent. Informed consent for this purpose requires that the patient be shown the manuscript to be published. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter.

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## Units:

Le Systeme internationale d'Unites (SI), are preferred. Equivalent values in traditional units may be given if thought to be necessary.

## Abbreviations and Symbols:

Use only accepted international abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is standard unit of a measurement.

## Galley Proofs & Reprints:

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corresponding author to respond promptly to any query from the editors as failure to do so may result in delay of publication or simply rejection of the article. Papers will be published only when the finally accepted manuscript approved by the corresponding author or designated corresponding author is received in the editorial office. If a manuscript is sent out for proofing and no response is received from the corresponding author, this manuscript will be deferred for one issue only. The proof will be then be resent after one month and if there is still no response, the paper may be withdrawn from the journal. If the editorial office is able to proofread the article and answer any outstanding queries, it will be at the Editorial Board's discretion to proceed with the publishing of the paper including a statement that this has not been proofread by the corresponding author. If there is substantial number of unresolved queries, then the paper may be withdrawn from the journal. Information for ordering reprints will be included when sending the galley proof and these must be ordered at this time, as they cannot be obtained after the journal is in-press.

## ■ **Protection of Patients' Right to Privacy**

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.

2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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