

# Endoscopy

*Endoscopy* is an international peer-reviewed monthly journal that publishes original contributions reporting new developments and therapeutic advances in gastroenterological endoscopy. Prospective studies, high quality systematic review articles and Innovations and brief communications are welcome. Submissions may be augmented by video material. Short case reports featuring a video may be submitted in the Endoscopy E-Video section (this section has its own submission site at: <https://mc.manuscriptcentral.com/e-videos>).

*Endoscopy* is indexed in MEDLINE, Current Contents (CM+LS), Science Citation Index, EMBASE/Excerpta Medica, and SCOPUS. Impact factor 2019: 7.341.

## General policy

Only papers of the highest scientific relevance that meet high linguistic standards will be accepted. The language of publication is English and manuscripts written by authors whose mother language is not English should be checked by an English native speaker before submission.

The editors decide upon acceptance, rejection or the need for revision, and reserve the right to make any necessary changes or shortening in consultation with the authors.

## Originality and overlap

Submission of a manuscript implies that it represents original material that has not been previously published and that it is not being considered or has been submitted for publication elsewhere (previous publication of any of the content, e.g. as an abstract, poster, etc. must be mentioned). Any overlap with previously published papers or with papers currently under consideration elsewhere must be declared by the authors in the cover letter upon submission.

## Patient identification

For publication of illustrations/photographs in which individuals can be identified, written consent of the person involved must be submitted to the publisher. Suitable forms can be downloaded from <http://www.thieme.de/endoscopy>. Please be careful: the legal criteria for unrecognizability are strict: it should not be possible for anyone near that person to identify the individual.

**Caution! All personal data relating to patient and/or examination (e.g. date, time, place, patient name, patient birth date, unique ID, examiner name or ID) must be removed from images and videos before submission. Findings/diagnoses and markings such as arrows are allowed. If your image or video contains technical parameters, please make sure that they consist only of complete, recognizable**

**data that are essential for understanding the image. All images and videos displaying unexplained letters or numbers will be rejected.**

## Authorship

The corresponding author must declare that the manuscript is submitted on behalf of all authors and that they have all participated in the work to be published in *Endoscopy*.

Submission of the manuscript implies that the authors accept the *Endoscopy* "Instructions for authors." The authors accept in advance any necessary editing of the manuscript (including figures).

Authors must give their written approval for final publication.

No more than two authors may be noted as having contributed equally. Only one corresponding author is permitted.

## Copyright

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## Ethics

In clinical or experimental studies with human participants, the study protocol must have been approved by the appropriate ethics committee. In the case of animal experiments, the appropriate animal protection regulations should be followed. Any potential conflict of interest should be declared on submission of the manuscript. A conflict of interest exists, for example, when one or more of the authors has a financial or personal connection that might influence their actions. Please see: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities-conflicts-of-interest.html>

## Clinical trial registration

*Endoscopy* requires that all clinical trials considered for publication in the journal have been registered in a clinical trial database. Approved registries are ClinicalTrials.gov ([www.clinicaltrials.gov](http://www.clinicaltrials.gov))

trials.gov) and the Primary Registries of the WHO Registry Network (please see list on <http://www.who.int/ictrp/network/primary/en/index.html>). Registration in other databases is not considered to sufficiently fulfil this condition.

*Endoscopy* will only consider papers reporting on clinical trials if the trials have been registered before the start of the study, that is, before enrolment of the first patient. The clinical trial number must be inserted at the end of the abstract.

## Manuscript types

Authors are invited to submit the following types of paper for consideration:

Original articles, Systematic reviews, Innovations and brief communications (IBCs), Letters to the editor/Letter replies, and E-Videos.

### Original articles

Original articles should present the results of original research. They should contain the following sections: structured abstract, introduction, patients/materials and methods, results, discussion, reference list, figure legends, tables. These sections should all be presented together in one Word file. Graphics, such as images and illustrations, should be uploaded in separate files

The abstract should be structured as follows:

- **Background and study aims:** one or two sentences outlining previous work in this area and defining the aims of the study.
- **Patients and methods:** relevant information on patients, study design (e.g. prospective or retrospective), analyses and outcome measures.
- **Results:** the primary and secondary outcome measures and most relevant results.
- **Conclusions:** one or two sentences with a clinical conclusion drawn from the study.

The main text should include:

- **Introduction:** The current state of knowledge is outlined and the purpose of the study is clearly stated.
- **Patients/Material and methods:** The methods should be described in such a way that they can be reproduced by an experienced reader. If the methods have been described in detail in previous publications, these may be referenced. In such cases, a brief but comprehensible description is sufficient. For clinical studies the study design must be stated explicitly (e.g. prospective, randomized, cohort, etc.) and also the method and details of patient enrolment must be given. Clinical trials should include registry information and the trial number. Patients, study period, interventions, study design, and analyses performed should be clearly stated. For prospective studies, a power analysis should be performed and outlined. Ethical considerations and challenges must be declared.
- **Results:** The results should be presented in a detailed but neutral manner. Interpretation of the results belongs in the Discussion section. The use of tables, figures and video clips

is encouraged, to contribute to a better understanding of the results.

- **Discussion:** In this section the most important results of the work are emphasized and discussed. Comments on the significance of the work and comparisons with results from other authors are included. The strengths and weaknesses as well as difficulties of the study should be mentioned here. In conclusion, the most important results of the work are summarized.

Length: abstract max. 250 words, main text max. 3500 words, tables and figures max 6, 35 references

### Systematic reviews

*Endoscopy* publishes systematic reviews in the field of endoscopy. The literature search should be conducted in MEDLINE and EMBASE at minimum. If controlled trials are sought, the Cochrane Central Register of Controlled Trials should be searched as well. Risk of bias of included studies should be systematically assessed, reported, and discussed. The abstract should contain a maximum of 250 words, the main text should have not more than 3500 words, and a total of 6 figures or tables are allowed. Additional references, tables, and figures should be published as supplementary material.

The <http://www.prisma-statement.org/PRISMAStatement/Checklist.aspx> Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Checklist should be included at the end of the manuscript. A full list and index of reporting guidelines can be found at <https://www.equator-network.org/library/>. These can be downloaded as Word documents that can then be included at the end of the manuscript.

Length: abstract max 250 words, 3500 words, tables and figures max 6, max 35 references

### Innovations and brief communications (IBCs)

Innovations and brief communications should present new techniques that are at various stages of development, ranging from animal experiments to case series at single centers at which the technique was developed. The diagnostic and therapeutic techniques presented should offer interesting and challenging approaches but will not have reached the status of being fully clinically assessed. IBC abstracts and the main text should be structured as for Original articles (please see above).

Length: Five pages max., abstract max. 200 words, main text max. 2000 words, 20 references

### Covid-19 communication

This section is intended for the presentation of brief observations/discoveries that do not warrant a full-length paper. Please be as precise as possible. 500 words, no abstract, up to five references.

### Currently suspended Cover image: Art in *Endoscopy*

Cover image: Art in *Endoscopy* aims to display examples of the incidentally beautiful images that are sometimes encountered in endoscopic practice. Each month, part of the selected image appears on the cover of *Endoscopy* and the complete image is

displayed inside the journal. Along with the image, submissions should include: a title that complements the image rather than explains it; a short figure legend; text, of less than 100 words, that explains the origin of the image and why it could be considered to be “art” and that links to the title; and the name, city, and country of the contributor.

The quality of an “Art in Endoscopy”-figure must be at least 2000 pixels in width (17.5 cm at 300 dpi) and 2500 pixels in height (25 cm at 300 dpi) without interpolation. As this figures are also used for the cover we need a very high resolution. No matter if the figure is landscape or portrait format but it’s important that both values for width and height are not undercut.

Structure:

- Title (incl. the phrase “Art in Endoscopy: xxx”)
- Authors incl. address and email for correspondence
- High resolution image and a legend
- Short text that explains the image, the setting of the shot, etc. = main text

## Letters to the editor

Letters to the editor should not contain unpublished data. They do not require an abstract. When submitting your manuscript, please enter “n/a” into the abstract field.

Length: max. 300 words, 5 references

## E-Videos

*Endoscopy E-Videos* is an open-access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. These papers (maximum 7 authors) include a high quality video and a short explanatory text. Only essential information on clinical features, diagnoses, and treatment should be included. E-Videos are submitted via <https://mc.manuscript-central.com/e-videos>

Length: 1 video (4 min. max), max. 300 words, 5 references, 6 images

## Format requirements

Please check the general requirements for publishing scientific articles with Thieme available at: <https://www.thieme.de/journal-authors>

Please note that the number of figures plus the number of tables must not exceed 6 in total.

Please limit supplementary material, if any, to data that are essential for a deeper understanding of the study.

- **Figures:** May be uploaded in the main document on first submission. For resubmissions, each figure should be uploaded separately as a \*.tif or \*.jpg file in a resolution of 300 dpi. Figure legends should be included at the end of the main document.
- **Tables:** Should preferably have a vertical (portrait) format and fit on one page. They should be inserted at the end of the main document in editable format.
- **References:** Only those articles cited in the paper may be included in the reference list. The references are indicated in the text, tables, and illustrations by arabic numbers in square brackets. References are listed in order of their cita-

► **Table 1** Examples of citations for Thieme journals.

Cited source	Example
Journal articles	Stadie AT, Patir R, Kato Y et al. Minimally invasive cerebral cavernoma surgery using keyhole approaches – solutions for technique-related limitations. <i>Minim Invas Neurosurg</i> 2009; 52: 9 – 16
Publications available only online (Epub only or Epub ahead of print)	Rygl M, Novotna J, Herget J et al. Parameters of healing in approximative intestinal anastomosis. <i>Eur J Pediatr Surg</i> ; DOI: 10.1055/s-2008-1039010 <b>or</b> Epub 2009 Feb 16
Books	Vaccaro AR, Albert TJ. <i>Spine surgery</i> . 2nd ed. Stuttgart: Thieme; 2009
Online source	Foley KM, Gelband H, editors. <i>Improving palliative care for cancer</i> . Washington: National Academy Press; 2001. Available from: <a href="http://www.nap.edu/books/0309074029/html/">http://www.nap.edu/books/0309074029/html/</a> . Accessed 2002 Jul 9

tion in the paper. For articles with more than four authors, the first three authors are given followed by “et al.” If possible, please use EndNote for reference management. An Endnote style file with the requested formatting can be downloaded under the following link: <https://www.thieme.de/journal-authors> (► **Table 1**).

- **Videos:** The following formats are acceptable: \*.avi, \*.mov and \*.mpg, file size max. 350 MB per video. The maximum length of the clip should not exceed four minutes. A legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).

## Publication of manuscripts immediately upon acceptance

*Endoscopy* offers its authors the option to have their manuscripts published immediately upon acceptance. This means that the unedited, unformatted version of the manuscript as it stands after peer review is published online, with a DOI. Authors wishing to make use of this service will be asked to upload “clean” versions of their manuscripts after every revision; this is a precondition for this service, as is the confirmation that the Copyright Transfer Agreement (CTA) will be signed upon receipt.

This service is offered for Original articles, Innovations and brief communications and Systematic reviews.

### Implications of “accepted manuscript” publication

Once the paper has been accepted, the last clean version of the manuscript, including **all metadata entered** during submission (title, abstract, author affiliations etc.), becomes the first version of the article to be published online. This means that no changes can be made to the submitted clean version as this version will be published as the “Accepted Manuscript”, should it

be accepted. Changes by the authors will only be possible subsequently in the proofs from the typesetters for correction. This means in detail:

- For all authors, the affiliation information entered **during submission** will be published.
- If an author is already in the system, please use “Edit” to update the address information if necessary.
- To facilitate the entry of co-author information, please use the “Quick Fill” option if applicable.
- The order of authors entered during submission will be the order of authors on the “Accepted Manuscript”.
- All authors named under step “Authors & Institutions” agree to the publication and signing of the CTA.
- The conflict of interest and funding information will be published as entered at the step “Details & Comments”.
- Clinical trial information will be published as entered at the step “Details & Comments”.

Instructions and further information are available during the submission process and upon request to the Editorial Office.

## Additional information

- **Acknowledgments:** This lists individuals who have made important contributions without meeting authorship criteria, as well as all independent organizations that financially supported the work.
- **Proofs:** Proofs are sent to the corresponding author. The corresponding author takes full responsibility for the correctness of the version released for printing (this applies particularly to amounts, units, references, etc.). The publisher reserves the right to charge the author for extensive or delayed corrections.
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- **Endoscopy homepage:** <http://www.endoscopy.thieme.com>

## Manuscript submission

**Online submission at <http://mc.manuscriptcentral.com/endoscopy>**

Authors need to have an account at ScholarOne to submit a manuscript to *Endoscopy*. In order to create an account, please click either on the “Create Account” link in the top right corner, or on the “Register here” link in the “New User?” section to the right of the “Log In” window.

It is very important that the details in the author accounts of the corresponding author, as well as all co-authors, are complete and up to date.

After you have created your account you will be able to access your Author Center to submit a new manuscript. Choose “Click here to submit a new manuscript”. Detailed instructions for each step are provided on the corresponding online page.

You can interrupt the submission process whenever you like. To resume where you left off, simply select the “Unsubmitted Manuscripts” section in the Author Center, and click the corresponding link in the “Continue Submission” column.

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