

# Endoscopy

## Instruction for authors

*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.

### Preprint Server Statement

*Endoscopy* encourages the submission of manuscripts that have been deposited in an initial draft version in preprint repositories such as Research Square, arXiv, and medRxiv. Drafts of short conference abstracts or degree theses posted on the website of the degree-granting institution, and draft manuscripts deposited on authors' or institutional websites are also welcome. All other prior publication is forbidden.

During submission, authors should (1) note use of the preprint repository in the cover letter, (2) state what adjustments and/or updates the draft has undergone between deposition and submission and (3) cite the preprint, including the DOI, as a reference in the manuscript.

After submission to the journal, and until a final decision has been made, authors are discouraged from depositing versions of their manuscript as preprints. Upon publication authors should add a link from the preprint to the published article. Twelve months after publication, authors can update the preprint with the accepted manuscript

## 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.

### Plagiarism Checks

All new and revised submissions are subject to screening via iThenticate (<https://www.ithenticate.com/>), a plagiarism detection tool used to assess the originality of a submitted work. If any overlap is identified, the results will be reviewed to assess whether it reflects legitimate reuse or requires further clarification. For further information, please refer to Thieme's policy on scientific misconduct (<https://www.thieme.com/en-us/journal-policies#5>).

### Patient identification

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### 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.

## ORCID

The submitting author is required to provide their ORCID iD (Open Researcher and Contributor iD, <https://orcid.org/>) during submission. For all other authors listed on the manuscript, we recommend linking their existing ORCID iD to their own user account in the submission system. If an author does not yet have an ORCID iD, we recommend creating one and linking it accordingly. Linking your ORCID ensures accurate author identification, improves discoverability and recognition of your research, and supports consistent attribution across publications.

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CRediT (Contributor Roles Taxonomy, <https://credit.niso.org/>) should be used to describe each author's contribution to the paper. During the submission process, authors will be asked to provide their CRediT roles via a dedicated section in the submission form. The corresponding author is responsible for accurately assigning contributions to each listed author. The assigned CRediT roles will be automatically combined and published as part of the manuscript.

## Authorship Change

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CRediT (Contributor Roles Taxonomy, <https://credit.niso.org/>) should be used to describe each author's contribution to the paper. During the submission process, authors will be asked to provide their CRediT roles via a dedicated section in the submission form. The corresponding author is responsible for accurately assigning contributions to each listed author. The assigned CRediT roles will be automatically combined and published as part of the manuscript.

## Important copyright information for authors

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### To summarize which material may not be used in your submission:

- Please do not use images that have already been published in books, magazines or electronic products (including websites)
- Please do not use images to which a third party additionally has rights of use (e.g. your employer)
- Please do not use even a small part of a third party image. Such images are not free from copyright protection even if they have been altered using a graphic editor
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- Please do not use any Industry photography
- Please do not use logos of institutions, manufacturers or any other branding

Please contact the Editorial Office ([endoscopy@eo.thieme.de](mailto:endoscopy@eo.thieme.de)) if you have any questions regarding the use of illustrations.

In order to ensure that your manuscript meets the formal requirements of the publishers, please consult *Author's Guidelines for Scientific Articles* available at <https://www.thieme.com/en-us/who-we-serve/authors/journals/prepare-your-manuscript>.

## 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)) and the Primary Registries of the WHO Registry Network (please see list on <https://www.who.int/clinical-trials-registry-platform/network/primary-registries>). 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), Endoscopy New Horizons, 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 <https://www.prisma-statement.org/prisma-2020-checklist> 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

### 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. Though shorter in length, publications in this category hold the same value as original articles. They are considered important contributions to the advancement of endoscopic practices. 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

### Endoscopy New Horizons

Endoscopy New Horizons articles serve as concise, newsworthy communications that highlight innovation, novel findings, and emerging medico-social developments in the field of endoscopy. These contributions often present preliminary data that support timely messages of relevance to clinicians and researchers.

Submissions should feature a clearly descriptive title and may list up to 6 authors, with any additional contributors grouped as corporate authors (e.g., ICB study group). While no abstract should be included, each article must begin with a single-sentence summary under the heading "What's New?", followed by a main text that naturally incorporates background context, brief methodology, key results, and interpretation without using section headings.

One supplementary file is permitted and should consolidate all additional methods, results, tables, and figures

Length: max. 1000 words, tables and figures max. 2 (in any combination), max. 10 references.

## 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. The article being referred to in the letter needs to be cited as the first reference.

Length: max. 300 words, 5 references

## E-Videos

Please see separat instructions for E-Videos at <https://endoscopy.thieme.com/de/instructions-and-forms>.

## Format requirements

Please check the general requirements for publishing scientific articles with Thieme available at: <https://www.thieme.com/en-us/who-we-serve/authors/journals>

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. Figures that are part of the supplementary material must also be uploaded separately as individual figure files. They must be referenced, and the corresponding figure legends must be included within the supplementary material file.
- **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 citation 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.com/en-us/who-we-serve/authors/journals/prepare-your-manuscript> (► **Table 1**). Authors are permitted to cite preprints under the conditions outlined below: Thieme follows recommendations of the NLM for citing preprints (<https://www.ncbi.nlm.nih.gov/books/NBK7264/#ch14.secCIE>). When citing a preprint, authors should include the following information: author names, title, indication that it is a preprint, preprint server name, date posted, date accessed, and DOI/URL. In line with good scientific practice, authors are required to verify at the article proof stage whether a

► **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 or Epub 2009 Feb 16
Preprints	Klebel T, Reichmann S, Polka J, et al. Peer review and preprint policies are unclear at most major journals [Preprint]. <i>OSF Preprints</i> . Posted January 10, 2023. Accessed March 31, 2024. doi:10.1371/journal.pone.0239518
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="https://www.nap.edu/read/10149/chapter/1">https://www.nap.edu/read/10149/chapter/1</a> . Accessed 2002 Jul 9

preprint has since been published and cite the published version.

- **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 (if the publication preference Open Access is chosen, the manuscript gets published only after payment of the APC has been confirmed). 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 need to confirm that the License to Publish (LTP) 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 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 version as this version

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

## Additional information

- **ScholarOne Prefill Tool:** During submission, authors will be offered the option to use the ScholarOne Prefill Tool to streamline the submission process. By including a well-structured title page (including the title, abstract, keywords, author names, affiliations, and funding details) as the first page of the non-anonymized main manuscript file, the tool is capable of automatically extracting this information to pre-fill the submission form, reducing manual entry and improving consistency. If you use the Prefill Tool, please review the populated fields carefully and make any necessary corrections to ensure all information is accurate.
- **Acknowledgments:** This lists individuals who have made important contributions without meeting authorship criteria, as well as all independent organizations that financially supported the work.
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## 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.

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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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