

The American Journal of GASTROENTEROLOGY

AIMS AND SCOPE: *The American Journal of Gastroenterology* publishes original articles, clinical and systematic reviews, correspondence, and brief reports on other clinical topics in gastroenterology. Articles are accepted for publication on the condition that they are submitted solely to *The American Journal of Gastroenterology*.

Published with practicing clinicians in mind, the journal aims to be easily accessible, organizing its content by topic, both online and in print. Topics include:

- Colon and Small Bowel
- Endoscopy
- Esophagus
- Functional GI Disorders
- Inflammatory Bowel Disease
- Liver
- Pancreas and Biliary Tract
- Pathology
- Pediatrics
- Nutrition/Obesity
- Stomach

AJG devotes itself to publishing timely medical research in gastroenterology and hepatology with:

- Original Research Articles
- Brief Communications
- Editorials
- Videos of the Month
- Images of the Month
- Clinical Reviews
- ACG Clinical Guidelines
- Supplements

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SUBMISSION: Manuscripts must be submitted online. For detailed instructions on uploading your manuscript, please read the submission instructions on *The American Journal of Gastroenterology* online submission site (<http://mc.manuscriptcentral.com/ajg>). Instructions for preparing manuscripts and art may be found below, under "General Manuscript Preparation."

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VISUAL ABSTRACTS: Visual abstracts summarize an article's main findings and may be published with the accepted article in the journal's online table of contents and/or used for promotion of your article. Authors are welcome to submit a visual abstract with their manuscript files. Please find a template with formatting instructions [here](#).

ARTICLE TYPES

ARTICLES: Although the Editors-in-Chief do not impose page or word limits on articles, they reserve the right to request that any text and/or information deemed non-essential be published online as supplementary material to the main article. In general, limit full-length articles to 3,000 words, not including references, tables, or abstract. Include a structured abstract of 250 words or fewer. All articles must include the following section headings:

- **Introduction:** the specific aim(s) and an *a priori* hypothesis must be stated.
- **Methods:** must include sufficient information by which to judge the quality of the research, including statistical analyses and study power where appropriate.
- **Results:** do not duplicate results presented in the text and tables.
- **Discussion:** consider including a brief statement of the principal findings, the strengths and weaknesses of the study, strengths and weaknesses in relation to other studies, a consideration of important differences in results, the meaning of the study, including possible explanations and implications for clinicians and policymakers, and a commentary considering unanswered questions and future research.

BRIEF COMMUNICATIONS: Brief communications or reports present a novel and impactful research finding in a focused way. Please limit text to 1000 words or fewer, excluding references and abstract. Include a structured abstract of 100 words or fewer, 15 references or fewer, and 3 or fewer total tables/figures/images. Only main section headings are allowed. Include a title page with COI information, but no study highlights.

EDITORIALS: Editorials will be paired with the most important articles and will be solicited at the provisional acceptance of an article. Unsolicited Editorials will not be considered. To submit a perspective for consideration, please see the Correspondence section.

REVIEW ARTICLE (NARRATIVE): *The American Journal of Gastroenterology* publishes substantive reviews on clinical and translational topics in gastroenterology and liver disease. All articles will be peer reviewed prior to consideration. Include an unstructured abstract of not more than 200 words. The main article should be not more than 3,000 words excluding references, figures and tables. The review should contain at least 2 and not more than 8 figures or tables.

REVIEW ARTICLE (SYSTEMATIC AND META ANALYSES): *The American Journal of Gastroenterology* publishes high-quality systematic reviews and meta-analyses in all topics of gastroenterology and liver disease. All articles will be peer reviewed prior to consideration. 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. The risk of bias of included studies should be systematically assessed, reported and discussed. Include a structured abstract of not more than 300 words. The main article should be not more than 3,000 words excluding references, figures and tables. The review should contain at least 2 and not more than 8 figures or tables.

CORRESPONDENCE: Correspondence will be considered in two formats: 1) a response to a previously published article in *The American Journal of Gastroenterology* and 2) small case reports. All correspondence should be no more than 500 words, with no more than 5 references and no abstract or study highlights. Please include a full title page with full COI information. Peer review of correspondence is at the discretion of the editors.

1. Correspondence that comments on recently published articles **must cite as a reference the article to which it pertains**. This is not a forum for authors to publish their own original research or data.
2. Correspondence that presents a case report of 1-3 patients must demonstrate novel physical, histologic, radiologic, serologic, or other findings that have the potential to significantly influence clinical practice or stimulate further research in the field. These may include 1-2 total images, figures, or tables. Informed patient consent must be confirmed on the title page, and, if your institution IRB requires approval for case reports, confirmation of that approval must be provided.

THE RED SECTION: The Red Section is comprised of brief, expert-written articles on clinically applicable topics. These are primarily solicited by the Editors, though direct submissions will be considered. Manuscripts submitted to other sections and found to be more appropriate for the Red Section may be transferred to this section upon author approval.

IMAGES OF THE MONTH: Image submissions should contain no more than 3 color or black and white images of 300 dpi resolution, submitted as separate TIF files. Do not embed images into your text document. Images containing patient identifiers will be immediately rejected. Images should be accompanied by a Word document containing a brief description of no more than 200 words. Include callout letters (a, b, c) in your description to relate appropriate text to each image. Submissions must include a full title page showing 1) author names and affiliations, 2) corresponding author contact information, 3) responses to the conflict of interest/study support items

described in this guide, and, most importantly, 4) a statement confirming that informed consent was obtained from the patient for the publication of their information and imaging. Please make sure similar images have not appeared in this journal in the previous 10 years. Do not include an abstract, references, image captions, or a study highlights section; these will not be published. Titles may be creative but should be sufficiently descriptive. Color image fees are not charged for this section.

VIDEOS OF THE MONTH: Video submissions should contain a video file of no more than 30 MB in .mp4 format. Please do not include text slides in your video. Audio narration in English is allowed, but please be sure that the spoken information also appears in your description text. As many as six (6) still color or black and white images of 300 dpi resolution from the video or from other imaging may be included, submitted as separate TIF files. Do not embed images into your text document. Images containing patient identifiers will be immediately rejected. Images should be accompanied by a Word document containing a brief description of no more than 300 words. Include callout letters (a, b, c) in your description to relate appropriate text to each image. Submissions must include a full title page showing 1) author names and affiliations, 2) corresponding author contact information, 3) responses to the conflict of interest/study support items described in this guide, and, most importantly, 4) a statement confirming that informed consent was obtained from the patient for the publication of their information and imaging. Do not include an abstract, references, image captions, or a study highlights section; these will not be published. Titles may be creative but should be sufficiently descriptive. Color image fees are not charged for this section.

GENERAL MANUSCRIPT PREPARATION

Manuscripts must be in English and typed double-spaced. The *American Medical Association Manual of Style* (10th edn.), *Stedman's Medical Dictionary* (28th edn.), and *Merriam-Webster's Collegiate Dictionary* (11th edn.) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical name, and do not abbreviate them (a proprietary name may be given only with the first use of the generic name). Trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in United States; city and country outside the United States) of manufacturers of drugs, supplies, or equipment cited in an article should be provided in parentheses.

TITLE PAGE: Please include the following: 1) the article title (not to exceed 150 characters), 2) all authors' names, degrees, affiliations, and locations, and the name and email address of the corresponding author, and 3) the word count (text only) of the submission. Please also include the author conflict of interest/study support items described in this guide. Please note that the running head for a manuscript on all pages after the title page will be the shortened manuscript title followed by an ellipsis.

PATIENT CONSENT: Images of the Month, Videos of the Month, and Correspondence containing case reports must include a truthful statement on the title page confirming that informed consent was obtained from the patient for publication of their information. No forms are required. Please also be sure that patient information in imaging is obscured.

STUDY HIGHLIGHTS: Only authors of original research Articles are required to include a Study Highlights section in their manuscript. The section should contain two headings: 1) WHAT IS CURRENT KNOWLEDGE and 2) WHAT IS NEW HERE. The items under each heading should be bullet points that are very short, i.e., up to about 15 words.

1. WHAT IS CURRENT KNOWLEDGE
 - Heartburn is common and costly.
 - The impact of reflux symptoms on mortality is poorly documented.
2. WHAT IS NEW HERE
 - Reflux symptoms appear not to be associated with a major increased risk of poorer survival.
 - Those with intermediate frequencies of reflux symptoms had better survival.
 - Gastroesophageal reflux symptoms are a benign condition in most sufferers

ABBREVIATIONS: Abbreviations should be defined at the first mention in the text and in each table and figure. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure.

UNITS: All measurements should be given in metric units.

REPRINTED MATERIAL: If a table, figure, or any other previously published material is included, the authors must obtain written permission to reproduce the material in both print and electronic formats from the copyright owner. The original source should be cited.

TABLES: Number tables consecutively with arabic numerals (1, 2, etc.). Each table should have a brief title (put explanatory information in a footnote, not in the title) and be self-explanatory; the table should not merely duplicate the text. The data should be logical and well organized so that it can be used to compare or classify related items. Provide tables in

Word format or similar, either as separately labeled files or at the end of your main manuscript document. If a table must be continued, use a second page and repeat the column headings. Tables should be set up such that when they are printed, they will not be wider than the width of one typed page (7 inches, or 180 mm).

IMAGES: Please submit production-quality artwork with your initial submission. Detailed guidelines for submitting artwork can be found at <http://www.nature.com/aj/artworkguidelines.pdf>. In general, images should be in EPS or TIF format with a minimum resolution of 300 dpi, and color images should be in CMYK. Do not embed images into a Word document. To avoid size reduction, crop out unnecessary areas and submit artwork sized to fit one column (87.5 mm) or, if necessary, two columns (180 mm). **For each image requiring color, there will be a \$376 charge for print reproduction.** This includes, but is not limited to, color photos, pathology slides, DNA panels, and immunofluorescence panels. **EXEMPT** from this charge are all images appearing in invited reviews, invited editorials, video of the month, image of the month, and all endoscopy-focused (original, red section, reviews, correspondence) articles. Multipanel images will be charged as one (1) image. All images will be reproduced in color for the online full-text version free of charge, as long as production-quality image files are provided. If your article contains images affected by this policy, a detailed form will be provided to you upon manuscript acceptance for documentation of your preferences.

FIGURES: Please see the guidelines referenced in the Images section. In general, figures should be in EPS or TIF format at 1000 dpi or higher. Most figures should be presented at one-column width. Authors are strongly encouraged to submit figures (flowcharts, line and bar graphs) in grayscale format. **For each figure requiring color, there will be a \$376 charge for print reproduction.** For labels, use a sans-serif font, preferably 8-point Helvetica or Arial. Figure parts should be labelled a, b, c, etc. For more on labeling, see the artwork guidelines. Figure legends should be submitted in a list at the end of the manuscript. Each legend should begin with a brief, overall description of the figure before going on to identify parts (a, b, c, etc.). Indicate the meaning of all symbols, keys, and abbreviations used in the figure. If the figure is being reprinted from another source, include the credit line in the legend.

REFERENCES: All references (published and in press) should be numbered consecutively and listed in the order in which they are referred to in the text of the manuscript. (Unpublished sources such as "personal communication" and manuscripts "in preparation" should not appear in the reference list; instead, cite them in the text in parentheses.) The references should be typed double-spaced, and abbreviations of journal titles must conform to those used in Index Medicus of the National Library of Medicine. The format should conform to the examples listed below.

An article with three or fewer authors:

- Smuts HE, Kannemeyer J. Genotyping of hepatitis C virus in South Africa. *J Clin Microbiol* 1995;33:1679–81.

An article with more than three authors:

- Schindlbeck NE, Ippisch H, Klausner AG et al. Which pH threshold is best in esophageal pH monitoring? *Am J Gastroenterol* 1991;86:1138–41.

A book:

- Reuter SR, Redman HC. *Gastrointestinal Angiography*, 2nd edn. WB Saunders: Philadelphia, 1977.

A chapter in a book:

- McAuliffe OE, Klaenhammer TR. Genomic perspectives on probiotics and the gastrointestinal microflora. In: Tannock GW (ed). *Probiotics and Prebiotics: Where Are We Going?* Caister Academic Press: Norfolk, UK, 2002, pp 263–309.

CHECKLISTS: Please complete the required checklist depending on the type of article that is being submitted. The majority of this information is obtained from the EQUATOR network (www.equator-network.org). If your study design is not represented here please go to this website as guidance for quality reporting of other study designs. We recommend that you visit this website before submitting your work to AJG as it has useful guidance for authors.

- 1 Randomized controlled trial (CONSORT) — www.consort-statement.org/consort-statement/
- 2 Cluster randomized controlled trial (CONSORT extension) — www.consort-statement.org/extensions/designs/cluster-trials/
- 3 Equivalence or non-inferiority randomized controlled trials (CONSORT extension) — www.consort-statement.org/extensions/designs/non-inferiority-and-equivalence-trials/
- 4 Non-pharmacological randomized controlled trials (CONSORT extension) — www.consort-statement.org/extensions/interventions/non-pharmacologic-treatment-interventions/
- 5 Herbal medicine randomized controlled trial (CONSORT extension) — www.consort-statement.org/

- statement.org/extensions/interventions/herbal-medicinal-interventions/
- 6 Randomized trial reporting harms (CONSORT extension) — www.consort-statement.org/extensions/data/harms/
 - 7 Observational studies (cohort, case control and cross-sectional studies) in epidemiology (STROBE) — www.strobe-statement.org/index.php?id=available-checklists
 - 8 Genetic association studies (STREGA) — www.med.uottawa.ca/public-health-genomics/web/eng/strega.html
 - 9 Tumor marker prognostic studies (REMARK) — www.equator-network.org/resource-centre/library-of-health-research-reporting/reporting-guidelines/remark/
 - 10 Diagnostic accuracy studies (STARD) — www.stard-statement.org/
 - 11 Systematic reviews and meta-analyses of randomized controlled trials (PRISMA) — www.prisma-statement.org/statement.htm
 - 12 Systematic reviews and meta-analyses of observational studies (MOOSE) — www.ncbi.nlm.nih.gov/pubmed/10789670
 - 13 Systematic reviews and meta-analyses of genetic association studies (HuGenET) — www.hugenet.org.uk/index.html
 - 14 Qualitative research (COREQ) — www.ncbi.nlm.nih.gov/pubmed/17872937
 - 15 Quality improvement studies (SQUIRE) — www.squire-statement.org/guidelines
 - 16 Cost-effectiveness analyses (Panel on Cost-Effectiveness in Health and Medicine-) — www.ncbi.nlm.nih.gov/pubmed/8861994
 - 17 Economic evaluation for trial-based studies and decision analytic models — www.ncbi.nlm.nih.gov/pubmed/15921055
 - 18 Animal research (ARRIVE) — <http://www.nc3rs.org/ARRIVE>

SUPPLEMENTARY MATERIAL

Supplementary material is peer-reviewed material directly relevant to the conclusion of an article that is posted on the journal's website and linked to the article when the article is published, and may include data files, graphics, videos, or extensive tables. Video clips are particularly encouraged. Refer to each item in the article, e.g., "See Supplementary Figure 1." The published article must be complete and self-explanatory without the supplementary information. Supplementary material enhances a reader's understanding of the paper but is not essential to that understanding. Supplementary material must be supplied to the editorial office in its final form for peer review.

Authors are encouraged to provide supplementary material in a single PDF file. Exceptions to this include Excel files, videos, audio and any other items that cannot be reduced to a flat file format. Please provide titles for each and include captions or legends under each figure or table. These additional files, however, should be mentioned in the PDF (as Supplementary Video 1, for example). Detailed guidelines on acceptable file formats can be found here: <http://www.nature.com/aj/artworkguidelines.pdf>.

Please check the final version carefully, as supplementary information cannot be modified by authors after acceptance and is not copyedited by the journal. Publication may be delayed if these guidelines are not followed. There is a file size limit of 30 MB for the supplementary material PDF file.

Please note: We do not allow the resupplying of Supplementary Information files for style reasons after a paper has been exported in production, unless there is a serious error that affects the science and, if by not replacing, it would lead to a formal correction once the paper has been published. In these cases we would make an exception and replace the file; however there are very few instances where a Supplementary Information file would be corrected post publication.

CONFLICT OF INTEREST AND ETHICS POLICY

It is the policy of *The American Journal of Gastroenterology* to avoid actual or perceived conflicts of interest among the Editors-in-Chief, Associate Editors, Editorial Board, publisher, authors, reviewers, and the material published in the Journal. The Journal employs a multifaceted strategy to protect against actual and perceived conflicts of interest and to enforce publishing ethics. The fundamental underpinnings of these policies are complete disclosure and rigorous peer review. Actual or potential conflicts of interest should be made public and accessible to the editorial staff and the readership of the Journal.

THE AMERICAN JOURNAL OF GASTROENTEROLOGY CONFLICTS OF INTEREST: A conflict of interest occurs with respect to *The American Journal of Gastroenterology* ("Journal") when there is a divergence between the private interests of an individual member of the editorial organization and his or her professional obligations to the Journal such that an independent observer might reasonably question whether the editorial process, including whether published original research or other actions taken by the individual, may have been influenced by consideration of a

significant financial conflict of interest. Conflict of interest depends on the situation and may not be based on the character or actions of an individual.

The mere appearance of a conflict of interest may be just as serious and potentially damaging as an actual lack of objectivity with respect to the content and reputation of the Journal. Apparent conflicts of interest should be evaluated and managed with the same degree of consideration as with known conflicts of interest.

Significant Financial Interest

The following financial interests or commercial relationships for the past five years should be disclosed:

- A. **Employment or leadership position**—Any full- or part-time employment or service as an officer or Board member for an entity having an investment, licensing, or other commercial interest in the subject matter under consideration, including but not limited to pharmaceutical or device companies, as well as all for-profit companies that work for or with pharmaceutical and/or device companies, must be disclosed.
- B. **Advisory role**—Consultant or advisory arrangements with an entity having an investment, licensing, or other commercial interest in the subject matter under consideration must be disclosed if consultation was performed or payments made for such consultation. This also includes any paid or unpaid working relationship with any venture capital, investment banking, or other company which anticipates response to or makes recommendations which may be influenced by internal knowledge of specifics on company research, marketing, FDA filings, or the like.
- C. **Stock ownership**, including warrants, stock options, profits interests, partners, joint members, or other relationships which could result in a potential financial interest or benefit at some time in the future must be disclosed if the company is an entity having an investment, licensing, or other commercial interest in the subject matter under consideration. This includes any ownership interest (except when invested in a diversified fund not controlled by the covered individuals) in a start-up company, the stock of which is not publicly traded, or in any publicly traded company, including but not limited to pharmaceutical or device companies, as well as all for-profit companies that work for or with pharmaceutical and/or device companies.
- D. **Research funding**—All payments associated with conduct of clinical research project in question must be disclosed if provided by the trial sponsor or agents employed by the sponsor.
- E. **Expert testimony**—Provision of an expert testimony must be disclosed when the testimony is related to the subject matter under consideration.
- F. **Honoraria and other remuneration**—Payments in excess of \$15,000 by a single commercial entity over the previous five years for specific speeches, seminar presentations, or appearances. Disclosure of honoraria, trips, travel, gifts, or other in-kind payments not directly related to research activities is required when paid directly to the covered individual by an entity having an investment, licensing, or other commercial interest in any subject matter under consideration or which might arise in the presentation or questions of the activity or subject matter in question. *De minimus* payments totaling less than \$100 are excluded from disclosure requirements.

Personal or Professional Relationship

While in many cases relationships between editors and particular institutions and investigators or authors will be obvious, in addition to disclosure of the significant financial interests noted above, Editors-in-Chief and Associate Editors must disclose any relationship to an institution or investigator on any submissions that they are called on to review.

Management Strategies for Journal Conflicts of Interest

While disclosure and peer review remain the most important tools to protect against conflicts of interest and impropriety, the necessary strategies for managing actual or potential conflicts of interest will vary depending on whether the actual or potential issues that arise are related to the identity of the editor, reviewer, or submitting author.

Editors-in-Chief and Associate Editors

Appointment and Renewal Process; Publication of Disclosure

1. Full disclosure of actual and potential conflicts going back five years must be made to the decision-making body at the time of appointment as an Associate Editor.
2. Annual updates of disclosure information, going back five years, will be posted on the Journal website and made otherwise publicly available as deemed appropriate. Failure to provide the disclosure

forms will prohibit participation in editorial activity of the Journal until such time as the disclosure forms are updated.

- Completed disclosures for the Editors-in-Chief and the Associate Editors shall be published on the Journal website.

REVIEWING AND EDITING PROCESS: With respect to reviews of submissions to the Journal, any level of involvement with an author, investigator, institution, or commercial entity must be disclosed to the Editors-in-Chief. If the actual or potential conflict involves both Editors-in-Chief, the disclosure should be made to a Senior Associate Editor. Upon disclosure of a conflict, actual or potential, the following steps will be taken:

- The Editor-in-Chief or Associate Editor will identify a coeditor without a conflict who can review the submission(s) at issue.
- If the Associate Editor continues in any review role with respect to the particular submission, he or she should be recused from chairing a review or decision-making process.
- At the time of decision-making regarding acceptance of the submission by the full editorial staff, the disclosure of actual or potential conflict should again be made.
- The reviewer shall be recused from the final decision-making process.

REVIEWER CONFLICT OF INTEREST

- Reviewers must disclose all actual and potential conflicts at the time of submission of their reviews.
- Editors will review and evaluate all reviewer conflict disclosures at the time of Editorial Board selection process.

Whether or not a reviewer is also part of the editorial team, the mechanisms for handling actual or potential conflicts that arise as from a particular submission may include, but are not limited to, the following:

- Disclosure of the existence of a conflict, actual or potential, to the Editor-in-Chief or one of the Associate Editors, who will make a determination as to whether the reviewer should be permitted to continue in that role for the particular submission in question.
- If the reviewer continues in the role with respect to the particular submission, he or she should be recused from chairing a review or decision-making process.
- At the time of decision-making regarding acceptance of the submission by the full editorial staff, the disclosure or actual or potential conflict should again be made.

AUTHOR CONFLICT OF INTEREST/STUDY SUPPORT: Authors submitting work for publication in the Journal, including those writing correspondence are required to submit a conflict of interest disclosure. Review of a submission for publication will not commence and publication will not be permitted unless and until said disclosure is submitted. If there is no actual or potential conflict, the author must indicate such. On your title page, please include a section with the following headings:

- Guarantor of the article:** Identify the author who is accepting full responsibility for the conduct of the study. He or she must have had access to the data and have control of the decision to publish.
- Specific author contributions:** List the role played by each author, e.g., in planning and/or conducting the study, collecting and/or interpreting data, and/ or drafting the manuscript. For each author, there should also be a statement that he or she has approved the final draft submitted.
- Financial support:** Disclose funding sources for the publication. Describe the role of any study sponsors in the study design, collection, analysis, and interpretation of the data and in the writing of the report. If there was funding but the work was independent of it, this must be specifically stated. (Other types of assistance—i.e., non-financial—may be acknowledged in an Acknowledgments section in the text.)
- Potential competing interests:** List all potential conflicts or state “None.”

PLAGIARISM AND DUPLICATE PUBLICATION: Plagiarism is when an author attempts to pass off someone else’s work as his or her own. Duplicate publication, sometimes called self-plagiarism, occurs when an author reuses substantial parts of his or her own published work without providing the appropriate references. Minor plagiarism without dishonest intent is relatively frequent, for example, when an author reuses parts of an introduction from an earlier paper. Papers must be original and not published or submitted for publication elsewhere. This rule also applies to non-English language publications.

NPG journals use CrossCheck, a plagiarism detection software tool, to identify instances of overlapping and similar text in submitted manuscripts. CrossCheck is a multi-publisher initiative to screen published and submitted content for originality. To find out more about CrossCheck visit www.crossref.org/crosscheck.html.

If a case of plagiarism comes to light after a paper is published, the Journal will conduct a preliminary investigation, utilizing the guidelines of the [Committee on Publication Ethics](#). If plagiarism is proven, the journal will contact the author’s institute and funding agencies as appropriate. The

paper containing the plagiarism may also be formally retracted or subject to correction.

INVESTIGATIONS INVOLVING HUMAN SUBJECTS: All papers on clinical research that involves human subjects must be accompanied by evidence of Institutional Review Board or Ethics Committee Review. The date the project was approved, when available, should be included in the text of the paper.

RESEARCH DATA POLICY: We strongly encourage that all datasets on which the conclusions of the paper rely should be available to readers. We encourage authors to ensure that their datasets are either deposited in publicly available repositories (where available and appropriate) or presented in the main manuscript or additional supporting files whenever possible. Where one does not exist, the information must be made available to referees at submission and to readers promptly upon request. Any restrictions on material availability or other relevant information must be disclosed in the manuscript’s Methods section and should include details of how materials and information may be obtained. Please see the journal’s guidelines on Research Data policy [here](#).

CLINICAL TRIALS REGISTRATION: All clinical trials, regardless of origin, should be registered prior to the first patient enrollment to a registry deemed acceptable by the WHO. All submissions of such should have the registry name and number on the title page. Please submit the CONSORT checklist where applicable (link on page 3 of this guide).

CONTINUING MEDICAL EDUCATION (CME)

Each month the Journal will contain exams pertaining to articles that appear that month. Follow the directions to receive CME credit.

OPEN ACCESS

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Please note with regards to payment that usual credit terms are 30 days from receipt of invoice. Failure to pay your invoice within the stated credit term may result in the Open Access status of the paper being rescinded, with the paper being placed behind the paywall. You may also be subject to such penalties as restrictions on your ability to publish with Nature Publishing Group in the future, involvement of a third party debt collection agency and legal proceedings.

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For editors and reviewers to accurately assess the work presented in your manuscript you need to ensure the English language is of sufficient quality to be understood. If you need help with writing in English you should consider:

- Asking a colleague who is a native English speaker to review your manuscript.
- Visiting the [English language tutorial](#) which covers the common mistakes when writing in English.
- Using a professional language editing service where editors will improve the English to ensure that your meaning is clear and identify problems that require your review. Two such services are provided by our affiliates [Nature Research Editing Service](#) and [American Journal Experts](#).

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If your manuscript is accepted it will be checked by our copyeditors for spelling and formal style before publication.

CONTACT INFORMATION

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MANAGING EDITOR: Lindsey Topp, ltopp@qi.org

BUSINESS: All business correspondence and inquiries should be addressed to: *American Journal of Gastroenterology*, Nature Publishing Group, The Macmillan Building, 4 Crinan Street, London, N1 9XW, UK. Tel: +44 (0) 207-843-3634 Fax: +44 (0) 207-843-4839

PUBLISHING MANAGER: Lucinda Haines, lhaines@nature.com

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