AIMS AND SCOPE: Clinical & Translational Gastroenterology (CTG), published on behalf of the American College of Gastroenterology (ACG), is a peer-reviewed open access online journal dedicated to innovative clinical work in the field of gastroenterology and hepatology. CTG hopes to fulfill an unmet need for clinicians and scientists by welcoming novel case series and cohort studies, early-phase clinical trials, qualitative and quantitative epidemiologic research, hypothesis-generating research, studies of novel mechanisms and methodologies including public health interventions, and integration of approaches across organs and disciplines. CTG also welcomes hypothesis-generating small studies, methods papers, and translational research with clear applications to human physiology or disease.

CTG publishes:
- Original research articles
- Review articles
- Case series
- Letters to the Editor
- Translational Medicine: From Bench to Bedside
- Primers in Clinical & Translational Research
- Gut Instincts: My Perspective
- Editorials

On subjects including the following:
- Colon and small bowel
- Endoscopy and novel diagnostics
- Esophagus
- Functional GI disorders
- Immunology of the GI tract
- Microbiology of the GI tract
- Inflammatory bowel disease
- Pancreas and biliary tract
- Liver
- Pathology
- Pediatrics
- Preventative medicine
- Nutrition/obesity
- Stomach

SUBMISSION: Manuscripts must be submitted online. Instructions for preparing manuscripts and art may be found below, under “General Manuscript Preparation,” as well as on the submission site (mc.manuscriptcentral.com/ctg), and information about article processing charges can be found below.

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ARTICLE TYPES

ORIGINAL 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. All original manuscripts 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 itself and 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 policy-makers, and commentary considering unanswered questions and future research.

Translational impact: if your manuscript is pre-clinical, briefly explain how the results may impact future clinical practice.

EDITORIALS: Editorials will be paired with select 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 Letters to the Editor or Gut Instincts sections. Editorials require a short (fewer than 100 words) abstract and must consist of no more than 1,000 words excluding references.

NARRATIVE/CLINICAL REVIEWS: Clinical & Translational Gastroenterology publishes standard narrative reviews on GI and hepatology topics with translational value to clinicians. Special priority is given to emerging or rapidly evolving topics. These articles should have:

- 3,500 words or fewer, excluding abstract/references
- unstructured abstract of 200 words or fewer
- figures/tables/images encouraged (8 maximum)

SYSTEMATIC REVIEWS AND META-ANALYSES: Clinical & Translational 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. These articles should have:

- 3,500 words or fewer, excluding abstract/references
- Structured abstract of 250 words or fewer
- figures/tables/images encouraged (8 maximum)

LETTERS TO THE EDITOR: Letters to the editor should regard published articles or reviews, or be a general comment about an issue relevant to the field. The letter will be handled by the Associate Editor in charge of the previous article. Peer review of letters will be at the discretion of the Editor. Letters should be no more than 400 words and must cite the article to which it pertains.

GUT INSTINCTS: MY PERSPECTIVE: This personal perspective column should discuss any topic related to medicine that is of importance to the author, including, but not limited to, the history of medicine, evolving treatments of uncommon disorders, teaching, ethics, gender issues, physician well-being, the evolution of medicine and science, or the politics of medicine. No abstract is required. Please limit words to 1,000 or fewer.

TRANSLATIONAL MEDICINE: FROM BENCH TO BEDSIDE: This column summarizes 2-5 basic science articles relevant to a specific area of interest that have the potential to influence clinical medicine in the years to come. Authors summarize the articles, describe the methods, and succinctly comment on why each article will likely influence clinical practice. They may address the articles separately or as part of a combined narrative. These columns should help the practicing gastroenterologist understand the basic science concepts underlying common conditions. They should have:

- 1,000 words or fewer
- No abstract
- Headers as needed
- Figures/tables/images allowed (4 maximum)

PRIMERS IN CLINICAL AND TRANSLATIONAL RESEARCH: This column serves as research design introduction series, explaining best practices for how to conduct and interpret research techniques both new and old, including commonly observed mistakes. The primer series will help non-research clinicians better interpret studies, help researchers write better papers, and provide a refresher for everyone interested in research methods. Each article will focus on one method or technique, and will include the following components:

- Introduction of why topic is necessary/important
- Walk reader through topic in step wise fashion (“how-to” style)
- Highlight examples when possible
- Discuss commonly observed mistakes/misunderstandings
- One or two take home points

The article should have:

- 1,000 words or fewer
- an unstructured abstract of 100 words or fewer
- figures/tables encouraged (4 maximum)

CASE SERIES: Case series describing multiple patients with a similar condition and cohort studies will be considered. Series must include sufficient patients to draw valid conclusions regarding rare/unique features of the condition, diagnosis, and/or treatment. Decisions will be made based on subject matter, relevance, novelty, and quality of research. Please limit words to 2,000 or fewer, and provide a brief unstructured abstract, references, and tables/figures as needed.
Manuscripts must be in English and typed double-spaced. Any major word processing software may be used, and both DOS-based and Macintosh operating systems are acceptable. Please note all checklists required under Instructions and Forms. The American Medical Association Manual of Style (9th ed.), Stedman’s Medical Dictionary (28th ed.), and Merriam-Webster’s Collegiate Dictionary (11th ed.) 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) a short title (running head) of no more than 50 characters, 3) all authors’ names, degrees, affiliations, and locations, and the name and addresses (postal and e-mail) of the corresponding author, and 4) the word count (text only) of the submission. Please also include the author conflict of interest/study support items described on page 2 of this guide.

Abstract: Original contributions, RCTs, and systematic reviews should contain a structured abstract of no more than 250 words. This structured abstract should include a fifth section labeled Translational Impact, in which you describe in 1-2 sentences the possible impact of this translational work on clinical gastroenterology care. Narrative reviews should contain an unstructured abstract of no more than 200 words. Letters, Translational Medicine, Gut Instincts, and manuscripts should not contain an abstract.

Study Highlights: Only authors of Original Articles are required to include a Study Highlights section in their manuscript. The section should contain three headings: 1) WHAT IS CURRENT KNOWLEDGE, 2) WHAT IS NEW HERE, and 3) TRANSLATIONAL IMPACT. The items under each heading should be bullet points that are very short, i.e., up to about 15 words. For example:

Study Highlights
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.

3. TRANSLATIONAL IMPACT
   • If your manuscript is pre-clinical, briefly explain how the results may impact future clinical practice.

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.

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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). There are no charges for color reproduction of images.

Figures: Please see the guidelines referenced in the Images section. In general, figures should be in EPS or TIF format with layered content not flattened, and line charts at 1000 dpi or higher. Most figures should be presented at one-column width. There are no charges for color reproduction of figures. For labels, use a sans-serif font, preferably 8-point Helvetica or Arial. Figure parts should be labeled 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:
Clinical & Translational Gastroenterology
Guide to Authors

An article with more than three authors:

A book:

A chapter in a book:

Checklists: Please complete the required checklist depending on the type of original 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 presented on this website. We recommend that you visit this website before submitting your work to CTG 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/
5. Herbal medicine randomized controlled trial (CONSORT extension) — www.consort-statement.org/extensions/interventions/herbal-medicinal-interventions/
6. Randomized trial reporting harms (CONSORT extension) — www.consort-statement.org/extensions/data/harms/
10. Diagnostic accuracy studies (STARD) — www.stard-statement.org/
15. Quality improvement studies (SQUIRE) — www.square-statement.org/guidelines
18. Animal research (ARRIVE) — 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.

Supplementary material should be cited in the article text as “Supplementary Figure 1, Supplementary Figure 2, etc.,” “Supplementary Table 1, Supplementary Table 2, etc.” or “Supplementary Materials and Methods, etc.” 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 on page 2 of this document.

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- Asking a colleague who is a native English speaker to review your manuscript for clarity
- Visiting the English language tutorial, which covers 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 to 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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EDITORIAL POLICIES

Conflicts of Interest

It is the policy of Clinical & Translational 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.

A conflict of interest occurs with respect to Clinical & Translational 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.

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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 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.

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

Review 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:

1. The Editor-in-Chief or Associate Editor will identify a coeditor without a conflict who can review the submission(s) at issue.

2. 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.

3. 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.

4. The reviewer shall be recused from the final decision-making process.

Reviewer Conflict of Interest

1. Reviewers must disclose all actual and potential conflicts at the time of submission of their reviews.

2. 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:

1. 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.

2. 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.

3. 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.

Author Conflict of Interest/Study Support

Authors submitting work for publication in the Journal, including those writing letters to the editors or editorials, 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. Following the references, all articles must 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.

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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](http://wwwpublicationethics.org/). 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, Ethics Approval, and Informed Consent**

All papers on clinical research that involves human subjects must be accompanied by evidence of Institutional Review Board or Ethics Committee Review, identify the committee approving the experiments, and include a statement confirming that informed consent was obtained from all subjects. The date the project was approved, when available, should be included in the text of the paper.

**Experiments Involving Animals**

For primary research manuscripts reporting experiments on live vertebrates and/or higher invertebrates, the corresponding author must confirm that all experiments were performed in accordance with relevant guidelines and regulations. All manuscripts reporting animal research must be written up in accordance with the ARRIVE (Animal Research: Reporting In Vivo Experiments) guidelines – see [http://www.nc3rs.org/ARRIVE](http://www.nc3rs.org/ARRIVE). The manuscript must include in the Supplementary Information (methods) section (or, if brief, within of the print/online article at an appropriate place), a statement identifying the institutional and/or licensing committee approving the experiments, including any relevant details regarding animal welfare, patient anonymity, drug side effects and informed consent.