

Journal of Gastrointestinal and Abdominal Radiology

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 - Must be digital - hard copy submissions are not accepted
 - **Must have all their lines numbered using the Line Numbering Option in MS Word.**
- ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limit
- REFERENCES**
 - Cited sequentially in AMA style
- FIGURES AND TABLES**
 - Cited sequentially and included in the main document
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MANUSCRIPT FORMAT:

Article Types

All manuscripts submitted shall undergo full double- blinded peer-review. The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Word limit	Keywords Limit	Title Limit	Tables/Figures Limit	Author Limit	References Limit
Original research	300	4,500	6	None	20	6	90
Review	300	4,500	6	None	20	6	90
Pictorial essay	None	3,000	6	None	20	6	40
Systematic review and Meta-analysis (original research)	300	4,500		None		6	90
Case-in-discussion. Radiology with pathological and surgical correlation	250	2,500	6	None	20	6	20
Case-in-discussion. Missed Diagnosis	250	2,500	6	None	20	6	20
Technical Hints – How I do it	None	2,500	6	None	20	N/A	20
Case reports	250	2,500	6	None	20	6	20
Short communication	None	2,000	6	None	None	6	20
Point and counterpoint	None	3,000	6	None	20	6	40
Editorial	N/A	2,000	N/A	None	N/A	N/A	N/A
Letter to Editor	N/A	1,000	N/A	None	2	3	5
Annual meeting abstract	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guidelines and recommendations	300	4,500	6	None	20	6	90
Healthcare ethics and economics	None	2,000	6	None	None	6	20

- **Original Article** may include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate.

- **Review article** includes analysis of recent developments (past 1- 4 years) on a specific topic as reported in the literature. The authors are invited to comment on the state of the field to date and speculate on possible future directions, supported by references.
- **Systematic reviews and Meta-analyses** should follow the PRISMA guidelines for structure and reporting as recommended by the EQUATOR network. You must include a completed PRISMA checklist within your submitted materials. The abstract (300 words) should be structured using the following subheadings, outlining the research question(s) and methodology:
 - Objectives
 - Methods
 - Results
 - Conclusions

Advances in knowledge: Advances in knowledge should be one or two sentences describing why the paper is novel and what it adds to the current research in that field.

Authors are encouraged to include supplementary material for Systematic reviews, when appropriate. This will help with meeting the requirements of PRISMA for example, providing data extraction tables or list of excluded studies and reasons for exclusion, without detracting from the key details and message in the manuscript.

- **Pictorial Essay** should aim to provide an up-to-date visual portrayal of a topical issue, having particular educational value with a short description of the images. This is an image based-article where text is kept to a minimum.
- **Guidelines and recommendations** should provide evidence based guidance for clinical practice that facilitate appropriate, efficient, best-outcome and cost-effective health care for patients.
- **Case in discussion** is a detailed analysis of a case which is of a unique condition or nature or where the radiological diagnosis was missed or difficult with step by step explanation and detailed surgical and pathological correlation with images.
- **Point and counterpoint** are paired articles (usually invited) with opposing points of view about a certain concept
- **Case Report** contains either a series of cases or more condensed information on clinical or experimental studies. Reports on single cases can be considered if they contain exceptional observations of general relevance.
- **Letter to the Editor** will usually address articles published in the journal or comment upon recent scientific advances of general interest.
- **Healthcare Ethics** provide information about ethical issues in the practice of medicine and medical publications. Healthcare economics elaborate on issues related to efficiency, effectiveness, value and behavior in the production and consumption of health and healthcare.

General Guidelines

- You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to “design” the document.
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- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
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- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as “Supplementary Material” and will be published only online (not in print).

Title Page

- This journal adheres to a double-blinded peer-review policy. The title page should not be included in the main document.
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Abstract and Keywords

See the section Article Types for word limits.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be words a reader would be likely to use in searching for the content of the article.

Main Document

- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
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- Use only one space, not two, after periods.
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Acknowledgments

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References

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 7. Citing a symposium article:

Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

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- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions. **For facilitating the peer review process, all figures should have their figure legends set below them and should be either present in the main manuscript file or uploaded as a separate word document. Also, please upload the high-resolution version of the figures separately on the portal for publication purposes.**
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

DIGITALARTWORKPREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF or JPEG format.
- Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
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- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

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- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

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Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

Type of Study	Guidelines
Randomized controlled trials	CONSORT
Studies of diagnostic accuracy	STARD
Systematic reviews and meta-analyses	QUOROM/PRISMA
Observational studies in epidemiology	STROBE
Meta-analyses of observational studies in epidemiology	MOOSE

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Please contact the Editors with any questions.

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