Thank you for contributing to The Journal of Coloproctology. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

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SUBMISSION CHECKLIST
All manuscripts must be submitted at the following link: [https://www.editorialmanager.com/jcol](https://www.editorialmanager.com/jcol)

- **AUTHOR INFORMATION**
  - All authors: full name, degrees, department, affiliation, e-mail address
  - Corresponding author: mailing address, telephone number

- **MANUSCRIPT FILE**
  - Must be digital - hard copy submissions are not accepted

- **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

- **ART FILES**
  - Must be saved separately from the main document

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  - Patient permission form forms available at [www.thieme.com/journal-authors](http://www.thieme.com/journal-authors)

- **ETHICAL POLICIES & CONFLICT OF INTEREST**
  - Authors are required to disclose any conflict of interest as per ICMJE COI guidelines and form
  - Declaration to be accompanied with studies involving human or animal participants
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The Journal of Coloproctology (JCOL) publish articles that contribute to the improvement and the development of the practice, research, and training in Coloproctology and related specialties.

MANUSCRIPT FORMAT

Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

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<td>Original Article (up to 3,000 words excluding table and reference text)</td>
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<td>Up to 3 tables and/or figures</td>
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<td>Review Article (Please see description below)</td>
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<td>Special articles (up to 2,000 words excluding table and reference text)</td>
<td>Up to 250 words</td>
<td>Up to 5 tables and/or figures</td>
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<td>Letters to the Editor (up to 600 words)</td>
<td>NA</td>
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<td>Up to 5 references</td>
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- **Editorial**
  The text should have up to 900 words and 5 references.

- **Original article**
  The text should have up to 3,000 words, not including references and tables. It should have up to 5 tables and/or figures. The number of references should not exceed 30. Their structure should contain the following:
  1. **Introduction**: it should be brief, defining the studied problem and highlighting its importance and gaps in knowledge.
  2. **Methods**: the methods employed, the population studied, sources of data and selection criteria should be described in an objective and detailed manner. Insert the protocol number of approval of the Research Ethics Committee and inform that the study was conducted according to the ethical standards required.
  3. **Results**: they should be clearly and objectively presented, describing the obtained data only, without interpretations or comments, and, for a better understanding, they may have tables, charts and figures. The text should complement and not repeat what is described in the illustrations.
  4. **Discussion**: it should be limited to the obtained data and results, emphasizing the new and important aspects observed in the study and discussing the agreements and disagreements with previously published studies.
5. **Conclusion:** it should correspond to the study objectives or assumptions, based on the results and discussion, aligned with the title, proposition and method.

- **Clinical information**
  Clinical case reports, presentation of technical notes, methods and devices. They should address questions of interest to Coloproctology and related specialties. Their structure should contain the following:
  1. **Introduction:** it should be brief and show the theme relevance.
  2. **Presentation of clinical case, or technique, or method, or device:** it should be described with clarity and objectiveness. It should present significant data for Coloproctology and related specialties, and have up to five figures, including tables.
  3. **Discussion:** it should be based on the literature. The text not exceed 1500 words, not including references and figures.

Patients’ initials and dates should be avoided, showing only relevant laboratorial exams for diagnosis and discussion. The total number of illustrations and/or tables should not exceed 3 and the limit of references is 20. When the number of presented cases exceed 3, the manuscript will be classified as a Case Series, and the rules for original articles should be applicable.

- **Review articles**
  1. **Systematic review:** broad research method, conducted through a rigorous synthesis of results from original studies, either quantitative or qualitative, with the purpose of clearly answering a specific question of relevance to Coloproctology and related specialties. It should include the search strategy of original studies, the selection criteria for studies included in the review and the procedures used in the synthesis of results obtained from reviewed studies, which may or may not include meta-analysis.
  2. **Integrative review:** research method that presents the synthesis of multiple published studies and enables general conclusions regarding a specific area of study, contributing to enhanced knowledge of the investigated theme. It should follow standards of methodological rigor, clarity of result presentation, enabling the reader to identify the real characteristics of studies included in the review.
  3. **Integrative review phases:** elaboration of a guiding question, search strategy, data collection, critical analysis of included studies, integrative review presentation and result discussion. The text should not exceed 5000 words, not including references and tables. The total number of illustrations and tables should not exceed 8. The number of references should be limited to 60.

- **Special articles**
  They should have up to 2,000 words and 30 references. In all categories, in-text citation of authors should be numerical and sequential, using superscript Arabic numerals in parentheses, avoiding the indication of authors’ names. In-text citations and references mentioned in legends of tables and figures should be consecutively numbered in the order of their appearance in the text, with Arabic numerals (index numbers). Only the reference number should be included, without further information.

- **Letter to the Editor**
  Letters to the Editor are short, relevant comments on articles published by JCOL. These manuscripts should not exceed 600 words in length, do not include an abstract or keywords, and must include the previously published article as a citation.
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.
- 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.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme’s Production Department.
- 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 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.
MANUSCRIPT FORMAT continued

Title Page

- This journal adheres to a **double-blinded peer-review** policy. The title page should **NOT** be included in the main document.
- The article title, in Portuguese and English, which should be concise and informative; it should express the manuscript content with precision. In addition, the title is important for physicians and investigators to find an article in the bibliographical databases after it is published. Please, be sure the title:
  - Is not a question.
  - Does not have colon or any punctuation that separates it in two parts.
  - Does not reaffirm the article type. Ex.: Case Report, Review.
  - Does not indicate the type of statistical analysis. Ex.: Multivariate Analysis.
  - Does not include the institution name.

- Full name of each author and institutional affiliation, including ORCID ID. Author affiliations should be presented in decreasing hierarchical order (e.g. Harvard University, Harvard Business School, Boston, USA) and should be written as established in its own language (e.g. Universit Paris-Sorbonne; Harvard University, Universidade de So Paulo). The ORCID ID must be inserted in all authors' profile. To do that go to Update your details, ORCID field; if any of the authors does not have an ORCID ID, it can be registered at https://orcid.org/register.
- Name of the department and institution to which the paper should be attributed.
- Name, address, e-mail of the corresponding author in charge.
- Sources of support to study development.
- For studies presented in scientific meetings, indicate the meeting name, place, date, type of presentation.

Abstract

See the section Article Types for word limits.
The second page should have the abstract, in Portuguese and English, with no more than 250 words. For original and review articles, the abstract structure should highlight the study objectives, methods, main results with significant data and conclusions. For clinical information special articles, the abstract does not need to be structured as mentioned above, but it should contain important information for the study value recognition.
The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be wording a reader would be likely to use in searching for the content of the article.

Keywords

After the abstract, specify three to six terms in Portuguese and in English the subject of the study should be included as well as the corresponding. Keywords in must be based on the Health and Science Keywords (DeCS), published by Bireme and available at [http://decs.bvs.br](http://decs.bvs.br), and Medical Subject Headings (MeSH) is the Nation Library Medicine controlled vocabulary thesaurus used for indexing articles for PubMed at [http://www.nlm.nih.gov/mesh/meshhome.html](http://www.nlm.nih.gov/mesh/meshhome.html). Abbreviations should be indicated when they first appear in the text. After that, the full name should not be repeated.
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.
- Do not insert page or section breaks except where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.
- Manuscript has been ‘spell checked’ and ‘grammar checked’
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- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

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References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- References should be styled per the following examples:

1. Citing a journal article:

2. Citing a chapter in a book:

3. Citing a book:
   Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596

4. Citing a thesis:

5. Citing a government publication:

6. Citing an online article:

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
Figure Captions

- 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.
- 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.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. Semin Neurol 2000;20:357.)

Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, “Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. Semin Neurol 2000;20:357.” (“Data from . . .” or “Adapted from . . .” may also be used, as appropriate.)
- 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.
DIGITAL ARTWORK PREPARATION

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 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) and JPEG format (.jpg extension) 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. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

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.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
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Article Processing Charge (APC)

Please see the first page for APC details.

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- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
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Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- 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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1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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This journal adheres to the ethical standards described by the Committee on Publication Ethics and the International Committee of Medical Journal Editors. Authors are expected to adhere to these standards.

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You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at www.thieme.com/journal-authors
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