GUIDE FOR AUTHORS

INTRODUCTION
The mission of Gastroenterología y Hepatología is to cover a broad spectrum related with gastroenterology and hepatology, including the latest advances in pathology of the gastrointestinal tract, inflammatory bowel disease, liver, pancreas and bile ducts, making it an indispensable tool for gastroenterologists, hepatologists, internists and general practitioners, offering in-depth reviews and updates on issues relating to the specialty.

In addition to the rigorously selected, systematically peer-reviewed manuscripts published in the research sections (research articles, scientific letters, editorials, and letters to the editor), the journal also publish consensus documents and clinical guides from the most prominent scientific societies. The publication is the official journal of the Spanish Association of Gastroenterology (AEG), the Spanish Association for the Study of the Liver (AEEH), and the Spanish Working Group on Crohn's Disease and Ulcerative Colitis (GETECCU). The journal is included in Medline/Pubmed, Science Citation Index Expanded and SCOPUS.

Types of article

ORIGINAL ARTICLES
Original research about etiology, physiopathology, pathology, epidemiology, clinical aspects, diagnosis, prognosis and treatment of the digestive diseases are recommended for this section. Analytic studies like transversal surveys, case-controls studies, cohort studies and randomized controlled trials prioritizing multicenter studies, will be preferentially considered for publication.

The article must have the following headings: Introduction; Patients and Methods; Results; and Discussion. The text is limited to a maximum of 4,000 words, not including references, abstract and figure legends. The abstract is limited to a maximum of 250 words and need to be structured. There should be no more than 30 references. The total combined number of tables and figures should not exceed 6.

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Reviews of current work reflecting progress in various fields of medicine are requested from recognized specialists. Voluntary contributions will be subject to consideration by the Editorial Board. The text is limited to 4,000 words not including abstract, figure legends, and references. The abstract is limited to a maximum of 150 words and does not need to be structured. Up to 6 figures or tables will be accepted. References are limited to a maximum of 60. Up to 5 authors are accepted.
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Articles reflecting original opinions and interpretation of relevant topics, narrative and practical reviews are included in this section. Voluntary contributions will be subject to consideration by the Editorial Board. The text is limited to 4,000 words. Up to 4-5 figures or tables will be accepted. References are limited to a maximum of 30. Up to 4 authors are accepted.

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Clinical practice guidelines and Consensus statements must be promoted and endorsed by scientific societies or sponsored by Health authorities. An attached letter is required arguing the importance for the scientific community. Support tools such AGREE (http://www.agreetrust.org/) are required for the development of the clinical guidelines and consensus statements. The articles of this section will published completely at the WEB. In the print version only title, authors, affiliations and the structured abstract limited to a maximum of 250 words will be published.

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They are always commissioned, although unsolicited editorials may occasionally be considered previous consultation with the Editor. The text is limited to a maximum of 2,000 words, tables and figures are not allowed. There should be no more than 20 references. Up to 2 authors are accepted.

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Letters containing original investigation with small number of cases and with an specific conclusion are the first choice for this section. Letters should contain fewer than 700 words, one table or figure and must contain no more than 5 references.

LETTERS TO THE EDITOR

Letters related to articles published by the journal are the first choice for this section as well as letters providing opinions and observations foused in a topic of current interest. The letters related with published articles must be received within three weeks after the publication of the article and at the discretion of the Editorial Board will be sent to the author of the article, who will have 4 weeks in which to answer. Letters should contain fewer than 700 words, one table or figure, and must contain no more than 5 references. After publication of the reply, no further correspondence will be accepted. Up to 4 authors are accepted.

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Images (clinical, endoscopic, radiography, microbiological, pathological) focused encouraging the challenge of the readers are suitable for this section. Images with visual remarks for learning will be prioritized. Only high quality images will be accepted. The text is limited to a maximum of 200 words. Graphics resources (arrows, asterisk, etc..) can be mandatory for visual remarks.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or 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 submitted.

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Divide your article into clearly defined sections. Each subsection is given a brief heading (Introduction, Patients and methods, Results, Discussion and Conclusions). Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

**Introduction**
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

**Results**
Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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**Structured abstract**
A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Objective», «Patients and Methods», «Results» and «Conclusions».

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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