Annals of Hepatology

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Introduction

Introduction

Annals of Hepatology (AoH) (ISSN 1665-2681) is an international open access journal published bimonthly and is funded by Fundación Clínica Médica Sur, Mexico City, Mexico. It is the official journal of the Mexican Association of Hepatology (AMH), the Latin-American Association for the Study of the Liver (ALEH), the Czech Society of Hepatology (CSH), and the Canadian Association for the Study of the Liver (CASL). AoH publishes editorials, opinions, concise reviews, original articles, letters to the editor, news from affiliated associations, clinical practice guidelines and summaries of congresses in the field of Hepatology.

Topics covered by AoH include alcoholic liver disease, viral hepatitis (HAV, HBV, HCV, HDV, HEV), NAFLD/NASH, genetic liver diseases, autoimmune hepatitis, drug-induced liver injury and biliary diseases. The journal is aim is to publish articles focused on basic, clinical care and translational research that seeks to prevent rather than treating the complications of end-stage liver disease. We encourage the submission of articles that provide new insights into emerging topics in the field of Hepatology, among them:

Advances in early molecular and clinical diagnosis of liver disease. Genome-based nutrition for healthier liver function and in patients with liver disease. Regionalized and individualized medicine tailored by population. Genetic and environmental factor interactions: genes-alcohol, genes-NASH, genes-viral hepatitis. Strategies preventing or halting the progression of chronic injury by any etiological agent. Treatment by medication, lifestyle interventions, liver transplantation, or gene therapy.

Authors are required to submit a complete electronic copy of their manuscripts, tables and figures, using the online submission system www.editorialmanager.com/annhepatol. All papers must be elaborated as specified in the Preparation section below.

Manuscripts are carefully evaluated by anonymous peer reviewers prior to delivery of a decision on their acceptance or rejection for publication. Submissions regarded by the Editors as incomplete or unlikely to be accepted are returned to the authors as Early Rejects without undergoing full peer review. Once authors receive the initial disposition letter on their papers, they are allowed one single resubmission, which is to be received by the journal within two weeks of the receipt of the disposition letter. Manuscripts requiring more than one revision or returned to the journal more than two weeks after receipt of the disposition letter will be treated as new submissions.

All submitted materials remain in the Editorial Office.

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We look forward to receiving your manuscripts.

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Types of article

Editorials

This section consists of brief editorial commentaries written by the editors or by individuals they have invited as editorial authors. Commentaries deal with one or several of the articles published in AoH. Alternatively, they can discuss topics of special importance to our readership. No more than three authors and a minimum of 15 references are allowed per editorial. One table and/or figure can be added to the text and must be included in the word count. The length of editorials should not exceed 1,500 words (excluding the title, byline, and references).

Opinions

These essays present opinions, hypotheses and controversial issues in all areas of hepatology. The length of an opinion should not exceed 1,000 words. No tables or figures are allowed (exceptions are solely at the discretion of the editors). A minimum of 15 references are allowed.

Concise reviews

Review articles on selected clinical and basic topics should be no longer than 5,000 words. References should not exceed a maximum of 150.

Original articles

The maximum length of manuscripts that describe original research is 4,000 words (excluding references). Original articles should include no more than 50 references. Manuscripts that are redundant or contain extraneous material will be returned for shortening, even if otherwise acceptable.

Brief reports

These submissions are reviewed as rigorously as original research items. Although they include the same sections, use the same format and follow the same guidelines, their length must not exceed 1,500 words. This type of reports is particularly useful for scientists who wish to publish time-sensitive results.

Clinical letters

Clinical Letters will not be preceded by an abstract. The word count is strictly limited to 1,500 words excluding title page information, references, and any figure or table legends. Clinical Letters can only include a maximum of 4 references and 2 figures or tables (combined), authors may include additional reading as supplementary material. **Correspondence**

We welcome letters to the editor that comment on articles recently published in AoH. Letters should contain no more than 500 words and a minimum of 15 references are allowed.

Milestones in Hepatology This section refers to invited or proposed articles concerning the biography and contributions of outstanding clinicians, researchers or mentors in the field of hepatology with an emphasis on their impact in clinical care, teaching and research. Chronological timelines regarding topics or trends in hepatology will also be considered. Maximum specifications: 1,500-2,000 words (excluding title, byline, and references); no more than one table and/or figure. A minimum of 15 references are allowed.

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News

This section contains information on the year-round academic and scientific activities developed by our affiliated associations. This section will be open for announcements of new presidencies, clinical practice guidelines or consensus statements. One page and with no more than 1 table and/or figure; 5 or fewer bibliographic references.

Clinical Practice Guidelines and Position Papers

AoH welcomes all official articles from the represented Scientific Societies referring to recommendations, practice guidelines, position papers or reports of Consensus Conferences on relevant topics in Hepatology. The main text should not exceed 6,000 words (excluding abstract, references, tables and figures). All manuscripts should contain a non-structured abstract of no more than 200 words. Authorship of the article should be attributed only to the reference society(ies), whose name(s) should be placed below the title. Only contributors who meet specific authorship criteria are to be listed on the title page as Authors, with their affiliations. Any other participating contributors are to be listed in an Appendix at the end of the article. The methodology used to generate the recommendations should be reported, as well as the levels of evidence and strength of the recommendation, if applicable. Besides the aforementioned, manuscripts proposed by the corresponding societies within the Latin American region should include a comparative synopsis of the management of liver diseases indicated in the national/regional guideline with other international guidelines, such as AASLD, EASL or APASL. Limitations of the current knowledge, if applicable, and perspectives for future research needs are highly recommended.

Other Publications Congress proceedings, generally in the form of selected abstracts, may be considered for publication. Supplements to the journal containing extended abstracts, or full papers may also be taken into consideration.

Contact details for submission

You can send your manuscript at www.editorialmanager.com/annhepatol

Language

This journal is published in English language.

Submission checklist

The manuscript must be arranged as follows

- Title page
- Highlights
- Abstract
- Keywords
- Abbreviations
- Introduction
- Materials and methods (or Patients and methods)
- Results
- Conclusions
- Funding
- Declaration of interest
- Author contributions
- Acknowledgments
- References
- Tables (including titles, descriptions, and footnotes)
- Figures (include relevant captions)
- Figure legends

Before you begin

Ethics in publishing

Please see our information on Ethics in publishing.

Declaration of interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places:

1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: **Declarations of interest: none**. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

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Authorship

A list of the authors contributions to the study; concept and design, experiments and procedures; writing of article etc. As stated in the ICMJE recommendations, credit for authorship requires: (a) substantial contributions to the conception and design; or the acquisition, analysis, or interpretation of the data, (b) the drafting of the article or critical revision for important intellectual content, (c) final approval of the version to be published, and (d) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the article are appropriately investigated and resolved. An author contribution statement is required as part of the title page (study concept and design; acquisition of data; analysis and interpretation of data; drafting of the manuscript; critical revision of the manuscript for important intellectual content; statistical analysis; obtained funding; administrative, technical, or material support; study supervision)

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Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrolment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Please submit the names and institutional e-mail addresses of several potential reviewers.

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Preparation

Preparation

Peer review

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Double-blind review

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Title page (with author details): This should include the title, authors' names affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the

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Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Double anonymized review

This journal uses double anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. <u>More information</u> is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

Anonymized manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - numbered sections

It is necessary to number the sections and subsections. Divide your article into clearly defined sections. Each subsection is given a brief heading. 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.

Material and methods Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise. Discussion

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.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Sections

Divide your article into clearly defined sections. Each subsection is given a brief heading. 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 details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion

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.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- *Title*. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
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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: "Introduction and Objectives", "Patients or Materials and Methods", "Results" y "Conclusions".

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Acknowledgements

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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5. Cancer Research UK. Cancer statistics reports for the UK, http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/; 2003 [accessed 13 March 2003].

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[dataset] 6. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. https://doi.org/10.17632/xwj98nb39r.1.

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