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Clinical trials (defined as “any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome”) should be registered in a primary registry prior to publication. Gut and Liver accepts registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/about/details/en/index.html); http://www.actr.org.au/; http://www.clinicaltrials.gov/; http://www isrctn. org/; www.umin.ac.jp/ctr/index/htm; http://www.trialregister.nl/). The clinical trial registration number must be published at the end of the abstract.

The reporting of randomized controlled trials should follow the guidelines laid out in the CONSORT Statement (http://www.consortstatement.org).

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PREPARATION OF THE MANUSCRIPT

The manuscript must be double-spaced with 3 cm margins on A4 sized paper. Please number the pages consecutively, beginning from the title page.

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The title, together with each author’s full name and institu-
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Authors of original scientific papers must supply a structured abstract of no more than 250 words, incorporating the following headings: Background/Aims, Methods, Results, and Conclusions. Nonstandard abbreviations, references, or footnotes should not be used. A maximum of five key words should appear below the abstract, using MeSH terms.

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This section presents unusual, classic, challenging, or informative images in the field of gastroenterology. Submissions will be reviewed by the Imaging and Issues Coordinating Editors. The format should include a title page, case description, discussion, references, and images. The case description should be no longer than one page, and should include the following: a brief history, findings during the physical exam, laboratory results, the clinical course, and the outcome. The case images and all of the labels within the images must be described. The discussion and references should be no longer than one page. The discussion should include important features of the images, the differential diagnosis, and the clinical significance. No more than five references should be included. References must include definitive studies and pertinent reviews. No more than two high quality figures will be accepted.

5) Letters to the editor

The journal welcomes readers’ comments on articles published recently in the journal or on topics of interest.

6) Reviews

Substantive reviews of systematic and clinical topics in gastroenterology and liver disease will be considered for publication. Both types of manuscript will be peer reviewed prior to consideration for publication. An abstract must be included.

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Editorials express opinions on current topics of interest or provide comments on papers published elsewhere in the same issue. Editorials are usually solicited by the Editor. Tables and/or figures may be included. Editorials should have fewer than five authors and should not exceed 1,000 words. No subdivisions (such as an Introduction, Materials and Methods, Results, or Discussion) are required. A maximum of 10 references may be included.

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Any potential conflict of interest relevant to the article must be described.
5. Acknowledgements

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Please number references serially in the text in order of citation, with the numbers printed in superscript. List all authors if there are fewer than seven. List the first three authors followed by "et al." if there are seven or more authors. Journal titles should be abbreviated in the style of Index Medicus. For more on references, please refer to the National Library of Medicine (NLM) Style Guide for Authors, Editors, and Publishers (http://www.nlm.nih.gov/citingmedicine).

- References to an article with six or fewer authors: Meltzer SJ, Abnen DJ, Battifour A, Yokokota J, Cline MJ. Protooncogene abnormalities in colon cancer and adenomatous polyps. Gastroenterology 1987;92:1174-1180.

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Each table must be simple and typed on a separate page with its heading above it. Explanatory material should be placed in footnotes below the table, and should not be included in the heading. All non-standard abbreviations should be explained in the footnotes (indicated by *, †, ‡, §, ¶, #). Statistical measures such as SD or SEM should be identified. Vertical and horizontal rules between entries should be omitted. Each table should be referred to consecutively and numbered in order of citation. Tables should be double-spaced, including headings. Larger sheets of paper must not be used. Tables should be numbered consecutively in Arabic numerals beginning with 1.

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We encourage authors to use colored figures if they will enhance the presentation of the data. Only high-resolution figure files (Minimum 300 dpi) should be submitted, preferably in JPEG or EPS format. Adherence to these requirements from the outset will prevent the Production Editor from contacting the author at a later stage for better quality figures.

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When using medical terminology, please adhere to the standard usage found in the guide to terminology recently published by the Korean Medical Association (http://term.kma.org/).

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12. Units of measurement

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