Diagnostic *and* Interventional Endoscopy

Official journal of Society of Gastrointestinal Endoscopy (Türkiye)

KARE

EISSN 2822-3772
diagnintervendosc.org

Diagnostic and Interventional Endoscopy

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Publications Coordinator:	Esra Semerci
Graphic Design:	Zeynep Koyun

Diagnostic and Interventional Endoscopy

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Ethics & Policies

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All statements and opinions expressed in the manuscripts published in the Diagnostic and Interventional Endoscopy reflect the views of the author(s).

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE). The ICMJE recommends that authorship should be based on the following 4 criteria:

Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; AND

Drafting the work or revising it critically for important intellectual content; AND

Final approval of the version to be published; AND

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 work are appropriately investigated and resolved.

In addition to being accountable for their own work, authors should have confidence in the integrity of the contributions of their co-authors and each author should be able to identify which co-authors are responsible for other parts of the work.

All of those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who provided a contribution but do not meet all four criteria should be recognized separately on the title page and in the Acknowledgements section at the conclusion of the manuscript.

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Complaint and Appeal Policy

Appeal and complaint cases are handled within the scope of COPE guidelines by the Editorial Board of the journal. Appeals should be based on the scientific content of the manuscript. The final decision on the appeal and complaint is made by Editor in Chief. An Ombudsperson or the Ethical Editor is assigned to resolve cases that cannot be resolved internally. Authors should get in contact with the Editor in Chief regarding their appeals and complaints via e-mail at kare@karepb.com

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If the editors or publisher learn from a third party that a published work contains a material error or inaccuracy, the authors must promptly correct or retract the article or provide the journal editors with evidence of the accuracy of the article.

Ethics Policy

The Editorial Board of the Diagnostic and Interventional Endoscopy and the Publisher adheres to the principles of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the US National Library of Medicine (NLM), the World Medical Association (WMA) and the European Association of Science Editors (EASE).

In accordance with the journal’s policy, an approval of research protocols by an ethics committee in accordance with international agreements “WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects (last updated: October 2013, Fortaleza, Brazil)”, “Guide for the care and use of laboratory animals (8th edition, 2011)” and/or “International Guiding Principles for Biomedical Research Involving Animals (2012)” is required for all research studies. If the submitted manuscript does not include ethics committee approval, it will be reviewed according to COPE’s guideline (Guidance for Editors: Research, Audit and Service Evaluations). If the study should have ethical approval, authors will be asked to provide ethical approval in order to proceed the review process. If they cannot provide ethical approval, their manuscript will be rejected and also their institutions and when needed, the related bodies in their country will be informed that such studies must have ethics committee approval. If they provide approval, review of the manuscript will continue.

If the study does not need ethics committee approval after the editorial board’s review, the authors will be asked to provide an ethics committee approval or a document given by a related independent committee that indicates the study does not need ethics committee approval according to the research integrity rules in their country. If the authors provide either an approval or a document showing that ethics approval is not needed, the review process can be continued. If the authors cannot provide either documents, the manuscript may be rejected.

For articles concerning experimental research on humans, a statement should be included that shows informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. The journal may request a copy of the Ethics Committee Approval received from the relevant authority. Informed consent must also be obtained for case reports and clinical images.

Studies using human or animal subjects should be approved by the appropriate institutional and local Ministry of Health ethics committees. Ethics approval of research protocols in accordance with international agreements is required for experimental, clinical, and drug studies, as well as for some case reports. Ethics committee reports or an equivalent official document may be requested from the authors. For manuscripts involving experimental research on humans, a statement should be included that shows that written,

informed consent of patients and volunteers was obtained. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. A statement regarding patient consent, and the name of the ethics committee, the ethics committee approval date, and number should be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to carefully protect patients' anonymity.

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There is no fee waiver.

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All authors are required to declare what support they received to carry out their research. Declaring funding sources acknowledges funders' contributions, fulfills funding requirements, and promotes greater transparency in the research process.

Each author must individually declare all sources of funding received for the research submitted to the journal. This information includes the name of granting agencies, grant numbers, and a description of each funder's role. If the funder has played no role in the research, this must be stated as well.

Authors are not required to provide the complete list of every single grant that supports them if the grant is not related to the research published.

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Peer Review Policy

Only those manuscripts approved by its every individual author and that were not published before in or sent to another journal, are accepted for evaluation.

Submitted manuscripts that pass preliminary control are scanned for plagiarism using iThenticate software. After plagiarism check, the eligible ones are evaluated by Editor-in-Chief for their originality, methodology, the importance of the subject covered and compliance with the journal scope. Editor-in-Chief evaluates manuscripts for their scientific content without regard to ethnic origin, gender, sexual orientation, citizenship, religious belief or political philosophy of the authors and ensures a fair double-blind peer review of the selected manuscripts.

The selected manuscripts are sent to at least two national/international referees for evaluation and publication decision is given by Editor-in-Chief upon modification by the authors in accordance with the referees' claims.

Editor-in-Chief does not allow any conflicts of interest between the authors, editors and reviewers and is responsible for final decision for publication of the manuscripts in the Journal.

Reviewers' judgments must be objective. Reviewers' comments on the following aspects are expected while conducting the review.

Does the manuscript contain new and significant information?

- Does the abstract clearly and accurately describe the content of the manuscript?
- Is the problem significant and concisely stated?
- Are the methods described comprehensively?
- Are the interpretations and consclusions justified by the results?
- Are adequate references made to other Works in the field?
- Is the language acceptable?

Reviewers must ensure that all the information related to submitted manuscripts is kept as confidential and must report to the editor if they are aware of copyright infringement and plagiarism on the author's side.

A reviewer who feels unqualified to review the topic of a manuscript or knows that its prompt review will be impossible should notify the editor and excuse himself from the review process.

The editor informs the reviewers that the manuscripts are confidential information and that this is a privileged interaction. The reviewers and editorial board cannot discuss the manuscripts with other persons. The anonymity of the referees is important.

Plagiarism Policy

All submissions are screened using similarity detection software at least two times: on submission and after completing revisions. In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, or data falsification/fabrication, the editorial board will follow and act in accordance with COPE guidelines. Plagiarism, including self-plagiarism, that is identified at any stage will result in rejection of the manuscript.

Publication Charges Policy

The Diagnostic and Interventional Endoscopy assesses no submission fees, publication fees, or page charges.

Retraction Policy

The publisher will take all appropriate measures to modify the article in question, in close cooperation with the editors, in cases of alleged or proven scientific misconduct, fraudulent publication, or plagiarism. This includes the prompt publication of an erratum, disclosure, or retraction of the affected work in the most severe case.

Together with the editors, the publisher will take reasonable steps to detect and prevent the publication of articles in which research misconduct occurs and will under no circumstances promote or knowingly allow such abuse to occur.

Withdrawal Policy

The Diagnostic and Interventional Endoscopy is committed to providing high quality articles and uphold the publication ethics to advance the intellectual agenda of science. We expect our authors to comply with, best practice in publication ethics as well as in quality of their articles.

Withdrawal of a manuscript will be permitted only for the most compelling and unavoidable reasons. For withdrawal of a manuscript authors need to submit an "Article withdrawal Form", signed by all authors mentioning the reason for withdrawal to the Editorial Office. Authors must not assume that their manuscript has been withdrawn until they have received appropriate notification to this effect from the editorial office.

In a case where a manuscript has taken more than five months' time for review process, that allows the author to withdraw manuscript.

Manuscript withdrawal penalty: After receiving the Article withdrawal Form, the Diagnostic and Interventional Endoscopy Editorial Board will investigate the reason of withdrawal.

If the reason finds to be acceptable, the author is allowed to withdraw the manuscript without any withdrawal penalty. If not the Diagnostic and Interventional Endoscopy will not accept any manuscripts from the same author for one year.

Important notes: Manuscripts may be withdrawn at any stage of review and publication process by submitting a request to the editorial office. Manuscript withdrawal will be permitted after submission only for the most compelling and unavoidable reasons.

If the author wants to withdraw a manuscript, the author needs to submit a completed "Article withdrawal Form", signed by all authors of the manuscript stating the reasons for manuscript withdrawal.

The manuscript will not be withdrawn from publication process until a completed, signed form is received by the editorial office. Authors must not assume that their manuscript has been withdrawn until they have received appropriate notification to this effect from the Diagnostic and Interventional Endoscopy editorial office.

Information for Authors

For comprehensive information regarding the journal's policies on submission, peer-review, publication, and ethical standards, kindly visit the Policies page. Similarly, for detailed information about the journal, please visit the About page.

It is strongly advised to review the journal's policies before submitting any manuscripts to ensure compliance with the journal's guidelines.

Manuscript Preparation

If you would like to conduct an eligibility check before uploading your article to the journal, you can use the Pre-Submission Check tool. This tool helps you identify and correct any deficiencies in your article.

Manuscripts submitted for evaluation should be original and not previously presented or published in any electronic or print medium. If a manuscript was previously presented at a conference or meeting, authors should provide detailed information about the event, including the name, date, and location of the organization.

Manuscripts should be prepared in accordance with ICMJE-Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (updated in April 2025).

Authors are required to prepare manuscripts in accordance with the relevant guideline listed below:

- Randomized research studies and clinical trials: CONSORT guidelines (for protocols, please see the SPIRIT guidance)
- Observational original research studies: STROBE guidelines
- Studies on diagnostic accuracy: STARD guidelines
- Systematic reviews and meta-analysis: PRISMA guidelines (for protocols, please see the PRISMA-P guidelines)
- Experimental animal studies: ARRIVE guidelines and Guide for the Care and Use of Laboratory Animals, 8th edition

- Nonrandomized evaluations of behavioral and public health interventions: TREND guidelines
- Case report: the CARE case report guidelines
- Genetic association studies: STREGA
- Qualitative research: SRQR guidelines

To find the right guideline for your research, please complete the questionnaire by Equator Network here.

Diagnostic and Interventional Endoscopy encourages authors to follow the 'Sex and Gender Equity in Research – SAGER – guidelines' when preparing their manuscripts to promote the inclusion of sex and gender considerations in research. Before submission, authors can consult EASE Guidelines for Authors and Translators to produce clear, concise and accurate manuscripts that are easy to understand and free of common errors and pitfalls.

The style of manuscripts should follow the AMA Manual of Style, 11th Edition.

Manuscripts can only be submitted through the journal's online manuscript submission and evaluation system. Manuscripts submitted via any other medium and submissions by anyone other than one of the authors will not be evaluated.

In addition to the manuscript files, authors are required to submit the following during the initial submission:

- Copyright Agreement and Acknowledgement of Authorship Form, and
- ICMJE Disclosure Form (should be filled in by all contributing authors) These forms are available for download at https://diagnintervendosc.org/.

Preparation of the Manuscript

Title page: A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number), and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.
- If the author(s) is a member of the journal's Editorial Board, this should be specified in the title page.

Abstract: The abstract subheadings should be arranged according to the article types. Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (https://www.nlm.nih.gov/mesh/MBrowser.html).

Main Points: All submissions except letters to the editor should be accompanied by 3 to 5 "main points." These main points should highlight the most important results of the study and emphasize the main message of the manuscript. The main points should be structured as a list and should be written in a clear and straightforward manner. Since the main points are intended for experts and specialists in the field, they should be written in plain language that is easy to understand. By including main points with the manuscript, authors can help ensure that the most important findings and messages of their study are conveyed clearly to the reader.

Manuscript Types

Original Articles: Research articles provide new information based on original research. The acceptance of research articles is typically based on the originality and importance of the research. The main text of a Research Article should be structured with subheadings, including Introduction, Methods, Results, Discussion, and Conclusion.

Please check Table 1 for the limitations for Original Articles

Clinical Trials

Diagnostic and Interventional Endoscopy adopts the ICMJE's clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov. By registering clinical trials in a publicly accessible registry, authors can help to promote transparency and accountability in their research.

Instructions for the clinical trials are listed below.

- Clinical trial registry is only required for the prospective research projects that study the relationship between a health-related intervention and an outcome by assigning people to different groups.
- To have their manuscript evaluated in the journal, authors should register their research to a public registry at or before the time of first patient enrollment.
- Based on most up to date ICMJE recommendations, Diagnostic and Interventional Endoscopy accepts public registries that include minimum acceptable 24-item trial registration dataset.
- Authors are required to state a data sharing plan for the clinical trial registration. Please see details under the "Data Sharing" section.
- For further details, please check ICMJE Clinical Trial Policy and COPE Data and Reproducibility guidelines.

Reporting Statistical Analysis

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983: 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

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When reporting statistical data in a research paper, it is important to present the values in a clear and consistent manner. P values, confidence intervals (CIs), and other statistical measures should be rounded appropriately and expressed according to the guidelines provided. For example, P values should be expressed to two digits to the right of the decimal point unless the first two digits are zeros, in which case three digits should be provided (eg, instead of P < .01, report as P = .002). However, values close to .05 may be reported to three decimal places because .05 is an arbitrary cut-off point for statistical significance (eg, P = .053). P values less than .001 should be designated as P < .001 rather than providing the exact value (eg, P = .000006).

Units should be prepared in accordance with the International System of Units (SI).

Review Articles

Review articles that are written by authors with extensive knowledge and expertise in a particular field and a strong track record of publication are welcomed. These authors may even be invited to contribute a review article to the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The subheadings of the review articles can be planned by the authors. However, each review article should include an “Introduction” and a “Conclusion” section. Please check Table 1 for the limitations for Review Articles.

Case Reports

The journal has limited space for case reports, and prioritizes publishing reports on rare cases or challenging conditions that provide new insights into diagnosis and treatment, offer novel therapies, or reveal knowledge not yet included in the literature. Interesting and educational case reports are also welcomed for publication. The text of a case report should include Introduction, Case Presentation, and Discussion sections. An unstructured abstract should also be included. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor

A “Letter to the Editor” is a type of manuscript that discusses important or overlooked aspects of a previously published article. This type of manuscript may also present articles on subjects within the scope of the journal that are of interest to readers, particularly educational cases. Readers can also use the “Letter to the Editor” format to share their comments on published manuscripts. The text of a “Letter to the Editor” should be unstructured and should not include an abstract, keywords, tables, figures, images, or other media. The manuscript that is being commented on must be properly cited within the “Letter to the Editor.”

Clinical Image

The journal accepts original high quality images and videos related to cases that it has come across in clinical practices, that cite the importance or infrequency of the topic, that make the visual quality stand out, and that present important information that should be shared in academic platforms. Titles of the images should not exceed 10 words. Images may be signed by no more than five authors. Figure legends are limited to 250 words. The number of images are limited to 4 (or 3 images and a video). Please check Table 1 for the limitations for Image of the Month. The videos to be sent must be in MP4 format.

Editorial Comments

Invited editorial comments on selected articles are published in the journal to provide expert insight and critical analysis of the research presented. These comments are written by authors who have demonstrated expertise or a high reputation in the topic of the research article. The journal carefully selects and invites these authors to contribute their comments. The editorial comments should not exceed 1000 words in length and should not include an abstract, keywords, tables, figures, images, or other media.

Video Article

A “Video Article” is a manuscript that presents a clinical case or new or advanced surgical techniques through a video. The video should be between 5-8 minutes in duration and accompanied by a structured abstract that includes sections on the objective, methods, results, and conclusion. The video should include a narration and may also include graphs and images to illustrate the key points and results. These articles should highlight the main idea and striking results of the research or case in a concise and engaging way. The video should not include music. Accepted formats are .wmv, .mov or .mp4.

Technical Note

A technical note is a concise description of a technique, procedure, modification of a method, or new equipment that is relevant to orthopedics, traumatology, and related fields. It should begin with a brief introduction, followed by a “Technique” section for case reports or a “Methods” section for case series. The “Discussion” should focus on the specific message of the technical note, including the uses and benefits of the technique, equipment, or software. Literature reviews and detailed case descriptions are not appropriate for technical notes. The main text should be limited to 1500 words, and the number of references should not exceed 15. Please refer to Table 1 for the limitations of “Technical Note.”

Short Communications

Short Communications are brief, focused articles that present new scientific research or theories. These articles should be written in the same format as a full-length original research article, with sections for Introduction, Materials and Methods, Results, and Discussion. The total length of the article should not exceed 2500 words, with a 150-word abstract and a maximum of 3 display items (figures/tables). Please refer to Table 1 for the limitations for “Short Communications.”

Brief Reports

Brief reports should present focused or highly innovative clinical research that is of interest to the journal’s readership. They may also be appropriate for presenting research that builds upon previously published work, including additional controls and confirmatory results in different settings, as well as negative findings. The abstract should be structured and should not exceed 200 words, with subtitles that reflect the organization of the article. Please refer to Table 1 for the limitations for “Brief Reports.”

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Table 1. Limitations for each manuscript type					
Type of manuscript	**Word limit***	**Abstract word limit**	**Reference limit**	**Table limit**	**Figure limit**
Research Article	4000	250 (Structured)	35	6	5 or total of 10 images
Review Article	5000	250	50	6	10 or total of 15 images
Case Report	1200	200	15	No table	4 or total of 8 images
Letter to the Editor	400	No abstract	5	No table	No media
Clinical Image	250	No abstract	2	No table	Up to 4 images or Up to 3 images and 1 video
Editorial Comments	1000	No abstract	N/A	No table	No media
Technical Note	1500	200	15	1	2 or total of 4 images
Short Communications	2500	150	35	3	3 or total of 6 images
Brief Reports	1500	200	15	3	3 or total of 6 images

Tables

Tables should be included in the main document, after the reference list, and they should be numbered consecutively in the order they are referred to within the text. Each table should have a descriptive title placed above it, and any abbreviations used in the table should be defined below the table by footnotes (even if they are defined in the main text). Tables should be created using the "insert table" command of the Word processing software, and they should be arranged clearly to make the data easy to read and understand. The data presented in the tables should not be a repetition of the data presented in the main text, but should support and enhance the main text.

Figures and Figure Legends

Figures can be submitted as separate files in TIFF or JPEG format, or they can be embedded in the Word document or the main manuscript file. If a figure has subunits, each subunit should be submitted as a separate file, and the subunits should not be merged into a single image. The figures should not be labeled (a, b, c, etc.) to indicate subunits. Instead, the figure legend should be used to describe the different parts of the figure. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends.Images should be anonymized to remove any information that may identify individuals or institutions. The minimum resolution of each figure should be 300 DPI, and the figures should be clear and easy to read. Figure legends should be listed at the end of the main document. Figures should be referred to within the main text, and they should be numbered consecutively in the order in which they are mentioned.

Abbreviations

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition, and it should be used consistently throughout the paper.

Identifying products

When mentioning a drug, product, hardware, or software program in a manuscript, it is important to provide detailed information about the product in parentheses. This should include the name of the product, the producer of the product, and the city and country of the company. For example, if mentioning a Discovery St PET/CT scanner produced by General Electric in Milwaukee, Wisconsin, USA, the information should be presented in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)." Providing this information helps to ensure that the product is properly identified and credited.

Supplementary Materials

Supplementary materials, including audio files, videos, datasets, and additional documents (e.g., appendices, additional figures, tables), are intended to complement the main text of the manuscript. These supplementary materials should be submitted as a separate section after the references list. Concise descriptions of each supplementary material should be included to explain their relevance to the manuscript. Page numbers are not required for supplementary materials.

References

Both in-text citations and the references must be prepared according to the AMA Manual of Style 11th Edition.

When citing publications, preference should be given to the latest, most up-to-date sources. Citing the latest sources can help to ensure that the paper is relevant and timely, and that it reflects the latest developments in the field.

It is the responsibility of the authors to ensure the accuracy of the references in their article. All sources must be properly cited, and the citations must be formatted correctly.

In the main text of the manuscript, references should be cited in superscript after punctuation.

If an ahead-of-print publication is cited, the DOI number should be provided in the reference list.

Journal titles should be abbreviated in the reference list in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed.

When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." in the reference list.

The reference styles for different types of publications are presented in the following examples.

Journal Article: Ammitzboll C, Andersen JB, Vils SR, et al. Isolation, behavioral changes, and low seroprevalence of SARS-CoV-2 antibodies in patients with systemic lupus erythematosus or rheumatoid arthritis. Arthritis Care Res. 2022;74(11):1780-1785.

Book Section: Cohen EL. The multidisciplinary, interdisciplinary, and transdisciplinary nature of health communication scholarship. In: Thompson TL, Harrington NG, eds. The Routledge Handbook of Health Communication. London: Routledge;2022:3-16.

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Books with a Single Author: Haslwanter T. An Introduction to Statistics with Python. 2nd ed. New York, NY: Springer International Publishing; 2022.

Editor(s) as Author: Thompson TL, Harrington NG, eds. The Routledge Handbook of Health Communication. London: Routledge;2022.

Thesis: Chunga A. The Role of the Gastrointestinal Tract Microbiota in Colonisation Resistance Against Common Enteric Pathogens in Malawian Children. Dissertation. University of Liverpool; 2022.

Websites: International Society for Infectious Diseases. ProMed-mail. Accessed December 13, 2022. http://www.promedmail.org

Epub Ahead of Print Articles: Torres X, Bennasar M, Bautista-Rodríguez C, et al. The heart after surviving twin-to-twin transfusion syndrome. Am J Obstet Gynecol. 2022 Mar 26. doi: 10.1016/j.ajog.2022.03.049. [Epub ahead of print].

Production Processes

Language Editing

Once a manuscript has been accepted for publication, the language editing service of Diagnostic and Interventional Endoscopy is provided by AVES to ensure that it is clear and well-written. This process may involve correcting grammar, punctuation, and formatting errors, as well as making changes to improve the overall clarity and readability of the manuscript.

Proof Production

After the copy-editing process is complete, the manuscript is published online as an “ahead-of-print” publication, which means that it is available to readers before it is included in a scheduled issue of the journal. This allows readers to access the latest research as soon as it becomes available.

When the PDF of the article is generated, the corresponding author will receive an email with a link to our online proofing system. With that email, the author can make corrections to the article.

The corresponding author is asked to review the proof and approve it for publication within a specified time period, typically two days.

Web-based proofing provides a faster and more accurate process by allowing you to type your corrections directly, eliminating the potential introduction of errors. Please use this proof only for checking the typesetting, editing, completeness, and correctness of the text, tables, and figures. Since the article is in the pre-publication process, significant changes will only be implemented with the editorial decision.