

INSTRUCTIONS TO AUTHORS

Intestinal Research (Intest Res) is the official journal of Asian Organization for Crohn's and Colitis (AOCC) and the joint publication of Chinese Society of IBD (CSIBD), Japanese Society for IBD (JSIBD), Korean Association for the Study of Intestinal Diseases (KASID), Taiwan Society of IBD (TSIBD) and Colitis and Crohn's Foundation (India) (CCF, India).

The aim of the journal is to provide a comprehensive and detailed analysis of small and large intestinal diseases, with a particular emphasis on inflammatory bowel disease, and to serve as a vital platform for the dissemination of cutting-edge research on these diseases in the Asia-Pacific region and beyond. The journal is especially interested in studies that focus on the unique characteristics of inflammatory bowel disease in the Asian population.

Specializing in clinical and translational research in the lower gastroenterology field, the journal covers multiple aspects of diseases originating from the small and large intestines. It seeks to propagate and exchange useful innovations, both in ideas and in practice, within the research community. The journal encourages scientific investigation through a rigorous peer-review system and provides a qualified and continuous platform for researchers and practitioners to share their studies.

Specifically, the journal presents up-to-date coverage of medical researches on the physiology, epidemiology, pathophysiology, clinical presentations, and therapeutic interventions of the small and large intestinal diseases. General topics of interest include inflammatory bowel disease, colon and small intestine cancer or polyp, endoscopy, irritable bowel syndrome and other motility disorders, infectious enterocolitis, intestinal tuberculosis, rare small bowel diseases, and so forth.

Manuscripts submitted to *Intestinal Research* should be prepared according to the following Instructions for Authors. For issues not addressed in these instructions, authors should refer to the Recommendations for the Conduct, Reporting, Edit-

ing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/recommendations/>) from the International Committee of Medical Journal Editors (ICMJE).

- ARTICLE PROCESSING CHARGE
- RESEARCH AND PUBLICATION ETHICS
- COPYRIGHTS AND LICENSE
- EDITORIAL POLICY
- SUBMISSION & PEER REVIEW PROCESS
- MANUSCRIPT PREPARATION
- FINAL PREPARATION FOR PUBLICATION
- CONTACT US

ARTICLE PROCESSING CHARGE

There are no author submission fees or other publication-related charges until there is a policy change.

RESEARCH AND PUBLICATION ETHICS

Intestinal Research adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (<https://doaj.org/best-practice>), and the Good Publication Practice Guideline for Medical Journals (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13). Furthermore, all processes of handling research and publication misconduct (or when faced with cases of suspected misconduct) shall follow the applicable Committee on Publication Ethics (COPE) flowchart (<https://publicationethics.org/resources/flowcharts>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection, may prejudice the acceptance of future submissions, and may be highlighted within the pages of the journal.

1. Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

2. Statement of Informed Consent and Ethical Approval

Studies involving human subjects must retain copies of written informed consent. If the participant is unable to provide it, a legal guardian or parent may provide it instead. Authors may submit any legally recognized form used to obtain the patient's consent as a copy of the informed consent. However, the Institutional Review Board or ethics committee may waive the requirement for informed consent when entirely anonymized images are used, and the individuals depicted cannot be identified.

All clinical studies involving human participants must include a certificate, agreement, or approval from the Institutional Review Board (IRB) or ethics committee, and manuscripts reporting such research must include a statement detailing the name of the committee and reference number where appropriate. For clinical studies involving animal subjects, a certificate, agreement, or approval from the Institutional Animal Care and Use Committee (IACUC) is required. In case of questions about IRB/IACUC approval and study conduct, the editor or reviewers may request copies of these documents.

3. Conflicts of Interest Statement

All participants in the publication and peer review process—not only authors but also peer reviewers, editors, and Editorial Board members of the journal—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest. All authors should disclose their conflicts of interest, i.e., (1) financial relationships (such as employment, consultancies, stock owner-

ship, honoraria, paid expert testimony), (2) personal relationship, (3) academic competition, and (4) intellectual passion.

These conflicts of interest must be included on the title page. Authors should certify the disclosure of any conflict of interest with their signatures. Peer reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Further guidance is available from COPE (<http://www.icmje.org/recommendations/>). If undisclosed conflict of interest is suspected in a submitted manuscript or published article, a committee composed of Editorial Board members will be held and discussed, and *Intestinal Research* will follow the process of the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

4. Authorship

According to the ICMJE recommendation, authorship credit should be based on the following four criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (2) Drafting the work or revising it critically for important intellectual content; AND (3) Final approval of the version to be published; AND (4) 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. Authors should meet all four criteria.

- A list of each author's role should accompany the submitted paper. The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- Correction of authorship: Requests for changes in authorship (including the addition or removal of authors or a change in author order) after the initial manuscript submission and before acceptance of the paper should be made in writing to the editor, with a letter or email from all authors explaining the requested changes. The letter must be signed by all authors of the paper. Additionally, each

author must complete the copyright assignment.

- **Role of corresponding author:** The corresponding author is primarily responsible for communication with the journal during manuscript submission, peer review, and publication. This author typically ensures that all of the journal's administrative requirements are met, including providing details of authorship, ethics committee approval, clinical trial registration documentation, and conflicts of interest forms and statements. The corresponding author is responsible for being available throughout the submission and peer review process to respond to editorial queries in a timely manner. Additionally, after publication, the corresponding author should be available to address critiques of the work and cooperate with any requests from the journal for data, additional information, or clarification on the article. *Intestinal Research* allows co-first authors or co-corresponding authors if corresponding author believes that their roles are equally contributed.
- **Contributors:** Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and/or financial support should have their contributions listed in the Acknowledgments section of the article.
- **Recommendations for working with people with personal connections:** Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the "Guidelines for Preventing Illegitimate Authorship" by the National Research Foundation of Korea (<https://www.cre.re.kr/>).

5. Originality, Plagiarism, and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to

the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

6. Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in the same or a different language). Secondary publication may also be justifiable in conditions provided by ICMJE Recommendations (<https://www.icmje.org/recommendations>).

7. Process for Managing Research and Publication

Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<https://publicationethics.org/guidance/Flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board and Research Ethics Council.

8. Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication of corrections, clarifications, retractions, and apologies when needed; and exclusion of plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; confirmation of no conflict of interest with respect to articles they reject or accept; promotion of publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

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1. Copyright

Authors must declare that the submitted work is their own and that copyright has not been breached in seeking its publication. Copyright in all published material is owned by Korean Association for the Study of Intestinal Diseases (KASID). Copyright Transfer Agreement Forms must be signed by every author and submitted with the manuscript during the first online submission process. The corresponding author is responsible for submitting this form during the submission process. In addition, it is the authors' responsibility to obtain written permission to reproduce (in all media, including electronic) any material that has appeared previously in another publication. Authors should provide copies of permission letters for any material reproduced from copyrighted publications. Submitted material will not be returned to the author unless specifically requested.

2. Open Access Policy

Intestinal Research is an open access journal. Articles are distributed under the terms of the Creative Commons License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted noncommercial use, distribution, and reproduction in any medium if the original work is properly cited.

For any commercial use of material from the open access version of the journal, permission must be obtained from KASID (Email: thekasid@irjournal.org).

3. Article Sharing (Author Self-Archiving) Policy

Intestinal Research is an open access journal, which means that authors who publish with us are able to freely share their research in various ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open access policy. However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

EDITORIAL POLICY

1. Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered in the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS; <https://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/>

[clinical-trials-registry-platform](https://clinicaltrials.gov/)), or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the US National Institutes of Health.

2. Data Sharing

Intestinal Research encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the digital object identifier (DOI) within the text of the manuscript. *Intestinal Research* accepts the ICMJE Recommendations for data sharing statement policy (<http://www.icmje.org/recommendations/>). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in *J Korean Med Sci* 2017;32(7):1051-1053 (<https://doi.org/10.3346/jkms.2017.32.7.1051>).

When submitting the manuscript, authors must include at least one of the standardized Data Availability Statements, indicating the availability of data as listed below. These statements should be supplemented with additional information as specified in the guideline. If authors have data from different conditions, they can choose more than one statement. The Data Availability Statements will be included at the end of the published article under the header '**Data Availability Statement**'.

Data are available in a public, open access repository:

Please state the repository name, the persistent URL, and any conditions of reuse. All data that are publicly available and used in the writing of an article should be cited in the text and the reference list, whether they are data generated by the author(s) or by other researchers.

Data are available upon reasonable request:

Please describe the data (e.g., de-identified participant data), who has access to the data, their publishable contact information, and the conditions under which reuse is permitted.

All study-related data is included in the publication or provided as supplementary information:

Please ensure this does not include patient identifiable data.

Data sharing is not relevant because no datasets were created and/or analyzed for this study:

Please state 'Not applicable' in this section.

No data are available:

Please state 'Not applicable' in this section.

3. Archiving Policy

Intestinal Research ensures the long-term accessibility and preservation of our journal content by archiving it in PubMed Central from the first issue of volume 12, 2014 (<https://www.ncbi.nlm.nih.gov/pmc/journals/2608/>) and the National Library of Korea (<https://www.nl.go.kr/>). This ensures that even if the journal is no longer published, the content will still be available for researchers and scholars.

4. Preprint Policy

A preprint can be defined as a version of a scholarly paper that precedes formal peer review and publication in a peer reviewed scholarly journal. *Intestinal Research* allows authors to submit the preprint to the journal. It is not treated as duplicate submission or duplicate publication. *Intestinal Research* recommends authors to disclose it with DOI in the letter to the editor during the submission process. Otherwise, it may be screened from the plagiarism check program—Similarity Check (Cross-check) or Copy Killer. Submissions of preprints to *Intestinal Research* will undergo the same thorough peer review process as regular submissions. This means that the submissions will be evaluated by experts in the field to ensure the quality and accuracy of the research before they are accepted for publication. If the preprint is accepted for publication, authors are recommended to update the information in the preprint with a link to the published article in *Intestinal Research*, including DOI at *Intestinal Research*. It is strongly recommended that authors cite the article in *Intestinal Research* instead of the preprint in their next submission to journals.

5. Peer Review Policy

All papers, including those invited by the editor, are subject to a rigorous peer review process. *Intestinal Research* has adopted a double-blind peer review policy, in which the identities of both the authors and reviewers are kept anonymous to each other throughout the review process. However, the editor managing the review process will have visibility of the authors and reviewers' identities. The Editorial Board selects reviewers based on expertise, publication history, and past reviews. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor, which is known as "independent review." No information about the review process or editorial decision process is published on the article page.

SUBMISSION & PEER REVIEW PROCESS

1. Online Submission

All manuscripts should be submitted online via the journal's online submission system (<https://submission.irjournal.org/>) by the first or corresponding author. Once you have logged into your account, the online system will lead you through the submission process in a step-by-step orderly process. Submission instructions are available on the website. In case of any trouble, please contact the editorial office (Email: thekasid@irjournal.org).

2. Screening Before Review

All papers, including those invited by the editor, are subject to peer review. *Intestinal Research* only publishes papers that fit its aims and scope, and adhere to the Instructions for Authors. Manuscripts that do not meet these criteria may be returned to the author immediately after submission, without undergoing the review process. Submitted manuscripts are screened for possible plagiarism or duplicate publication by Similarity Check upon arrival. The title page will remain separate from the manuscript throughout the peer review process and will not be sent to the reviewers. It is essential that authors anonymize their manuscripts by removing any identifying information, such as author names or affiliations, before submission to the journal.

3. Peer Review Process

After screening, a manuscript is sent to at least three relevant reviewers of the field. In addition, if deemed necessary, a review of statistics may be requested. *Intestinal Research* recommends peer reviewers to follow *Intestinal Research* Review Regulations or the COPE Ethical Guidelines for Peer Reviewers (<https://publicationethics.org/resources/guidelines-new/cope-ethical-guidelines-peer-reviewers>). The journal uses a double-blind peer review process: the reviewers do not know the identity of the authors, and vice versa. An initial decision will normally be made within 6 weeks in average of receipt of a manuscript. Revised manuscripts must indicate the alterations that have been made in response to the reviewers' comments item by item. Failure to resubmit the revised manuscript within 8 weeks of the editorial decision is regarded as a withdrawal. After the peer review process, the *Intestinal Research* Editorial Board will make the final determination on whether a manuscript is accepted for publication or not. Once a manuscript has been rejected by *Intestinal Research*, it will not be

considered for another round of review as a new submission.

4. Submission by Editors

Final decisions regarding manuscript publication are made by the editor-in-chief or a designated editor who does not have any relevant conflicts of interest. In the event that an editor has a conflict of interest with a submitted manuscript or with the authors, the manuscript will be handled by one of the other editors who does not have a conflict with the review and who is not at the same institution as the submitting editor. In such circumstances, full masking of the process will be ensured so that the anonymity of the peer reviewers is maintained.

5. Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal against a decision should contact the editor-in-chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). *Intestinal Research* does not consider second appeals.

MANUSCRIPT PREPARATION

1. General Requirements

The entire manuscript should be written in English. Medical terminology should be written based on the most recent edition of *Dorland's Illustrated Medical Dictionary*. The main document with manuscript text and tables should be prepared with an MS-word program.

- The manuscript for a major paper should be organized in the following order: title page, abstract, main text, references, tables, figure legends, and figures.
- The manuscript should be double-spaced on 21.6 × 27.9-cm (letter size) or 21.0 × 29.7-cm (A4) paper with 3.0-cm margins at the top, bottom, right, and left margin.
- All manuscript pages should be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages.
- The use of acronyms and abbreviations should be kept to a minimum. For abbreviations, authors can refer to the "Common Abbreviations and Acronyms" provided by the

journal. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first use.

- The names of manufacturers of equipment and non-generic drugs should be given.
- Name for microorganism is fully stated at the first appearance (e.g., *Escherichia coli*), then the abbreviation for the genus is used (e.g., *E. coli*). Scientific name of species is italicized. Do not italicize if the calling of a species is not a scientific name (e.g., *E. Coli*, Papovaviridae, Hepadnavirus, streptococci, coagulase negative staphylococci, Epstein-Barr virus, hepatitis B virus, herpes simplex virus). Gene nomenclature is written in italics, whereas protein product of certain genes is not italicized (e.g., BCR-ABL mutations, HER2 gene, BCRABL kinase domain, HER2-positive).
- *P*-value from statistical testing is denoted by an uppercase italicized "*P*".
- When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.
- The title page and manuscript should be provided as separate files and the manuscript should be anonymized for double-blind peer review. Please make sure that any identifying information, such as authors' names or affiliations, is removed from your manuscript before submission. Authors should use the third person to refer to an article that the authors have previously published. Authors should make sure that figures and tables do not contain any reference to author affiliations. If the manuscript includes any identifying information, it may be returned to the author immediately after submission without review.

The preparation of manuscripts varies based on the publication type, which may include original articles, case reports, reviews or statements, letters to the editor or brief communications, editorials, perspectives or commentary, and images of the issue. Other types of manuscripts may be considered upon negotiation with the Editorial Board.

2. Cover Letters

The cover letter should inform the editor that the submitted material or any portions thereof have not been published previously or are not under consideration for publication elsewhere. It should state any potential conflict of interest that could influence the authors' interpretation of the data, such as financial support from or connections to pharmaceutical companies, political pressure from interest groups, or academically

related issues. Information about posting of a preprint server and a link to the preprint also should be included.

3. Adherence to Reporting Guidelines

For specific study designs, such as randomized controlled trials, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, we strongly recommend that authors follow and stick to the reporting guidelines relevant to their specific research design. Authors should upload a completed checklist for the appropriate reporting guideline during original submission. Some reliable sources of reporting guidelines are the EQUATOR Network (<https://www.equator-network.org/>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

4. Manuscript Type Size Limit & Format

Table 1 shows the recommended maximums of manuscripts according to publication type; however, these requirements are negotiable with the editor.

Table 1. Recommended maximums for articles submitted to *Intestinal Research*

Type of article	Abstract (word)	References	Tables & Figures
Original article	Structured, 250	NL	NL
Case report	200	20	NL
Review or Statement	200	NL	NL
Letter to the editor or Brief communication	-	10	3
Editorial	-	10	NL
Perspective or Commentary	-	10	NL
Images of the issue	-	5	4

NL, no limits.

5. Manuscript Types

- Original articles should present important scientific discoveries related to transplantation, rigorously tested using the scientific method, and with practical implications. Organize the manuscript in the following order: title page, abstract (including keywords), introduction, methods, results, discussion, references, tables, figure legends, and figures.
- Case reports will be published in exceptional circumstances where they illustrate a rare occurrence of clinical significance. They should address issues important to medical researchers and preferably include helpful illustrations.

The manuscript should include a title page, abstract with keywords, main text (introduction, case report, discussion), references, tables, figure legends, and figures. The unstructured abstract should be limited to 150–200 words, with no more than 20 references. Authors should follow the CARE guidelines (<https://www.care-statement.org>) and recommended to upload a completed checklist during initial submission. Case reports require ethics statements which include IRB approval or waiver (including approval number) and informed consent.

- Review articles, focused on specific topics of research, are submitted only if solicited by the editorial board. The format and structure of review articles follow those of original articles, but authors can change them freely, if necessary. An abstract must be included in 150–200 words. Statements are welcome on any topic. They can be overview statements, comments about surveys, and evidence-based or eminence-based consensus recommendations. They should contain a tight linear argument and be more than just a mini-review. The format and structure of Statements follow those of Review Articles.
- Letters to the editor or brief communication will be the rapid publication of new findings of unique importance in clinical settings that lead to the new direction of a short and concise communication. *Intestinal Research* welcomes readers' comments on articles published recently in the journal or topics of interest. It could be organized in the following sequence: the title, main text (not divided into separate section), references, tables, and figures. Abstract is not required. The number of tables and figures in total should not exceed 3. References should not exceed 10.
- Editorials are invited comments on a recently accepted manuscript, published subject, or event. They offer a broader perspective, balanced interpretation, and provide a link to further questions. Tables and/or figures may be included. References should not exceed 10.
- Perspectives or commentaries present a viewpoint on an important area of research. They typically focus on a specific field or subfield within a larger discipline and discuss current advances and future directions. Perspectives or commentaries can be submitted only at the invitation of the Editorial Board. The formatting requirements are similar to those for Letters to the editor.
- Images of the issues should present unusual or classic, challenging or informative images. The format should include title page, question with short case description, answers,

references and images. Discussion should include important features of the images, differential diagnosis, and clinical significance. Number of references should be less than 5. Up to 4 figures of high quality are accepted.

6. Title Page

The title page should contain the manuscript's title, a list of authors with their affiliations, the name and contact information of the corresponding author, and a running title (50 characters maximum, including spaces). The corresponding author's contact information must include their name, address, and email. When authors have multiple affiliations, list the affiliation where most of the research was conducted. Other affiliations should follow the major affiliation with superscripts on each of them. The superscripts, which should only use Arabic numerals, should refer to the affiliations of the co-authors, with the first author's affiliation designated by the number 1.

Any information that requires disclosure, such as funding sources, potential conflicts of interest should also be included under the "Additional Information" section, which will appear at the end of the published article. Below are items that should be included under "Additional Information."

- **Funding Source:** All sources of funding applicable to the study should be stated here explicitly. All original articles, editorials, reviews, and new technology articles must state sources of funding for this study.
- **Conflict of Interest:** A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stockownership or options, royalties, or patents filed, received, or pending).
- **Data Availability Statement:** All manuscripts must include a 'Data Availability Statement.' This statement should provide information on where the data supporting the results reported in the article can be found, including hyperlinks to publicly archived datasets analyzed or generated during the study, where applicable. For more information, please refer to section '2. Data Sharing' in our Editorial Policy.
- **Author Contribution:** The work authors have conducted for the study should be described in this section. The contributions of all authors must be described using CRediT (<https://credit.niso.org/>). To qualify for authorship, all con-

tributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, and data curation), as well as at least one of the writing contributions (original draft preparation, review and editing, and visualization). Authors may also satisfy the other contributions; however, these alone will not qualify them for authorship. Contributions should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time. The information concerning sources of author contributions should be included in this section at the submission of the final version of the manuscript (at the first submission, this information should be included in the title page).

- **Additional Contributions:** All contributors who do not meet the criteria for authorship as defined above should be listed in an additional contribution section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.
- **ORCID:** We recommend that the Open Researcher and Contributor ID (ORCID) of all authors be provided. To obtain an ORCID, authors should register at the ORCID website (<https://orcid.org>). Registration is free for all researchers.

7. Abstract & Keywords

Structured abstracts, labeled "Background/Aims, Methods, Results, Conclusions," should be included if applicable. For original articles, the length should be 200–250 words, while for review articles and case reports, the length should be less than 150–200 words. Abstracts are not required for letters to the editor or brief communications, editorials, perspectives or commentaries, and images of the issue. To be used as index terms, a list of 3–5 keywords should be provided immediately after the abstract. Each keyword should start with a capitalized letter and be separated by a semicolon. It is strongly recommended to use keywords within the Medical Subject Headings (MeSH) in Medline (<https://meshb.nlm.nih.gov/>).

8. Main Text

The main text of the paper may have separate Introduction, Methods, Results, and Discussion sections.

• **Introduction:** Concisely state the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references, and do not include data or conclusions from the work being reported.

• **Methods**

- Ethical statements: All articles using clinical samples or data and those involving human/animal subjects must include information on the IRB/IACUC approval or waiver and status of informed consent; otherwise, manuscripts may be returned to the corresponding author for clarification. An example is shown as the following: "We conducted this study in compliance with the principles of the Declaration of Helsinki. The study's protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent was obtained. / Informed consent was waived."

- Study design: Whether it is a descriptive analysis, randomized controlled study, cohort study, or meta-analysis, the study design type should be provided.

- Sex and gender reporting: Authors should ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and/or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

• **Results:** The results should be presented in logical sequence in the text, tables and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. The results should not include material appropriate to the discussion.

• **Discussion:** Observations pertaining to the results of research and other related materials should be interpreted for your readers. Emphasize new and important observations; do not merely repeat the contents of the results. Explain the meaning of the observed opinion along with its limits, and within the limits of the research results connect the conclusion to the purpose of the research. In a concluding paragraph, summarize the result and its meaning.

9. References

When citing references in the text, use Arabic numerals as superscripts, numbered in the order they appear in the text. In the References section, list the references in numerical order, according to their appearance in the text. If there are 6 or fewer authors, list all of their names. If there are more than 6 authors, list the first 3 followed by "et al." For articles published online but not yet assigned an issue or page numbers, include the DOI. Do not include references to unpublished material in the References section; instead, note them within the text and include the individual's name, location, and date of communication. Journal titles should be abbreviated according to the style used in Medline. For other types of references, follow the guidelines in Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citing-medicine>).

• Examples of *Intestinal Research* references style

- Journal articles

1. Kim KO, Chiorean MV. Advanced neoplasia detection using chromoendoscopy and white light colonoscopy for surveillance in patients with inflammatory bowel disease. *Intest Res* 2020;18:438-446.
2. Sood A, Ahuja V, Midha V, et al. Colitis and Crohn's Foundation (India) consensus statements on use of 5-aminosalicylic acid in inflammatory bowel disease. *Intest Res* 2020;18:355-378.
3. Parsonnet J. *Helicobacter pylori*: the size of the problem. *Gut* 1998;43(Suppl 1):S6-S9.
4. Min JK, Yang HJ, Kwak MS, et al. Deep neural network-based prediction of the risk of advanced colorectal neoplasia. *Gut Liver* 2020 Dec 20 [Epub]. <https://doi.org/10.5009/gnl19334>

- Books & Reports

5. Day RA. How to write and publish a scientific paper. 3rd ed. Phoenix: Oryx, 1988.
6. Costa M, Furness JB, Llewellyn-Smith IF. Histo-chemistry of the enteric nervous system. In: Johnson LR, ed. Physiology of the gastrointestinal tract. Volume 1. 2nd ed. New York: Raven, 1987:1-40.
7. National Cancer Center, Ministry of Health and Welfare. Cancer facts & figures 2014 in the Republic of Korea. Goyang: National Cancer Center, 2014.

- Online sources

8. American Cancer Society. Facts about cancer pain [Internet]. c2020 [cited 2020 Dec 20]. <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain/facts-about-cancer-pain.html>
9. Sharma N, Sharma P, Basu S, et al. The seroprevalence and trends of SARS-CoV-2 in Delhi, India: a repeated population-based seroepidemiological study. medRxiv 2020.12.13.20248123 [Preprint]. c2020 [cited 2023 Mar 14]. <https://doi.org/10.1101/2020.12.13.20248123>

- Dissertation

10. Kim SY. Health promotion behavior and the quality of life in liver transplant patients [master's thesis]. Seoul: The Catholic University of Korea, 2009.

- Conference paper

11. Rice AS, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, editors. Proceedings of the 10th World Congress on Pain; 2002 Aug 17-22; San Diego, CA. IASP Press; 2003. p. 437-446.
12. Health and Social Care Information Centre. National Bowel Cancer Audit Progress Report Tripartite Colorectal Meeting. Health and Social Care Information Centre; 2014.

10. Tables

- Tables should be numbered according to the order of appearance.
- A table title should concisely describe the content of the table so that a reader can understand the table without referring to the text.
- Each table should be clear and concise and must be placed on a separate page with their titles displayed above it.
- Explanatory matter is placed in footnotes below the tabular matter and not included in the heading. All abbreviations are explained in the footnotes.
- Footnotes should be indicated by ^a, ^b, ^c, ... in superscript.
- Statistical measures such as standard deviation (SD) or standard error (SE) should be identified.
- In tables, remove internal horizontal or vertical lines. The horizontal line is only used for the title field and the bottom line.

11. Figures and Figure Legends

- Figures should be submitted as separate files during sub-

mission process (do not embed figures into the main body file).

- Preferred formats are TIFF for photographic, raster images, and EPS or line-arts. The following formats may be suitable in selected images: JPEG/PNG/BMP (suitable for images if the original file format is JPEG/PNG/BMP), PPTX (only for diagrams made in PowerPoint file). Contact the editorial office for other formats.
- Microscopic images should be described with staining method and magnification rate (e.g., H&E, × 400). Electron microscopic photographs should have an internal scale marker. Figures can be marked with arrows, letters, or other indicators, if necessary.
- Figures should have a minimum width of 107 mm, and a minimum resolution of 300 dpi for color figures, 500 dpi for black and white figures, and 1,000 dpi for line art figures.
- Figures should be numbered, using Arabic numerals, in the order in which they are cited.
- In the case of multiple prints bearing the same number, distinguish them by adding alphabet labeling in capital letters, such as A, B, and C (e.g., Fig. 1A).
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12. Supplementary Material

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cle. They should generally be additional pieces to the article that could not be included in the issue or print version, such as appendices, tables, and video material that is impossible to produce within the article. All supplemental materials will be available online, alongside the full-text article. During the submission process, please select "Supplement" for your uploaded file. A listing of supplementary materials must be submitted at the end of the manuscript file and must be cited consecutively in the text of the submitted manuscript.

FINAL PREPARATION FOR PUBLICATION

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After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in numeric order.

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Before publication, the manuscript editor will make necessary corrections to ensure that the manuscript adheres to the standard publication format. The corresponding author must re-

spond to the manuscript editor's revisions within 2 days. If there is a delay in response, the publication of the manuscript may be delayed until the next issue.

3. Galley Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within 2 days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

4. Errata and Corrigenda

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