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 broad and in-depth analysis of small and large intestinal diseases, especially inflammatory bowel disease, and to serve as an important medium for the dissemination of state-of-the-art articles on those diseases in the Asia-Pacific region and beyond. In particular, we are interested in studies that highlight the characteristics of inflammatory bowel disease especially in the Asian population.

As a journal specialized in clinical and translational research in the lower gastroenterology field, it encompasses multiple aspects of diseases originated from the small and large intestines. The journal also seeks to propagate and exchange useful innovations, both in ideas and in practice, within the research community. As a mode of scholarly communication, it encourages scientific investigation through the rigorous peer-review system and constitutes a qualified and continual platform for sharing studies of researchers and practitioners. 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. Intestinal Research follows the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf) from the International Committee of Medical Journal Editors (ICMJE).

- RESEARCH AND PUBLICATION ETHICS
- COPYRIGHTS, LICENSE, DATA SHARING, AND DEPOSIT POLICY
- MANUSCRIPT PREPARATION
- SUBMISSION AND PEER-REVIEW PROCESS
- FINAL PREPARATION FOR PUBLICATION
- ARTICLE PROCESSING CHARGES

RESEARCH AND PUBLICATION ETHICS

The journal 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 (joint statement by the Committee on Publication Ethics, COPE; the Directory of Open Access Journals; the World Association of Medical Editors; and Open Access Scholarly Publishers Association; https://doaj.org/best-practice). Furthermore, the full process of handling research and publication misconduct should follow the COPE flowchart (https://publicationethics.org/resources/flowcharts).

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- In case of clinical research including clinical trial, the manuscript must include a statement of approval from Institutional Review Board (IRB) or ethic committee (revised June 2009) and status of informed consent (revised October 2017).

- In case of clinical trial, we recommend register the clinical trial in public registry site that matches the criteria established by ICMJE or WHO to ensure scientific objectivity and transparency of study procedure (revised June 2010).

- Author must have obtained informed consent from identifiable patient, if author plan to include any personal information including photo, image, illustration and video. Any information that could have revealed patient's and research subjects' identities, such as name, initials, ethnicity, occupation or date of birth, should not appear as much as possible. Formal consents are waived for the use of entirely anonymized image from which the individual cannot be identified (revised October 2017).

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The author is responsible for disclosing any financial support or benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest
statement. Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

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7. Corrections of Errors (revised August 2018)
Intestinal Research will publish corrections as soon as possible detailing changes from and citing the original publication when errors are detected. We follow the ICMJE and COPE guidelines where applicable. An erratum refers to a production error, caused by the journal. A corrigendum refers to an error made by the authors. Authors who notice an error should contact the editorial office of the journal.

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MANUSCRIPT PREPARATION

1. General Principles

- MS Word (.doc) should be used for manuscripts. The manuscripts must be written with double-spacing and 3 cm margins on A4 sized format.
- The pages of manuscripts must be numbered consecutively, beginning on the abstract and located at the center of the footer.
- Manuscripts should be written in English. Medical terminology should be followed by the recent terminology book. For abbreviations, authors can refer to the "Common Abbreviations and Acronyms" provided by the journal. Other abbreviations, which are not listed on it, must be defined at the first mention in the text using parentheses. Abbreviations should be used in case that they appear in the text at least 3 times. Do not use abbreviation(s) in the title. It is helpful if a separate list is provided of any abbreviations.
- When the use of reagents or devices is reported in the text, the name of manufacturer, city, state, and country should be indicated.
- The use of the International System of Units (SI) is encouraged.
- The text of original articles is organized in the following order; title page, abstract, introduction, methods, results, discussion, acknowledgments, references, figure legends, and tables.

2. Adherence to Reporting Guidelines

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and nonrandomized studies, authors are encouraged to also consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (https://www.equator-network.org/) and the NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

3. Title Page

- Basic information: The title page should have the following information in order. Article title, authors (affiliation, name), shortened title, contact information for corresponding authors (name, mailing address, telephone and fax numbers, and e-mail address of the author responsible for correspondence regarding the manuscript). A short running title should be provided if the article title is longer than 12 words. 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 (only Arabic numerals) should refer to the co-authors belonging to the various affiliations as the first author.
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    An example:
    Conceptualization: AB. Methodology: AB, CD, EFG. Formal analysis: EFG. Funding acquisition: AB. Project administration: AB. Visualization: CD, EFG. Writing-original draft: CD, EFG. Writing-review and editing: AB, CD, EFG. Approval of final manuscript: all authors.
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researcher in the world.

5) **Non-author contributors**: A brief acknowledgment of persons who made a genuine contribution, yet not active and sufficient enough to be co-authors.

4. Abstract and Keywords
   • Abstracts for original articles must be 200–250 words and should be divided with the headings: Background/Aims, Methods, Results, Conclusions. Case reports and reviews should be an unstructured paragraph, and it must be 150–200 words. No references should be cited in the abstract.
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   1) **Original Articles**
      All original manuscripts must include the following:
      • Introduction: Provide a context or background for the study, which must be explicitly related to the aims of the study. The introduction should not contain either results or conclusions.
      • Methods: Describe the plan of research, characteristics of subjects, and the length and methods of observation in as much details as possible. Statistical methods used should be outlined. Indicate that the study has received the permission from the ethical committee for experiments on human subjects, and from the animal experiments committee for experiments on animals. Description of participants follows the ICMJE recommendations - 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 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: Results should be presented in logical sequence in the text. Tables and illustrations and repetitive presentation of the same data in different forms should be avoided.

      The results should not include material appropriate to the discussion. All data in the text must be presented consistently.
      • Discussion: Discussion should explain results in relation to any hypotheses advanced in the introduction. This may include an evaluation of the methodology and of the relationship of new information to the existing corpus of knowledge in that field. Emphasize the new and important aspects of the study and the conclusions that follow from them in the context of the aim of the study.

   2) **Case Reports**
      General rules for original articles apply to other types of manuscripts as well. The format should include introduction, case report, and discussion which are similar to that of an original article. The abstract must be 150–200 words and list keywords of 3–5 words. Describe briefly the case and other issues that are only directly related to the case. Avoid an exhaustive literature review, but provide a focused discussion on the aspects of interest that the reported case brings in. List no more than 20 references.

   3) **Reviews or Statements**
      Review articles, focused on specific topics of research, are submitted only if requested 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.

   4) **Letters to the Editor or Brief Communication**
      The journal welcomes readers’ comments on articles published recently in the journal or topics of interest. 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. 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.
5) Editorial
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. References should not exceed 10.

6) Perspective or Commentary
Perspective or Commentary present a viewpoint on an important area of research. Perspective focus on a specific field or subfield within a larger discipline and discuss current advances and future directions. Perspective or commentary is written only at the invitation of the Editorial Board. The formatting requirements for Perspectives or Commentary are similar to those for Letters to the Editor.

7) Images of the Issue
General rules for case reports apply to images as well. This section presents 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.

8) Corrigenda and Errata

6. References
References should be numbered consecutively as a superscript in the order in which they are first mentioned in the text, and listed at the end of the manuscript. The names of all authors should be cited up to 6 authors; in case there are more than 6 authors, the first 3 authors should be cited, followed by the expression “et al.” The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals). Abstracts are not accepted as a reference. Other types of references not described below should follow ICMJE Recommendations (https://www.ncbi.nlm.nih.gov/books/NBK30608/). Please refer to the following examples.

• Journal articles


• Books


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7. Table
Each table must be simple and typed on a separate page. All tables should be numbered consecutively in the order in which they are first mentioned in the text. Each table should have a clear and self-explanatory title (a form of clause or phrase is encouraged) without a period. Capitalize the first letter of nouns and adjectives. Vertical rules and horizontal rules between entries should be omitted. If abbreviations are used, provide with a note showing the original terms at the bottom of the table. For footnotes, use the following symbols, in sequence: a, b, c, d, e, f, g, h, i…

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Figure legends should be typed double-spaced on a separate sheet. Provide with a subtitle and explanation for the figure in English as brief as 1 paragraph. When presenting a microphotograph, indicate stain methods and level of magnification.

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Only high-resolution figure files (minimum 300 dpi) should be submitted, preferably in JPEG, GIF or TIF format. Each figure should be submitted in a separate single file. Figures should
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FINAL PREPARATION FOR PUBLICATION

1. Final Version
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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To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors.

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   (1) Forgery (Fabrication): Record or reporting with making up data or research results that do not exist.
   (2) Alteration (Falsification): Manipulate research data, equipment, processes, or results intentionally to distort research contents or results.
   (3) Plagiarism: Using others’ ideas, research process, contents, and/or results without proper authorization or citation.

2) Only original contribution that has not been previously published or submitted elsewhere can be submitted.
   (1) Submissions are accepted only when they are not submitted elsewhere and have not been published elsewhere. All or part of manuscripts that are already published or submitted to Intestinal Research cannot publish in any other publication without permission of editorial board.
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   (3) The Society does not accept any divided or salami manuscripts.

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   (2) In case of clinical research including clinical trial, the manuscript must include a statement of approval from Institutional Review Board (IRB) or ethic committee (revised June 2009) and status of informed consent (revised October 2017).
   (3) In case of clinical trial, we recommend register the clinical trial in public registry site that matches the criteria established by International Committee of Medical Journal Editors (ICMJE) or WHO to ensure scientific objectivity and transparency of study procedure (revised June 2010).
   (4) Author must have obtained informed consent from identifiable patient, if author plan to include any personal information including photo, image, illustration and video. Any information that could have revealed patient’s and research subjects’ identities, such as name, initials, ethnicity, occupation or date of birth, should not appear as much as possible. Formal consents are waived for the use of entirely anonymized image from which the individual cannot be identified. (revised October 2017).
   (5) When reporting experiments on animals, authors should describe the measures they have taken to ease pains and inconvenience to the subjects, and a statement identifying whether the NIH Guide for the Care and Use of laboratory Animals or IRB guideline was followed. When necessary, Editorial Board ask for ap-
proval letter issued by IBR or Animal Ethics Committee.

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(4) Author's contribution should be stated according to CRedit standard.

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(3) A corrigendum refers to an error made by the authors.

(4) Authors who notice an error should contact the editorial office of the journal.

2. Research Ethics Council and Role of the Council

1) The Journal operates a Research Ethics Council (the Council hereafter) for consideration of research ethics and related issues.

(1) Chairperson of the publication committee of Korean Association for the Study of Intestinal Research (KASID) is the chair of the Council. The constitution of the Council is decided by the publication committee of KASID.

(2) Operation of the Council follows separate regulations decided by the Council.

2) The roles of the Council are as follows.

(1) The Council reviews research ethics issued from the publication of the Journal and related papers (Original articles, Case reports, Review articles and others).

(2) The Council reviews any forgery, alteration, plagiarism, wrongful research paper author indication, or multiple or duplicates publication allegations for published papers and brings the results to the executive committee of KASID.

3. Administration of Research Ethics Violation

When research ethics violations occur, the Council decides a disciplinary measure.

(1) If duplicate or divided publication or any other ethical violation was confirmed, manuscripts even if already published will be retracted with a notice published in the next issue, as well as to related academic institutions.

(2) Retraction notice take same form as the general thesis and not take a form like announcement or letter to the editor.

(3) Author who violates this policy or general ethics cannot submit to *Intestinal Research* for next 2 years.
1. Website

The URL address of official website is http://www.irjournal.org.

1) ‘Aims & Scope’ statement

The aim of the Journal is to provide broad and in-depth analysis of intestinal diseases, especially inflammatory bowel disease, which shows increasing tendency and significance. As a Journal specialized in clinical and translational research in gastroenterology, it encompasses multiple aspects of diseases originated from the small and large intestines. The Journal also seeks to propagate and exchange useful innovations, both in ideas and in practice, within the research community. As a mode of scholarly communication, it encourages scientific investigation through the rigorous peer-review system and constitutes a qualified and continual platform for sharing studies of researchers and practitioners. Specifically, the Journal presents up-to-date coverage of medical researches on the physiology, epidemiology, pathophysiology, clinical presentations, and therapeutic interventions of the 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, and so forth.

The Journal publishes diverse types of academic materials such as editorials, clinical and basic reviews, original articles, case reports, letters to the editor, brief communications, perspective, statement or commentary, and images that are useful to clinicians and researchers.

2) Readership

It is primarily for clinicians and researchers who care patients with gastrointestinal diseases including inflammatory bowel disease, colon and small intestine cancer or polyp, endoscopy, irritable bowel syndrome and other motility disorders, infectious enterocolitis, intestinal tuberculosis, and so forth. They are able to obtain enriched and tailored information to adopt for their research and practice. Its readership can be expanded to other positions: Researchers can get the recent topics of clinical and translational research in gastroenterology. Clinicians in the field can get up-to-date information and recent development of medical researches on the physiology, epidemiology, pathophysiology, clinical presentations, and therapeutic interventions of the intestinal diseases. Professors can access and adopt a variety of data in medical education. Allied health professionals including nurses are able to get the recent information for care of patients with gastrointestinal diseases. Medical students can understand the recent trends of the field and interesting cases for their work. Policy makers are able to reflect the results of the articles to the nation-wide science promotion policies.

3) Authorship criteria

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, and/or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; 3) final approval of the version to be 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. Every author should meet all of these four conditions. After the initial submission of a manuscript, any changes whatsoever in authorship (adding author(s), deleting author(s), or re-arranging the order of authors) must be explained by a letter to the editor from the authors concerned. This letter must be signed by all authors of the paper. Copyright assignment must also be completed by every author.

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5) pISSN: 1598-9100; eISSN: 2288-1956

2. Name of journal
The official journal title is Intestinal Research. Abbreviated title is Intest Res.

3. Peer review process
http://www.irjournal.org/authors/peer_review.php
The peer review afterward is conducted through the system as well. All manuscripts undergo peer review by at least three reviewers with relevant expertise who are selected by the editorial board. The decision to publish will be made by the editorial board of the journal after the peer review.

If the data need professional statistical review by a statistician, statistical editing is performed. The board has the right to reject and demand the revision of the submitted manuscripts if the board believes that the manuscripts do not abide by the rules of the regulations. The editorial board has the right to revise and edit the styles and structures of submitted manuscripts within the context if necessary. Once the decision on publication as an accept, revision or reject is made, it is directly notified to the corresponding author. After the final draft of manuscripts are proven to be appropriate according to the publication policies and styles of the journal, the decision of publication is finalized and expected publication date will be given. Rejected manuscripts are not to be considered again.

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2) Management team of a journal
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5. Governing body
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6. Editorial team and contact information
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(2) Retraction notice take same form as the general thesis and not take a form like announcement or letter to the editor.
(3) Author who violates this policy or general ethics cannot submit to Intestinal Research for next 2 years.

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