

Journal of Coloproctology

The official Journal of the Brazilian Society of Coloproctology

Instructions to Authors

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APC	Type Article Processing Charge (APC)
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☐ AUTHOR INFORMATION

- All authors: full name, degrees, department, affiliation, e-mail address
- Corresponding author: mailing address, telephone number

☐ MANUSCRIPT FILE

- Must be digital - hard copy submissions are not accepted

☐ ABSTRACT AND KEYWORDS

- See the section Article Types for word limit

☐ REFERENCES

- Cited sequentially in AMA style

☐ FIGURES AND TABLES

- Cited sequentially and included in the main document

☐ ART FILES

- Must be saved separately from the main document

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☐ ETHICAL POLICIES & CONFLICT OF INTEREST

- Authors are required to disclose any conflict of interest as per ICMJE COI guidelines and form
- Declaration to be accompanied with studies involving human or animal participants

Content

MANUSCRIPT FORMAT.....	3-4
Article Types.....	3
Editorial	3
Original article.....	3
Clinical Case Reports	3
Review articles	3
Review articles Structure	3
Special articles	4
Letter to the Editor	4
General Guidelines	4
STANDARDS FOR ARTICLES STRUCTURE.....	4-5
Acknowledgments.....	4
Format of presentation	4
Title Page	4
Authors	4
Name of Institution	4
Abstract	4
Main Document.....	5
Acknowledgments.....	5
References.....	5
Authorship	5
Thieme Editing Services.....	5
Acknowledgments.....	5
Figure Captions	5
Tables	5
DIGITAL ARTWORK PREPARATION.....	6
Black and White Art.....	6
Color Art.....	6
Art Labels	6
SUBMISSION PROCEDURE.....	6
Article Processing Charge (APC).....	6
Submission Procedure	6
Revision Procedure	6
PRODUCTION PROCEDURE.....	6
Page Proofs	6
POLICY STATEMENTS.....	6-7
Privacy Statement	6
Ethics standard	6
Authorization Letter	6
Informed Consent.....	7
Conflicts arising from papers authored by Editorial Board Members.....	7
Copyright Statement	7
EDITORIAL CONTACTS.....	7

The Journal of Coloproctology (JCOL) is the scientific publication of the Brazilian Society of Coloproctology. The journal aims to publish articles that may contribute to the improvement and the development of the practice, research, and teaching of coloproctology and related specialties.

The Journal is published in March, June, September and December, and publishes Original Articles, Clinical Case Reports, Review Articles, Editorial, Special Articles and Letters to the Editor. Manuscripts must be prepared in accordance with the «Uniform Requirements for Manuscripts Submitted to Biomedical Journals» developed by the International Committee of Medical Journal Editors available at <http://www.icmje.org/>. All submissions follow double blind peer-review process. Manuscripts can be submitted through JCOL's online submission website: <https://www.editorialmanager.com/jcol>. All article processing charges (APCs) are fully sponsored by the Brazilian Society of Coloproctology. Upon acceptance, no APC is due by the author.

Peer Reviewing Process

The journal follows double blind peer-review process where author does not get to know the identity of the reviewer and the reviewer does not get to know the identity of the author.

At least two random reviewers based on their technical and clinical expertise are assigned by the Chief Editor on each manuscript and the decision is taken based on the comparative reviews which the manuscript receives during the review process.

ARTICLE TYPES

All articles must be submitted in English.

Editorial

The text should have up to 900 words and at least one reference, with a maximum of 5 references.

Original article

The text should have up to 3,000 words, not including references and tables. It should have up to 5 tables and/or figures. The number of references should not exceed 30. Their structure should contain the following:

1. **Title page:** article title in English; full name of all authors; academic or professional affiliation of each author; institutions names where the study took place; running title; corresponding author name, degree, full address, e-mail and phone number.
2. **ICMJE Col forms:** One form for each author (available at <http://icmje.org/>).
3. **Abstract:** original articles need structured abstract with 250 words at the most: objective, methods, results and conclusions. Following the abstract comes keywords (six at the most), based on MeSH (Medical Subject Headings), published in Medline and available at: <http://www.ncbi.nlm.nih.gov/mesh/>.

ble at: <http://www.ncbi.nlm.nih.gov/mesh/>.

4. **Introduction:** it should be brief, defining the studied problem and highlighting its importance and gaps in knowledge.
5. **Methods:** the methods employed, the population studied, sources of data and selection criteria should be described in an objective and detailed manner. Insert the protocol number of approval of the Research Ethics Committee and inform that the study was conducted according to the ethical standards required.
6. **Results:** they should be clearly and objectively presented, describing the obtained data only, without interpretations or comments, and, for a better understanding, they may have tables, charts and figures. The text should complement and not repeat what is described in the illustrations.
7. **Discussion:** it should be limited to the obtained data and results, emphasizing the new and important aspects observed in the study and discussing the agreements and disagreements with previously published studies.
8. **Conclusion:** it should correspond to the study objectives or assumptions, based on the results and discussion, aligned with the title, proposition and method.
9. **References:** number references as they are first cited in the text with Arabic numerals. Use Vancouver style; list all authors until the sixth, using et al. after the third when more than six; when reference authors are cited in the text cite the first et al. For references with more than two authors, unpublished data or personal communication must be cited as such between parentheses and cannot be listed as reference; use journal abbreviation from Index Medicus.

Clinical Case Reports

Clinical case reports, presentation of technical notes, methods and devices. They should address questions of interest to Coloproctology and related specialties. The text should have up to 1,500 words, not including references and tables. It should have up to 3 tables and/or figures. The number of references should not exceed 20. Their structure should contain the following:

1. **Title page:** article title in English; full name of all authors; academic or professional affiliation of each author; institutions names where the study took place; running title; corresponding author name, degree, full address, e-mail and phone number.
2. **ICMJE Col forms:** One form for each author (available at <http://icmje.org/>).
3. **Abstract:** original articles need structured abstract with 250 words at the most: objective, methods, results and conclusions. Following the abstract comes keywords (six at the most), based on MeSH (Medical Subject

Headings), published in Medline and available at: <http://www.ncbi.nlm.nih.gov/mesh/>.

4. **Introduction:** it should be brief and show the theme relevance.
5. **Presentation of clinical case, or technique, or method, or device:** it should be described with clarity and objectiveness. It should present significant data for Coloproctology and related specialties, and have up to five figures, including tables.
6. **Discussion:** it should be based on the literature. The text not exceed 1500 words, not including references and figures.
7. **References:** number references as they are first cited in the text with Arabic numerals. Use Vancouver style; list all authors until the sixth, using et al. after the third when more than six; when reference authors are cited in the text cite the first et al. For references with more than two authors, unpublished data or personal communication must be cited as such between parentheses and cannot be listed as reference; use journal abbreviation from Index Medicus.

Patients' initials and dates should be avoided, showing only relevant laboratorial exams for diagnosis and discussion. The total number of illustrations and/or tables should not exceed 3 and the limit of references is 20. When the number of presented cases exceed 3, the manuscript will be classified as a Case Series, and the rules for original articles should be applicable.

Review articles

1. **Systematic review:** broad research method, conducted through a rigorous synthesis of results from original studies, either quantitative or qualitative, with the purpose of clearly answering a specific question of relevance to Coloproctology and related specialties. It should include the search strategy of original studies, the selection criteria for studies included in the review and the procedures used in the synthesis of results obtained from reviewed studies, which may or may not include meta-analysis.
2. **Integrative review:** research method that presents the synthesis of multiple published studies and enables general conclusions regarding a specific area of study, contributing to enhanced knowledge of the investigated theme. It should follow standards of methodological rigor, clarity of result presentation, enabling the reader to identify the real characteristics of studies included in the review.
3. **Integrative review phases:** elaboration of a guiding question, search strategy, data collection, critical analysis of included studies, integrative review presentation and result discussion.

Review articles Structure

The text should not exceed 5,000 words, not including references and tables. The total number of illustrations and tables should not exceed 8, and the number of references should be up to 60. Reviews must follow the criteria above. Their structure should contain the following:

1. **Title page:** article title in English; full name of all authors; academic or professional affiliation of each author; institutions names where the study took place; running title; corresponding author name, degree, full address, e-mail and phone number.
2. **ICMJE Col forms:** One form for each author (available at <http://icmje.org/>)
3. **Abstracts:** structured abstract with 250 words at the most: objective, methods, results and conclusions. Following the abstract comes keywords (six at the most), based on MeSH (Medical Subject Headings), published in Medline and available at: "<http://www.ncbi.nlm.nih.gov/mesh/>".
4. **Main text:** It must be anonymous and containing introduction; casuistry or material and methods; results; discussion; conclusion; acknowledgments.
5. **References:** number references as they are first cited in the text with Arabic numerals. Use Vancouver style; list all authors until the sixth, using et al. after the third when more than six; when reference authors are cited in the text cite the first et al. For references with more than two authors, unpublished data or personal communication must be cited as such between parentheses and cannot be listed as reference: use journal abbreviation from Index Medicus.

Special articles

The text should have up to 2,000 words document, not including references and tables.; up to 30 references, and up to 5 figures or tables. Their structure should contain the following:

1. **Title page:** article title in English; full name of all authors; academic or professional affiliation of each author; institutions names where the study took place; running title; corresponding author name, degree, full address, e-mail and phone number.
2. **ICMJE Col forms:** One form for each author (available at <http://icmje.org/>)
3. **Main text:** It must be anonymous and containing abstracts, introduction; casuistry or material and methods; results; discussion; conclusion; acknowledgments.
4. **References:** number references as they are first cited in the text with Arabic numerals. Use Vancouver style; list all authors until the sixth, using et al. after the third when more than six; when reference authors are cited in the text cite the first et al. For references with more than two authors, unpublished data or personal communication

must be cited as such between parentheses and cannot be listed as reference: use journal abbreviation from Index Medicus.

Letter to the Editor

Letters to the Editor are short, relevant comments on articles published by JCOL. These manuscripts should not exceed 600 words in length, do not include an abstract or keywords, and must include the previously published article as a citation. Their structure should contain the following:

1. **Title page:** article title in English; full name of all authors; academic or professional affiliation of each author; institutions names where the study took place; running title; corresponding author name, degree, full address, e-mail and phone number.
2. **ICMJE Col forms:** One form for each author (available at <http://icmje.org/>).
3. **References:** Up to 5 references. Number references as they are first cited in the text with Arabic numerals. Use Vancouver style; list all authors until the sixth, using et al. after the third when more than six; when reference authors are cited in the text cite the first et al. For references with more than two authors, unpublished data or personal communication must be cited as such between parentheses and cannot be listed as reference: use journal abbreviation from Index Medicus.

General Guidelines

1. You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
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3. The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables **should be typewritten, double-spaced in 12-point Arial font with double-spaced, with 2 cm margins justified.**
4. Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme's Production Department.
5. Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
6. **The manuscript, abstract and keywords should be written in English.**
7. The authors should use Système International (SI) measurements. For clarity, non-metric equivalents may be included in parentheses following the SI measurements.
8. Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.

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14. **Final correction:** The PDF of the accepted manuscripts will be sent to the corresponding author for approval. The final version must be sent back to the editor in two weeks. If the editor does not receive the corrected proofs in 2 weeks, the manuscript will be published, even with no final approval of the authors.

Standards for articles structure

Acknowledgements

Acknowledgments to contributors may be cited at the end of the article, before references.

Format of presentation

Title Page

Title

The article title should be short, clear and concise. When necessary, one can use a subtitle title (with a maximum of 50 characters including spaces). The title must be written in English.

Authors

The authors' full name should come just below the title with the highest degree and affiliation of each author.

Name of Institution

The name of the institution where the work was carried out must be cited and also the authors' affiliation. Regarding studies presented in meetings, conference or congress, the name of the event should be cited.

Abstract

See the section Article Types for word limits. The second page should have the abstract, in English, with no more than 250 words. For original and review articles, the abstract structure should highlight the study objectives, methods, main results with significant data and conclusions. For clinical information special articles, the abstract does not need to be structured as mentioned above, but it should contain important information for the study value recognition.

The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be wording a reader would be

likely to use in searching for the content of the article.

Keywords

After the abstract, specify three to six terms in English the subject of the study should be included as well as the corresponding. Keywords in must be based on the Health and Science Keywords (DeCS), published by Bireme and available at (<http://decs.bvs.br>), and Medical Subject Headings (MeSH) is the Nation Library Medicine controlled vocabulary thesaurus used for indexing articles for PubMed at (<http://www.nlm.nih.gov/mesh/meshhome.html>).

Abbreviations should be indicated when they first appear in the text. After that, the full name should not be repeated.

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- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
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- Use only one space, not two, after periods.
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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing

language help, writing assistance or proof reading the article, etc.).

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/pubmed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.

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Authorship will be based on the criteria of the International Committee of Medical Journal Editors (ICMJE): 1. Substantial contributions to the conception or design of the work; or the acquisition, analysis or interpretation of data for the job; 2. Write the work or critically review it for important intellectual content; 3. Final approval of the version to material and will not consider manuscripts that are simultaneously submitted to other journals, or redundant or duplicate publications, that is, articles that substantially overlap with another already published, printed or in the electronic media. Authors must inform in the cover letter about previous submissions or publications of the same work, in whole or in part, that may be considered redundant or duplicate publication.

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The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments. Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Figure Captions

- Figures include photographs or radio-graphs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure legend. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357.)

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- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited in the text. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
- For tables borrowed or adapted from another

er publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)

- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.

Digital Artwork Preparation

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3 • • inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

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- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven

in printing and lead to unacceptable printing quality.

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- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

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- The best way to make revisions to your manuscript is by enabling the Track Changes mode in Microsoft Word, which will automatically highlight and mark up revised text. Please submit both a marked up copy and a clean copy of your revised manuscript to the submission system.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.
- You will also be provided space in which to respond to the reviewers' and editors' comments. Please be as specific as possible in your response.

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The journal adheres to the principles set forth in the Helsinki Declaration and holds that all reported research conducted with human participants should be conducted in accordance with such principles. Reports describing data obtained from research conducted in human participants must contain a statement in the Methods section indicating approval by the Institutional Review Board (IRB). The authors should also indicate whether or not individual consent for the study was obtained, or whether it was waived.

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