

# Digestive Diseases and Sciences

## Instructions for Authors

*Digestive Diseases and Sciences* (DDS) publishes peer-reviewed basic/translational and clinical studies and special articles on all aspects of gastroenterology and hepatology and related fields.

For complete information regarding authorship, ethics, and availability of data and materials please review DDS's full [submission guidelines](#).

### Manuscript Quality and Review Process

Manuscripts submitted to *Digestive Diseases and Sciences* (DDS) should be concise, well organized, and clearly written. Acceptance of manuscripts will be based on originality and importance to the field of digestive diseases. Submitted manuscripts are reviewed by the editor-in-chief and associate editors and, in the majority of cases, by two or more experts in the field. The editors can choose to reject a manuscript without peer review if the manuscript is of insufficient quality or relevance to warrant acceptance.

Articles are routinely checked for duplication; those that excessively re-use the text from their own published work or that from others will not be published. If data from another publication are included out of scientific necessity, this should be clearly stated in the manuscript, referenced, and the appropriate permissions must be acknowledged. Moreover, how the submitted work differs from prior publications should be specifically stated.

The editors reserve the right to reject poorly written manuscripts regardless of scientific content or potential importance. Submissions deemed of substantial scientific value but poorly written may be returned to the authors for editing by a professional editing service or native English speaker. Springer reserves the right to copyedit accepted manuscripts. Proofs will be sent to the corresponding author for final approval and must be returned within 48 hours of receipt.

Please note that DDS does not accept material written by or with the substantial assistance of professional medical writers, in particular those sponsored by the pharmaceutical industry.

### SPECIFIC CONSIDERATIONS

The following submission categories are either not encouraged or require attention to specific instructions:

- **Alternative medicine:** Interventions considered as “alternative,” “nontraditional,” or ethnopharmacologic are generally considered to have been derived from ancient medical practices such as the use of herbal extracts and chemical mixtures that are not rigorously defined or standardized. The lack of standardization of these substances is likely to affect reproducibility and also limit the use to areas where such treatments are considered acceptable. Due to these considerations, such articles may either be returned to the authors or transferred by the publisher for consideration by a more appropriate journal

at the discretion of the editor and the Springer Transfer Desk. Submissions that use defined chemical compounds or standardized nontraditional practices, or reviews or analyses of such practices will generally be excluded from these considerations.

- **Derivative studies:** Submissions in which the principal purpose is to re-analyze previously published data will be classified as “derivative studies.” To be considered for publication, they must fulfill *all* of these criteria:

- 1) The “parent” paper must have been accepted for publication prior to submission to DDS of any derivative studies.

- 2) The complete, accepted version of the parent publication has to be clearly cited in the DDS submission. Citation to abstracts, preliminary papers, or “making of” papers is not acceptable.

- 3) A full text version of the published parent publication must be available to the editors and reviewers of the DDS submission in order to enable full comparison of the data.

- 4) The “child” paper must be of clear significance and advance the field in its own right.

- 5) Figures, data tables, methods, and other material cannot be duplicated verbatim from the parent paper without the permission of the publisher of the original paper and must be cited appropriately. The authors may cite identical methods and data in the “child” study.

- 6) In the introduction, the authors of the “child” paper must clearly state that the data in the submitted work are based on original data that were published previously, and must justify the significance and importance of re-analyzing their published data, stressing how new conclusions and insights generated from their re-analysis advance the field.

- **Iterative, repetitive, or incremental studies:** Although confirmatory studies often have value, the submission of studies in which near-identical methods are used to assess the efficacy of a succession of treatments tested in a standard disease model or in vitro system, particularly when the study is part of a large series of similar studies from the same laboratory, is discouraged, since these studies are usually not designed to test a thoughtful hypothesis or to gain insight into disease mechanisms or pathophysiology, but rather serve to maximize the number of publications given the capabilities of the laboratory.

- **In vitro only studies:** Experiments that rely on *in vitro* models, such as isolated tissues, cell cultures, or other organ models, are generally enhanced by confirmatory studies using animal models or even clinical studies. At the editors’ discretion, submissions reliant on data obtained solely from *in vitro* systems will likely be rejected or recommended for consideration by a more appropriate journal.

## TRANSFER DESK

Editors may sometimes reject sound manuscripts for reasons other than quality of research; for example, the manuscript may not fit well with the journal’s aims and scope. Springer’s Transfer Desk is a manuscript transfer service, providing a convenient way of resubmitting manuscripts to a more suitable journal. Transfer Desk subject matter

experts will analyze the manuscript with the help of advanced journal-matching technology, taking into account submission preferences and any editor or reviewer comments to find the best journal for the research. Journal recommendations will be sent to the corresponding author who can then select a journal of choice. The manuscript will then be submitted to the preferred journal seamlessly and quickly. Please be assured that a manuscript will never be transferred to another journal without author approval. Please note that a transfer does not guarantee publication and Transfer Desk recommendations are not based on consultation with the suggested journals. All journals are editorially independent and will assess your manuscript according to their own criteria.

## Inquiries

All inquiries should be addressed to the managing editor or to the editor-in-chief, preferably by email:

### *Managing Editor*

Meghan Keffe

Email: [dds.journal@springernature.com](mailto:dds.journal@springernature.com)

Fax: 415-383-8428

### *Editor-in-Chief*

Jonathan D. Kaunitz, MD, FACG, AGAF

UCLA School of Medicine

Bldg. 114, 217E

West Los Angeles VAMC

Los Angeles, CA 90073 USA

## Categories of Manuscripts

*Digestive Diseases and Sciences* is dedicated to publishing novel and groundbreaking science pertaining the fields of gastroenterology and hepatology. In general, our editors favor scientific work that provides new insights into an important clinical or basic question, perhaps leading towards the understanding of a disease mechanism, providing insight into optimizing disease management, describing new diagnostic methods that are superior to existing approaches, or any other finding that advances the field.

### OPEN ARTICLE TYPES

The editors will consider and publish the following categories of manuscripts,

- **Original Article:** articles of interest to its readership that appeal to practicing gastroenterologists and scientists working in academic institutions and in industry who focus on the study of the digestive organs including the gastrointestinal tract, pancreas, and hepatobiliary system. Four major categories are welcome:

- 1) Medical education and practice, focusing on the delivery of medical care, disease classification, health outcomes, health quality measurement tools, and other aspects of health services research, and on educational topics such as fellow training and other issues concerning gastrointestinal fellowship programs.
- 2) Diversity and inclusion in GI, addressing issues centered around gender and racial diversity primarily among GI trainees and faculty but also inclusive of all related topics of interest to the DDS readership.

**3)** Basic/translational, which encompasses experimental animal research and research on clinical subjects or material using non-standard analyses and testing of fundamental mechanisms.

**4)** Clinical articles, which can include meta-analyses and systematic reviews, clinical trials of any design, biomarker studies, and any other clinically-based research of interest to our readership. Industry-sponsored articles will be considered provided that the relationship to the sponsor is clearly disclosed in the manuscript. An original article deemed of particular significance that is briefer than is usual may be reclassified as a “Brief Report” at the editor’s discretion.

- **Review:** Comprehensive and thoroughly referenced coverage of basic or clinical topics. Industry-sponsored reviews will be considered provided that the relationship to the sponsor is clearly disclosed in the manuscript and if industry-sponsored professional writers have made no substantial contribution to its preparation.

- **Correspondence:** concise opinions on papers published in DDS online within the past six months.

- **Image of the Month:** an image of particular interest and novelty illustrating a clinical or basic science finding.

Please note that while DDS published case reports in the past, this article type is no longer accepted for consideration.

### INVITED ARTICLE TYPES AND SPECIAL SECTION ARTICLES

The editors welcome proposals for articles addressing topics of interest to the journal’s readership in the following categories:

- **Invited Reviews:** Please see description under “Review” above.

- **Current Clinical Controversies:** Brief reviews addressing a controversial area of current interest to the GI community, providing incisive conclusions based on the best available evidence.

- **Mentored Reviews:** Reviews basic disease mechanisms or pathophysiology or clinical topics and must be co-authored by a trainee/postdoc/fellow and a faculty mentor.

- **Fellows and Young GIs Section:** a series of mini-reviews on the topics of education and training, with an emphasis toward trainees and young GIs, bringing to the forefront the evidence available for best practices, issues related to GI training programs, education, diversity and inclusion, and other topics of interest to the most junior gastroenterologists.

Proposed articles must receive approval by section editors or the editor-in-chief prior to submission. Please email the specified section, proposed title and authors, a brief summary including how the article would advance basic science or clinical practice (250 words or less), and citations to similar articles published within the past 5 years (if any) to the editorial office at [dds.journal@springernature.com](mailto:dds.journal@springernature.com). All invited articles will be peer reviewed either by the journal’s editors or by outside reviewers. Submitted full-length articles in these categories will be returned to the authors at the editor’s discretion.

## Submission

Original article, review, correspondence, and image of the month manuscripts should be submitted online using Springer's manuscript submission and review system, Editorial Manager, at <https://www.editorialmanager.com/ddsj>. Corresponding authors must confirm that an institutional, noncommercial email address is included in their Editorial Manager profile before submitting. (Authors may include multiple email addresses in their profile, separated by semicolons.)

Editorial Manager supports a wide range of submission file formats:

- **Manuscripts:** Word, WordPerfect, RTF, TXT, and LaTeX
- **Figures:** TIFF, GIF, JPEG, EPS, PPT, and Postscript. Color art is FREE for both online and print publication and is encouraged in the interest of visual appeal and clarity. Please note that PDF is not an acceptable file format for manuscripts or figures.

Manuscript submission requires the uploading of at least one manuscript file (including references), but a cover letter, figures, figure legends, and tables may also be uploaded as separate files. The cover letter should include a statement that the article has not been published previously except in abstract form or by a nonprofit, recognized preprint server. Files should ideally be posted in the following order (order can be changed after uploading):

1. Cover letter
2. Manuscript
3. Tables
4. Figure legends (if separate)
5. Figures
6. Other

Submission of original articles and reviews also requires the suggestion of four to six peer reviewers (experts in the topic area of the manuscript and not recent collaborators or from the same institution as the author[s]), including name, department, institution, and email address.

Once the manuscript is uploaded to Editorial Manager, the corresponding author will receive an email requesting approval of the PDF created from the source files. If not done immediately following upload, it is important to review and approve the PDF to initiate review by the editors.

Should any difficulties arise while submitting manuscripts online, please contact the responsible editorial assistant by clicking "Contact Us" in the Editorial Manager toolbar at the top of each page. Once submitted, a manuscript's progress through the review process may be tracked in real time.

## GRAPHICAL ABSTRACTS

Graphical abstracts are highly encouraged and should be a single-panel image that will help readers quickly gain an overview of the article. This visual summary will be visible to all readers of the online edition. The full color image should be labelled "Online Abstract Figure" and may be accompanied by a short sentence (140-200 characters) summarizing the key message(s) of the article, to be used as a legend for the graphic abstract. Upload

the graphic abstract as a separate “figure” file type in Editorial Manager, preferably in one of the following formats: JPEG, PNG, SVG, TIFF, BMP, doc, docx, ppt, or pptx (note that PDF is not accepted). Acceptable size: 920x300px, 150KB max. Please make sure that you are the owner of the copyright or have obtained permission to reprint the image from the publisher or copyright holder.

## Manuscript Style – All Manuscripts

- **Titles** should state the main findings of the article, not focus on design of the research, and should not exceed 120 characters (not including spaces) in length. Do not use abbreviations in titles.
- **Title page** should contain the title of the article, name(s) of author(s) and highest academic degree(s), affiliations of all authors, name of the corresponding author, corresponding author’s institutional email and postal addresses, author contributions, acknowledgment of grant support, conflicts of interest, and disclosure of financial arrangements related to the research or assistance with manuscript preparation. Regarding authorship, please note that no more than one corresponding author and no more than one first author may be listed.
- **Text** should conform to accepted standards of American English style and usage. Before submitting an article to DDS, authors for whom English is a second language are encouraged to have their manuscripts reviewed and professionally edited by an individual whose native language is English. (Please see “English Language Editing” below.) All authors may also find the editor-in-chief’s style guide, [“DDS Elementary Style: A Brief Guide for Authors,”](#) helpful toward improving the readability and impact of their manuscript.
- **Format** of all manuscripts should be set as follows: 12-point font size, double-spaced with 1-inch margins, and only one space after periods and commas. Authors should retain a copy of all materials.
- **Keywords** should express the precise content of the manuscript, as they are used for indexing purposes and should preferably be terms from the Index Medicus Medical Subject Headings (MeSH) list. Figure title and caption material should appear in the legend and not on the figure. Legends should be typed double-spaced on pages separate from the text. Figures should be numbered in one consecutive series in the order in which they are cited in the text. Please include sufficient information in the legends to interpret the figures without reference to the text.
- **Illustrations** should be clear, with sharp contrast, especially where fine lines such as those of grids or traces are to be retained. Illustrations should be no larger than 8 1/2 x 11 inches, but preferably of a size not needing enlargement or reduction. Non-traceable (raster) line-art and photographs should ideally be provided as TIFFs of at least 600 dpi resolution. Please provide traceable (vector) figures in EPS format. Vector graphics containing fonts must have the fonts embedded in the files. Scanned line drawings and line drawings in BMP format should have a minimum resolution of 1200 dpi. Halftone photographs should be provided as TIFFs of at least 200 dpi resolution.

No specific feature within an image may be enhanced, obscured, moved, removed, or introduced. The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (e.g., using dividing lines) and in the text of the figure legend. Adjustments of brightness, contrast, or color balance are acceptable if they are applied to the whole image and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g., changes to gamma settings) are not permitted.

All figures that were previously published can only be re-published with the permission of the copyright holder, usually obtained through RightsLink or similar mechanism. The publication from which the figure was copied must be cited and publisher acknowledged according to the copyright holder's requirements.

- **Tables** should be double-spaced on separate pages, with the table number and table title centered above the table and explanatory notes below the table.

- **References** should be cited in the text by Arabic numerals enclosed in square brackets. Only literature that is published or in press (with the name of the journal) may be numbered and listed. Abstracts and letters to the editor may also be cited, but should ideally be less than three years old and identified as such after the title, e.g., [Abstract] or [Letter to Editor].

The references section should be typed double-spaced on pages separate from the text and numbered consecutively in the order in which references are cited in text. Included are last names and initials of authors, title of article, name of publication, year published, volume, and inclusive pages. For references with more than six authors, the fourth and subsequent authors should be replaced with "et al."; for references with between one and six authors all the authors should be listed. Abbreviations should conform to those used in Index Medicus. References must be verified by the authors against original documents.

We recommend the use of tools such as EndNote or Reference Manager for reference management and formatting.

The style and punctuation of the references should conform to the following examples,

- Article:

Sandborn WJ, Tremaine WJ, Batts KP, et al. Fecal bile acids, short-chain fatty acids, and bacteria after ileal pouch–anal anastomosis do not differ in patients with pouchitis. *Dig Dis Sci*. 1995;40:1471–1483.

- Book:

Banks PA. *Pancreatitis*. New York, NY: Plenum Medical; 1979.

- Contribution to a book:

Creutzfeldt W. Endocrine tumors of the pancreas. In: Volk BW, Wellmann KF, eds. *The Diabetic Pancreas*. New York, NY: Plenum Medical; 1977:551–590.

- Electronic:

## Manuscript Style – by Article Type

- **Original articles** should be arranged as follows: Title Page, Abstract, Keywords, Introduction, Methods, Results, Discussion, References, Tables, Figure Legends, and Figures. There is no maximum for word count, figures, tables, or references. Manuscripts should include a structured abstract of no more than 250 words organized as applicable into the following categories: Background, Aims, Methods, Results, and Conclusions. Abbreviations, footnotes, and references should not be used in the abstract, with the exception of standard, repetitive abbreviations such as HCV, GERD, etc. A list of four to six keywords should be provided directly below the abstract. Reports of prospective clinical trials with a control or comparison group should be presented according to the CONSORT guidelines (<http://www.consort-statement.org> or JAMA. 2001;285:1987-1991). The registry URL (e.g., <http://www.clinicaltrials.gov> in the United States) and clinical trial number should be included in the body of the manuscript in the methods section. All structured reviews and meta-analyses should adhere to the guidelines published by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) group (Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009 Jul 21;6); <http://www.prisma-statement.org>.
- **Review articles** should include a general abstract of no more than 250 words followed by four to six keywords. There is no maximum for word count, figures, tables, or references.
- **Correspondence** should be limited to 500 words and should relate to papers published in DDS online within the past six months.
- **Image of the month** should be limited to a maximum of 150 words, 4 images, and 3 references.