GUIDE FOR AUTHORS

The Journal of Coloproctology (JCOL) publish articles that contribute to the improvement and the development of the practice, research, and training in Coloproctology and related specialities. Also published in English version, starting in vol. 31, issue 3, 2011. The guidelines are based on the format proposed by the International Committee of Medical Journal Editors (ICMJE) and published in the article: Uniform requirements for manuscripts submitted to biomedical journals, which was updated in April 2010 and is available on the Website (http://www.icmje.org).

Manuscript categories

Editorial The text should have up to 900 words and 5 references.

Original article
The text should have up to 3000 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:
Introduction: it should be brief, defining the studied problem and highlighting its importance and gaps in knowledge.
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.
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.
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.
Conclusion: it should correspond to the study objectives or assumptions, based on the results and discussion, aligned with the title, proposition and method.

Clinical information
Clinical case reports, presentation of technical notes, methods and devices. They should address questions of interest to Coloproctology and related specialities. Their structure should contain the following:
Introduction: it should be brief and show the theme relevance.
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.
Discussion: it should be based on the literature. The text not exceed 1500 words, not including references and figures.
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
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 specialities. 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.
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.
Integrative review phases: elaboration of a guiding question, search strategy, data collection, critical analysis of included studies, integrative review presentation and result discussion. The text should not exceed 5000 words, not including references and tables. The total number of illustrations and tables should not exceed 8. The number of references should be limited to 60.
Special articles
They should have up to 2000 words and 30 references. In all categories, in-text citation of authors should be numerical and sequential, using superscript Arabic numerals in parentheses, avoiding the indication of authors’ names. In-text citations and references mentioned in legends of tables and figures should be consecutively numbered in the order of their appearance in the text, with Arabic numerals (index numbers). Only the reference number should be included, without further information.

Page charges
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BEFORE YOU BEGIN

Ethics in publishing
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Conflict of interest
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Authorship criteria
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, 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 submitted. Data collection and indexing are not authorship criteria. Likewise, authors are not technical assistants that perform routine tasks, physicians that refer patients or interpret routine exams and heads of services or departments not directly involved in the study. Special acknowledgments can be made to these people.

Changes to authorship
This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts: Before the accepted manuscript is published in an online issue: Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged and (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by
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*After the accepted manuscript is published in an online issue:* Any requests to add, delete, or rearrange author names in an article published in an online issue will follow the same policies as noted above and result in a corrigendum.

**Records of clinical essays**

The *Journal of Coloproctology* supports the guideline for clinical essay recording issued by the World Health Organization (WHO) and the International Committee of Medical Journal Editors (ICMJE). Articles on clinical essays will be accepted for publication only if an identification (ID) number has been assigned by one of the Clinical Essay Record validated according to the criteria established by the WHO and ICMJE, whose addresses are at ([http://www.icmje.org](http://www.icmje.org)). The ID number should be displayed at the end of the abstract.

**Submission**

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

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**PREPARATION**

*Use of word processing software*

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: [http://www.elsevier.com/guidepublication](http://www.elsevier.com/guidepublication)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

*The identification page*

It should contain:

a) The article title, in Portuguese and English, which should be concise and informative; it should express the manuscript content with precision. In addition, the title is important for physicians and investigators to find an article in the bibliographical databases after it is published. Please, be sure the title:

- Is not a question.
- Does not have colon or any punctuation that separates it in two parts.
- Does not reaffirm the article type. Ex.: Case Report, Review.
- Does not indicate the type of statistical analysis. Ex.: Multivariate Analysis.
- Does not include the institution name.

Full name of each author and institutional affiliation.

Name of the department and institution to which the paper should be attributed.

Name, address, e-mail of the corresponding author in charge.

Sources of support to study development.
For studies presented in scientific meetings, indicate the meeting name, place, date, type of presentation.

**Abstract**
The second page should have the abstract, in Portuguese and English, with no more than 200 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, as described in details in the publications: Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardiner MJ. More informative abstracts revisited. Ann Intern Med 1990;113:69-76 Ad Hoc Working Group for Critical Appraisal of the Medical Literature. A proposal for more informative abstracts of clinical articles. Ann Intern Med 1987;106:598-604.

**Keywords**
After the abstract, specify three to six terms in Portuguese and 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.

**Acknowledgements**
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.).

**Statistical analysis**
The authors should demonstrate that the statistical procedures used in the study were not only appropriate to test the study hypotheses, but also correctly interpreted. The levels of statistical significance (ex. p < 0.05; p < 0.01; p < 0.001) should be mentioned.

**Electronic artwork**
**General points**
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**Figure captions**
Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

**Figures**
The illustrations (pictures, charts, drawings, etc.) should be submitted individually. They should be consecutively numbered, with Arabic numerals, in the order of their appearance in the text, and they should be clear enough to enable their reproduction. Photocopies will not be accepted.

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Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

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Further considerations:
- Manuscript has been 'spell-checked' and 'grammar-checked'
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