**Last updated:** December 21, 2017

**Guidelines and Requirements for Manuscript Revision: Case Report**

You can use the following checklist to help you fulfill the requirements formanuscript revision.

**1 HOW DO AUTHORS CORRECTLY DEAL WITH THEIR PEER-REVIEW REPORT AND COMMENTS RAISED BY THE SCIENCE EDITOR?** YES or NO

1.1 Authors should reconsider the strengths and weaknesses of their manuscript. [ YES ]

1.2 Authors should carefully read the peer-review report. [ YES ]

1.3 Authors should carefully answer reviewers. [ YES ]

1.4 Authors should carefully format their manuscript. [ YES ]

1.5 Authors should carefully polish the language of their manuscript. [ YES ]

**2 FIRST SECTION OF WRITING REQUIREMENTS** YES or NO

2.1 Title [ YES ]

2.2 Running title [ YES ]

2.3 Authorship [ YES ]

2.4 Institution [ YES ]

2.5 ORCID number [ YES ]

2.6 Author contributions [YES ]

2.7 Supportive foundations [YES ]

2.8Informed consent [ YES ]

2.9 Conflict-of-interest [ YES ]

2.10 CARE Checklist (2013) [YES ]

2.11 Open-Access [ YES ]

2.12 Correspondence to [YES ]

2.13 Telephone and fax [YES ]

2.14 Abstract [ YES ]

2.15 Key words [ YES ]

2.16 Copyright [ YES ]

2.17 Core tip [ YES ]

2.18 Audio core tip [YES ]

2.19 Citation [ YES ]

**3 SECOND SECTION OF WRITING REQUIREMENTS** YES or NO

3.1 Main text [ YES ]

3.2 Units [ YES ]

3.3 Illustrations [ YES ]

3.4 Tables [ YES ]

3.5 Notes in illustrations and tables [ YES ]

3.6 Abbreviations [ YES ]

3.7 Italics [ YES ]

3.8 Article highlights [ YES ]

3.9 Acknowledgments [YES ]

3.10 References [YES ]

**4 ETHICS AND RELEVANT DOCUMENT(S) REQUIRED FOR CASE REPORT**

YES or NO

**5 LANGUAGE EDITING FOR MANUSCRIPTS SUBMITTED BY NON-NATIVE SPEAKERS OF ENGLISH** YES or NO

YES

**6 COPYRIGHT LICENSE AGREEMENT** YES or NO

YES

**7 CONSEQUENCES OF MODIFICATIONS AFTER THE FORMAL ACCEPTANCE** YES or NO

YES

**1 HOW DO AUTHORS CORRECTLY DEAL WITH THEIR PEER-REVIEW REPORT AND COMMENTS RAISED BY THE SCIENCE EDITOR?**

Since there is no limit to the numbers of words, tables, and color images in the manuscript, the revised manuscript should be well illustrated and very detailed, including research methods, experimental equipment, experimental results, and original data. In addition, authors should describe truthfully the problems and weaknesses of the study in the manuscript so that readers are able to obtain the maximal amount of useful information from reading the article; this practice will also help to improve the authors’ academic influence in their field. The methods and requirements for how to revise manuscripts for acceptance are as follows:

1.1 **Authors should reconsider the strengths and weaknesses of their manuscript.** After the authors receive their peer-review report, they should first reconsider the strengths and weaknesses of their manuscript. They should provide a reasonable and rational explanation as to why they carried out the study, what they did to complete the study, and what is the most important finding of the study. In addition, they should consider their reasoning for choosing the methods and parameters used in the study, as well as those that have been used in previous studies, what is unique about their study, what additional experimental results will be required to further strengthen their study and its findings, whether other researchers will be able to reproduce all of their methods and results, and whether similar articles have been published.

1.2 **Authors should carefully read the peer-review report.** Authors should first read the entire peer-review report carefully, in order to gain a complete understanding of its content. Then, they should try their best to revise the manuscript according to each of the peer-reviewers’ comments and suggestions. The final decision for publication of the manuscript (acceptance or rejection) largely depends upon whether authors revise their manuscript according to the reviewers’ comments and whether authors truthfully respond to the reviewers’ comments.

1.3 **Authors should carefully answer reviewers.** Authors should revise their article according to the reviewers’ comments/suggestions and provide point-by-point responses to each in a letter that is to accompany their resubmission.

In order to continually improve the quality of peer-review for our journals, we urge authors to carefully revise their manuscripts according to the peer-reviewers' comments and we promote productive academic interactions between the peer-reviewers, the authors, and our readers. To this end, we include each of the reviewers’ comments, in an anonymized manner, as well as the authors’ responses along with the manuscript’s publication online.

1.4 **Authors should carefully format their manuscript.** Authors should carefully format their revised manuscript in strict accordance with the Baishideng Publishing Group (BPG) guidelines and requirements for manuscript revision-case report and format for manuscript revision-case report are provided to assist the authors in fulfilling this responsibility. In addition, all comments raised by the science editor must be addressed, in the appropriate format, in order for the manuscript to eventually reach the standard of publication.

1.5 **Authors should carefully polish the language of their manuscript.** Authors should carefully polish the language of their manuscript, including the title, abstract, core tip, introduction, materials and methods, results, discussion, and article highlights. All sentences and paragraphs should be organized in a logical manner, so that readers will not only readily understand the content but also enjoy reading the manuscript.

**2 FIRST SECTION OF WRITING REQUIREMENTS**

All contributions should be written in English; the authors may use either UK or US English language, but the chosen English language usage must be consistent throughout the document. All articles must be prepared with word-processing software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins. Required information for each of the manuscript sections is as follows:

2.1 **Title.** The title should be no more than 12 words. The title should summarize the core content of the manuscript, so that the reader may readily understand the key concepts and important findings presented within. This type of succinct and impactful statement will serve to catch readers' attention and stimulate their interest in reading the abstract and/or downloading the full paper. It is also strongly recommended that the title include one or two of the key words associated with the manuscript’s topical content, to facilitate the paper being readily found by electronic searches of public databases, such as Google or PubMed. Finally, a succinct and impactful title will include minimal nonfunctional words, such as “a”, “an”, “the”, and “roles of”, and will avoid non-standard abbreviations.

2.2 **Running title.** A short running title of no more than 6 words should be provided. It should state the topic of the paper. For example, LosurdoG *et al*. Two-year follow-up of duodenal lymphocytosis.

2.3 **Authorship.** Authorship credit should be given in accordance with the standard proposed by the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/>). Specifically, authorship is merited by (1) substantial contributions to conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) drafting the article or making critical revisions related to important intellectual content of the manuscript; and (3) final approval of the version of the article to be published. Authors should meet conditions 1, 2 and 3. Designation of co-first authors and co-corresponding authors is not permitted. Author names (unabbreviated) should be given as first name, middle name (acronym, with no period), and family (sur)name, and typed in bold with the first letter capitalized; a hyphen should be included between the syllables of Chinese names. For example, **Jason Lamontagne, Laura F Steel, Paul V Harper Jr, Bo Yuan, and Wei-Hong Tang**.

2.4 **Institution.** Author names (unabbreviated) should be given first as first name, middle name (acronym, with no period), and family (sur)name, and typed in bold with the first letter capitalized, with a hyphen included between the syllables of Chinese names, followed by the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. For example, **Xu-Chen Zhang, Li-Xin Mei,** Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China. In the case that multiple authors represent a single institution, the authors will be listed together for that institution; for example, **Giuseppe Losurdo, Domenico Piscitelli, Antonio Giangaspero, Mariabeatrice Principi, Francesca Buffelli, Floriana Giorgio, Lucia Montenegro, Claudia Sorrentino, Annacinzia Amoruso, Enzo Ierardi, Alfredo Di Leo,** Gastroenterology Section, Department of Emergency and Organ Transplantation, University of Bari, 70124 Bari, Italy. In the case that one author represents multiple institutions, the institutions will be listed separately; for example **Jun Wen,** Department of Liver Surgery and Liver Transplantation Center, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

**Jun Wen,** Department of General Surgery, The Third People’s Hospital of Chengdu, Chengdu 610031, Sichuan Province, China

**2.5 ORCID number.** ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submissions, supports automated linkages between you and your professional activities, thereby ensuring that your work is recognized. Please visit the ORCID website at <https://orcid.org/>for more information. All authors must provide their personal ORCID registration number. For example, Marcos Pasarín (0000-0002-4122-1235); Juan G Abraldes (0000-0002-4392-660X); Eleonora Liguori (0000-0002-0244-927X); Beverley Kok (0000-0002-1727-5030); Vincenzo La Mura (0000-0003-4685-7184).

2.6 **Author contributions.** The format of this section will be as follows: **Author contributions:** Wang CL, Liang L, Fu JF, Zou CC, Hong F, and Wu XM designed the research; Wang CL, Zou CC, Hong F, and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L, and Fu JF analyzed the data; Wang CL, Liang L, and Fu JF wrote the paper.

2.7 **Supportive foundations.** The approved grant application form(s) will be released online, together with the manuscript in order for readers to obtain more information about the study and to increase the likelihood of subsequent citation. Our purpose of publishing the approved grant application form(s) is to promote efficient academic communication, accelerate scientific progress in the related field, and improve productive sharing of research ideas.

**Supportive foundation acknowledgment:** The complete name(s) of supportive foundation(s) and identification number(s) of grants or other financial support will be provided on the title page of all submitted manuscripts using the following format: **Supported by** the National Natural Science Foundation of China, No. 30224801.

**2.8 Informed consent*.*** Any research article describing a study (clinical research and case report) involving humans should contain a statement in the title page clearly stating that all involved persons (subjects or legally authorized representative) gave their informed consent (written or verbal, as appropriate) prior to study inclusion. In general, the BPG requires that any and all details that might disclose the identity of the subjects under study should be omitted or anonymized. In the rare situation that a study participant’s identifiable information is crucial to the case presentation, the statement of informed consent is absolutely necessary, unless the participant is deceased.

**Sample wording:** All study participants, or their legal guardian, provided informed written consent prior to study enrollment

Waiver of informed consent for human study subjects may be justifiable under certain rare and specific conditions, such as for a trial with demonstrated minimal risk or cases of emergency care. Authors may petition BPG for waiver of informed consent, but there is no guarantee that the petition will be granted. In general, BPG favors the requirement of informed consent for all reports of information (anonymized or identifiable) and reserves the right to refuse publication of such if informed consent was not obtained.

2.9 **Conflict-of-interest*.*** A conflict-of-interest statement is required for all article and study types. In the interests of transparency and helping reviewers to assess any potential bias in a study’s design, interpretation of its results or presentation of its scientific/medical content, the BPG requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual or religious interests) on the title page that are related to the work submitted for consideration of publication.

**Sample wording:** [Name of individual] has received fees for serving as a speaker, a [position; such as consultant and/or an advisory board member] for [name(s) of organization(s)]. [Name of individual] has received research funding from [name(s) of organization(s)]. [Name of individual] is an employee of [name(s) of organization(s)]. [Name of individual] owns stocks and/or shares in [name(s) of organization(s)]. [Name of individual] owns patent [patent identifier information (including patent number, two-letter country code, and kind code) and a brief description].

2.10 **CARE Checklist (2013).** In order to improve the quality of Case Report manuscripts, authors should download and complete the ‘CARE Checklist (2013) of information to include when writing a case report’ to ensure that the manuscript meets the requirements of the CARE Checklist (2013). Authors must state on the title page of the manuscript that the guidelines of the CARE Checklist (2013) have been adopted (see below). Authors must upload the PDF version of the completed checklist to the system.

**Sample wording:** The authors have read the CARE Checklist (2013), and the manuscript was prepared and revised according to the CARE Checklist (2013).

2.11 **Open-Access****.** The followingOpen-Access statement must be included on the title page: “This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.”

2.12 **Correspondence to.** Only one corresponding author is allowed. Designation of co-corresponding authors is not permitted. The corresponding author’s contact information should be provided in the following format: Author names (unabbreviated) should be followed by the author’s title in bold, and the affiliation, complete name of institution, present address, city, province/state, postcode, country, and E-mail. The corresponding author’s E-mail address must be issued by his/her institution. All the letters in the E-mail address should be typed in lowercase, and separated from the country by a period and a space. For example, **Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor of Medicine, Chief,** Gastroenterology, VA Long Beach Health CareSystem, University of California, Irvine, 5901 E Seventh St,Long Beach, CA 90822, United States. astarnaw@uci.edu

2.13 **Telephone and fax.** Telephone and fax numbers should consist of +, country number, district number and telephone or fax number; for example, +86-10-85381892

2.14 **Abstract.** An informative, unstructured abstract of no less than 150 words should accompany each manuscript.

2.15 **Key words.** Please list 5-10 key words for each paper, which reflect the content of the study and are selected mainly from the meSH Tree. Each key word is to be typed with the first letter capitalized, and separated by a semicolon, with no period at the end; for example, Colorectal cancer; Epigenetic analysis

2.16 **Copyright.** The followingCopyright statement must be included in the title page: “**© The Author(s) 2017.** Published by Baishideng Publishing Group Inc. All rights reserved”

2.17 **Core tip.** Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers’ interest for reading the full version of your article and increasing the impact of your article in your field of study.

2.18 **Audio core tip.** In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

**Acceptable file formats:** .mp3, .wav, or .aiff

**Maximum file size:** 10 MB

To achieve the best quality, when saving audio files as an .mp3 file, use a setting of 256 Kbps or higher for stereo or 128 Kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

2.19 **Citation.** The citation contains authors’ names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as **Yoon JM**, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis.

**3** **SECOND SECTION OF WRITING REQUIREMENTS**

**3.1 Main text.** The main text contains Introduction, Case report, Discussion, and Article highlights (*Case characteristics, Clinical diagnosis, Differential diagnosis, Laboratory diagnosis, Imaging diagnosis, Pathological diagnosis, Treatment, Related reports, Term explanation*, and *Experiences and lessons*), Acknowledgments, and References.

**3.2 Units*.*** Use SI units. For example: body mass, m (B) = 78 kg; blood pressure, p (B) = 16.2/12.3 kPa; incubation time, t (incubation) = 96 h; blood glucose concentration, c (glucose) = 6.4 ± 2.1 mmol/L; blood CEA mass concentration, p (CEA) = 8.6-24.5 g/L; CO2 volume fraction, 50 mL/L CO2, not 5% CO2; likewise, for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc*. Arabic numerals such as 23,243,641 (*i.e.*, 23 million, 243 thousand, and 641) should be written as 23243641, with no commas or spaces. The format for how to accurately write common units and quantities can be found at: <https://www.wjgnet.com/bpg/gerinfo/189>.

**3.3 Illustrations.** Figures must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc*.). All figures must have a detailed figure legend that provides a clear and comprehensive description of the information presented in the figure, so that the reader can understand without having to refer back to any other portion of the manuscript.

It is necessary to keep all elements compiled in a line-art image. Scale bars should be used rather than magnification factors, with the length of the bar defined in the legend text rather than on the bar itself. Figure file names should identify the figure and panel. Avoid layering type directly over shaded or textured areas in the figure. Uniform presentation should be used for figures showing the same or similar contents; for example, “**Figure 1** **Pathological changes of atrophic gastritis after treatment.** A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”

Figures with labels, arrows, or other markers, photographs, clinical images, photomicrographs, gel electrophoresis, and the like that include labels, arrows, or other markers must be submitted in two versions: one with the markers and the other without. Provide an explanation for all labels, arrows, or other markers in the figure legend. The figure field in the File Description tab of the manuscript submission form allows for uploading of two versions of the same figure.

**3.4 Tables.**Tables must be presented in the order that they appear in the main text of the manuscript (numbered as 1, 2, 3, *etc*.). A brief, one-line title must be provided for each table. Detailed legends should not be included under tables, instead having the information presented in the main text where applicable; the information should complement, but not duplicate the text. Use one horizontal line under the title, a second under the column headings, and a third below the last row of the Table (being above any footnotes). Vertical lines and italics should be omitted.

Please note that tables embedded as Excel files within the manuscript are NOT acceptable. Tables made in Excel should be copied and pasted into the manuscript Word file. All tables will be located at the very end of your article document, following the figures. Any tables submitted that are longer/larger than two pages will be published as online-only supplementary material.

Tables must be primarily cell-based and fully editable. Do not use the following to organize data or structure the table: (1) Returns (“Enter” key); (2) Tabs; (3) Spaces; (4) Colored text; (5) Cell shading; and (6) Cells within cells. The software used should be Word (preferred) or Excel. BPG does not allow for graphics, boxes, or embedded tables to appear in the main body of the manuscript.

**3.5 Notes in illustrations and tables.** Data with statistical significance in a figure or table should be denoted using superscripted alphabetical lettering, such as a*P* < 0.05 and b*P* < 0.01. If there are other series of *P* values, the alphabetical subscripted denotation format is continued, such as c*P* < 0.05 *vs* control, d*P* < 0.01 *vs* control, e*P* < 0.05 *vs* group A, and f*P* < 0.01 *vs* group B. Data that are not statistically significant should not be denoted, *i.e.*, *P* > 0.05 is not an allowed denotation.

Other notes in tables or under illustrations should be expressed as F1, F2, F3, or sometimes as other superscripted symbols (Arabic numerals). In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, *etc*., in a specified sequence.

**3.6 Abbreviations.**Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used three times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA and mAb, do not need to be defined and can be used directly.

**3.7 Italics*.*** Quantities: *t,* time or temperature; *c,* concentration; *A,* area; *l,* length; *m,* mass; *V,* volume.Genotypes: *gyrA*, *arg* 1, *c myc*, *c fos*, *etc*.Restriction enzymes: *Eco*RI, *Hin*dI, *Bam*HI, *Kbo* I, *Kpn* I, *etc*.Biological nomenclature: *H. pylori*, *E. coli*, *etc*. Latin terms: *i.e*., *e.g*., *via*, *etc*.

**3.8 Article highlights.** An “Article Highlights” section, highlighting the key points of an article, will be attached after each clinical case report published in the *World series* journals.

Clinical case reports provide clinicians with critical and innovative information by which they may learn from the successes and failures of their colleagues to improve their own skills in diagnosis and treatment. The purpose of the Article Highlight section provided that is included after each published clinical case report is to clearly and concisely summarize the core contents of the article so that readers will obtain the most important information in the least amount of time and quickly determine the relevance and practical value of your case description(s) and finding(s). The Article Highlights section is broken down into the following subsections: case characteristics, clinical diagnosis, differential diagnosis, laboratory diagnosis, imaging diagnosis, pathological diagnosis, treatment, related reports, term explanation, experience and lessons. The specific requirements for each subsection are provided below.

***Writing requirements for each subsection***

**(1) Case characteristics**

To summarize the main symptoms in a single sentence.

**(2) Clinical diagnosis**

To summarize the main clinical findings in a single sentence.

**(3)** **Differential diagnosis**

To summarize the considerations of and methods used for differential diagnosis in a single sentence.

**(4) Laboratory diagnosis**

To summarize the laboratory testing methods used and their major findings in a single sentence.

**(5) Imaging diagnosis**

To summarize the imaging methods used and their major findings in a single sentence.

**(6) Pathological diagnosis**

To summarize the pathological methods used and their major findings in a single sentence.

**(7) Treatment**

To summarize the treatments and drugs used in a single sentence.

**(8) Related reports**

To provide relevant and important information from previously published cases or studies related to your case report that will help readers to better understand the present case and its significance for the field as a whole.

**(9) Term explanation**

To provide accurate and concise explanations of uncommon terms that are present in your case report.

**(10) Experiences and lessons**

To summarize the experiences and lessons learnt from the case in a single sentence.

**3.9 Acknowledgments.**Brief acknowledgments of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. Authors are responsible for obtaining written permission to use any copyrighted text and/or illustrations.

**3.10 References.** Case report should be composed of detailed contents, comparisons and evaluations in relation to other published relevant articles, and an in-depth discussion. Please don't use informal publications. For seminal references, however, the publication date is not strictly limited. You should always cite references that are relevant to your article. Citing more than five references in a single citation, even when separated by a hyphen, should be avoided; for example [1-6], [2-14],and [1,3,4-10,22] are all considered inappropriate reference citations. Moreover, authors should not cite their own unrelated published articles.Citation of references not indexed on PubMed is discouraged, but if a reference that is not indexed by PubMed is necessary, you must provide BPG with a printed copy of the first page of the full article. Please update the format of all the references according to theFormat for referencesguidelines. The accuracy of the information of journal citations is very important. We will interlink all references with DOIs in an XML file, so that readers can immediately access the abstracts of cited articles online.

This section includes Coding system,PMID and DOI*,*Style for journal references, Style for book references, and Format for references (Examples). Specific requirements are as follows:

(1) ***Coding system***

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces. For example, “Crohn’s disease (CD) is associated with increased intestinal permeability[1,2].” If references are cited directly in the text, they should be included with the direct citation content within the text; for example, “From references[19,22-24], we know that...”. Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors’ names. Do not list the same citation twice (*i.e*., with two different numbers).

(2) ***PMID and DOI***

Please provide the PMID number, which is the serial number that roots the abstract for that publication into the PubMed index, and the CrossRef DOI® (Digital Object Identifier) name, which is a unique string created to identify a piece of scholarly content in the online environment for each reference in the References section. The PMID number can be found at <http://www.ncbi.nlm.nih.gov/pubmed> and the DOI name at <http://www.crossref.org/SimpleTextQuery/>. The numbers will be used in the electronic (E)-version of the manuscript.

(3) ***Style for journal references***

For authors’ names, the name of the first author should be typed in bold letters; the family (sur)name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Lian-Sheng Ma and Bo-Rong Pan will be written as Ma LS and Pan BR. The title of the cited article will be written in sentence case. The journal title will be written in its abbreviated form (as shown in PubMed) in italics and followed by the article publication information (not italicized), including the publication date, volume number (in bold numbers), and start page through end page (separated by a hyphen, with no space). The PMID and DOI will follow this information and be written as [PMID: 11819634 DOI: 10.3748/wjg.13.5396].

(4) ***Style for book references***

For the authors’ names, the name of the first author should be typed in bold letters. The family (sur)name of all authors should be typed with the initial letter capitalized, followed by their abbreviated middle and first initials. The book title will follow the authors’ names and not be italicized. The publication information will follow, written as punctuated here: publication number, publication place: publication press, year: start page-end page.

BPG uses the reference style outlined by the International Committee of Medical Journal Editors (ICMJE), also referred to as the “Vancouver” style. Example formats are listed below. Additional examples are in the [ICMJE sample references](https://www.nlm.nih.gov/bsd/uniform_requirements.html).

Journal name abbreviations should be those found in the [National Center for Biotechnology Information databases.](https://www.ncbi.nlm.nih.gov/nlmcatalog/journals)

**PRINT JOURNALS**

**English-language journal articles (list all authors and include the PMID and DOI, where applicable):**

**1 Ma L,** Chua MS, Andrisani O, So S. Epigenetics in hepatocellular carcinoma: An update and future therapy perspectives. *World J Gastroenterol* 2014; 20: 333-345 [PMID: 24574704 PMCID: PMC3923010 DOI: 10.3748/wjg.v20.i2.333]

**Chinese-language journal articles (list all authors and include the PMID and DOI, where applicable):**

**2 Zhang ZM,** Deng H, Zhang C, Yu HW, Liu Z, Liu LM, Wan BJ, Zhu MW. Strategies for diagnosis and treatment of benign and malignant colorectal obstruction. *Shijie Huaren Xiaohua Zazhi* 2017; 25: 2597-2604 [DOI: 10.11569/wcjd.v25.i29.2597]

**In press articles:**

3**Sipos F**, Constantinovits M, Valcz G, Tulassay Z, Műzes G. Association of hepatocyte-derived growth factor receptor/caudal type homeobox 2 co-expression with mucosal regeneration in active ulcerative colitis. *World J Gastroenterol* 2015; In press

**Organization as author:**

4 **Diabetes Prevention Program Research Group**. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462]

**Both individual authors and an organization as author:**

5 **Vallancien G**, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1, 274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764]

**No author given:**

6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303]

**Volume with supplement:**

7 **Geraud G**, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325]

**Issue with no volume:**

8 **Banit DM**, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; **(401)**: 230-238 [PMID: 12151900]

**No volume or issue:**

9 Outreach: Bringing HIV-positive individuals into care. *HRSA Careaction* 2002; 1-6 [PMID: 12154804]

**BOOKS**

**Individual author(s):**

10 **Sherlock S**, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

**Chapter in a book (list all authors):**

11 **Lam SK**. Academic investigator’s perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

**Author(s) and editor(s):**

12 **Breedlove GK**, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wieczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

**CONFERENCE-RELATED ARTICLES**

**Conference proceedings:**

13 **Harnden P**, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

**Conference papers:**

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