

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript 1	page number	(Without	Figures):	15	Rate:	6.2	CNY	per	ра	ge
		•	, -		_					_

Editing Fee: 93 CNY

Figure count: 8 Figure handling time: 100 min Rate: 1 CNY per min

Editing Fee: 100 CNY

XML and PDF converting time: 50 min Rate: 1 CNY per min

Editing Fee: 50 CNY

Manuscript word count: 3376

Total Editing Fee: 243 CNY

Scientific Editor: Yun-Xiaojian Wu

Date of signature: <u>5/17/2022</u> (month/day/year)

		Comments
Item No.	Specific items for verification	Yes=[Y]
		No= [N]
	General Information of the Manuscript	
	Name of journal: World Journal of Clinical Cases	
	Manuscript NO.: 71960	
	Column: Case Report	
1	Title: Optic disc cupping associated with macular retinoschisis:	[Y]
	a case report	
	Authors: Wei Zhang and Xiao-Yan Peng	
	Reviewer code: 05347189, and 05347189	
	First decision: 2022-03-07 01:52	
2	Editorial Office's Comments	[Y]
<u> </u>	Science Editor: Remind Revision at 2022-03-15 08:18	



Baishideng Publishing

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

https://www.wjgnet.com

Company Editor-in-Chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, 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: ...". Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author,



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

	T	
	and if the author has used a figure published elsewhere or that is	
	copyrighted, the author needs to be authorized by the previous	
	publisher or the copyright holder and/or indicate the reference	
	source and copyrights. Please check and confirm whether the	
	figures are original (i.e. generated de novo by the author(s) for this	
	paper). If the picture is 'original', the author needs to add the	
	following copyright information to the bottom right-hand side of	
	the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.	
3	The fixed headings are copied.	[Y]
	The title concisely summarizes the main topic of the study and is	[Y]
	not too long (no more than 18 words). Words such as 'exploration',	
4	'research', 'analysis', 'observation', and 'investigation' are avoided.	
	The title does not start with 'The' and does not include any Arabic	
	numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
	The authors' full family (sur)names and full/abbreviated first	[Y]
6	names are listed on the title page and are consistent with those	
	listed in the signed BPG Copyright License Agreement form.	
	The 'Author contributions' passage describes the specific	[Y]
	contribution(s) made by each author. The author's names are listed	
	in the following format: full family (sur)name followed by	
	abbreviated first and middles names.	
	e.g., "Wang CL and Liang L contributed equally to this work; Wang	
7	CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the	
	research study; Wang CL, Zou CC, Hong F and Wu XM performed	
	the research; Xue JZ and Lu JR contributed new reagents and	
	analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and	
	Wang CL, Liang L and Fu JF wrote the manuscript. All authors	
	have read and approve the final manuscript."	



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

The 'Supported by' statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors. The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (e.g., MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed with the first letter			
and program ID(s) if available, and contains no spelling errors. The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (e.g., MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor; Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		The 'Supported by' statement describes the source(s) of financial	[Y]
The "Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (e.g., MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 80 words); RESULTS (no less than 120 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The "Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	8	support and includes the corresponding identification number(s)	
author's full first and family (sur)names, abbreviated title (e.g., MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor; Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		and program ID(s) if available, and contains no spelling errors.	
PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles; Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		The 'Corresponding author' passage provides the corresponding	[Y]
(including zip code) and e-mail (written in all lowercase), and contains no spelling errors. The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		author's full first and family (sur)names, abbreviated title (e.g., MD,	
the Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	9	PhD), affiliated institute's name and complete postal address	
The Manuscript Tracking information (i.e., Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles; Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		(including zip code) and e-mail (written in all lowercase), and	
started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		contains no spelling errors.	
Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		The Manuscript Tracking information (i.e., Received, Peer review	[Y]
Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors. The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	10	started, First decision, Revised, Accepted, Article in press, and	
The Abstract section is formatted according to the article-specific style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	10	Published online) are provided along with the corresponding editor	
style (structured vs unstructured) and word count thresholds, as follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		and date for each item, and contain no spelling errors.	
follows: Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		The Abstract section is formatted according to the article-specific	[Y]
Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		style (structured vs unstructured) and word count thresholds, as	
Minireview, Review, Therapeutics Advances, and Topic Highlight: Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		follows:	
Non-structured abstract that is no less than 200 words. Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		Commentary, Frontier, Diagnostic Advances, Medical Ethics,	
Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		Minireview, Review, Therapeutics Advances, and Topic Highlight:	
Field of Vision, Case Report and Letter to the Editor: Non-structured abstract that is no less than 150 words. Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	11	Non-structured abstract that is no less than 200 words.	
Research articles: Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	11	Field of Vision, Case Report and Letter to the Editor:	
more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		Non-structured abstract that is no less than 150 words.	
(no less than 120 words); and CONCLUSION (no more than 26 words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		Research articles: Structured abstract with subsections for AIM (no	
words). The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		more than 20 words); METHODS (no less than 80 words); RESULTS	
The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		(no less than 120 words); and CONCLUSION (no more than 26	
content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		words).	
and each keyword is separated by a semicolon. The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family		The 'Key words' list provides 5-10 keywords that reflect the main	[Y]
The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family	12	content of the study. The first letter of each keyword is capitalized,	
name of the first author should be typed in bold letters; the family		and each keyword is separated by a semicolon.	
		The "citation" contains authors' names and manuscript title. The	[Y]
(sur) name of all authors should be typed with the first letter	13	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	



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

	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. World J	
	Gastroenterol 2019; In press	
	The 'Core tip' provides a summary (less than 100 words) of the	[Y]
4.4	study that outlines the most innovative and important arguments	
14	and core contents of the paper and will serve to effectively attract	
	readers.	
	The 'INTRODUCTION' section clearly describes the relevant	[Y]
	background information for the study. Only the most relevant and	
	current (within the past 5 years) literature is cited, with the	
	exception of rare instances of seminal literature citations. All	
	technical terms and/or abbreviations are explained and/or defined,	
	with the full name of abbreviations given upon first appearance in	
15	the text and the abbreviation presented in parentheses [i.e.,	
	"computed tomography (CT)"]. First-person pronouns (e.g., 'I',	
	'we') are used appropriately to clearly indicate the work performed	
	by the author(s). When weaknesses of previous studies are	
	described in the text to highlight the innovations related to the	
	current study, the information is presented carefully.	
	The 'MATERIALS AND METHODS' section clearly and accurately	
	describes all materials and methods used to obtain the data	
16	presented in the article and is adequate for a reader to repeat the	[N]
	study.	



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

-		
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (<i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences.	[N]
	Results described in textual form are accurate, concise and clear.	
18	Statistical symbols are accurate. Statistical significance is expressed as ${}^aP < 0.05$, ${}^bP < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, ${}^cP < 0.05$ and ${}^dP < 0.01$ are used, and a third series of P values is expressed as ${}^cP < 0.05$ and ${}^dP < 0.01$. Statistical data is expressed as mean \pm SD or mean \pm SE.	[N]
19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[Y]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (<i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (<i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[N]



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

	The 'REFERENCES' section lists the references in the Vancouver	[Y]
	style. This style uses Arabic numeral in-text citations based on the	
	order of the first appearance of a source in the text. For citations	
	where the author's name is indicated in the text, a superscript	
	number should be placed following the name (i.e., "Pang et al"). For	
	citations where no author is indicated, a superscript number should	
22	be placed at the end of the sentence. Respective examples are: "Ma ^[1]	
	reported", "Pan et al ^[2-5] indicated"; "PCR has a high	
	sensitivity ^[6,9] ." No superscript numbers are used when the	
	reference number is described in the text; for example, "The	
	experimental method used has been described in reference [8]." The	
	style of reference citations in tables is the same as that in the text	
	(e.g., Pan et $al^{[2-5]}$, please see reference [8]).	
	Journal references have been verified to ensure that there are no	[Y]
	duplicate references and that the PMID numbers are correct. For	
	references not yet included in PubMed: the name of Chinese	
22	journals is spelled out using Chinese Pinyin, with the first letter of	
23	each word capitalized (e.g., Shijie Huaren Xiaohua Zazhi); the name of	
	journals in other languages are listed according to indexing	
	information retrieved from Google. Book references are presented	
	with all the information relevant to the electronic version.	
	The number of cited references is appropriate for the article type, as	[Y]
	follows:	
24	Commentary: no less than 50;	
	Review: no less than 100;	
	Article: no less than 30/26;	
	Case Report and Letter to the Editor: no less than 1.	
	The ethics-related statements are provided in accordance with the	
25	manuscript type (e.g., Manuscript NoInstitutional review board	[N]
	statement, Manuscript NoAnimal care and use statement, etc.).	



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

	-	
	The names of the peer reviewers and the scientific editor are present	
26	at the end of the paper (e.g., P-Reviewer: Hugot D S-Editor: Wang	[Y]
	JL).	
	The order and numerical labeling of tables and figures is consistent	
	with their appearance and presentation in the text. Symbols in	
	tables (e.g., +, -, \times , \div , *) correctly correspond to the definitions in the	
27	footnotes. Only one legend is provided for each multi-panel figure	[Y]
21	consisting of color graphs, black and white graphs, or line graphs	[1]
	that depicts data of the same theme. For example: Figure 1	
	Pathological changes in atrophic gastritis tissue before and after	
	treatment. A:; B:; C:; E:; F:	
	Split pictures include flow charts, line graphs, histograms, and	
28	graphs including text. Unsplit pictures include meta-analysis	[Y]
	diagrams, PCR amplification curves, and survival curves.	
20	The author(s) highlighted the changes made to the manuscript	[V]
29	according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with	[V]
30	the changes made to the manuscript.	[Y]
	The revised manuscript is provided (file name: Manuscript	
	NoReview; e.g., 870- Review).	
31	The letter of peer-reviewers' comments is provided (file name:	[Y]
31	Manuscript NoPeer-review(s); e.g., 870-Peer-review(s)).	[1]
	The response letter is provided (file name: Manuscript	
	NoAnswering reviewers; e.g., 870-Answering reviewers).	
	The related ethics and relevant documents are provided, such as (1)	
32	Approved grant application form(s) or funding agency copy of any	
	approval document(s) (file name: Manuscript NoGrant application	[Y]
	form(s)); (2) Biostatistics review certificate (file name: Manuscript	[1]
	NoBiostatistics statement); (3) Conflict-of-interest statement (file	
	name: Manuscript NoConflict-of-interest statement); (4) Clinical	
·		



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

	trial registration statement (file name: Manuscript NoClinical trial	
	registration statement); (5) Institutional review board approval form	
	or document (file name: Manuscript NoInstitutional review board	
	statement); (6) Institutional animal care and use committee	
	approval form or document (file name: Manuscript	
	NoInstitutional animal care and use committee statement), and (7)	
	Signed informed consent form(s) or document(s) (file name:	
	Manuscript NoInformed consent statement).	
	All authors signed the BPG Copyright license agreement form (file	
33	name: Manuscript NoCopyright license agreement; e.g.,	[Y]
	870-Copyright license agreement).	
	The language certificate provided by authors who are non-native	
34	speakers of English meets the BPG requirements (file name:	[Y]
	Manuscript NoLanguage certificate; <i>e.g.</i> , 870-Language certificate).	
	The photos licensed in the Agreement for Use of Personal Photos	
25	are consistent with those in the paper (file name: Manuscript	Dr. 1
35	NoAgreement for use of personal photos; e.g., 870-Agreement for	[N]
	use of personal photos).	
	This document (Checklist of Responsibilities for Scientific Editors)	
36	has been saved under the file name: manuscript NoScientific	[Y]
	editor work list (e.g., 870-Scientific editor work list).	
	A CrossCheck investigation (an effective tool for detecting unoriginal	
	content, enabling our editors to preserve the journal's integrity and	
	the authors' copyright) has been performed for the manuscript via	
	the website: http://www.ithenticate.com/. The results document	
37	contains the following information for the manuscript: "Name of	[Y]
	journal", "Manuscript No.", "Columns", "Title" and "Author list".	
	The Figure of the <i>CrossCheck</i> results is saved in JPEG format (.jpg) at	
	1440 × 680 pixel resolution. The PDF of the <i>CrossCheck</i> results has	
	been saved under the file name: manuscript No CrossCheck report	
	1	



Telephone: +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com

	(e.g., 870-CrossCheck report). The Google searches have also been		
	performed to further ensure publication of original content.		
38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with	[Y]	
	1.5 line spacing.	[+]	
	The primary responsibilities of our scientific editors include carefully	y checking the	
D 11111	entire manuscript and all accompanying materials for: (1) error	rs in spelling,	
Responsibilities	grammar, punctuation and wording; (2) suitability of tables, figures, f	igure data and	
of scientific	legends; (3) accurate and appropriate presentation of symbols (e.g. +,	-, ×, ÷, %, *) in	
editors	tables and figures; and (4) complete and comprehensive revision of t	he manuscript	
	according to the reviewers' comments.		
	Manuscript reception and registration→Initial review by scientific	e editor→Peer	
	review→End of peer review→First round of meeting evaluation→To be		
	accepted→Revision by the author(s)→Second round of meeting eval	uation→To be	
	accepted/revised/rejected→Final review by the Editor-in-Chief	(final quality	
Publication	control for academic content and language quality)→Final acceptance	e and charging	
process	of publication fee→Language editing→Production→Proofreading	by scientific	
	editor→Proofreading by deputy editor→Final review by Editor-in-Chief→Release		
	of online open-access papers in electronic form on the BPG websi	te→Release of	
	online papers on PubMed Central→Delivery of high-quality PDF i	reprints to the	
	author(s)→End of the publication process.		