

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 page number: 22

Manuscript word count: 4401

		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.: 68769	
	Column: Case Report	
	Title: A Case of Brunner's Gland Hyperplasia Associated with	
	Lipomatous Pseudohypertrophy of the Pancreas Presenting with	
	Gastrointestinal Bleeding	
1	Authors: Long Cong Nguyen, Khanh Truong Vu, Trang Thi Thuy	[Y]
	Vo, Chau Ha Trinh, Tan Dang Do, Ngoc Thi Van Pham, Tuyen Van	
	Pham, Thanh Tuan Nguyen, Hiep Canh Nguyen and Jeong-Sik	
	Byeon	
	Reviewer code: 03002584	
	First decision: 2021-06-25 19:37	
	Scientific Editor: Ze-Mao Gong	
	<b>Date of signature:</b> 9/13/2021 (month/day/year)	
	Editorial Office's Comments	
2	Science Editor: 1 Scientific quality: This manuscript is a Case	[Y]
	Report, of a case of Brunner's gland hyperplasia associated with	L + J
	lipomatous pseudohypertrophy of the pancreas presenting with	



# **Baishideng 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

Gastrointestinal Bleeding. The topic is within the scope of the WJG. (1) Classification: Grade C (Good); (2) Summary of the Peer-Review Report: Reviewer 03002584 suppose that this is a good paper but need a minor revision. Reviewer suggested to add the educational section for better patient management; to add the limitation section for manuscript; to improve the discussion by mentioning additional papers describing similar cases. I checked the authorship of the manuscripts mentioned by the reviewer and confirm that he is an author of neither of them. Reviewer recommendation: Minor revision. (3) There are 5 figures and 1 table, all of a good quality. Figure 3 and 4 require marking of the details described in the comments (like segmental biliary ectasia, shallow ulcers, head portion of the tumor). As endoscopic image does not provide an evidence of the haemorrhage, the causal relationship with BGH, mentioned by the authors is not clear. This matter should be explained, as the patient had medical history that may cause anaemia, and no additional examinations to visualize potential source of bleeding, as well as the data on haematocrit, and red cells size are not provided. Some of the commonly used abbreviations are not within required format in the tables, as well as in the body of the manuscript; the authors should put the format of abbreviations according to the international system (SI). (4) There are 34 literature references, 5 of them are published in last 3 years. (5) There is no self-citing. There is no mention of DOIs and PMIDs.

The format of the references is not within the required format. (6)



# Baishideng 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

References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. As the peer-review report is anonymous, I checked the authorship of the manuscripts mentioned by the reviewer and confirm that he is not an author of any of them. 2 Language quality: Classification: Grade B. Language certificate is not provided. There is a note issued by one of the authors that stated that a native English speaker checked the manuscript. Language polishing is required. 3 Academic norms and rules: Institutional Review Board Approval Form is not provided. The first author uploaded his opinion that no informed consent form is needed. Still, there is a mention in the body of the manuscript that written informed consent was obtained from the patient for the publication of the case report and any accompanying images. The paper contains no personal data of the patient. Google search shows no similar titles by these authors, however some similar papers were published recently. 4 Supplementary comments: This is an unsolicited manuscript, it has no financial support. 5 Issues raised: Uploaded CARE Checklist - 2016 is empty. The issues raised by the



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568

**E-mail:** bpgoffice@wjgnet.com

peer-reviewer should be addressed. Causal	I relationship of anaemia,
gastrointestinal bleeding with BGH sh	nould be verified. The
manuscript requires format revision accord	ling to the Guidelines for
Manuscript Preparation for WJG. 6	Re-review: required 7
Recommendation: Conditional acceptance.	
Company Editor-in-Chief: I recommend	I the manuscript to be
published in the World Journal of Clinical G	Cases.
The fixed headings are copied.	[Y]
The title concisely summarizes the main t	topic of the study and is
not too long (no more than 18 words). Wo	rds such as 'exploration',
4 'research', 'analysis', 'observation', and 'in	vestigation' are avoided. [Y]
The title does not start with 'The' and doe	s 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 an	d full/abbreviated first
6 names are listed on the title page and a	re consistent with those [Y]
listed in the signed BPG Copyright License	Agreement form.
The 'Author contributions' passage	describes the specific
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 eq	ually to this work; Wang
7 CL, Liang L, Fu JF, Zou CC, Hong F an	d Wu XM designed the [Y]
research study; Wang CL, Zou CC, Hong l	F and Wu XM performed
the research; Xue JZ and Lu JR contrib	outed new reagents and
analytic tools; Wang CL, Liang L and Fu J	F analyzed the data; and
Wang CL, Liang L and Fu JF wrote the	manuscript. All authors
	l I



**Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@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., MID, 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 (sur) name of all authors 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	8	The 'Supported by' statement describes the source(s) of financial	
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		support and includes the corresponding identification number(s)	[Y]
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.	
9 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	
(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	[Y]
The Manuscript Tracking information ( <i>i.e.</i> , 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	
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	F3/3
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	[Y]
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	
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	[Y]
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  [Y]		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  [Y]		(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  [Y]		The 'Key words' list provides 5-10 keywords that reflect the main	
The "citation" contains authors' names and manuscript title. The  name of the first author should be typed in bold letters; the family  [Y]	12	content of the study. The first letter of each keyword is capitalized,	[Y]
name of the first author should be typed in bold letters; the family [Y]		and each keyword is separated by a semicolon.	
		The "citation" contains authors' names and manuscript title. The	
(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	[Y]
		(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	
14	study that outlines the most innovative and important arguments	F3/3
14	and core contents of the paper and will serve to effectively attract	[Y]
	readers.	
	The 'INTRODUCTION' section clearly describes the relevant	
	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.,	[Y]
	"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.	
	ř	



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

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.e., chart, diagram, graph or image), but is	[N]
not repeated among each. Information presented in the tables and	
figures clearly describes the trends, meaning, and inferences.	
Results described in textual form are accurate, concise and clear.	
Statistical symbols are accurate. Statistical significance is expressed	
as ${}^{a}P < 0.05$ , ${}^{b}P < 0.01$ ( $P > 0.05$ usually does not need to be denoted).	
If there are other series of $P$ values, $^{c}P < 0.05$ and $^{d}P < 0.01$ are used,	[N]
and a third series of $P$ values is expressed as ${}^{\rm e}P$ < 0.05 and ${}^{\rm f}P$ < 0.01.	
Statistical data is expressed as mean ± SD or mean ± SE.	
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;	[Y]
(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.	
The 'ACKNOWLEDGEMENTS' section expresses gratitude to any	
individuals or organizations for technical support (i.e., providing	
instrumentation, equipment or experimental materials, and/or	F3*3
assistance in experimental work), non-technical services (i.e., useful	[N]
inspiration, suggestions, guidance, or review), and/or any other	
auxiliary work.	
The 'ARTICLE HIGHLIGHTS' section provides comments for	F2*2
original articles in accordance with the specified format.	[ N ]
strfied a collination	cientific 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 igures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear. Statistical symbols are accurate. Statistical significance is expressed as ${}^{\circ}P < 0.05$ , ${}^{\circ}P < 0.01$ ( $P > 0.05$ usually does not need to be denoted). If there are other series of $P$ values is expressed as ${}^{\circ}P < 0.05$ and ${}^{\circ}P < 0.01$ are used, and a third series of $P$ values is expressed as ${}^{\circ}P < 0.05$ and ${}^{\circ}P < 0.01$ . Statistical data is expressed as mean $\pm$ SD or mean $\pm$ SE. 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 opic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings. 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 muxiliary work.



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

	The 'REFERENCES' section lists the references in the Vancouver	
22	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	
	be placed at the end of the sentence. Respective examples are: "Ma[1]	[Y]
	reported", "Pan et al <sup>[2-5]</sup> 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	
	duplicate references and that the PMID numbers are correct. For	
	references not yet included in PubMed: the name of Chinese	
	journals is spelled out using Chinese Pinyin, with the first letter of	[Y]
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	
	follows:	
0.4	Commentary: no less than 50;	
24	Review: no less than 100;	[Y]
	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	[Y]
	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	
<b>26</b>	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	F2/1
27	consisting of color graphs, black and white graphs, or line graphs	[Y]
	that depicts data of the same theme. For example: Figure 1	
	Pathological changes in atrophic gastritis tissue before and after	
	treatment. A:; B:; C:; D:; 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	[Y]
29	according to the peer-reviewers' comments.	
20	The responses to the peer-reviewers' comments are consistent with	[Y]
30	the changes made to the manuscript.	
	The revised manuscript is provided (file name: Manuscript	
	NoReview; e.g., 870- Review).	
21	The letter of peer-reviewers' comments is provided (file name:	[Y]
31	Manuscript NoPeer-review(s); e.g., 870-Peer-review(s)).	
	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)	
	Approved grant application form(s) or funding agency copy of any	
32	approval document(s) (file name: Manuscript NoGrant application	[Y]
	form(s)); (2) Biostatistics review certificate (file name: Manuscript	
	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; e.g., 870-Language certificate).	
	The photos licensed in the Agreement for Use of Personal Photos	
0.5	are consistent with those in the paper (file name: Manuscript	far1
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 CrossCheck results is saved in JPEG format (.jpg) at	
	1440 × 680 pixel resolution. The PDF of the CrossCheck results has	
	been saved under the file name: manuscript No CrossCheck report	



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568

**E-mail:** bpgoffice@wjgnet.com

	( <i>e.g.</i> , 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 1.5 line spacing.	[Y]
Responsibilities of scientific editors	The primary responsibilities of our scientific editors include carefully entire manuscript and all accompanying materials for: (1) error grammar, punctuation and wording; (2) suitability of tables, figures, flegends; (3) accurate and appropriate presentation of symbols ( <i>e.g.</i> +, tables and figures; and (4) complete and comprehensive revision of the according to the reviewers' comments.	rs in spelling, igure data and -, ×, ÷, %, *) in
Publication process	Manuscript reception and registration→Initial review by scientific review→End of peer review→First round of meeting evaluaccepted→Revision by the author(s)→Second round of meeting evaluaccepted/revised/rejected→Final review by the Editor-in-Chief control for academic content and language quality)→Final acceptance of publication fee→Language editing→Production→Proofreading editor→Proofreading by deputy editor→Final review by Editor-in-Confine open-access papers in electronic form on the BPG websition on the publication process.	ation→To be uation→To be (final quality e and charging by scientific Chief→Release te→Release of