



Last updated: December 13, 2023

Guidelines and Requirements for Manuscript Revision: Case Control Study

Core tip: *Case Control Study* articles are submitted by any author and are structured as the identification of person/s with a disease of interest and a control (comparison, referent) group without the disease, followed by a description of the relationship of an attribute of the disease and its examination by comparative analysis of diseased *vs* non-diseased persons, with regard to the frequency or levels of the attribute in each group.

You can use the following checklist to help you fulfill the requirements for *Case Control Study* manuscript revision.

1 CORRECTLY DEALING WITH THE 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 []
- 1.2 Authors should carefully read their peer-review report []
- 1.3 Authors should carefully answer/address all reviewers' questions/comments []
- 1.4 Authors should carefully format their manuscript []
- 1.5 Authors should carefully polish the language of their manuscript []

2 FIRST SECTION OF WRITING REQUIREMENTS [YES or NO]

- 2.1 Title []
- 2.2 Running title []
- 2.3 Authorship []



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- 2.4 Institution []
- 2.5 ORCID number []
- 2.6 Author contributions []
- 2.7 Supportive foundations []
- 2.8 Institutional review board []
- 2.9 Informed consent []
- 2.10 Conflict-of-interest []
- 2.11 Data sharing []
- 2.12 STROBE Statement []
- 2.13 Open-Access []
- 2.14 Corresponding author []
- 2.15 Abstract []
- 2.16 Key words []
- 2.17 Copyright []
- 2.18 Core tip []
- 2.19 Audio core tip []

3 SECOND SECTION OF WRITING REQUIREMENTS [YES or NO]

- 3.1 Main text []
- 3.2 Biostatistics []
- 3.3 Units []
- 3.4 Illustrations []
- 3.5 Tables []
- 3.6 Notes in illustrations and tables []
- 3.7 Abbreviations []
- 3.8 Italics []
- 3.9 Article highlights []



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3.10 Acknowledgements []

3.11 References []

**4 ETHICS AND RELEVANT DOCUMENT(S) REQUIRED FOR CASE CONTROL
STUDY [YES or NO]**

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

6 COPYRIGHT LICENSE AGREEMENT [YES or NO]

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

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1 CORRECTLY DEALING WITH THE 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 truthfully describe 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 for 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 their peer-review report. Authors should first read their entire peer-review report carefully, in order to gain a comprehensive 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



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their manuscript according to the reviewers' comments and whether authors respond to the reviewers' comments truthfully.

1.3 Authors should carefully answer/address all reviewers' questions/comments.

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 (*Baishideng*) guidelines and requirements for manuscript revision-case control study and format for manuscript revision-case control study; these were developed to assist 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 in 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 by 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 18 words. It 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, words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are to be avoided. The title should not start with 'A', 'An', or 'The' and will not include any Arabic numbers or 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. Abbreviations are permitted. For example, Losurdo G *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



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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.

We consider requests for co-first/co-corresponding authors on a limited basis, making the final decision to allow/deny according to the detailed reasons provided by the authors for justification on a case-by-case basis, with allowance permitting no more than 2 co-first/co-corresponding authors. For the *policy of allowing co-first authors and co-corresponding authors* who made equal contribution to a manuscript, please visit: <https://www.wjgnet.com/bpg/GerInfo/310>.

Author names (unabbreviated) should be given as first name, middle name initial (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 should be written out first (as first name, middle name initial (with no period) and family (sur)name; with a hyphen included between the syllables of Chinese names) and typed in bold, followed by a comma and 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, Bari 70124, 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. The corresponding author must provide his/her personal ORCID registration number.

2.6 Author contributions. The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, Bryan L Copple should be revised as Copple BL. A full multi-author example is:

Author contributions: Wang CL and Liang L contributed equally to this work; Wang 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 wrote the manuscript; All authors have read and approve the final manuscript.

2.7 Supportive foundations. The approved grant application form(s) will be released



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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 acknowledgement: 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 Institutional review board. Any article describing a study (basic research and clinical research) involving human and/or animal subjects is required to have the institutional review board (IRB) name, whether institutional (part of the author(s)' academic/medical institution, such as the Oak Grove Children's Hospital Institutional Review Board) or commercial/independent/private (contracted for-profit organizations, such as the ClinicCare Coalition for Human Rights Institutional Review Board), and, if available, corresponding approval ID, stated explicitly in the Footnotes section.

Sample wording: The study was reviewed and approved by the [Name of Institution or Organization] Institutional Review Board (Approval No. [###]).

2.9 Informed consent. Any research article describing a study involving humans should contain a statement in the Footnotes section 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 *Baishideng* 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 research, 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 *Baishideng* for waiver of informed consent, but there is no guarantee that the petition will be granted. In general, *Baishideng* 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.

2.10 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 *Baishideng* requires all authors of each paper to declare any conflicting interests (including but not limited to commercial, personal, political, intellectual or religious interests) that are related to the work submitted for consideration of publication in the Footnotes section.

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].

2.11 Data sharing. Basic research and clinical research studies require a data sharing statement. The data sharing statement will be provided in the Footnotes section, and will be presented in the form as shown in the sample below.

Sample wording: Technical appendix, statistical code, and dataset available from the corresponding author at [email address or URL]. Participants gave informed consent for data sharing [OR ...consent was not obtained but the presented data are anonymized and risk of identification is low... OR consent was not obtained but the potential benefits of sharing these data outweigh the potential harms because...].

If no other data, please state: No additional data are available.

2.12 STROBE Statement. In order to improve the quality of Case Control study manuscripts, authors should download and complete the ‘STROBE Statement – checklist of items’ to ensure that the manuscript meets the requirements of the STROBE Statement. Authors must state in the Footnotes section of the manuscript that the guidelines of the STROBE Statement have been adopted (see below). Authors must upload the PDF version of the completed checklist to the system. STROBE Statement as a fillable PDF can be downloaded through the link below on page 30 (item 6) or here: <https://www.wjgnet.com/bpg/GerInfo/239>. Authors must upload the filled-in PDF version of the completed STROBE Statement to the system.

Sample wording: The authors have read the STROBE Statement – checklist of items, and the manuscript was prepared and revised according to the STROBE Statement – checklist of items.



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2.14 Corresponding author. The corresponding author's contact information will be provided in the following format: written-out first name, middle name initial (with no period) and family (sur)name (with a hyphen included between the syllables of Chinese names) and typed in bold and ending with a comma, followed by the corresponding author's relevant academic and professional honorifics (such as PhD, MD, Chief of Surgery, Assistant Professor, *etc*). This is followed immediately by the affiliation, written out as complete name of institution, present address, city, province/state and postcode, and country, and ending with a period. Immediately following the ending period and a single space will be the corresponding author's E-mail address; this E-mail address must be issued by his/her institution. All the letters in the E-mail address should be typed in lowercase. For example:

Andrzej S Tarnawski, MD, PhD, DSc (Med), Professor, Chief, Department of Gastroenterology, VA Long Beach Health Care System, University of California, Irvine, 5901 E Seventh St, Long Beach, CA 90822, United States. astarnaw@uci.edu



2.15 Abstract. An informative, structured abstract of no more than 350 words should accompany each manuscript. Abbreviations should be avoided, but if used should be spelled out at first mention. The 5 sections of the structured abstract are: Background, Aim, Methods, Results, and Conclusion. Each section should adhere to the word count thresholds (indicated in parentheses) and the content guidelines below:

BACKGROUND (no more than 100 words)

This section should clearly describe the rationale for the study. It should end with a statement of the specific study hypothesis.

AIM (no more than 20 words)

The purpose of the study should be stated clearly, with no or minimal background information, following the format of: "To investigate/study/determine..."

METHODS (no more than 80 words)

This section should describe the materials and methods used for all of the data presented in the proceeding Results section of the abstract. This information should include the following details, as applicable: basic study design (*e.g.*, randomized controlled trial, cross sectional study, cohort study, case series, *etc.*); setting, please specify study location (*e.g.*, primary or tertiary care setting, hospital, general community, *etc.*); number of participants and how they were selected; intervention, the method of administration and the duration; major statistical methods used.

RESULTS (no more than 120 words)

This section should describe the key findings of the study, including absolute values and risk differences. *P* values should be presented where appropriate, and not for data that did not reach the threshold of statistical significance. You must provide relevant data to



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illustrate how the statistical values were obtained (*e.g.*, 6.92 ± 3.86 vs 3.61 ± 1.67 , $P < 0.001$).

CONCLUSION (no more than 30 words)

This section should succinctly and cogently present the findings and implications that are within the scope of the data you have presented in the preceding Results section of the abstract. You should state only conclusions that are directly supported by the evidence presented and the implications of the findings presented. This section should be written in the present tense.

2.16 Key words. The 'Key words' list will provide 5-10 keywords that reflect the main content of the study. Please do not use abbreviations for the keywords (*e.g.*, Ulcerative colitis, not UC). The first letter of each keyword will be capitalized, and each keyword will be separated by a semicolon. For example:

Key Words: Non-alcoholic fatty liver disease; Alcoholic liver disease; Non-alcoholic steatohepatitis; Animal models; Insulin resistance; Oxidative stress

2.17 Copyright. *Baishideng's* Copyright policy and statement for each article is: © **The Author(s) 2023.** Published by Baishideng Publishing Group Inc. All rights reserved.

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2.19 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, 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.

3 SECOND SECTION OF WRITING REQUIREMENTS

3.1 Main text. The main text contains Introduction, Materials and Methods, Results, Discussion, Conclusion, Article Highlights (*Research background, Research motivation, Research objectives, Research methods, Research results, Research conclusions, and Research perspectives*), Acknowledgements, References and Footnotes.

3.2 Biostatistics. Any manuscript describing a study (basic research and clinical research) that used biostatistics must include a statement in the Materials and Methods section affirming that the statistical review of the study was performed by a biomedical statistician. Statistical review is performed before the submission or after peer-review. The author invites an expert in Biomedical Statistics to evaluate the statistical method(s) used in the study, including but not limited to the *t*-test (group or paired comparisons), chi-square test, ridit, probit, logit and regression (linear, curvilinear, or stepwise) modeling, correlation, analysis of variance, and analysis of covariance. The review by the biomedical statistician is conducted with respect to the following points: (1) Statistical methods are adequately and appropriately described when they are used to verify the



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results; (2) Statistical techniques are suitable or correct; and compliance with the following *Baishideng* directives; (3) Only homogeneous data can be averaged. Standard deviations are preferred to standard errors. The number of observations and subjects (n) is given. Losses in observations, such as drop-outs from the study, are reported; (4) Values, such as ED50, LD50 and IC50, have the 95% confidence limits calculated and have been compared by weighted probit modeling (using the functions described by Bliss and Finney); and (5) The word “significantly” is replaced by its synonyms (if it indicates extent) or the P value (if it indicates statistical significance). Statistical data should be expressed as mean \pm SD or mean \pm SE. Common statistical expressions are identified as: t -test as t ; F -test as F ; chi-square test as χ^2 ; relative coefficient as r ; degree of freedom as df ; number of samples as n ; and probability as P .

Sample wording: The statistical methods of this study were reviewed by [name(s) of individual(s)] from [name(s) of organization(s)]...

If a biostatistics editor is employed by the authors, the person’s name (first name and family (sur) name), qualifications, and contact information must be submitted to the editorial office in the form of a letter of confirmation of service. If the biostatistics editing was performed by a commercial service provider, the company’s name and contact information, including URL and E-mail or phone number, must be submitted to the editorial office in the form of a letter of confirmation of service. The letters of confirmation of service must include the corresponding author’s name (first name and family (sur) name) and contact information (E-mail and phone number), and the manuscript title.

3.3 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



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(glucose) 6.4 ± 2.1 mmol/L; blood CEA mass concentration, $p(\text{CEA}) = 8.6 \text{ } 24.5$ g/L; CO_2 volume fraction, 50 mL/L CO_2 , not 5% CO_2 ; 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 and no spaces. The format for how to accurately write common units and quantities can be found at: <https://www.wjgnet.com/bpg/gerinfo/189>.

3.4 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 (with the length of the bar defined in the legend text rather than on the bar itself) or magnification factors (with textual definition in the legend) can be used. 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: ...”

Authors have to provide the figures as separate electronic files. Figures should be supplied in either vector art formats or bitmap formats so that we will be able to edit them:

Vector art formats: bw, Illustrator, EPS, WMF, EMF, FreeHand, CorelDraw, Color Map File, PowerPoint, Excel, IFF, *etc.*

Bitmap formats: Photoshop, TIFF, GIF, JPEG, *etc.*

If a figure has labels, arrows or other markers, the images and labels should be embedded in separate layers. And an explanation for all labels, arrows or other markers



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has to be provided in the figure legend.

Images or line drawings are the most intuitive exhibition of the results and/or findings presented in the manuscript. They should be prepared scientifically, normatively, and beautifully, as they reflect on not only the academic quality and norms of the journal but also on the rigorous academic attitude of the manuscript's authors.

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3.5 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.

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In press article:

3 Sipos F, Constantinovits M, Valcz G, Tulassay Z, Múzes 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

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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]

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

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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]

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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]

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

BOOKS

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

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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. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

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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

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14 Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

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PATENTS

Patent (list all authors):

16 Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

CLINICAL TRIAL

17 Cannon R. Riloncept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National



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18 Valenzuela N, Alt C, Winnier GE, Alt EU. Isolation of adipose tissue derived regenerative cells from human subcutaneous tissue with or without the use of enzymatic reagent. 2018 Preprint. Available from: [bioRxiv:485318](https://doi.org/10.1101/485318) [DOI: 10.1101/485318]

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19 Fountain H. For Already Vulnerable Penguins, Study Finds Climate Change Is Another Danger. The New York Times. 29 Jan 2014. Available from: <http://www.nytimes.com/2014/01/30/science/earth/climate-change-taking-toll-on-penguins-study-finds.html> Cited 17 March 2014.

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20 Allen L. Announcing PLOS Blogs. 2010 Sep 1 [cited 17 March 2014]. In: PLOS Blogs [Internet]. San Francisco: PLOS 2006 - . [about 2 screens]. Available from: <http://blogs.plos.org/plos/2010/09/announcing-plos-blogs/>.

MASTERS' THESES OR DOCTORAL DISSERTATIONS

21 Wells A. Exploring the development of the independent, electronic, scholarly journal. M.Sc. Thesis, The University of Sheffield. 1999. Available from: <http://cumincad.scix.net/cgi-bin/works/Show?2e09>

DATABASES AND REPOSITORIES (Figshare)

22 Roberts SB. QPX Genome Browser Feature Tracks; 2013 [cited 2013 Oct 5]. Database: figshare [Internet]. Available from:



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23 Hitchcock A, producer and director. Rear Window [Film]; 1954. Los Angeles: MGM.

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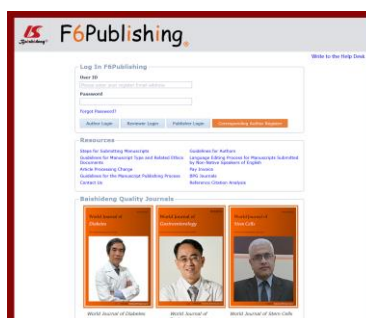
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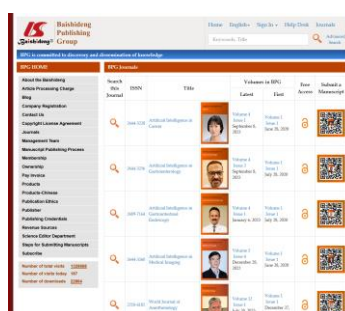
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8.2 Baishideng Series of Journals: <https://www.wjgnet.com/bpg/journals.htm>.

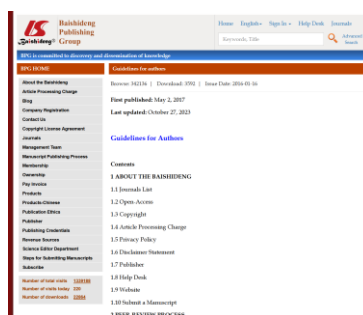




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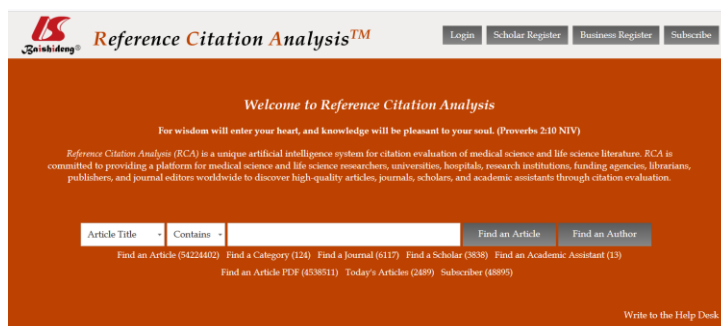
8.3 Guidelines for Authors: <https://www.wjgnet.com/bpg/gerinfo/204>.



8.4 Baishideng Official Website: <https://www.wjgnet.com>



8.5 RCA Home Page: <https://referencecitationanalysis.com/>



9 BAISHIDENG DISTINGUISHED AWARD FOR BAISHIDENG JOURNALS' PUBLISHED ARTICLES

The "Baishideng Distinguished Award" (BDA) was established to praise the authors who



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have made outstanding contributions by publishing original and innovative studies in any of the open-access journals of *Baishideng*. Their publications represent meaningful contributions towards promoting the ability of readers to learn from the latest research results actively moving the development of medical science forward. The *BDA* is based upon tracking of the quality of articles and subsequently awarded to the selected corresponding authors.

Selection methods

Editor(s)-in-Chief of the *Baishideng* journals are responsible for selecting candidates of the annual *BDA*. There are three levels of awards, namely First Prize, Second Prize, and Third Prize, and the respective certificates and bonuses will be issued by *Baishideng*. Original innovative Basic Research, Clinical Research, Frontier, Review, Guideline, Systematic Review, Meta-Analysis, and Case Report articles will be considered for the award.

Award amounts

The *BDA* prizes are \$5000 for the First Prize, \$3000 for the Second Prize, and \$2000 for the Third Prize. The list of *BDA* winners will be formally announced on the official website of *Baishideng*.

Criteria for the annual BDA

First Prize: Article scientific quality is given triple-A rating by peer-reviewers prior to publication, and after publication the article is given three First Prize recommendations by the editorial board members when they track the scientific quality of the article, or the number of citations reaches more than 30 in the year, excluding self-citations.



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Second Prize: Article scientific quality is given double-A rating by peer-reviewers prior to publication, and after publication the article is given three Second Prize recommendations by the editorial board members when they track the scientific quality of the article, or the number of citations reaches 20 in the year, excluding self-citations.

Third Prize: Article scientific quality is given triple-B rating by peer-reviewers prior to publication, and after publication the article is given three Third Prize recommendations by the editorial board members when they track the scientific quality of the article, or the number of citations reaches 10 in the year, excluding self-citations.

10 ARTICLE PROCESSING CHARGE

For manuscripts invited by the Editorial Office, the *Article Processing Charge (APC)* is fully waived. For unsolicited manuscripts, the *APC* is required for some of our journals but not all. Details on the *APC* policy of the open-access and peer-reviewed academic journals edited and published by the Baishideng Publishing Group can be found at: <https://www.wjgnet.com/bpg/gerinfo/242>.

11 CONTACT US

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RECOMMENDED BAISHIDENG QUALITY JOURNALS

[World Journal of Gastroenterology](#) (IF: 4.3)

[World Journal of Stem Cells](#) (IF: 4.1)



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[*World Journal of Diabetes*](#) (IF: 4.2)
[*World Journal of Psychiatry*](#) (IF: 3.1)
[*World Journal of Gastrointestinal Oncology*](#) (IF: 3.0)
[*World Journal of Gastrointestinal Surgery*](#) (IF: 2.0)
[*World Journal of Clinical Cases*](#) (IF: 1.1)
[*World Journal of Orthopedics*](#) (IF: 1.9)
[*World Journal of Hepatology*](#) (IF: 2.4)
[*World Journal of Clinical Oncology*](#) (IF: 2.8)
[*World Journal of Cardiology*](#) (IF: 1.9)
[*World Journal of Radiology*](#) (IF: 2.5)
[*World Journal of Gastrointestinal Endoscopy*](#) (IF: 2.0)

OTHER RESOURCES

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Find a Category: <https://referencecitationanalysis.com/Categories>

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Baishideng Publishing Group Inc (*Baishideng*) was founded in 1993 and is headquartered in California, USA. *Baishideng* published its first journal, *Shijie Huaren Xiaohua Zazhi/World Chinese Journal of Digestology* in 1993; and the second journal, *World Journal of Gastroenterology* in 1995. *Baishideng* currently edits and publishes 47 interdisciplinary biomedical academic journals, include one in Chinese and 46 in English. *Baishideng* is committed to providing an open, fair, and transparent high-quality academic exchange platform for authors, editorial board members, peer reviewers, and readers. *Baishideng* is a member of COPE, the Committee on Publication Ethics. *Baishideng* edits and publishes every article in accordance with COPE's academic ethics standards, and publishes related academic ethics documents together with the article. *Baishideng* has independently developed two online publishing and citation evaluation systems: *F6Publishing* (<https://www.f6publishing.com/>), and *Reference Citation Analysis (RCA)*, (<https://www.referencecitationanalysis.com/>). *F6Publishing* is an artificial intelligence management system for peer review, publishing, and the full publishing process, and includes functions such as online submission of manuscripts, peer review, editing, typesetting, and online publishing. *RCA* is a unique artificial intelligence system for citation evaluation of biomedical literature. *RCA* is committed to providing a platform for biomedical researchers, universities, hospitals, research institutions, funding agencies, librarians, publishers, and journal editors worldwide to discover high-quality articles, journals, scholars, and academic assistants through citation evaluation.