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Guidelines and Requirements for Manuscript Revision: Randomized Clinical Trial

Core tip: *Randomized Clinical Trial* articles are submitted by any author and describe a clinical trial in which the participants are assigned by chance to separate groups for comparison of different treatments; neither the researchers nor the participants can choose which group any individual is ultimately assigned to. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. Finally, study participation in a randomized trial is completely at the discretion of the patient.

You can use the following checklist to help you fulfill the requirements for *Randomized Clinical Trial* 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 [ ]

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2.2 Running title [ ]
2.3 Authorship [ ]
2.4 Institution [ ]
2.5 ORCID number [ ]
2.6 Author contributions [ ]
2.7 Supportive foundations [ ]
2.8 Institutional review board [ ]
2.9 Clinical trial registration [ ]
2.10 Informed consent [ ]
2.11 Conflict-of-interest [ ]
2.12 Data sharing [ ]
2.13 CONSORT 2010 Statement [ ]
2.14 Open-Access [ ]
2.15 Corresponding author [ ]
2.16 Abstract [ ]
2.17 Key words [ ]
2.18 Copyright [ ]
2.19 Core tip [ ]
2.20 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 [ ]

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OTHER RESOURCES

ABOUT *BAISHIDENG*

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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

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-randomized clinical trial and format for manuscript revision-randomized clinical trial; 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.

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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

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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 middles 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 Clinical trial registration. Any research study (clinical trial) that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes must be registered. Authors have 6 months from the first patient enrollment to register the trial, but *Baishideng* recommends registration prior to enrollment. This registration policy applies to prospective,

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randomized, controlled trials only. Authors must provide the registration identification number and the URL for the trial's registry.

Sample wording: This study is registered at [URL]. The registration identification number is [registration identification number].

2.10 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.

2.11 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

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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].

2.12 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.

2.13 CONSORT 2010 Statement. In order to improve the quality of Randomized Clinical Trial manuscripts, authors should download and complete the 'CONSORT 2010

checklist of information to include when reporting a randomised trial' to ensure that the manuscript meets the requirements of the CONSORT 2010 Statement. Authors must state in the Footnotes section of the manuscript that the guidelines of the CONSORT 2010 Statement have been adopted (see below). Authors must upload the PDF version of the completed checklist to the system. CONSORT 2010 Statement as a fillable PDF can be downloaded through the link below on page 30 (item 7) or here: https://www.wjgnet.com/bpg/GerInfo/239. Authors must upload the filled-in PDF version of the completed CONSORT 2010 Statement to the system.

Sample wording: The authors have read the CONSORT 2010 Statement, and the manuscript was prepared and revised according to the CONSORT 2010 Statement.

2.14 Open-Access. *Baishideng*'s Open-Access policy and statement for each article is as follows:

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

2.15 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

2.16 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 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.

2.17 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

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

2.20 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.

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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 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 ± SD or mean ± 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 (glucose) 6.4 ± 2.1 mmol/L; blood CEA mass concentration, p (CEA) = 8.6 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 quantums 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

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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 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.

The *Baishideng* journals' policy for picture citation includes: (1) Obtaining permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; (2) Correctly indicating the reference source and copyrights. For example, "**Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×).** A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. **Citation:** Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on

non-alcoholic fatty liver disease. *World J Gastroenterol* 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc."

If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from *Baishideng* publications and may even be held liable.

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.

Please note that tables embedded as Excel files within the manuscript are NOT acceptable. Tables shorter than 2 pages made in Excel should be translated in Word using the Insert Table function in the Word file, with each piece of data in distinct cells. All tables will be located at the very end of your article document, following the figures. Any tables submitted that are longer/larger than 2 pages will be published as online-only supplementary material.

Tables must be primarily cell-based and fully editable. Do not use the following to organize data or structure the table: (1) Returns ("Enter" key); (2) Tabs; (3) Spaces; (4) Colored text; (5) Cell shading; and (6) Cells within cells. The Software should be Word (preferred; embedded at the end of the manuscript file), Excel (allowed for longer tables presented as Supplementary Materials). *Baishideng* does not allow for graphics, boxes or embedded tables to appear in the main body of the manuscript.

3.6 Notes in illustrations and tables. Data with statistical significance in a figure or table

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should be denoted using superscripted alphabetical lettering, such that $^{a}P < 0.05$ and $^{b}P < 0.01$. If there are other series of *P* values, the alphabetical subscripted denotation format is continued, such that $^{c}P < 0.05$ *vs* control, $^{d}P < 0.01$ *vs* control, $^{e}P < 0.05$ *vs* group A, and $^{f}P < 0.01$ *vs* group B. Data that are not statistically significant should not be denoted, *i.e.* $P > 0.05$ is not an allowed denotation.

Other notes in tables or under illustrations should be expressed as F^{1}, F^{2}, F^{3} or sometimes as other superscripted symbols (Arabic numerals); for example, "F: Venn diagram. [1]Here, we excluded patients that preintervention was inconsistent with original treatment in our hospital." In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, *etc*., in a specified sequence.

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

In press article:

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

Organization as author:

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

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

No author given:

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

Volume with supplement:

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

Issue with no volume:

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

No volume or issue:

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

BOOKS

Individual author(s):

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

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Chapter in a book (list all authors):

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

Author(s) and editor(s):

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

CONFERENCE-RELATED ARTICLES

Conference proceedings:

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

Conference paper:

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

ELECTRONIC JOURNALS

Electronic journal (list all authors):

15 Huynen MMTE, Martens P, Hilderlink HBM. The health impacts of globalisation: a conceptual framework. Global Health. 2005; 1: 14. Available from: https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-1-14

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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. Rilonacept to improve artery function in patients with atherosclerosis. [accessed 2015 Apr 25]. In: ClinicalTrials.gov [Internet]. Bethesda (MD): U.S. National Library of Medicine. Available from: http://clinicaltrials.gov/show/NCT00417417 ClinicalTrials.gov Identifier: NCT00417417

DEPOSITED ARTICLES (preprints, e-prints, or arXiv)

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 [DOI: 10.1101/485318]

PUBLISHED MEDIA (print or online newspapers and magazine articles)

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.

NEW MEDIA (blogs, web sites, or other written works)

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: http://figshare.com/articles/QPX_Genome_Browser_Feature_Tracks/701214

MULTIMEDIA (videos, movies, or TV shows)

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

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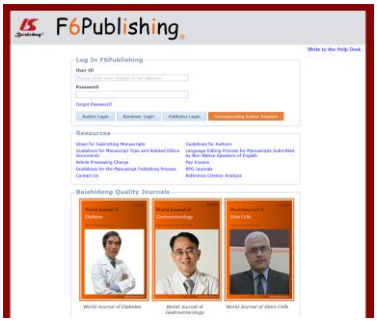

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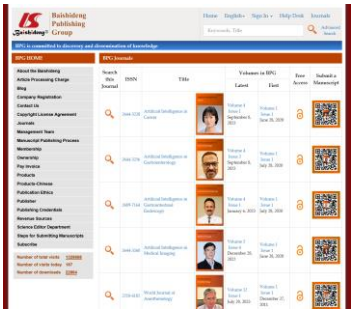

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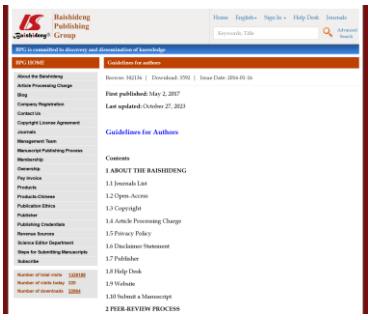

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8.5 ***RCA*** **Home Page:** https://referencecitationanalysis.com/

9 *BAISHIDENG* DISTINGUISHED AWARD FOR *BAISHIDENG* JOURNALS' PUBLISHED ARTICLES

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

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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.

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)

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)

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World Journal of Radiology (IF: 2.5)

World Journal of Gastrointestinal Endoscopy (IF: 2.0)

OTHER RESOURCES

Scholar Registration, through which your academic influence, based upon your own articles, will be assessed fairly and objectively in *RCA*. An example can be found at: https://referencecitationanalysis.com/00000002.

Find an Article: https://referencecitationanalysis.com/

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

Find a Journal: https://referencecitationanalysis.com/SearchJournal

Find a Scholar: https://referencecitationanalysis.com/searchscholar

Find an Academic Assistant: https://referencecitationanalysis.com/searchacademicassistant

Find an Article PDF: https://referencecitationanalysis.com/FindArticlePDF

Today's Articles: https://referencecitationanalysis.com/TodayArticles

ABOUT *BAISHIDENG*

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

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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.