1. ABOUT THE JOURNAL

HepatoBiliary Surgery and Nutrition (HBSN; Print ISSN 2304-3881; Online ISSN 2304-389X) is a bi-monthly peer-reviewed publication that is dedicated to the advancement of hepatobiliary surgery and nutrition. The main focus of the journal is to describe new findings in hepatobiliary diseases, provide current and practical information on diagnosis and nutrition and to prevention and clinical investigations. Specific areas of interest include, but not limited to, multimodality therapy, biomarkers, imaging, biology, pathology, immunology, drug metabolism and technical advances related to hepatobiliary diseases and nutrition research. Contributions pertinent to hepatobiliary diseases are also included from related fields such as public health, human genetics, basic sciences, education, sociology, and nursing. Article categories of the journal include Original Article, Review, Editorial, Commentary, Viewpoint, Letter to the Editor and Images in Clinical Medicine. The aim of the Journal is to provide a forum for the dissemination
of progresses in all areas related to hepatobiliary diseases worldwide. It is an international, peer-reviewed journal with a focus on cutting-edge findings in this rapidly changing field, while providing practical up-to-date information on diagnosis, prevention, and treatment. The editorial board brings together a team of highly experienced specialists in hepatobiliary diseases treatment and research. The diverse experience of the board members allows our editorial panel to lend their expertise to a broad spectrum of hepatobiliary subjects. The entire submission and review process are managed through OJS system, an electronic system, which provides an efficient way and ensures a rapid turnaround of papers submitted for publication.

2. MANUSCRIPT CATEGORIES

Original Article
Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, structured with sub-headers (background, methods, results and conclusions).
References: no limit.
Figures/tables: no limit, but 8 figures should be sufficient.
Description: Full-length reports of current research in either basic or clinical science. Original article should entail a section describing the contribution of each author made to the manuscript. See section “Author contributions” for details. Meta-analysis will be categorized into this type.

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authors of the original publication, or pass on letters to these authors.

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References: Not allowed.
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The length of manuscripts must adhere to the specifications under the section Manuscript Categories. Manuscripts should be presented in the following order: (i) title page; (ii) abstract and key words; (iii) text; (iv) acknowledgments; (v) references; (vi) supplementary material; (vii) figure legends; (viii) tables (each table complete with title and footnotes) and (x) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

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The title page should contain (i) the title of the manuscript. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific; (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the corresponding author. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote; (v) A running title of no more than 60 characters including spaces.

In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the original article and review article, the information of author contribution is needed (See section “Author Contributions” for details).

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The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results and conclusions. Do not use reference, table or figure in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g., “the significance of the results is discussed”) should be avoided. The abstract of an original article should be structured into four paragraphs with subheaders: background, methods, results and conclusions. The abstracts for other manuscript types should be unstructured. Three to five key words should be supplied below the abstract. Use terms from the medical subject headings (MeSH) list of Index Medicus (2).

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The Author contributions section should be completed as follow:
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(VII) Final approval of manuscript: All authors

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Acknowledgments

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Footnote

a. Conflicts of Interest: See section “Conflict of interest” for details.
b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”. When there is no financial disclose, authors should also indicate “Financial Disclose” section as “None”.

c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

References

In the text, references should be cited using Arabic numerals in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “heart failure (29,30)″]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text.

In the reference list, the Vancouver system of referencing should be used (3). Cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed (4). Authors are responsible for the accuracy of the references.

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Bladder Reconstruction and Continent Urinary Diversion. Year Book Medical, Chicago, 1987; 204-5.

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Tables should be self-contained and complement (but not duplicate) information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for \( p \)-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

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  Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

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  Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

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The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article’s reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.
The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online”.

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Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. **ETHICAL CONSIDERATIONS**

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/21index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

**For studies in the following categories:**

**Randomized controlled trials or other intervention research:** This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

**Case-control study:** A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

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**For other categories:**

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**Systematic review and meta-analysis, review, opinion, hypothesis, and editorial**

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**Nested case-control study:** In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.
- If the study has a prospective design:
  - Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
  - Also, the authors should state whether the study outcomes will affect the future management of the patients.
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Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for original/research articles and visualized surgery. The statement should be included in the footnote.

It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

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Our journal complies with the International Committee of Medical Journal Editors’ uniform requirements on Conflict of Interest statement.

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We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria:
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- open to all prospective registrants free of charge or at minimal cost;
• validates registered information;
• identifies trials with a unique number;
• includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include:
‘the registry sponsored by the United States National Library of Medicine (6); the International Standard Randomized Controlled Trial Number Registry (7);
• the Australian Clinical Trials Registry (8); the Chinese Clinical Trials Register (9); and the Clinical Trials Registry - India (10).

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Each author’s given name should be followed by his/her surname. Capitalize each letter of the surname. A hyphen could be used in surname according to the rule in the Author’s region. Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

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The HBSN uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster’s Collegiate Dictionary.

Units
All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website (13).

Abbreviations
Must be used sparingly – only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names
Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

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Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table.

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Please make sure the publication ethics (14) are followed strictly before your submission. Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

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All articles submitted to the HBSN must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.
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• Do not use Enter at the end of lines within a paragraph.
• Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
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• Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for (Greek beta).
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Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 dpi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

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The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within four weeks of decision; major revisions within three months. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances. A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Associate Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such ‘fast-track decisions’ will normally occur within one week of receipt of the manuscript.
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