Instructions to Authors

Enacted in March, 1996
Revised in April, 2001, September, 2007, February, 2010, October, 2012, April, 2014, July, 2016, December, 2017, January, 2020, December, 2023, January, 2025, and July, 2025, and October, 2026.

Journal of PancreatoBiliary Diseases (*J Pancreatobiliary Dis, JPBD*) is an open-access and peer-reviewed journal that endorses submissions on pancreas and biliary tract to help clinicians stay on worldwide advances in pancreas and biliary tract diseases. The journal aims to provide up-to-date scientific information from clinical and experimental studies in pancreas and biliary tract.

JPBD is the official journal of Korean PancreatoBiliary Association. It publishes peer-reviewed original articles, guidelines, review articles, interesting and unique case reports, brief reports, editorials, and letters to the editor regarding subjects in the field of pancreas and biliary tract.

The journal is published four times annually (on the last day of January, April, July, and October). For issues not addressed in these instructions, the author should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/recommendations) from the International Committee of Medical Journal Editors (ICMJE).

Contact information

Editorial Office of *Journal of PancreatoBiliary Diseases*
#723 Le Meilleur Jongro Town, Jongro19, Jongro-gu, Seoul 03157, Korea
Tel: +82-2-2285-5145
E-mail: ercp@kams.or.kr

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1. Research and publication ethics

Research ethics

Manuscripts with the following violation of research ethics cannot be published either online or in paper form of *JPBD*.

- Forgery (fabrication): recording or reporting on made-up data or research results that do not exist.
- Alteration (falsification): manipulating research data, equipment, processes, or results intentionally to distort research contents or results.
- Plagiarism: using others' ideas, research processes, contents, and/or results without proper authorization or citations

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Any reports or studies involving humans or animals should be approved by the Institutional Review Board (IRB) or the Animal Care Committee, respectively, of the institution(s) where the research was conducted. *JPBD* will not consider publishing any reports on studies involving humans or animals which have not received appropriate approval. Informed consent should be obtained from patients who participated in clinical investigations, unless the relevant IRB waivered this requirement. Human subjects' names, initials, hospitals, dates of birth, or other personal or identifying information should not be used. Images of human subjects should not be used unless the information is es-

sential for scientific purposes, and explicit permission has been provided. Even when consent is provided, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, authors should ensure that such alterations do not distort scientific meaning. If consent has not been obtained, it is generally insufficient to anonymize a photograph simply by using eye bars or blurring the face of the individual concerned. If the experiments involve animals, the research should be based on national or institutional guidelines for animal care and use. A statement describing whether the study was conducted with the approval of the IRB (with or without patient informed consent) or animal care committee must be provided in manuscripts describing human or animal research, respectively. *JPBD* may also request documentation of approval by the IRB or the Animal Care Committee for other types of articles when necessary. The content of each article is the responsibility of the authors and not of *JPBD*.

Originality and duplicate publication

Manuscripts that are under review or published by other journals will not be accepted for publication in *JPBD*. Any part of the accepted manuscript should not be duplicated in any other scientific journal without permission from the Editorial Board, although the figures and tables can be used freely if the original source is verified according to the Creative Commons Attribution Noncommercial License (https://creativecommons.org/licenses/by-nc/4.0/). It is mandatory for all authors to resolve any copyright issues when citing a figure or table from another journal that is not open access.

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It is possible to republish the manuscript if it satisfies the condition of secondary publication of the recommendations from the ICMJE (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html). Certain types of articles, such as guidelines produced by governmental agencies and professional organizations, may need to reach the widest possible audience. In such instances, editors sometimes deliberately publish material that is also being published in other journals, with the agreement of the authors and the editors of those journals. Secondary publication for various other reasons, in the same or another language, especially in other countries, is justifiable and can be beneficial provided that the following conditions are met. The authors must have received approval from the editors of both journals (the editor concerned with secondary publication must have a photocopy, reprint, or manuscript of the primary version). The priority of the primary publication is respected by a publication interval of at least one week (unless specifically negotiated otherwise by both editors). The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient. The secondary version should faithfully reflect the data and interpretations of the primary version. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might be: "This article is based on a study first reported in the [title of journal, with full reference]." Permission for such secondary publication should be free of charge. The title of the secondary publication should indicate that it is a secondary publication (complete republication, abridged republication, complete translation, or abridged translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations to be "republications" and does not cite or index translations when the original article was published in a journal that is indexed in Medline. Editors of the journals that simultaneously publish in multiple languages should understand that NLM indexes the primary language version. When the full text of an article appears in more than one language in a journal issue (such as Canadian journals with the article in both English and French), both languages are indicated in the Medline citation (for example, Mercer K. The relentless challenge in health care. Health Manage Forum. 2008 Summer;21(2):4-5. English, French. No abstract available. PMID:18795553.)

Authorship

All authors must have made a significant intellectual contribution to the manuscript according to the criteria formulated by the ICMJE. Each author should have sufficiently participated in the work to take public responsibility for the content. Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version

to be published; and (4) agreement to be 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. All authors should meet criteria 1, 2, 3, and 4. All authors must state that they have approved the final submitted draft.

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- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contributes substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.
- Shared/joint authorship: *Journal of PancreatoBiliary Diseases* permits shared/joint authorship in either the first or senior positions up to two individuals. Authors may denote on the title page which authors contributed equally and, should the article be accepted for publication, a notation will be included in the published paper.
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Use of artificial intelligence (AI)-assisted technologies

JPBD has adopted policies, as specified by the ICMJE, regarding the use of AI in the preparation of materials intended for publication in the journal. Generative AI, including language models, chatbots, image creators, machine learning, and similar technologies, can be employed to enhance readability and language accuracy in scientific writing. However, chatbots or other AI-assisted technologies cannot be listed as authors.

The Editorial Board does not permit the use of generative AI or AI-assisted tools to create or alter images in submitted manuscripts. Adjustments, such as brightness, contrast, or color balance, are acceptable if they do not obscure the original information. Exceptions apply if AI is integral to the research design or methods, for which case details must be provided in the Methods section. Authors should adhere to AI software policies and be asked for pre-AI-adjusted versions of images for editorial review. Authors are required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of the manuscript submission. It must be clearly reported in a dedicated section of the Methods section, or in the Acknowledgements section for article types lacking a Methods section. This disclosure provides details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. Authors should guarantee that there is no plagiarism of text or images in the materials produced by AI. It is unacceptable to cite AI-generated materials as the primary source.

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Any research involving a clinical trial should be registered with a primary national clinical trial registration site such as CRIS (https://cris.nih.go.kr/cris/index/index.do) or other primary national registry sites accredited by the World Health Organization (https://www.who.int/clinical-trials-registry-platform) or clinicaltrials.gov (http://clinicaltrials.gov/), a service of the United States National Institutes of Health.

Conflicts of interest

A conflict of interest is present when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) their actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). The impact of these relationships can vary from being negligible to having great potential for influencing reporting or judgment. Not all relationships represent true conflicts of interest. But the potential for a conflict of interest can exist regardless of whether an individual believes that the relationship affects their scientific judgment. Financial relationships (such as employment, consultancy, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and are the most likely to undermine the credibility of the journal, authors, and science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion (http://www.icmje.org/conflicts-of-interest/). Authors must disclose any potential conflicts of interest in the manuscript. Conflicts of interest may occur during the research process; however, disclosure itself is an important point that can negate the conflict. Disclosure allows the editors, reviewers, and readers to approach the manuscript with an understanding of the situation in which the research work was performed.

Management of research and publication misconduct

When the journal comes across suspected cases of research or publication misconduct, such as redundant (duplicate) publication, plagiarism, the use of fraudulent or fabricated data, changes in authorship, undisclosed conflicts of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, or complaints against editors, a resolution process will be undertaken. The resolution process will follow the flowchart provided by the Committee on Publication Ethics (COPE) (http://publicationethics.org/resources/flowcharts). Discussions and decisions regarding suspected cases of research or publication misconduct will be conducted by the Editorial Board

Editorial responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics through guidelines for retracting articles; the maintenance of the integrity of the academic record; ensuring that business needs do not compromise intellectual or ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and ensuring that there is no plagiarism or fraudulent data in publications. Editors have the following responsibilities: the responsibility and authority to reject/accept articles, to ensure the absence of conflicts of interest with respect to articles they reject/accept, the acceptance of a paper when reasonably certain, the publication of corrections or retractions when errors are found, and the preservation of the anonymity of reviewers.

2. Editorial policy

Copyright policy

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JPBD encourages data sharing wherever possible unless ethical, privacy, or confidentiality concerns prevent this. Authors may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical trials: *JPBD* accepts the ICMJE recommendations for data sharing statement policy (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html). Authors may refer to the editorial, "Data Sharing Statements for Clinical Trials: A Requirement

of the International Committee of Medical Journal Editors," in Journal of Korean Medical Science (https://doi.org/10.3346/jkms.2017.32.7.1051).

Data archiving policy

JPBD provides electronic backup and preservation of access to the journal content from the first volume, 1996, in the event the journal is no longer archived in the National Library of Korea (https://www.nl.go.kr/). Authors can archive the publisher's version/PDF of a previously published article.

Preprint policy

A preprint is a version of a scholarly paper preceding formal peer review and publication in a peer-reviewed scholarly journal. *JPBD* allows authors to submit preprints to the journal, without considering this to be duplicate submission or publication. *JPBD* recommends that authors disclose the existence of a preprint with its DOI in a letter to the editor during the submission process. Otherwise, a plagiarism check program may flag the manuscript as containing excessive duplications. A preprint submission will be processed using the same peer-review process as a regular submission. If a preprint is accepted for publication, the authors should update the information on the preprint site with a link to the article published in *JPBD*, including the DOI for *JPBD* article. It is strongly recommended that authors cite the article in *JPBD* instead of the preprint in their next submission to journals.

3. Manuscript submission and peer review

Manuscript submission

Any physician or researcher involved in basic, translational, and clinical research on pancreas and biliary tract can submit a manuscript for publication in *Journal of PancreatoBiliary Diseases*. Please visit the electronic submission management system (https://submit.kjpbt.org/). Please refer to the checklist (https://kjpbt.org/authors/checklist.php) prior to submission to ensure that all required elements have been included. After initial submission, addition or change of authors is strongly discouraged. However, if addition or change of authors is deemed necessary, it has to follow the Editorial Policy of the journal and must be approved by the Editor.

Peer review

All submitted papers, including those invited by the Editor, are subject to a thorough peer review process. A manuscript is initially reviewed for its adherence to the journal's format and its alignment with the journal's aims and scope. Manuscripts that do not meet these criteria may be returned to the author without undergoing a full peer review. Before peer review, all submitted manuscripts are checked using Similarity Check powered by iThenticate, a plagiarism-screening tool, to ensure the originality of the content. For more details, visit iThenticate. *Journal of PancreatoBiliary Diseases* employs a single-blind peer review process, where the reviewers remain anonymous to the authors. Each manuscript is reviewed by at least two reviewers with relevant expertise, chosen by the Editorial Board. If the data within the manuscript require in-depth statistical analysis, professional statistical editing will be conducted by a statistician to ensure the accuracy and integrity of the statistical methods used. The Editorial Board reserves the right to revise and edit the style and structure of submitted manuscripts to ensure they comply with the journal's guidelines and enhance clarity. Authors will be informed if such revisions are necessary. Once the peer review process is complete, the decision regarding acceptance, revision, or rejection is promptly communicated to the corresponding author. Accepted manuscripts that meet the journal's publication policies and stylistic standards will be scheduled for publication. Rejected manuscripts will not be reconsidered for publication. The decision to publish a manuscript is made solely by the Editorial Board, which considers both the peer reviewers' comments and the overall quality of the manuscript. The average time from submission to decision is 4 to 8 weeks. The Editorial Board is ultimately responsible for deciding whether a manuscript will be accepted or rejected for publication.

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All manuscripts from the Editorial Board members are processed in the same way as other unsolicited manuscripts. During the review process, editors, employees, or Editorial Board members will not engage in the selection of reviewers or the decision-making process for manuscripts on which they are authors. Editors will not handle their own manuscripts even if they are commissioned articles. This conflict of interest should be dis-

closed in the Conflict of Interest.

4. Publication types

Original articles

Original articles include up-to-date scientific information from both clinical and experimental studies in pancreas and biliary tract.

Review articles

Review articles are usually invited by the Editorial Board.

Case reports

A report on a single case or a case series can be of educational value to the readers of the journal. The case(s) should be clinically significant and unique.

Brief reports

Brief reports provide information on new developments in pancreas and biliary tract disorders in a concise format.

Editorials

Editorials are opinions or comments on the original articles published elsewhere in the same issue. Editorials are usually invited by the Editorial Board.

Letters to the editor

Comments or opinions on published papers or suggestions for the journal can be submitted.

Image

This format is to present state-of-the-art still images that will interest and help readers in the evaluation of unusual features of common conditions or in the diagnosis of unusual cases.

Video

This format is to introduce state-of-the-art video that will interest and aid in the evaluation of unusual features of common conditions or in the diagnosis of unusual cases.

5. Manuscript preparation

Format, fonts, and page number

The manuscript should be a MS word file using 10-point letters and in a double-space format on A4-sized paper. Each page must be numbered consecutively at the center of the bottom, beginning from the Title page.

Standard metric units

These units are used to describe length, height, weight, and volume. The unit of temperature is degree Celsius (°C). All other units are expressed according to the International System of Units (SI). All units must be preceded by a single space, except for the percentage (%).

Reporting guidelines for specific study designs

Authors are encouraged to consult the reporting guidelines relevant to their specific research design. Good sources of reporting guidelines are the EQUATOR Network (https://www.equator-network.org/home/) and the United States National Institutes of Health/National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

CONSORT/STROBE/PRISMA: Randomized controlled trials must be presented according to the CONSORT guidelines (http://www.consort-statement.org). Observational studies must be conducted according to the STROBE guidelines (https://www.strobe-statement.org). Meta-analyses must be presented according to the PRISMA guidelines (http://www.prisma-statement.org/PRISMAStatement).

The checklist for the appropriate guidelines must be filled out and attached to the submission. Checklists are available as links in the Attach Files section of the submission process.

Cover letter

A cover letter should disclose that neither the submitted material nor portions of it have been published previously or are under consideration for publication elsewhere. The corresponding author should certify that all listed authors participated meaningfully in the study and that they have read and approved the final manuscript.

Manuscript order

The manuscript should be in the following order:

Original articles: title page (including ethical statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, methods, results, discussion), references, figure legends, tables, and figures.

Review articles: title page (including ethical statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, main text, conclusions), references, figure legends, tables, and figures.

Case reports: title page (including ethical statements, conflicts of interest, funding, acknowledgments, author contributions), abstract, main body (introduction, case report, discussion), references, figure legends, tables, and figures.

Brief reports, Editorial, Letters to the editor: title page (ethical statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references (figure legends, tables, and figures if included).

Image: title page (including ethical statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references, figure legends, and figures.

Video: title page (including ethical statements, conflicts of interest, funding, acknowledgments, author contributions), main body, references, figure and video legends, figures, and videos.

Details in manuscript preparation

Title page

The title page should contain the title of the paper, full names of the authors (including Open Researcher and Contributor ID (ORCID) of every author), institutional affiliation, corresponding author's name and contact information, and notes. A running title of no more than 15 words should be included. The notes must include ethical statements, conflicts of interest, funding, author contributions, and acknowledgments. The number of authors for case report and review is limited to eight. The number of authors for brief report, editorial, and letter to the editors is limited to five. The number of authors for image and video is limited to five.

Ethical statements: When submitting manuscripts on experiments involving human or animal subjects, the authors should indicate whether they have received approval from Institutional Review Board (IRB) or the Animal Care Committee for the study and consent from the included patients. In case of Case reports, Image, and Video, ethical statements confirming that the informed consent was obtained from the patient(s) for the publication of their information and imaging or the author's IRB approval of an informed consent waiver must be included.

Conflicts of interest: All authors must declare any potential conflicts of interest. If a supplier of medicine or medical equipment is involved, the authors should clarify any commercial relationship with the manufacturer or research funds received from the manufacturer. Conflicts of interest exist when an author (or the author's institution), reviewer, or editor has financial or personal relationships that may inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). If the authors have nothing to disclose, please state: "The authors have no potential conflicts of interest."

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Author contributions: Author contributions should be written in the following format (according to the CRediT – Contributor Roles Taxonomy) as described at https://credit.niso.org/. (1) Conceptualization, (2) Data curation, (3) Formal analysis, (4) Funding acquisition, (5) Investigation, (6) Methodology, (7) Project administration, (8) Resources, (9) Software, (10) Supervision, (11) Validation, (12) Visualization, (13) Writing-original draft, and (14) Writing-review & editing. One author can have more than one contributor role, and individual contributor roles may not have an author allocated.

Acknowledgments: A brief acknowledgment of persons who

made a genuine contribution may be included. The authors are responsible for obtaining written permission to use copyrighted text or illustrations. If any of the sections are not relevant to the manuscript, please include the heading and write "None" for that section.

Abstract

The abstract for an original article should be described continuously under the subheadings Background/Aims, Methods, Results, and Conclusions, and is limited to 250 words. Abstracts for review do not require subheading and limited to 250 words. Abstract for case report is limited to 150 words, without subheadings. The abstract should not contain references. Five or fewer keywords should be included below the abstract and should use terms listed in the Medical Subject Headings (MeSH) database.

Main body

Original articles: The introduction should outline the rationale for the study and pertinent background. The Introduction should not contain the results or conclusions. The Methods should describe the scheme of the study, materials, and methods, consecutively. It should clearly state the diagnostic criteria and follow-up. The Methods must describe the investigations in sufficient detail for reproducibility. Ethical guidelines for human or animal studies should be described, and the registration number of the IRB or institutional Animal Care Committee approval should be cited. Whether informed consent was obtained from the persons involved in the study must be stated in the Methods. To promote gender-sensitive research, the authors should include the study participants, animals or cells regardless of sex/gender. The term "sex" is to be used when reporting biological factors and "gender" is to be used to describe identity, psychosocial or cultural factors. Whenever applicable, the authors should report the sex/gender of study participants, sex of animals or cells, and describe the methods used to determine sex and/or gender. If the study was conducted on an exclusive population, i.e., only one sex, the authors need to provide reasons unless self-explanatory, e.g., ovarian cancer. Authors should define how they determined race or ethnicity and justify their relevance. The Results should be presented in a logical sequence. Statistical analyses should be appropriate for the different measurements. Subheadings may be used in this section. If a table is used, the content should not be repeated in the main text. The Discussion should explain the results in relation to any hypothesis presented in the Introduction, but the data in the Results should not be reiterated. The Discussion should emphasize new observations.

Review articles: The inclusion of at least one table or figure relevant to the topic is strongly recommended.

Case reports: The maximum word count is 2,000 words. The number of references should not exceed 15.

Brief reports: This article type should not exceed 1,500 words, and there should be no more than three tables and figures. There should be no subheadings. The number of references is limited to ten. Number of tables and figures are limited to three.

Editorials: An editorial should not exceed 1,000 words. No subdivisions are required. Less than three tables and figures may be included. The number of references is limited to ten.

Letters to the editor: A letter to the editor should be no more than one printed page. The number of references is limited to five. No more than two tables, figures or photographs may be included.

Image: This article type should have fewer than five authors and should not exceed 300 words. The main text (summary of the presentation and discussion) should not be divided into sections. The number of references is limited to three.

Video: This article type should have fewer than five authors and should not exceed 300 words. The main text (summary of the presentation and discussion) should not be divided into sections. The number of references is limited to three.

References

References are to be marked with a superscript number at the end of the sentence or after the author's name. References must be listed on a separate page at the end of the manuscript. They must be numbered in Arabic numerals in the order of citation. All the listed references must be cited in the main body. The maximum number of references for an original article is 40 and

that for a case report is 15. All the names of the authors should be listed if there are less than 7 authors. If there are more than 7 authors, the names of first three authors should be listed and followed by "et al." Unpublished data cannot be used as references but may be mentioned in the main body in parentheses using the terms "personal communication" or "unpublished article". For journal titles abbreviations, those in the Index Medicus should be used (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals). References must follow "Vancouver style", which is shown in the following examples:

▶ Journals:

e.g.: Lee SP, Nicholls JF, Park HJ. Biliary sludge as a cause of acute pancreatitis. N Engl J Med 1994;356:589-594.

▶ Separate book: Author, book name, edition number, page number, city of publication, publishing company, publication year.

e.g.: Goldman H, Appleman HD, Kaufman N. Gastrointestinal pathology. 1st ed. p241-247, Baltimore, Williams & Wilkins, 1990.

▶ Quoting cited literature:

e.g.: Soergerl KH. Acute Pancreatitis. In: Sleisenger MH, Fordtran JS, eds. Gastrointestinal disease: pathophysiology, diagnosis and management. 4th ed. p1814-1819, Philadelphia, W.B. Saunders Co., 1989.

▶ Supplementary articles or summarized abstracts:

e.g.: 1) Sriram PVJ, Rao GV, Reddy DN. The precut- when, where, and how? Endoscopy 2003;35(Suppl): 24-30.

2) Yoo BM, Kim JH, Jung JH, et al. Large balloon sphincteroplasty along with or without sphincterotomy in patients with large extrahepatic bile duct stones-multi center study [Abstract]. Gastrointest Endosc 2007;65:97A.

▶ Websites

e.g.: 2020 Guidance on Decontamination of Equipment for Gastrointestinal Endoscopy [Internet]. The British Society of Gastroenterology; 2020 [cited 2021 May 31]. Available from: https://www.bsg.org.uk/clinical-resource/guidance-on-decontamination-of-equipment-for-gastrointestinal-endoscopy/

Otherwise, the references follow the bibliographic standard detailed in Citing Medicine, 2nd ed, published by the National Library of Medicine (https://www.ncbi.nlm.nih.gov/books/NBK7256/).

Tables

Tables must be in English with a heading at the top without any abbreviations, and only the first letter of the heading should be in capital letter. Each table must be simple and described on a separate page. Tables should be numbered in the order in which they are cited in the text (e.g., Table 1). Explanatory material should be placed in footnotes below the table and should not be included in the heading. All non-standard abbreviations should be explained in the footnotes. Symbols such as *, †, ‡, §, ¶, **, † †, ‡‡ are to be used in order with their explanation as footnotes at the bottom. Explanations on statistical methods used should also be stated as footnotes at the bottom of the table (e.g., *Mann-Whitney U test).

Figures legends and figures

Figure legends are described on a separate page in the form of full sentences, not clauses. When cited in the text, the figures are to be numbered with Arabic numerals in order of citation and labeled clearly (e.g., Fig. 1). All non-standard abbreviations must be explained in figure legends. If microscopic images are used, their staining and magnification records must be stated (e.g., Hematoxylin and eosin, ×100). Photographic images should be submitted in jpg, gif, or ppt format with a final resolution of more than 300 dpi.

Video or animation

Submission of videos or animations is encouraged. If the content of a video or animation differs, a maximum of three files can be submitted. Each file should not exceed 5 minutes in length and 30 megabytes in size. The total length of all files should not exceed 7 minutes in length and 90 megabytes in size. The file format should be avi, mov, or mp4. All videos must be of the highest quality possible. Any editing of the video is the responsibility of the author(s). No editing of the original data in individual frames or alteration of the original speed of the video can be made unless clearly stated. Narration in English can be included

with the video. If the authors chose to include narration, be sure that all audio is at an appropriate level to be understood using computer speakers at mid-level volume. Patients should not be identifiable, or their pictures must be accompanied by written permission to use the video.

Supplementary materials

It is encouraged to submit non-essential figures or portions of the submitted manuscript as supplementary material for online-only publication, as this is highly beneficial to the readers. Authors who offer supplementary information must ensure those materials are readily available upon request. The supplementary material should have a manuscript title, list of authors, a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references.

6. Manuscript accepted for publication

Final version

After a manuscript has been accepted for publication, the corresponding author should submit the final version of the manuscript. The names and affiliations of authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. TIFF and PDF formats are preferred for the submission of digital files of photographic images. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible when the figure is reduced to match the journal's column widths. All symbols must be defined in the figure captions. If references, tables, or figures are moved, added, or deleted during the revision process, they must be renumbered to reflect such changes so that all tables, references, and figures are cited in numeric order..

Manuscript corrections

Before publication, the manuscript editor will correct the manuscript to meet the standard publication format. The corresponding author must respond within two working days when the manuscript editor contacts the author for revisions. If the response is delayed, the publication of the manuscript may be postponed to the next issue.

Galley proof

The corresponding author will receive the final version of the manuscript as a PDF file. The corresponding author must notify the Editorial Office (or printing office) of any errors found in the file within two working days of receipt. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

7. Article processing charge

All accepted manuscripts are exempt from article processing charges until there is a policy change.

Instructions for Reviewers

Journal of PancreatoBiliary Diseases aims to foster the acquisition and maintenance of up-to-date scientific information to ensure high standards of practice. The journal receives more submissions than it can publish four times annually. It is therefore important that manuscripts are critically evaluated for compliance with academic and ethical standards. Two or more reviewers per manuscript are invited by the editors in charge. Reviewer selection is based on many factors, including expertise, reputation, specific recommendations, and the Editorial Board's previous experience with the reviewer. The journal is committed to rapid editorial decisions and publication which are valuable services both to the authors and the scientific community. The Editorial Board therefore asks that reviewers respond within 2 weeks or inform the Editorial Board if they anticipate a significant delay. This allows the Editorial Board to keep the authors informed and find alternative reviewers when necessary.

Ethical and Legal Considerations

1. Reviewers should treat the review process as being strictly confidential.
2. Reviewers treat the author and the manuscript with respect.
3. Manuscripts reviewed for *Journal of PancreatoBiliary Diseases* should not be discussed with anyone not directly involved in the review process.
4. Reviewers should not disclose their identities to the authors or to other colleagues and must not use the peer review process to find their own research aims.
5. Reviewers are responsible to alert the editors to any research misconduct regarding authorship, fabrication, falsification, plagiarism, multiple publication, conflicts of interest, privacy and confidentiality, and protection of human subjects and animals in research.
6. Reviewers do not upload manuscripts to artificial intelligence (AI) tools since generative AI tools may lack up-to-date knowledge and can produce nonsensical, biased, or false information. Also, submitted manuscripts may also include sensitive or proprietary information that should not be shared outside the peer-review process. If any part of the review process is supported by an AI tool, peer reviewers should declare the use of such tools transparently in the peer review report.

Review Process

The primary purpose of reviewer reports is to provide the editors with the information that they need to reach a decision, but they should also instruct the authors on how to strengthen their manuscripts if revision is a possibility. Reviewers would evaluate the papers according to the following criteria and decide the eligibility for publication in *Journal of PancreatoBiliary Diseases*.

1. There is strong evidence on which the conclusions are drawn.
2. Research should have novelty, broad biological significance, and importance to pancreatobiliary diseases.
3. The research is suitable for ethical and legal considerations.
4. The title and number of authors are appropriate.
5. The submitted manuscript and references are in the style of the journal.
6. The abstract explains the aims, methods, and results and has a clear conclusion.
7. The method section should be clear, contain validated data, and be reproducible elsewhere. The methods of enrolling subjects should be free from any potential bias. The statistics should be comprehensible and the study sufficiently large for statistical power.

8. Results should avoid repetition in text, tables, and figures.
9. The discussion should summarize the main findings, criticize the methods used, relate to other data in the literature, and form effective conclusions.
10. Reviewer should separate major criticisms and suggestions for revision from minor errors, changes, and textual amendments.
11. Correction of language and rearrangement of text as necessary are of great help to the editorial team.

Based on the reviewers' advice, the editors decide to choose one of the followings:

1. Accept the manuscript for publication without revision.
2. Accept the manuscript for publication with minor revision.
3. Invite the authors to revise the manuscript before a final decision is reached.
4. Reject the manuscript, typically on grounds of no specialist interest, lack of novelty, insufficient conceptual advance or major technical and/or interpretational problems.

Reviewers may recommend a particular course of action in their confidential comments to the editors but should bear in mind that the editors may have to decide based on conflicting advice. Reviewers can request re-review of revised manuscripts as many times as necessary or leave the confirmation of minor revisions to the editors.

Writing the Review Report

All the review processes are done on the electronic manuscript management system of *Journal of PancreatoBiliary Diseases*. Reviewers are kindly requested to visit the journal site (https://submit.kjpbt.org/), log in with their ID and passwords, and go to the Reviewer Center. Reviewers are recommended to download PDF files of the assigned manuscripts and make corrections and notes on the file.

Reviewers are asked to maintain a positive and impartial, but critical attitude in evaluating manuscripts. Criticisms should remain dispassionate; offensive language is not acceptable.

To make the authors understand the basis for a decision for revision or rejection, a detailed report on the weaknesses of the manuscript should be given. Reviewers may submit confidential comments to the editor in addition to those that can be directly transmitted to the authors. Reviewers' opinions can be directly typed in or attached as separate files.

The ideal report should include an initial paragraph that summarizes the major findings and the reviewer's overall impressions, as well as highlighting major shortcomings of the manuscript. Specific numbered comments, which may be broken down into major and minor criticisms if appropriate (numbering facilitates both the editor's evaluation of the manuscript and the authors' rebuttal to the report). Reviewers' reports should not include a recommendation regarding publication, which is regarded as confidential information since the final decision regarding acceptance, revision, or rejection rests on the editors.

Checklist

Please check the following before submission.
This check list must be properly completed before paper submission otherwise it will be returned.

Paper Preparation

☐ The contents of this paper are to be strictly on the epidemiology, pathophysiology, diagnosis, and treatment of pancreatobiliary diseases and include basic, translational, and clinical research.
☐ This paper or any part of it has not been published in another journal.
☐ This paper has followed the Instruction for Authors and does not break any rules according to the code of ethics.
☐ The authors must disclose no conflict of or any conflict of interest, if present.
☐ All the authors who have contributed to this paper should sign a release form relinquishing ownership to *Journal of PancreatoBiliary Diseases.*
☐ This paper includes a cover page.
☐ The manuscript should be entirely in English and a Microsoft word file using 10-point letters and in a double-space format.
☐ Page numbers have been clearly marked at the bottom center of each page.
☐ This paper abides by the following order.

- Original Articles ① Paper title, each author's full name and institutional affiliation(s), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Abstract (Background/Aim, Methods, Results, and Conclusions in 250 words or less) and keywords (five words or less) ③ Introduction ④ Methods ⑤ Results ⑥ Discussion ⑦ Acknowledgments ⑧ References (limited to 40) ⑨ Figure legends ⑩ Tables, Figures, Images.
- Review Articles ① Paper title, each author's full name and institutional affiliation(s) (number of authors is limited to eight), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Abstract (250 words or less) and keywords (limited to five) ③ Introduction ④ Main body ⑤ Conclusion ⑥ References ⑦ Figure legends ⑧ Tables, Figures, Images.
- Case Reports ① Paper title, author (limited to 8), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Abstract (150 words or less) and keywords (five words or less) ③ Introduction ④ Case ⑤ Discussion ⑥ References (limited to 15) ⑦ Figure legends ⑧ Tables, Figures, Images.
- Brief reports ① Paper title, author (limited to five), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Main body (1,500 words or less) ③ References (limited to ten) ⑧ Figure legends ⑨ Tables, Figures, Images (three or less).
- Editorial: ① Paper title, author (limited to five), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Main body ③ References (limited to ten) ⑧ Figure legends ⑨ Tables, Figures, Images (three or less).
- Letters to the editor: ① Paper title, author (limited to five), running-title, corresponding author's name, full address, telephone, E-mail address, and footnotes ② Main body ③ References (limited to five) ⑧ Figure legends ⑨ Tables, Figures, Images (two or less).
- Image: ① Paper title, author (limited to five), running-title, corresponding author's name, full address, telephone, E-mail ad-

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Cover Page

☐ The title, each author's name and affiliation must be clearly stated.

☐ When the authors' affiliations are different, the author's name should be clearly marked with a shoulder number and listed in numerical order.

☐ At the bottom of the title page, running title, contact details (the corresponding author's name, address, phone, and E-mail address), and any financial support received should be clearly stated.

☐ The title of the paper should not exceed 15 words. The running-title must not exceed 15 words.

☐ The first letter of each word in the title starts with a capital letter.

e.g.: Prognostic factors of ulcer bleeding (X)
Prognostic Factors of Ulcer Bleeding (O)

Abstract

☐ The type of articles

1) Original articles
- Abstract (Background/Aim, Methods, Results, and Conclusions in 250 words or less)

2) Review Articles
- Abstract (250 words or less) and keywords (5 words or less)

3) Case report
- Abstract (150 words or less) and keywords (5 words or less)

☐ Five or fewer keywords from MeSH terms (http://www.nlm.nih.gov/mesh/meshhome.html) should be provided at the end of the abstract.

Manuscript Body

☐ Numbers should be Arabic. Weights and measurements must follow the SI units (international system of units). Measurements that do not use the SI units must be clearly stated in parenthesis.

☐ Drug names should be given in their generic form. The manufacturer's name for medical equipment and test drugs must be given in parenthesis.

☐ Abbreviations must be given to words that are repeated more than 3 times throughout the paper.

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☐ Articles must describe the statistical methods used.

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☐ Spacing between the word and parenthesis.

e.g.: tumor necrosis factor(TNF) (X) tumor necrosis factor (TNF) (O)
8 patients(16%) (X) 8 patients (16%) (O)

tumor necrosis factor(TNF) (X) tumor necrosis factor (TNF) (O)
11/20(55.0%) (X) 11/20 (55.0%) (O)

☐ Spacing between the number and the unit.
e.g.: AST 125IU/L (X) AST 125 IU/L (O)
9.2mg/dL (X) 9.2 mg/dL (O)
170cm (X) 170 cm (O)

☐ No spacing between the number and percentage (%) or °C.
e.g.: 78 % (X) 78% (O)
39 °C (X) 39°C (O)

☐ The name of a bacteria names should be written in italics.
e.g.: Helicobacter pylori (X) *Helicobacter pylori* (O)

Figures and Tables

Tables

☐ Tables must be in English and Arabic numerals, with a clear title at the top without any abbreviations, and only the first letter should be capitalized.

☐ Tables should be numbered in the order in which they are cited in the text (e.g., Table 1).

☐ If acronyms are used in a table, they must be explained at the bottom of the table.

☐ Symbols such as *, †, ‡, §, ¶, **, ††, ‡‡ are to be used in order with their explanation as footnotes at the bottom.

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☐ Photographic images should be submitted in jpg, tiff, gif, png, or ppt format with at a final resolution of at least 300 dpi.

☐ Figures and images must be submitted in separate files with names such as Figure 1A, Figure 1B, and Figure 2.

Reference

☐ The references of the paper must have their shoulder numbers clearly typed in the order they were presented.
e.g.: Endoscopic treatment was done.[10-13] (X)
Endoscopic treatment was done.[10,11,12,13] (X)
Endoscopic treatment was done.[10-13] (O)

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☐ The maximum number of references for an original article is 40 and that for a case report is 15. For review, brief report, editorial, letter to the editor, image, and video, please refer to Instructions to Authors.

- ☐ All the names of the authors should be listed if there are less than 7 authors. If there are 7 or more authors, the names of first three authors should be listed and followed by "et al."
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e.g.: Lee SP, Nicholls JF, Park HJ. Biliary sludge as a cause of acute pancreatitis. N Engl J Med 1994;356:589-594.

▶ Separate book: : Author, book name, edition number, page number, city of publication, publishing company, publication year.

e.g.: Goldman H, Appleman HD, Kaufman N. Gastrointestinal pathology. 1st ed. p241-247, Baltimore, Williams & Wilkins, 1990.

▶ Quoting cited literature:

e.g.: Soergerl KH. Acute Pancreatitis. In: Sleisenger MH, Fordtran JS, eds. Gastrointestinal disease: pathophysiology, diagnosis and management. 4th ed. p1814-1819, Philadelphia, W.B. Saunders Co., 1989.

▶ Supplementary articles or summarized abstracts:

e.g.: 1) Sriram PVJ, Rao GV, Reddy DN. The precut- when, where, and how? Endoscopy 2003;35(Suppl): 24-30.

2) Yoo BM, Kim JH, Jung JH, et al. Large balloon sphincteroplasty along with or without sphincterotomy in patients with large extrahepatic bile duct stones-multi center study [Abstract]. Gastrointest Endosc 2007; 65:97A.

▶ Websites

e.g.: 5. 2020 Guidance on Decontamination of Equipment for Gastrointestinal Endoscopy [Internet]. The British Society of Gastroenterology; 2020 [cited 2021 May 31]. Available from: https://www.bsg.org.uk/clinical-resource/guidance-on-decontamination-of-equipment-for-gastrointestinal-endoscopy/

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