GYNECOLOGY AND MINIMALLY INVASIVE THERAPY

Gynecology and Minimally Invasive Therapy

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DESCRIPTION

*Gynecology and Minimally Invasive Therapy (GMIT)* is the official peer-reviewed open access journal of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) and is published quarterly by Elsevier. It is indexed in Scopus, ScienceDirect, Scholars Portal, Emerging Sources Citation Index (ESCI), and EBSCO host, INIST-CNRS, OhioLINK and SwetsWise Online Content and aims to publish original research and review papers on minimally invasive therapies, such as gynecologic endoscopy (including laparoscopy, hysteroscopy, cystoscopy, and etc.), vaginal surgery, small incisional surgery, sono-guided therapy, biological and/or immunotherapy therapy, women's health issues and related scientific fields of study. Manuscripts on clinical, laboratory, educational and social research in the relevant fields are eligible for consideration.

*GMIT* accepts Review Articles, Original Articles, Short Communications, Case Reports, Clinical Images, Video Abstract and Letters to the Editor.

APAGE was officially founded in 2003 and is the largest Asia-Pacific gynecologic association with 15 affiliated societies around the world. It endeavors to promote educational trainings and collaborations between hospitals and countries in the Asia-Pacific region.

Today, there are more than 6 international workshops, symposiums, and congresses held by the APAGE each year. These congresses offer participants the chance to uncover the value of MIT and gain the advanced skills with latest trends in the world.

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INTRODUCTION

Gynecology and Minimally Invasive Therapy (GMIT) is the official peer-reviewed open access journal of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) and is published quarterly by Elsevier. It is indexed in Scopus, ScienceDirect, Scholars Portal, Emerging Sources Citation Index (ESCI), and EBSCO host, INIST-CNRS, OhioLINK and SwetsWise Online Content and aims to publish original research and review papers on minimally invasive therapies, such as gynecologic endoscopy (including laparoscopy, hysteroscopy, cystoscopy, and etc.), vaginal surgery, small incisional surgery, sono-guided therapy, biological and/or immunotherapy therapy, women's health issues and related scientific fields of study. Manuscripts on clinical, laboratory, educational and social research in the relevant fields are eligible for consideration.

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Editorials are short articles or comments concerning a specific paper in the Journal or a topical issue in the field. Although editorials are normally invited, unsolicited editorials may be submitted and will be given due consideration.

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Format guide

- Word limit: 4000 words
- References: up to 60
- Tables/Figures: 6 maximum

Original Articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Format guide
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• References: up to 60
• Tables/Figures: 6 maximum

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Format guide
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These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe rare cases, complications or morbidities from an educational perspective, or new information on diseases of interest. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if any), and References.

Format guide
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Format guide
• author: no more than 4
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• References: up to 6
• Tables/Figures: 4 maximum

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Word limit: 700 words
References: up to 5
Tables/Figures: 1 maximum
No subheadings
Begin with "Dear Editor".

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BEFORE YOU BEGIN

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5. Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See Section 4 for more information.

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All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to http://www.consort-statement.org for more information). This GMIT has adopted the ICMJE proposal from the International Committee of Medical Journal Editors (ICMJE) that require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration. Further information can be found at http://www.icmje.org.

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**PREPARATION**

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This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

**Manuscript Preparation**
Text should be typed double-spaced on one side of white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. A manuscript should include a title page, abstract, text, references, conflicts of interest statement (if any), acknowledgments (if any), and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

**Abstract and Keywords**
An abstract and 3-5 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Original Articles, Short Communications, and Case Reports. Abstracts for Original Articles and Short Communications should be structured, with the section headings: Study Objective, Design, Setting, Patients, Intervention(s), Measurements and Main Results, and Conclusion.

Abstracts for Original Articles should be no longer than 250 words and that of Short Communications no longer than 200 words.

Abstracts for Review Articles should be unstructured, in one single paragraph of no more than 250 words in length that clearly summarize the main findings.

Abstracts for Case Reports should be unstructured, in one single paragraph of not more than 150 words, but should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case.

An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html). Avoid general and plural terms and multiple concepts (avoid, for example, "and", "of"). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

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