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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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GUIDE FOR AUTHORS

INTRODUCTION

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Types of article

Editorials
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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These should aim to provide the reader with a balanced overview of an important and topical subject in the field. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated.

Format guide

• Word limit: 4000 words
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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
Short Communications
These reports should be concise presentations of research results or novel techniques or use of equipment, pioneering instruments or advanced surgical skills. The editors reserve the right to decide what constitutes a Short Communication.

Format guide

- Word limit: 2000 words
- References: up to 10
- Tables/Figures: 4 maximum

Case Reports
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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- References: up to 10
- Tables/Figures: 2 maximum

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Format guide

- author: no more than 4
- Word limit: 800 words
- References: up to 6
- Tables/Figures: 4 maximum

Correspondence
Correspondences include short case reports, letter to Editor, and comments. All of the above are welcome in response to previously published GMIT articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, as well as other communications of general interest. If there may be any replies, it will be published in the same issue as the letter, and are invited at the discretion of the Editor. Correspondences should have a title and include appropriate references, and include the author's mailing and e-mail addresses. Correspondences are edited, sometimes extensively, to sharpen their focus. They may be sent for peer review at the discretion of the Editors. Letters are selected based on clarity, significance, and space.

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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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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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- Put text, references, table headings and tables, and figure legends in one file.

- Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number, e.g., “Fig1.tif”, “Fig2.jpg”. Please see section 9.8. for more information.

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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.

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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.

No abstract or keywords are required for the following article categories: Editorials, Clinical Images, and Letters to the Editor.

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The title page should contain the following information (in order, from the top to bottom of the page): article category article title names (spelled out in full) of all authors*, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the author name and in front of the matching affiliation conflicts of interest declaration; if none, then state "The author(s) have no conflicts of interest relevant to this article." corresponding author details (name, e-mail, mailing address, telephone and fax numbers) word counts of abstract, main text and references *The name of each author should be written with the family name last, e.g. Wan-Lin Chang. Authorship is restricted only to direct participants who have contributed significantly to the work.

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