



**HPB**

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## DESCRIPTION

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To visit the *HPB* journal website click here: <http://www.hpbonline.org/>

**HPB** is an international forum for clinical, scientific and educational communication.

Twelve issues a year bring the reader leading articles, expert reviews, original articles, images, editorials, and reader correspondence encompassing all aspects of benign and malignant hepatobiliary disease and its management. *HPB* features relevant aspects of clinical and translational research and practice.

Specific areas of interest include HPB diseases encountered globally by clinical practitioners in this specialist field of gastrointestinal surgery. The journal addresses the challenges faced in the management of cancer involving the liver, biliary system and pancreas. While surgical oncology represents a large part of *HPB* practice, submission of manuscripts relating to liver and pancreas transplantation, the treatment of benign conditions such as acute and chronic pancreatitis, and those relating to hepatobiliary infection and inflammation are also welcomed. There will be a focus on developing a multidisciplinary approach to diagnosis and treatment with endoscopic and laparoscopic approaches, radiological interventions and surgical techniques being strongly represented. *HPB* welcomes submission of manuscripts in all these areas and in scientific focused research that has clear clinical relevance to *HPB* surgical practice.

*HPB* aims to help its readers - surgeons, physicians, radiologists and basic scientists - to develop their knowledge and practice. *HPB* will be of interest to specialists involved in the management of hepatobiliary and pancreatic disease however will also inform those working in related fields.

Abstracted and Indexed in: MEDLINE®EMBASEPubMedScience Citation Index ExpandedAcademic Search (EBSCO)

*HPB* is owned by the International Hepato-Pancreato-Biliary Association (IHPBA) and is also the official Journal of the American Hepato-Pancreato-Biliary Association (AHPBA), the Asian-Pacific Hepato Pancreatic Biliary Association (A-HPBA) and the European-African Hepato-Pancreatic Biliary Association (E-AHPBA).

## IMPACT FACTOR

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2018: 3.047 © Clarivate Analytics Journal Citation Reports 2019

## ABSTRACTING AND INDEXING

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Academic Search (EBSCO)  
Embase  
PubMed/Medline  
PubMed/Medline  
Science Citation Index Expanded  
Web of Science

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## GUIDE FOR AUTHORS

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### **HPB Instructions for Authors**

HPB publishes original articles, reviews, meta-analyses, systematic reviews and randomized clinical trials, all of which are submitted to rigorous peer review. HPB subscribes to the policies published by the International Committee of Medical Journal Editors (ICMJE) and adheres to publishing ethics guidelines published by the Committee on Publication Ethics (COPE). **Author Statement Form:** HPB now requires Corresponding Authors to complete an Author Statement on behalf of all co-authors before acceptance of the manuscript. The Author Statement form can be found [here](#); copies may also be requested from the Editorial Office (HPBJournal@elsevier.com).

### **Manuscript submission**

HPB operates an online submission and peer review system that enables authors to submit articles online and track their progress via a web interface. **Any queries** regarding ScholarOne Manuscripts or manuscript submission should be directed to the HPB Editorial Office (HPBJournal@elsevier.com).

Manuscripts should be submitted online at <http://mc.manuscriptcentral.com/hpb>

### **Article Types**

Please note that HPB no longer publishes Case Studies, Technical Reports, Image of the Issue and How I do it. Authors interested in submitting manuscripts in these categories are encouraged to submit to the "My HPB" website instead.

### **Leading articles**

The Editors commission leading articles of 800-1000 words and up to ten references. A single author is preferred. Submissions may be subject to peer review and the Editors retain the right to alter textual style.

### **Reviews (including systematic reviews and meta-analyses)**

Priority will be given to work that addresses a topic of current interest. All meta-analyses of randomized trials must adhere to the guidelines outlined in the PRISMA statement, which is designed to improve manuscript quality. Authors must include a suitable PRISMA flow chart in their submission ([click here for an example](#)) as well as the [checklist](#) (upload the checklist under the file designation 'Other'). Further advice on suitability is available from the Editorial Office: HPBJournal@elsevier.com.

Reviews must include a structured abstract (maximum 200 words), should not exceed 3,500 words of text and 50 to 75 references. Figures and tables are usually limited to 4 (combined total) but in exceptional cases more may be permitted at the discretion of the editors.

Useful resources for Authors of review articles include the article 'Systematic reviews and meta-analysis for the surgeon scientist' by Galandiuk and colleagues, and the Cochrane Handbook for Systematic Reviews of Interventions.

HPB will consider for publication Cochrane review articles that have been substantially shortened and re-written for a surgical audience, but such submissions must state this on the title page of the manuscript, and copies of the original article must be sent to the editorial office for consideration. You must also apply for permission from the Cochrane Library – further information on how to do this is available in the Cochrane Manual. These articles will be subject to the usual HPB peer review process.

### **Prospective clinical trials**

HPB expects all authors to register prospective clinical trials in a suitable electronic and freely accessible registry (e.g. [www.clinicaltrials.gov](http://www.clinicaltrials.gov), [www.controlled-trials.com](http://www.controlled-trials.com)), according to the ICMJE guidelines<sup>1,8</sup>. For this purpose, a clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. The registration number of the clinical trial should be quoted at the end of the abstract. If you wish the Editor to consider an unregistered trial, please explain why the trial has not been registered.

In addition, all randomized clinical trials must adhere to the guidelines outlined in the CONSORT statement and investigators must include a suitable CONSORT flow chart in their submission ([click here for an example](#)) as well as the [checklist](#) (upload the checklist under the file designation 'Other'). The primary end point and power calculation must be clearly stated, and randomized clinical trials should be clearly identified as such in both the title and the abstract.

Randomized clinical trials must include a structured abstract (maximum 200 words), should not exceed 3,000 words of text and 50 references. Figures and tables are usually limited to 5 (combined total) but in exceptional cases more may be permitted at the discretion of the editors.

### **Original articles**

Original articles should normally be in the format of Introduction, Methods, Results and Discussion. Original articles must include a structured abstract of 200 words or fewer (further information can be found below), should not exceed 5,000 words of text and 50 references. Figures and tables are usually limited to 5 (combined total) but in exceptional cases more may be permitted at the discretion of the editors.

### **Correspondence**

The Editors welcome topical correspondence from readers relating to articles published in the Journal. Letters must be no more than 250 words in length, including no more than five references.

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The Editors may seek an invited commentary which will accompany a topical original article. This should normally be fewer than 500 words with no more than five references. The Editors retain the right to alter textual style.

### **Guidelines**

Guidelines that accompany an article may be considered for publication in the journal. If you intend to prepare guidelines from a consensus meeting and are interested in submitting them to the journal please consult with the Editorial Office (HPBJournal@elsevier.com) in the first instance.

## **BEFORE YOU BEGIN**

### **Ethics in publishing**

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### **Originality**

On submission of the manuscript the corresponding author must warrant that the article is an original work, has not been published before, and is not being considered for publication elsewhere in its final form, in either printed or electronic media.

Publication of abstracts and presentations at scientific meetings will not jeopardise full publication. Authors should declare that any republication of the data (e.g. in secondary analysis or translation) will not constitute redundant publication, will not breach copyright, and will reference the original publication.

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HPB does not consider the following to be prior publication: abstracts and posters at conferences, results presented at meetings (for example, to inform investigators or participants about findings) and results databases (data without interpretation, discussion, context or conclusions in the form of tables and text to describe data/information where this is not easily presented in tabular form). Manuscripts that have been published previously in another language should state this on the title page of the submission. Manuscripts that have been previously published in English that are submitted with the aim of serving different audiences are not generally accepted by HPB (an exception to this is the publication of substantially shortened Cochrane Review articles; see section 2.b).

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Sub-group analyses, meta-, and secondary analyses should be clearly identified as analyses of data that have already been published, and must refer to the primary source.

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If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association \(Declaration of Helsinki\)](#) for experiments involving humans. The manuscript should be in line with the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

### **Human transplantation manuscripts**

The journal requires authors of human transplantation manuscripts from the Peoples Republic of China to provide statements to confirm (1) that consent was obtained to the use of donor organs for transplantation, either from the donor in life or from the family of the donor; and (2) that none of the donors were prisoners who were executed. These two statements are distinct and must both be provided before a manuscript can enter the review process. These criteria are designed to provide reassurance that ethical standards of organ donation have been met, in keeping with the editorial policy of HPB.

Editors reserve the right to reject papers if there is doubt whether appropriate procedures have been followed.

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### **Authorship**

For research papers, Authorship should be decided at the launch of the study. The Authorship credit should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2 and 3.

Contributors who do not qualify as Authors should be listed and their particular contribution described in the Acknowledgements section of the article. On submission of the article, the corresponding author will be asked to confirm how all individuals listed as Authors meet the appropriate authorship criteria, that no-one who qualifies for authorship has been omitted from the list, that written authorization has been received from all co-authors, that contributors and all funding sources (for Authors and Contributors) have been properly acknowledged and that authors and contributors have approved the acknowledgement of their contribution.

The corresponding author is responsible for ensuring that all authors have seen, approved and are fully conversant with the contents of the manuscript. All authors are responsible for the accuracy of the manuscript, including all statistical calculations and drug doses.

All authors listed within the manuscript must be added as co-authors of the manuscript on Scholar One at submission.

### **Group authorship**

Results of multicentre studies may be reported under the name of the organizing group; however, the group should identify individuals who accept direct responsibility for the manuscript. These individuals should meet the criteria for authorship described above. The individual authors who accept direct responsibility for the manuscript should list the members of the larger authorship group in an appendix to their acknowledgements.

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Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

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### **Preferred file formats**

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The full title page, main text and tables must be submitted as a single document in Word (.doc or .docx) or Rich Text Format (.rtf). Please do not submit text in PDF format (.pdf). Figures prepared as true images (e.g., .tif, .jpg or .eps) can be submitted as separate files.

#### *Use of word processing software*

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

### **Article structure**

The main text of the paper may have separate Introduction, Methods, Results and Discussion sections (these sections may not be applicable to all article types, e.g. reviews). A short Acknowledgements paragraph may also be included. When quoting specific materials, equipment and proprietary drugs, the name and address of the manufacturer must be given in parentheses. Generic names should normally be used. Any data mentioned in the abstract or discussion must be presented in the results section of the main text.

It is appreciated that there are a variety of writing styles, but the HPB editorship would like to ensure a degree of uniformity in the presentation of the manuscript. Ensure that the Abstract describes the content of the manuscript accurately. The Abstract may be all that is seen when a search engine is used and will draw potential readers to the contents of the main article. The Introduction should be

focused and brief, putting the current study into context. Methodology and Results sections should be well structured and should avoid redundancy. If tables are used, avoid repetition of results in the text. Avoid the use of personal pronouns and ensure that patients are not referred to as cases. The Discussion should focus on the results of the study and discuss these in the context of the existing literature. Highlight those areas of the study that bring new information to the reader.

### **Tables and illustrations**

Please refer to the Article Types regarding the limit of number of figures and tables for each manuscript category.

Submit each illustration as a separate file except compound figures e.g. 1a, 1b, 1c etc, which should be supplied as a single file. Tables should be included as part of the main text file at the end of the manuscript, not embedded in the text. Type each table on a new page with a brief title. Supply artwork at the intended size for printing. Line drawings are acceptable as clear black on white graphics and must be high quality. Use hatchings, not tints. All illustrations must be supplied at the correct resolution:

1200 dpi (dots per inch) for black and white line art (simple bar graphs, etc.)

300 dpi for halftones (black and white photographs).

600 dpi for combination halftones (photographs that also contain line art such as labelling or thin lines).

Illustrations in colour are encouraged and will be printed at no cost to the author. Label each illustration with the figure number and lead authors name. Indicate the top of the illustration and a measure of magnification for photomicrographs. Include explanations of symbols and shading within the figure, use arrows to identify particular areas of interest. Survival curves must be accompanied by a table giving the actual numbers of patients involved and should be truncated when the numbers at risk are small; that is, when they are less than one-third of the starting figure. Include in the legends to illustrations, and the footnotes to tables, brief but comprehensive explanations of all the information presented. Look at recent issues of the Journal for examples of accepted layout.

#### *Figure captions*

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

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### **Essential title page information**

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**

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### **Additional title page information**

Please indicate; (a) the category in which the manuscript is being submitted (original article, review, randomized clinical trial); and (b) whether the paper is based on a previous communication to a society or meeting (with full details).

### **Abstract**

The Abstract must contain fewer than 200 words and presented in a structured format. *Background:* state why the study was done, the main aim and the nature of the study (randomized clinical trial, retrospective review, experimental study etc). *Methods:* describe patients, laboratory material and other methods used. *Results:* state the main findings, including important numerical values. *Discussion:* state the main conclusions, highlighting controversial or unexpected observations.

#### *Graphical abstract*

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view [Example Graphical Abstracts](#) on our information site.

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### **Abbreviations**

Avoid using abbreviations. Terms that are mentioned frequently may be abbreviated but only if this does not impair comprehension. Abbreviations must be used consistently and must be defined on first use.

#### *Acknowledgements*

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

#### *Formatting of funding sources*

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### **Numbers and units**

Provide absolute numbers always; percentages may be given in addition but never on their own (percentages are not acceptable for sample sizes less than 50). Use the decimal point, not a comma; for example 5.7. Use a space and not a comma after thousands and multiples thereof; for example 10 000. Use SI units (International System of Units) except for the measurement of blood pressure (mmHg).

## **Statistics and design**

Set out clearly the objectives of the study; identify the primary and secondary hypotheses, the chosen end-points and justify the sample size with a power calculation.

Clearly describe methods used for analysis; methods not in common usage should be referenced. Report results of statistical tests by stating the value of the test statistic, the number of degrees of freedom and the P value. Actual P values should always be reported to three decimal places, especially when the result is not significant. The results of the primary analyses should be reported using confidence intervals instead of, or in addition to, P values. For detailed guidance on the handling of statistical material consult the article by Murray 11.

## **Expressions of data**

All results should be presented as actual numbers.

For nominal data with denominators greater than 50, percentages (as a whole number) should be provided alongside actual number.

For continuous data non parametric descriptors (median and range) and statistical analysis (e.g. Mann Whitney U) should be performed unless it can be shown (statistically) that data are normally distributed in which case it is reasonable to use parametric tests (e.g. student t-test).

Extensive use of tables is encouraged and data provided in tables should not be repeated in text. All tables, figures and graphs must have a stand alone legend which enables interpretation without the need to refer to the text.

P values should be standardised to 3 decimal places and should include actual values for those values that are non-significant.

For Kaplan-Meier curves the following should be adhered to:

a) Numbers at risk should be given below the x-axis in line with the time value. b) Survival curves must be accompanied by a table giving the actual numbers of patients involved and each individual graph should be truncated when the numbers at risk are small; that is, the number at risk reaches the greater of either 1/10th of the original denominator or 5. c) Censored variables should be shown.

## **References**

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5. Cancer Research UK. Cancer statistics reports for the UK, <http://www.cancerresearchuk.org/aboutcancer/statistics/cancerstatsreport/>; 2003 [accessed 13 March 2003].

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[dataset] 6. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <https://doi.org/10.17632/xwj98nb39r.1>.

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