Volume 33
Volume 33
Issue 3
September 2023



Turkish Journal of **COLORECTAL DISEASE** Official Journal of the Turkish Society of Colon and Rectal Surgery



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Miscellaneous (diverticular disease, intestinal stomas, appendical disease, surgical quality, sito-reduction, HIPEC)

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Gayrettepe Mahallesi Yıldızposta Caddesi Evren Sitesi A Blok No: 3D:1-, 34394 Beşiktaş/İstanbul Phone: 021288 45 75 / 76 Mail: print@sonsuratdaktilo.com Printing Date: September 2023 ISSN: 2536-4898 E-ISSN: 2536-4901

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Turkish Journal of Colorectal Disease is an open access, scientific and peerreviewed journal in accordance with independent, unbiased, and double-blinded peer-review principles of the Turkish Society of Colon and Rectal Surgery.

The journal is published quarterly in March, June, September, and December in print and electronically. The publication language of the journal is English.

This journal aims to contribute to science by publishing high-quality, peerreviewed publications of scientific and clinical importance that address current issues at both national and international levels.

Furthermore, review articles, case reports, technical notes, letters to the editor, editorial comments, educational contributions, and congress/meeting announcements are released.

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Turkish Journal of Colorectal Disease is currently indexed in TÜBİTAK/ ULAKBİM, British Library, ProQuest, CINAHL, IdealOnline, EBSCO, Embase, Gale/Cengage Learning, Turkish Citation Index, Hinari, GOALI, ARDI, OARE, AGORA J-GATE and TürkMedline.

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This journal aims to contribute to science by publishing high quality, peerreviewed publications of scientific and clinical importance address current issues at both national and international levels. Furthermore, review articles, case reports, technical notes, letters to the editor, editorial comments, educational contributions and congress/meeting announcements are released.

The journal scopes epidemiologic, pathologic, diagnostic and therapeutic studies relevant to the management of small intestine, colon, rectum, anus and pelvic floor diseases.

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CONSORT statement for randomized controlled trials (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement revised recommendations for improving the quality of reports of parallel-group randomized trials. JAMA 2001; 285:1987-91);

PRISMA statement of preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 2009; 6(7): e1000097.);

STARD checklist for reporting studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al., for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Ann Intern Med 2003;138:40-4.);

STROBE statement, a checklist of items that should be included in reports of observational studies;

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Method: A brief description of the materials - patients or subjects (i.e. healthy volunteers) or materials (animals) - and methods used.

Results: What were the main findings?

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1. State the importance and significance of your findings but do not repeat the details given in the Results section.

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No new data are to be presented in this section.

Acknowledgements: Only acknowledge persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer their endorsement of the data and conclusions. Begin your text of the acknowledgement with, "The authors thank...".

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Book chapter; Last name(s) of the author(s) and initials, chapter title, book editors, book title, edition, place of publication, date of publication and inclusive page numbers of the extract cited.

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Abstract length: Not to exceed 100 words.

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Case Reports should be structured as follows:

Abstract: An unstructured abstract that summarizes the case.

Introduction: A brief introduction (recommended length: 1-2 paragraphs).

Case Report: This section describes the case in detail, including the initial diagnosis and outcome.

Discussion: This section should include a brief review of the relevant literature and how the presented case furthers our understanding of the disease process.

References: See under 'References' above.

Acknowledgments.

Tables and figures.

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Abstract: Structured "as above mentioned".

Indications

Method

Comparison with other methods: advantages and disadvantages, difficulties and complications.

References, in Vancouver style (see under 'References' above).

Acknowledgments.

Tables and figures: Including legends.

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Article length: Not to exceed 500 words.

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Briefly summarize the case describing diagnosis, applied surgery technique and outcome. Represent all important aspects, i.e. novel surgery technique, with properly labelled and referred video materials. A standalone video vignette describing a surgical technique or interesting case encountered by the authors.

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Article length: Not to exceed 500 words.

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We welcome correspondence and comments on articles published in the Turkish Journal of Colorectal Disease. No abstract is required, but please include a brief title. Letters can include 1 figure or table.

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The Editor exclusively solicits editorials. Editorials should express opinions and/or provide comments on papers published elsewhere in the same issue. A single author is preferred. No abstract is required, but please include a brief title. Editorial submissions are subject to review/request for revision, and editors retain the right to alter text style.

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protocols that do not meet both these criteria will be sent for open external peer review, with reviewer comments published online upon acceptance, as with research articles. Reviewers will be instructed to review for clarity and sufficient detail. The intention of peer review is not to alter the study design. Reviewers will be required to check that the study is scientifically credible and ethically sound in its scope and methods. There is sufficient detail to instil confidence that the study will be managed and analyzed correctly.

Publishing study protocols enables researchers and funding bodies to stay up to date in their fields by providing exposure to research activity that may not otherwise be widely publicized. This can help prevent unnecessary duplication of work and will hopefully enable collaboration. Publishing protocols in full also makes available more information than is currently by trial registries and increases transparency, making it easier for others (editors, reviewers and readers) to see and understand any variations from the protocol that occur during the conduct of the study)

The SPIRIT (Standart Protocol Items for Randomized Trials) statement has now been published. It is an evidence-based tool developed through a systematic review of a wide range of resources and consensus. It closely mirrors the CONSORT statement and also reflects essential ethical considerations.

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