

Author's Guidelines

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Xia & He Publishing publishes the following three journals. Please visit each journal's homepage to learn more about their scope and details.

1. [Journal of Clinical and Translational Hepatology](#)
2. [Exploratory Research and Hypothesis in Medicine](#)
3. [Journal of Exploratory Research in Pharmacology](#)

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the author(s) or research sponsor(s).

APCs of the Journals

Please consult the table below for information on Xia & He Publishing APCs, which vary by journal. There are no fees for submission, and no charges for articles that are rejected.

Journals	ISSN	Article Processing Charge
<i>Journal of Clinical and Translational Hepatology</i>	2225-0719	USD1800
<i>Exploratory Research and Hypothesis in Medicine</i>	2472-0712	USD800
<i>Journal of Exploratory Research in Pharmacology</i>	2572-5505	USD800

○ An APC is charged for all article types that are accepted by Xia & He journals, except editorial types. For descriptions of specific article types, refer to the article-type page of each journal.

○ Editorial types are published free of charge, which includes Editorials, Letters to the Editor, Commentaries, Corrections, Opinions, and Retractions.

○ For authors from [low-income countries](#) or [lower-middle-income countries](#), as classified by the World Bank, a discount of the article processing fee can be granted. Please send the request to service@xiahepublishing.com.

Acceptable Payment Methods

The accepted methods of payment are:

(1) PayPal

Pay to: xhpublishing@xhpublishing.com

(2) United States bank check (For authors from the United States only)

The check should be payable to: Xia & He Publishing Inc.

Please mail your check to:

Xia & He Publishing Inc.

14090 Southwest Freeway, Suite 300, Sugar Land, Texas 77478, USA

Telephone: +1 409-420-2868

(3) Wire transfer

The bank account information is below:

Account Holder: XIA & HE PUBLISHING INC.

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Account Number: 681876608

Bank Name: JPMorgan Chase Bank, N. A.

Bank Address: 10411 Westheimer Rd. Houston, TX, 77042, USA

Phone: +1 (832)986 2759

Self-archiving Policy

Authors of articles published in Xia & He journals are permitted to self-archive the preprint version of the article at any time, and may self-archive the postprint and published version without embargo.

Articles may be placed on:

1. The author's personal website;

2. The author's company/institutional repository or archive;
3. Non-for-profit subject-based preprint servers or repositories (preprints);
4. Non-for-profit subject-based repositories such as PubMed Central (postprints) and Research Gate;
5. Other suitable non-for-profit sites.

Preprint version

A preprint is the version of an article before peer-review. Authors are not requested to remove a preprint from a non-for-profit preprint server before submission. Upon acceptance, we recommend including an acknowledgement of acceptance on the first page, as follows:

"This is the pre-peer-reviewed version of the article which has been subsequently peer-reviewed and accepted for publication in [JOURNAL TITLE]."

After publication, the author may include the sentence:

"This is the pre-peer-reviewed version of the following article, which has been published online at [Link to final article using the DOI]: [FULL CITE]."

Postprint version

A postprint is the version of an article that has been peer-reviewed, revised, and accepted for publication, but prior to the final publication version which often includes copyediting, typesetting, and so forth. The following notice should be included on the first page:

"This is the peer-reviewed and pre-copyedited version of the article which has been accepted for publication in [JOURNAL TITLE]."

After publication, the author may include the sentence:

"This is the peer-reviewed and pre-copyedited version of the following article, which has been published online at [Link to final article using the DOI]: [FULL CITE]"

Published version

A published version is the article in formal format that is published online by the publisher. The version self-archived should include the full citation of the article on the first page.

Disclaimer Statement

All articles published in Xia & He journals represent the views and opinions of their authors, and not the views, opinions, or policies of the publisher, except where explicitly indicated. Xia & He Publishing Inc. shall not be held responsible for the use of views and opinions expressed in the articles; use of any information in the articles shall not be considered an endorsement by Xia & He Publishing of the products advertised.

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Publisher

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Article Types

Please ensure that any manuscript you submit to Xia & He Publishing conforms to the recommendations for ethics of the [Committee on Publication Ethics \(COPE\)](#) and the [International Committee of Medical Journal Editors \(ICMJE\)](#), as well as the general article requirements. All submitted manuscripts will be checked using plagiarism detection software ([Crossref Similarity Check](#)). Below are the article types accepted for publication.

Summary Tables

Please view Table 1 for a summary of the article types currently accepted by Xia & He journals. Table 2 summarizes the general manuscript guidelines for each article type.

Table 1. Article types by journals

Article Type	<i>Journal of Clinical and Translational Hepatology (JCTH)</i>	<i>Exploratory Research and Hypothesis in Medicine (ERHM)</i>	<i>Journal of Exploratory Research in Pharmacology (JERP)</i>
Original Article	✓	✓	✓
Review	✓	✓	✓
Systematic Review	✓	✓	✓
Meta-analysis	✓	✓	✓
Short Communication	✓	✓	✓
Letter to the Editor	✓	✓	✓
Commentary and Editorial	Solicited	Solicited	Solicited
Case Report	✓	✓	✓
Opinion	✗	Solicited	Solicited
Methodology Article	✓	✗	✗
Study Protocol	✗	✓	✓
Hypothesis	✗	✓	✓

Table 2. General formatting guidelines for each article type

Article Type	Abstract (words/max.)	Running title (45 char.)	Figures & Tables (max.)	Manuscript * (words/max.)	Reference (no/max.)	Peer review	Article Process Charge
Original Article	250	✓	8	5000	50	✓	✓
Review	250	✓	4	6000	120	✓	✓
Systematic Review	250	✓	8	5000	50	✓	✓
Meta-analysis	250	✓	8	5000	50	✓	✓
Short Communication	250	✓	4	2500	30	✓	✓
Letter to the Editor	✗	✗	2	800	10	✓	✗

Commentary & Editorial	✗	✗	1	1500	10	✓	✗
Case Report	250	✓	4	2000	20	✓	✓
Opinion	100	✗	2	2000	20	✓	✗
Methodology Article	250	✓	4	4000	40	✓	✓
Study Protocol	250	✓	4	4000	40	✓	✓
Hypothesis	250	✓	4	4000	100	✓	✓

**Word count includes the main body of the manuscript (Introduction, Method, Results, Discussion), but excludes Abstract, Acknowledgement, Tables, Figure legends, References, etc.*

Original Articles

Original research manuscripts should describe experimental and/or clinical studies in biomedicine, including exploratory and hypothesis-driven studies of basic or applied research. The data described in the article should have been generated exclusively from an original research study, and the results should be supported by appropriate statistical analyses.

The maximum length of the main body of the manuscript is 5000 words, with no more than 8 figures and tables combined, and 50 references. The Abstract must not exceed 250 words.

Reviews

Review manuscripts should describe the most recent advances or challenges in a specific field or specialty of biomedicine. The information should be presented as a logical summary of the current knowledge and should provide novel insights into the topic and reasoned recommendations for future research directions. Illustrations, diagrams, algorithms, tables, and other visual aids are strongly encouraged. The manuscript components include an unstructured Abstract, Introduction, Results, and Conclusions. A Methods section is not necessary, unless the focus of the article is on methodology.

Maximum length of the main manuscript is 6000 words, with no more than 4 figures and tables combined, and 120 references. The Abstract must not exceed 250 words.

Mini reviews are also accepted. Normally, a mini-review offers a succinct and clear summary of a topic, allowing readers to become up to date on new developments and/or emerging concepts, as well as discuss the following: differing thoughts or controversies; current research gaps; and potential future developments in the field.

Mini Reviews must not include unpublished material (unpublished/original data, submitted manuscripts, or personal communications) and may be rejected or reclassified, at a significant delay, if found to include such content. Mini Reviews have a maximum word count of 3000 and may contain no more than 2 figures and tables, combined.

Systematic Reviews and Meta-analyses

A systematic review paper, as defined by the [Cochrane Collaboration](http://www.cochrane.org), is a review of a clearly formulated question that uses explicit, systematic methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review. These reviews differ substantially from narrative-based reviews or synthesis articles, and must be based on the sound empirical

basis of studies that were conducted scientifically well. In addition, the research question in terms of population, interventions, comparators, outcomes, and study designs (PICOS) should be clearly defined. Statistical methods (meta-analyses) may or may not be used to analyze and summarize the results of the included studies.

Reports of systematic reviews and meta-analyses must include a completed Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist and flow diagram to accompany the main text. The templates of checklist ([PDF](#) or [Word](#)) and flow diagram ([PDF](#) or [Word](#)) are available here.

If your article is a systematic review or a meta-analysis you should:

- State this in your cover letter, and select “Original Article” as article type when submitting;
- Include the PRISMA flow diagram as Figure 1 (required where applicable);
- Include the PRISMA checklist as supporting information.

The maximum length of the main body of the manuscript is 5000 words, with no more than 8 figures and tables combined, and 50 references. The Abstract must not exceed 250 words.

Short Communications

Short manuscripts documenting experimental results of high interest will be considered for publication in this category. Short manuscripts submitted for consideration are subject to the same rigorous peer review as other articles. The format of a Short Communication is the same as that of an Original Article, but the Results and Discussion are included in a single section.

The maximum length of the main body of the manuscript is 2500 words, with no more than 4 figures and tables, combined, and 30 references. The Abstract is presented as a single paragraph with no subheadings and must not exceed 250 words.

Letters to the Editor

Letters to the Editor should describe timely issues related to a previous publication. These letters should use constructive and professional comments to expand upon any issue, providing novel and reasoned insights or updates on the topic under discussion. All opinions stated in the letter should be supported by the most current topically relevant literature.

The maximum length of the main body of the manuscript is 800 words and should be addressed to the Editor. No more than 2 figures and tables, combined, and 10 references are allowed. No accompanying abstract is required.

Commentaries and Editorials

Commentary and Editorial articles are normally submitted by invitation only, and should present reasoned opinions on a topically relevant issue that is currently trending in biomedicine. It is intended to motivate readers to consider seriously the topic and its potential for affecting the field or specialty.

The maximum length of the main body of these invited manuscripts is 1500 words, with no more than 1 figure or 1 table and 10 references. No accompanying abstract is required.

Case Reports

Case Reports should describe an individual patient or series of patients (normally less than three) that presented with an unexpected or rare condition that has a timely and significant influence on the field or in a specialty of biomedicine. These reports should provide novel insights into a pathological or physiological

issue related to pharmacology, supported by well-described background information for both the case(s) (from documented medical records) and disease (from the literature). Written patient permission is required for publication.

The maximum length of the main body of the manuscript is 2000 words, with no more than 4 figures and tables, combined, and 20 references. The Abstract must not exceed 250 words.

Opinions

Opinions are normally submitted by invitation only, but unsolicited articles will be considered. If you wish to enquire further about the suitability of your article, please email the editorial office at service@xiahepublishing.com. Opinions should include personal and original perspectives on an important research-related topic of interest to the general medical community, or interpretation of recent findings in any research area. The aim of opinions should be to stimulate debate or new research, discuss controversial topics, provide a new framework or interpretation of an old problem or current issue, the value of used methods, weaknesses and strengths of any scientific hypothesis, or to speculate on the implications of some recent research. Opinions must not contain unpublished or original data, must be supported by evidence, must be fully referenced, must refrain from emotionally charged argumentation.

The maximum length of the main body of the manuscript is 2000 words, with no more than 2 figures and tables, combined, and 20 references. The Abstract is presented as a single paragraph with no subheadings and must not exceed 100 words.

Methodology Articles

Methodology articles should present important advances and novel improvements in methodology in basic and clinical research in the field of hepatology. Descriptions of the methods for the use of special instruments, protocols, programs, devices used for basic and clinical studies (e.g. a homemade device, etc.) will also be acceptable. The manuscripts are required to be well controlled and provide results of experiments that demonstrate optimization of the important parameters such as concentrations, temperature, duration, pH, etc. The manuscripts must demonstrate reproducibility supported by appropriate data and statistics, and include with step-by-step instructions which include detailed technical advice, and pitfalls.

The Introduction section will describe the current state of the methodology, difficulties, and deficiencies. It should conclude with the aim of the study which should state how the research was designed to address the deficiencies. The Materials and Methods section will describe in detail well controlled experiments that demonstrate optimization, reproducibility including step-by-step instructions including detailed technical advice, and pitfalls. Vendors, locations, instrument model numbers, and every detail required to reproduce the results must be included. The Results section must provide detailed data supporting the issues of optimization, and reproducibility including statistical analysis. The Conclusions section will state only conclusions that are directly supported by the data presented in the preceding Results section, but may speculate on the implications of the findings. The Discussion section should refer to previous methods and describe the novelty, importance, and significance of the developments in the current research relative to past methodology. Authors are also encouraged to link to videos showing the author performing special techniques or methods where applicable.

The main body of the manuscript must not exceed 4000 words, and has no more than 4 figures and tables combined, and 40 references. The Abstract must not exceed 250 words.

Study Protocols

Publishing study protocols enables researchers and funding bodies to stay up-to-date. This helps prevent unnecessary duplication of work, enables collaboration, improves the standard of research, and assists in the development of biomedical hypotheses. Publishing study protocols in full also makes available more information than is currently required by trial registries and increases transparency, making it easier for others (editors, reviewers and readers) to explore and understand any deviations from the protocol that occur during the progress of a study.

Study protocols should report proposed or ongoing research studies that have not completed participant recruitment at the time of submission, with a detailed account of the hypothesis, rationale and methodology of the study. Study protocols for pilot or feasibility studies are also considered (but studies with original data should be submitted as a short communication or original article). Study protocols are generally not considered if other articles relating to the protocol have been published by the authors or are under consideration.

All study protocols for clinical trials must have been registered with a recognized clinical trial registry (*i.e.*, have a trial registration number). Study protocols of randomized trials should follow the [SPIRIT \(Standard Protocol Items for Randomized Trials\)](#) recommendations and extensions, with the SPIRIT flow diagram and the populated checklist provided upon submission. Adherence to the [PRISMA-P \(Preferred Reporting Items for Systematic Review and Meta-analysis Protocols\)](#) statement is recommended for the preparation of a systematic review or meta-analysis protocol, along with inclusion of PRISMA-P checklist with the protocol submission.

The title should indicate that the manuscript is a study protocol (*e.g.*, Randomized Controlled Trial on Drug A for Disease B: a Study Protocol). The manuscript, excluding the tables, figure legends and references, must not exceed 4000 words. No more than 4 figures/tables and a maximum of 40 references are allowed. The abstract must not exceed 250 words.

Hypotheses

Hypotheses should be clearly distinguished from review articles. A Hypothesis article is novel and may be radical or non-mainstream ideas but logically expressed, which usually consists of Abstract, Introduction, Hypothesis, Evaluation of the Hypothesis, Future Directions, Conclusions, References, Figures and/or Tables. The hypothesis section should explicitly in detail state the core idea of the medical hypothesis, and/or how it is different from the current knowledge. In the evaluation section, the hypothesis should be scrutinized by rigorous literature review in which both supportive and unsupportive literature should be cited. Here, authors may also include limited preliminary research or empirical data to support the hypothesis if available. Before the conclusions, the significance of the hypothesis can be stated with potential implications for science if the hypothesis is confirmed. The future direction section should state how other researchers can apply or further test the hypothesis. Diagram, algorithms, illustrations, tables and other visual arts are strongly encouraged. Maximum length of the main manuscript is 4000 words, with no more than 4 figures/tables and 100 references. The Abstract must not exceed 250 words.

Before You Begin

Ethics Consideration

Please read carefully our information pages on [Ethics in Scientific Process](#) and [Ethics in Publication](#).

Conflict of Interest Statement

All authors are required to disclose any potential conflicts of interest (financial, professional, personal, or

otherwise) within the past two years that are relevant to the manuscript, including but not limited to consultancies, ownership, equity, patent-licensing agreements, research support, major honoraria, employment or board positions involving a company whose product is mentioned in the manuscript. In the case that there is nothing to disclose, this fact should be clearly stated as: “The author(s) has (ve) no conflict of interest(s) related to this publication”.

Data Repository Accession Numbers

Accession numbers should be provided for the repository of all sequences, plasmids, expression microarrays, and amino acid sequence data that is presented, regardless of whether it has already been or should be submitted in the future to [GenBank](http://www.ncbi.nlm.nih.gov/genbank) or [EMBL](http://www.ebi.ac.uk/EMBL).

Abbreviations

In general, the use of non-standard abbreviations is discouraged. Abbreviations must be defined the first time they appear in the Abstract and in the main body of the manuscript. Abbreviations will only be used if the abbreviated term appears 3 or more times in the Abstract and in the main body respectively, or for the acronyms of genes, or for terms that are known better by the abbreviation than the term.

Abbreviations in the figures and tables must be defined in the figure legend and table footnotes, regardless of how many times they appear. Standard abbreviations that do not require definition can be found in the AMA Manual of Style or the Index Medicus.

Nomenclature and Units

Nomenclature and units of measure should be used in accordance with the internationally accepted rules and conventions, including the international system of units (SI). If other quantities are mentioned, the equivalent in is should be given. Authors who wish to present a list of nomenclature should place it on the second page of the manuscript.

Author Assurances/Declaration

Submission of an article implies that neither this manuscript nor one with substantially similar content has been published previously by the same author, or is currently under consideration for publication elsewhere, including in languages other than English, and that the manuscript contains no unlawful statements and does not contain any materials that violate any personal or proprietary rights of others.

The [Publishing Agreement](#) document must accompany all manuscripts submitted to Xia & He journals. This agreement must be read and signed by every author. The Correspondence Author must certify that all listed authors participated significantly in the study, and that they have seen and approved the final manuscript.

Submission

Submission to the Xia & He journals proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is provided for your approval and will be used for the peer-review process. Please visit <https://www.xiahepublishing.com/information/authors/submit> to submit your manuscript.

All correspondence, including notification of the Editor's decision and request for revision, is by e-mail only.

Submissions from Editors, Editorial Board Members, or Employees

Submissions from editors, members of the editorial board or employees will go through the same rigorous

peer-review process as other submissions, and will be treated no differently to any other manuscripts submitted to the Xia & He journals. To ensure unbiased review, the Editor-in-Chief, Associate Editor, Editorial Board Member, and the Editorial Staff will not make decision for, handle, or review his/her own manuscript. And all possible measures are undertaken to avoid any potential conflict of interest in handling of such manuscripts at all the stages including allocation of handling editor, selection of reviewers, decision making and, if required, processing for publication.

Submission Checklist

- This manuscript has been properly formatted according to the journal's requirements.
- For manuscripts submitted to the *Journal of Exploratory Research in Pharmacology*, or *Exploratory Research and Hypothesis in Medicine*: Please ensure that manuscripts include the following "must-have" section: the hypothesis/ future direction/ prospect/ prediction.
- For manuscripts reporting studies involving animal subjects: The Methods section should contain statements that identify the committee that approved the study.
- For manuscripts reporting studies involving human subjects: Statements in the Methods section must identify the committee that approved the study, confirm that informed consent was obtained from all subjects, and that the protocols conformed to the ethical guidelines of the latest version of the Declaration of Helsinki.
- Clinical trials must include the Clinical Trials Registry identifier number and platform.
- The authors confirm that this manuscript does not violate any copyright agreement, nor is under consideration by any other journal.
- The authors confirm that there is no ethical or legal conflict involved in the manuscript.
- The authors confirm that there is no form of academic misconduct involved in the manuscript, including but not limited to plagiarism, fabrication, falsification, or inappropriate authorship.
- All authors confirm that they have read and understood the [Instructions for Authors](#).
- All authors approved the contents of the manuscript and this submission.
- All references mentioned in the Reference list are cited in the text, and vice versa, and all references are in the correct format for this journal
- The Highlights document has been uploaded.
- Permission has been obtained for use of copyrighted material from other sources.

Manuscript Preparation

Format-free Initial Submission

Exploratory Research and Hypothesis in Medicine (ERHM) and *Journal of Exploratory Research in Pharmacology (JERP)* offer format-free initial submission to save researchers' time and simplify the submission process. The journals' format requirements do not need to be fully considered until the revision stage, provided that the following required sections are included in the initial submission: Title, Authors and Affiliations, Abstract and keywords, Introduction, Methods, Results, Discussion, References, Figures and Tables. Ethics statements should also be included. Additionally, the [publishing agreement](#) should be signed and uploaded with the manuscript. When submitting a revised manuscript after peer review, the journals' format

requirements must be met strictly.

Specific Study Reporting Guidelines

To enhance the quality and transparency of health research, Xia & He Publishing encourages all investigators to adhere to the following appropriate guidelines for manuscripts that report health-related studies (more can be found at [EQUATOR](#)). The main study types and reporting guidelines of specific study types are:

- Randomized Clinical Trials: [CONSORT](#)
- Observational Studies: [STROBE](#)
- Systematic Reviews and Meta-analyses: [PRISMA](#)
- Study Protocols: [SPIRIT](#)
- Diagnostic/prognostic Studies: [STARD](#)
- Case Reports: [CARE](#)
- Clinical Practice Guidelines: [AGREE](#)
- Animal Pre-clinical Studies: [ARRIVE](#)

Cover Letter

The cover letter should provide the title of the manuscript, the article type (Original Article, Review, Case Report, Editorial, Commentary, or Letter to the Editor, etc.), a recommendation for the preferred Associate Editor, and recommendations for three potential referees (including contact information: email address and phone numbers) who are not members of the authors' institution or have conflicts of interest with any of the authors, as well as the correspondence author's name, institution, email address, and telephone number. Authors may also list referees whom they would prefer to be excluded from the review. The final selection of an Associate Editor and referees is at the discretion of the editorial office.

Highlights

Beginning 1 January 2019, the inclusion of highlights of the study is mandatory for Xia & He journals. The highlights consist of 3 to 5 bullet points (maximum 85 characters for each, including spaces) that show the core findings or importance of the article. The bulleted highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' as the file name, then choose "supplemental documents" in the "document uploading" step.

General Style

All manuscripts should be submitted as a single Microsoft Word document that is typed in Times New Roman, font size 11, and double-spaced. Tables are also submitted as double-spaced.

Title Page

Title

The title should be written as a brief but complete statement that accurately describes the content of the article. The title must not exceed 120 characters (including spaces). There should be no non-standard abbreviations.

Short Title: The running title should not exceed 45 characters (including spaces).

Authors and Affiliation

All author names should be listed in the following order:

- First name (given name),
- Middle name (or initial, if used), and
- Last name (surname, family name)

The individual's degree designation (i.e., PhD, MD, BS, etc.) should not be listed. Each author should list an associated department, university, or organizational affiliation and its location, including city, state/province (if applicable), and country. The affiliation should be denoted for each author using a numbering system that corresponds to that author's position in the author list. Current addresses should be indicated separately and denoted by a symbol (but not an asterisk).

Corresponding Author

The contact information for the corresponding author should include the individual's name, complete mailing address (department, institute, street and number, city, state/province, zip code, and country), e-mail address, telephone number, and fax number. The name of the Corresponding Author in the authors' list should be denoted by an asterisk (*). In the case of co-corresponding authors (no more than 2 are allowed), the person responsible for addressing reviewers' comments should be listed first.

Present/permanent Address

Superscript Arabic numerals are used for authors' footnotes. The address at which the author did the work should be retained as the main affiliation address. The author's present address (or permanent address) may be displayed as a footnote to the author's name, if the author was visiting during the work described in the article, or has changed address since then.

Author Contributions

The Authors' Contributions should be provided in paragraph form following the authors' names and affiliations and corresponding author(s)' information. The manner in which each author was involved with the study or preparation of the manuscript is listed with the author's name (shown as initials, within parentheses). Contributions that are acceptable for inclusion as an author are: study design, performance of experiments, analysis and interpretation of data, manuscript writing, critical revision, statistical analysis, critical funding, administration, and technical or material support. For details regarding authorship requirements, please refer to [Authorship Criteria](#).

The following is an example of Authors' Contributions:

Study concept and design (MJ, SS), acquisition of data (DS, CF), analysis and interpretation of data (DS, CF, MJ, SS), drafting of the manuscript (DS, CF), critical revision of the manuscript for important intellectual content (MJ, MJT, SS), administrative, technical, or material support, study supervision (SS).

Manuscript Structure

The sections of the manuscript text after the title page are as follows: Abstract, Keywords, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, Funding Statement, Data Sharing Statement (for research article), References, Tables, Figures Legends/Figures, Supplemental Documents.

i. Abstract

The Abstract will be written as a complete but succinct summary of the study, its main objectives, results,

key findings, and implications for the field or specialty. The Abstract will be structured (Original Article) with the following section headings: Background and Objective(s), Methods, Results, and Conclusions. Acronyms and abbreviations must be defined the first time they appear. Abbreviations will only be used if the abbreviated term appears 3 or more times in the Abstract. Footnotes and references are not permitted.

Abstract Headings

Background and objective(s): The Background statement supports the importance of the study's objective(s). The Objective states the question(s) addressed by the study, from which the study design was determined.

Methods: This section briefly describes the basic study design and techniques used to fulfill the objective(s) of the study.

Results: The Results section reports the main data obtained by the study, including statistical values (e.g., confidence intervals or P-values). The results of each experiment described in the Methods should be stated. The appropriate values and statistical differences will be reported so that readers can determine the absolute as well as the relative impact of the results.

Conclusions: The Conclusions section should state only the logical interpretations that can be drawn from the data that was reported in the Results, and how the study contributes to the knowledge of the research or medical community.

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 and pictorial form. The graphical abstract 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 more in the same proportion. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: JPG, TIFF, or PDF for submission; an editable version, such as PSD, EPS, AI, Visio, WMF, EMF, Word, Excel, PowerPoint, OPJ, CDR, or PDF is preferred for the production process. No additional text, outline, or synopsis should be included. Any text or label must be part of the image file. Unnecessary white space or a heading "Graphical Abstract" should not be within the image file.

ii. Keywords

Immediately after the abstract, four-to-six keywords should be selected from the Medical Subject Headings (MeSH) descriptor terms listed in the National Library of Medicine's controlled vocabulary database. These terms can be searched using the MeSH browser at: <http://www.nlm.nih.gov/mesh/MBrowser.html>. The keywords will be presented in the row-list style and written in lowercase, separated by semicolons, with no period at the end of the list. These keywords will be used for indexing purposes.

iii. Main Manuscript Text (Introduction/Methods/Results/Discussion)

The main body of a manuscript should be organized as follows: Introduction, Methods, Results, Discussion (including Conclusions), followed by the sections of Acknowledgments, Funding Statement, Data Sharing Statement (for research article), References, Figure legends, Tables, Figures, Supplemental information (if necessary).

Introduction

The Introduction should focus on the rationale for conducting the study--why it was performed, and why the objectives were formulated as they were. The Introduction should succinctly convey the authors' depth of understanding of the problem(s) addressed by the study, and the work of other investigators in this area. The objective(s) is then succinctly stated in the final paragraph. The statement of the objective is the most important sentence of the paper, since it determines all that follows it. A brief outline of the study design is optional, but sometimes highly recommended if the design is not immediately clear from the objective or to entice the reader to read further. The Introduction is not divided into subsections.

Materials and Methods

The Methods section should provide all the details that would be required for another investigator to repeat the work as it was performed by the authors. A beginning subsection "Study design" is highly recommended, that gives an overview of how the study satisfied the objectives of the study (as stated in the last paragraph of the Introduction). Subsequent subsections should be presented in the order in which the protocols were performed. It is highly recommended that each subsection begins with a sentence explaining the reason for the protocol, that is, how the protocol contributed to satisfying the objectives of the study. The steps taken for each protocol discussed in each subsection should be presented in the order in which they were performed. The results of an experiment should not be included in the Methods section, unless the results determined the direction of further experiments.

All experimental methods described in the Methods section must have accompanying data presented in the Results section or additional materials, and *vice versa*. Do not have a separate subsection for listing materials or equipment; but do list the materials and equipment within the protocols if they influenced the data. The complete names and locations (city, state/province and country) must be provided for the manufacturers of drugs, tools, instruments, software, reagents and equipment.

Methods that have been published previously and used without significant alteration may be described briefly, with the appropriate reference. When significant changes have been made to a method, however, those changes should be described in detail, with citations as appropriate. By convention, the last subsection should discuss the methods used to perform statistical analyses. No materials or methods should be presented outside of the Methods section.

Ethics approval: All studies involving human subjects or animals should include a clear statement concerning ethics in the Methods. For more details about bioethics, please refer to [Ethics in Scientific Process](#).

Results

The subsections of the Results should correspond to the subsections of the Methods, as much as practical. Reasons for performing an experiment or protocol may be summarized, but do not state or repeat the steps of an experimental procedure.

There should be data reported for each experiment described in the Methods section. The Results section should objectively present the data in a straightforward manner, noting the degree of significance in differences when appropriate. The Results section should not include interpretations of the data or conclusions, unless they redirected the investigation. Where data is presented in a table or figure, the data should be summarized in the text and the reader referred to the table or figure. Each table or figure should be referred to, and in numerical order.

The Results section usually does not include any background information or discussion of results from previously published studies. Therefore, in general, no references are present in the Results.

Citing “data not shown” is discouraged; however, if unavoidable the term will be presented at the end of the sentence containing the description of the findings and written in parentheses as “...(data not shown)…”

Discussion

The data presented in the Results section, including figures, tables and supplemental materials, should not be repeated in the Discussion section.

It is highly recommended that the Discussion section begin with a very brief summary (1–3 sentences) of the study’s objectives, the methods used to achieve the objectives, and the results. Repetitions of information that was already provided in the Introduction, or information in support of the study’s importance or objectives, is misplaced and discouraged.

Remaining paragraphs of the Discussion should focus on interpretations of the data of the study, with thoughtful comments on the novelty or unexpected features of the results, and references to relevant past studies.

The paragraph before the final summary and conclusions should discuss the limitations of the study. Limitations of the study are only those features that weakened the statistical power of the data, or prevented the full realization of the study’s objectives (as stated in the Introduction).

The conclusions section should briefly summarize conclusions that are directly supported by the evidence, and comment on the implications of the findings.

Apart from the standard sections for original articles (Introduction, Methods and Materials, Results and Discussion [IMRD]) or review articles, an additional section of **“Future Research Directions/ Prospect/ Prediction”** is REQUIRED by the Exploratory Journals. More details are in the [Specific Instructions for Exploratory Journals](#).

iv. Acknowledgments

This section should acknowledge any and all personal assistance and providers of special reagents from sources that do not fulfill the requirements of authorship; individuals’ names and affiliations should be provided in full. Grant support and other financial assistance should be specified, with grant numbers (if available; written as “No. ###”) and the author to whom the grant was awarded (written as abbreviated given name(s) and full last name “to AZ Wang”). The names of (in full and with affiliations, if applicable) and funding sources for individuals who provided writing assistance should be given in this section.

v. Funding Statement

Funding body(ies) and associated grant number(s) should be declared. The following is an example of the funding statement: The work was supported in part by a grant from the National Institutes of Health (R01DK119198).

vi. Data Sharing Statement

A Data Sharing Statement is encouraged for research articles through which readers will know how to access the shared data. Sample wording: The [TYPE, such as technical appendix, statistical code, or dataset] data used to support the findings of this study have been deposited in the [NAME] repository ([DOI or other persistent identifier]); The [TYPE] data used to support the findings of this study are included within the

article; The [TYPE] data used to support the findings of this study are included within the supplementary information file(s); The [TYPE] data used to support the findings of this study have not been made available because [the reason]; The [TYPE] data used to support the findings of this study are available from the corresponding author at [email address or URL] upon request; If no other data, please state: No additional data are available.

vii. References

References will be cited according to the rules recommended by the [International Committee of Medical Journal Editors](#) and [NLM](#). References are numbered consecutively in the order in which they first appear in the manuscript, by using superscripted Arabic numerals, for example, "Tam et al.³ reported that...".

Citations with multiple references (e.g., ^{2,3,4,7,9}) can be abbreviated as: ^{2-4,7,9}. The citation numbers should be placed after a comma and a period [e.g., ",⁷⁻¹⁰"; ".²"], and before a colon and a semi-colon [e.g., "⁷⁻¹⁰;"].

References should be relevant and correct. Authors should avoid citing retracted articles and replace them with other relevant current articles. If a retracted article does need to be cited, the reason should be explained in the manuscript, and the retracted status of the article should be noted in the reference list; the retraction note should also be cited in the manuscript, and the full reference of the retraction note should be listed in the references section.

Commonly used reference styles are listed as below. The EndNote style template can be downloaded [here](#).

Example reference styles:

1) Articles in journals	
List all authors up to six, and use "et al." When there are more than six authors, use the following format:	
Article in print	Yi SG, Sadhu AR, Jones SL, Turner Krista, Monsour H, Donahue K, et al. The effect of adrenal replacement therapy on rates of fungal colonization and mortality in critically ill patients awaiting liver transplantation. J Clin Transl Hepatol 2015;1(1):2-8. doi: 10.14218/JCTH.2013.00007, PMID: 26355432.
Issue with supplement	Kim WR. The burden of hepatitis C in the United States. Hepatology 2002;36(Suppl 1):S30-S34. doi: 10.1053/jhep.2002.36791, PMID: 12407574.
Issue with no volume	Ahrengart L, Törnkvist H, Fornander P, Thorngren KG, Pasanen L, Wahlström P, et al. A randomized study of the compression hip screw and Gamma nail in 426 fractures. Clin Orthop Relat Res 2002;(401):209-222. PMID: 12151898.
Article published electronically ahead of the print version	Yang WJ, Wu YB, Chen L, Xu KK, Xie YF, Wang JJ. Two Chitin Biosynthesis Pathway Genes in Bactrocera dorsalis (Diptera: Tephritidae): Molecular Characteristics, Expression Patterns, and Roles in Larval-Pupal Transition. J Econ Entomol 2015;108(5):2433-2442. Epub 2015 Jul 1. doi: 10.1093/jee/fov186, PMID: 26453732.
2) Books and other monographs	
Smith BM. Basics of analytical chemistry and chemical equilibria. Hoboken: John Wiley & Sons, Inc., 2013.	
Organization as author	American Psychiatric Association. Practice guideline for the treatment of patients with eating disorders. 3rd edition. Washington, DC: American Psychiatric Association; 2006.
Editor(s), compiler(s) as author	Dawson C, Whitfield HN, editors. ABC of urology. 2nd ed. Oxford: Blackwell Publishing Ltd.; 2006.
Author(s) and editor(s)	Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

Chapter/Article in a book	Shah J. Bladder outflow obstruction. In: Dawson C, Whitfield HN, editors. ABC of Urology. 2nd ed. Oxford: Blackwell Publishing Ltd.; 2006. p. 6-9.
E-book	Tissue BM. Basics of analytical chemistry and chemical equilibria [Internet]. Hoboken: John Wiley & Sons, Inc., 2013. [cited 2015 May 21]. Available from Wiley Online Library: http://onlinelibrary.wiley.com/book/10.1002/9781118647042
3) Conference proceedings Marle F, Jankovic M, Maurer M, Schmidt MD, Lindemann U, editors. Risk and change management in complex systems. Proceedings of the 16th International DSM Conference; 2014 Jul 2-4; Paris, France. Dutch: Elsevier; 2014.	
4) Conference paper Ollmar S, Nicander I, Åberg I, Birgersson U. Evolution of a diagnostic decision support tool based on electrical impedance. In: Hermann Scharfetter, Robert Merwa, editors. 13th International Conference on Electrical Bioimpedance and the 8th Conference on Electrical Impedance Tomography; 2007 Aug 29-Sep 2; Graz, Austria. Berlin: Springer; 2007. p. 4-7.	
5) Dissertation Grant, C. Grounded in your culture: the hidden key to promoting academic achievement among African American adolescent males [Dissertation]. Minneapolis: Capella University; 2010.	
6) Patent Cheng, DY, Wiersma SJ, inventor; International Power Technology, Inc., assignee. Composite membrane for a membrane distillation system, United States Patent US 4419242. 1983 December 6.	
7) Unpublished Material In press or forthcoming Lan T, Chang L, Wu L, Yuan YF. IL-6 plays a crucial role in HBV infection. J Clin Transl Hepatol Forthcoming 2015.	
8) Electronic Material Homepage/Web site rsc.org [Internet]. London: Royal Society of Chemistry; c2015 [updated 2002 May 16; cited 2015Oct 26]. Available from: http://www.rsc.org/ .	

viii. Tables

All tables should provide concise but detailed information without the need to reference any portion of the text in the main body of the manuscript (or elsewhere). The information provided in the table should provide additional information that is not present in the text, to avoid redundancy.

The tables should be numbered according to their sequential presentation in the manuscript. Each of the tables should be on a separate page, starting immediately after the figure legends, or immediately after the Reference list if there are no figure legends. The tables should not be submitted as a separate file.

Tables require a label (e.g., "Table 3") and a brief descriptive title above the table. Place legends, footnotes, and other text below the table. Indicate each footnote in the table with a superscript lowercase letter.

The table should be written using the Table function in Microsoft Word (not embedded Excel/.xls or image files). Tables should read vertically, if space allows, and have headings for each column prepared without the use of tabs. Abbreviations used in the table should be defined below the table in alphabetical order.

Table 3. Clinical features of the patients and healthy control group

Variables	Patients	Control	P-value
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Body mass index, kg/m²

Systolic blood pressure, mmHg

Diastolic blood pressure, mmHg

ix. Figures

All figures must be referred to in the main body of the paper, most often in the Results section, and numbered in the order in which they are referred to in the text.

Figure legends

Figure legends should be listed together on a separate page and located immediately after the Reference list. The figure legends should correspond to the figures. The figure legend should begin with a single unifying title that generally describes all the panels of the figure and data presented in the figure. The title should not appear in the figure itself.

Figure legends should interpret the figure for the readers, ensuring that readers understand what the authors need them to understand about the results. The figure legends should not repeat details given in the Methods, or details that should be stated in the Methods. The figure legend should not repeat the data values presented in the figure (including statistical values). The Figure Legend should not include any results or conclusions.

For inclusion of any copyrighted material, documentation that permission has been obtained for reproduction must be provided, and the source acknowledged in the legend. All symbols appearing in the Figure should be defined in the legend (such as asterisks and arrows). In addition, any color distinctions should be defined in the Figure Legend, unless a key has been added as an inset to the figure itself and provides the definitions. For micrographs, a scale bar within the figure is preferable to inclusion of the magnification in the legend. Abbreviations used in the figure should be defined in the legend.

Figure images

Publishing color figures in all Xia & He Publishing journals is free of charge. Images may be clinical, pathologic (gross or microscopic), endoscopic, or radiographic. Only images that are essential to justify the conclusions stated in the manuscript should be included. Each figure should be submitted as a separate JPG, TIFF, or PDF file. While in the publication process, an editable version, such as PSD, EPS, AI, Visio, WMF, EMF, Word, Excel, PowerPoint, OPJ, CDR, or PDF, would be preferred.

Composite figures may be submitted either as a single print-quality image, neatly labeled with uppercase letters (A, B, C...) in bold font in the upper left corner of the image; or as separate panels (without labels, e.g., Figure 1A.tif, Figure 1B.tif) corresponding to the description in the figure legend, which are combined during production if accepted for publication.

Photographs

All patient identifiers must be removed from photos and radiographic studies, unless specific written permission has been obtained from the patient.

Electron micrographs

Use scale markers in the image for electron micrographs, and indicate the type of stain used.

Line art and graphs

Lines or lettering should not be faint. Check that all lines and lettering within the figures are legible at final

size. All lines should be at least 0.1 mm (0.3 pt) wide.

Gel electrophoresis labeling

The protein molecular weight or DNA marker sizes must be indicated on all appropriate figure panels.

Figure files

It is the responsibility of the authors to submit publication-quality, high-resolution images. Do not include figure titles or captions within your figures. Please be aware of that artificially enhancing the resolution of the image will result in a blurred image.

Formatting Specifications

File Requirements

The list below is an abbreviated summary of the figure specifications.

File formats	For submission: TIFF, JPEG, PDF, or Microsoft Office files; For publication: PSD, EPS, AI, Visio, WMF, EMF, OPJ, CDR, PDF or Microsoft Office files
Color Mode	GRAYSCALE (black and white) or RGB (color)
Dimensions	Width: single column 8.6 cm; 2/3 column 15 cm; double column 17.8 cm. Height: less than 21 cm
Resolution	Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of at least 300 dpi (dots per inch).
	Line art (purely black and white figures with no shades of gray) must have a resolution of at least 1200 dpi.
	Figures combined with graphs and line art must have a resolution of at least 500 dpi.
Text within figures	Times New Roman, 8-12 pt
Captions	Do not include any title or captions on figures
File Size	10 M or less, save with Lempel–Ziv–Welch (LZW) compression

- Digital art files should be cropped to remove non-printing borders (such as unnecessary white or black space around an image, no more than 10% of total area) and should not include embedded “legend” text, figure titles, or figure numbers.
- Figures that do not meet the above requirements may be returned when necessary.
- Note that source files of figures (such as PDF/AI/PS/EPS/PPT) may be required whether you embed your figures in the text or not, upon acceptance for publication.

x. Supplemental Documents

Supplemental documents, including but not limited to tables, figures and data, should be submitted together with the manuscript. Please choose “supplemental documents” in the “document uploading” step. All documents submitted as supplemental documents will be published on-line only.

Specific Instructions for Exploratory Journals

The Definition of Exploratory Journals

It is believed that sharing exploratory and novel research results, as well as innovative and enlightened ideas or hypothesis on specific topics in form of official publication is very important, as this not only incites more extensive and fruitful research on these topics, but also engraves a historical hallmark in the journal. To this end, Xia & He Publishing established several journals focusing on exploratory research and hypothesis, namely Exploratory Journals, including [*Exploratory Research and Hypothesis in Medicine*](#), and [*Journal of Exploratory Research in Pharmacology*](#).

The Unique Character of Manuscripts Published in Exploratory Journals

Apart from the standard sections for original articles (Introduction, Methods and Materials, Results and Discussion [IMRD]) or review articles, an additional section of “Future Research Directions/ Prospect/ Prediction”, with or without “Hypothesis”, with no less than 100 words, is REQUIRED by the Exploratory Journals. However, although not required, a “Hypothesis” paragraph is highly preferred. This section is preferably accompanied by a graph that illustrates the exploratory research or hypothesis (e.g., proposed molecular mechanisms).

The proposed hypothesis or future research directions/prospect/prediction should be derived from the results of the study, although it may be preliminary, incomprehensive, or incomplete, with direct or indirect support from previous research findings in the literature. Thus, this section should shed new light on further basic and translational research, and may provide clues to approaches to clinical application. Some examples are provided below.

Examples 1:

Emma L. Beckett, Patrice R. Jones, Martin Veysey and Mark Lucock. [*Nutrigenetics—Personalized Nutrition in the Genetic Age*](#). Explor Res Hypothesis Med. 2017; 2(4):109-116.

Future research predictions

The use of genotypic information in personalized nutrition offers considerable future promise, but significant barriers exist to successful implementation, independent of scientific knowledge. These include consumer acceptance, ethical, technological and regulatory considerations. Research into nutrigenetics has produced inconsistent results; however, the same could be said for conventional nutrition studies. This is not necessarily due to the overall quality of the research and the magnitude of the body of knowledge, rather it is due to the complexity interactions between nutrition, genetics, and long-term health. Improved frameworks are required to translate nutrigenetic studies into usable guidelines to direct practicing nutrition and medical professionals. This will require an interdisciplinary approach, including geneticists, bioinformaticians, nutritionists, dietitians and other biomedical professionals.¹⁰⁸

Furthermore, additional research is needed not only into the gene-nutrient interactions themselves but also into the public attitudes and acceptance on nutrigenetics and the associated risks and benefits of uptake. Without a holistic approach to implementation, it is unlikely that nutrigenetics will deliver on its early promise to improve health outcomes.

Examples 2:

Helen Barnett, Nathan M. D'Cunha, Ekavi N. Georgousopoulou, Jane Kellett, Duane D. Mellor, Andrew J. McKune et al. [Effect of Folate Supplementation on Inflammatory Markers in Individuals Susceptible to Depression: A Systematic Review](#). *Explor Res Hypothesis Med.* 2017; 2(4):86-100.

Future research directions

It is hypothesized that consumption of FA may result in decreased neurotransmitter production due to decreased availability of biologically active folate 5-MTHF and a resulting decrease in SAMe. Moreover, the addition of FA into a finely balanced yet complicated cycle in susceptible individuals (e.g., those with MTHFR, MTR, MTRR and COMT polymorphisms) may serve to greatly slow the cycle via the inhibition of MTHFR by DHF. As the population continues to consume less folate from food sources such as leafy green vegetables, then it is postulated that the rates and severity of depression will increase as 5-MTHF decreases. Abbreviations: DHF, dihydrofolate; FA, folic acid; 5-MTHF, 5-methyltetrahydrofolate; MTHFR, methylenetetrahydrofolate reductase; SAMe, S-adenosylmethionine.

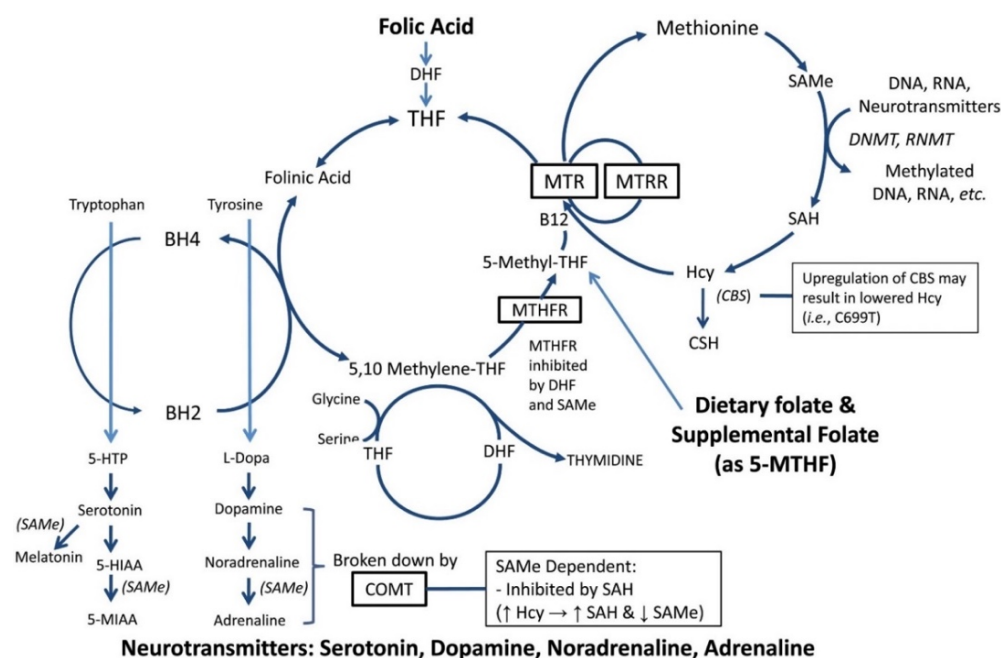


Fig. 2 Relationship between folate, methylation and neurotransmitters involved with depression.

Examples 3:

Charlotte Martin, Zoe Yates, Martin Veysey, Katrina King, Suzanne Niblett and Mark Lucock. [Vitamin D-related Nutrigenetics and Cognitive Decline in an Elderly Population](#). *Explor Res Hypothesis Med.* 2017; 2(4):131-138.

Future research directions

Further research is necessary to either confirm or refute the presently observed associations of VDR gene variants with cognitive decline as measured using the MMSE scale. By obtaining a more thorough understanding of VDR variants and their influence on risk of cognitive decline, new insights into the underlying pathophysiology of cognitive decline and development of possible intervention and treatment strategies will emerge. These may include the screening of particular VDR polymorphisms as part of a routine health check and the use of supplemental vitamin D at a younger age. Based on the preliminary results of this study, we hypothesize that the use of vitamin D as a potential preventative agent in cognitive

decline will reduce the impact this degenerative disorder currently has on our health system.

Examples 4:

Sakunthala Arunima and Thankappan Rajamohan. [Lauric Acid Beneficially Modulates Apolipoprotein Secretion and Enhances Fatty Acid Oxidation via PPAR \$\alpha\$ -dependent Pathways in Cultured Rat Hepatocytes](#). J Explor Res Pharmacol. 2018; 3(1):1-11.

Future research prospective

Lauric acid, may act as a natural ligand for PPAR α and has a beneficial role in modulating apolipoprotein secretion as well as fatty acid oxidation. Since regulating the synthesis of endogenous apolipoprotein secretion would be an attractive therapeutic target for reducing the atherogenicity, lauric acid itself or lauric acid enriched dietary oils can be recommended as healthy dietary interventions for reducing the risk factors for atherosclerosis.

Examples 5:

Azadeh Anbarlou, Mahshid Akhavan Rahnema, Amir Atashi and Masoud Soleimani. [Selective Serotonin Reuptake Inhibitors May Improve the Efficacy of Hematopoietic Stem Cells Transplantation](#). J Explor Res Pharmacol. 2016; 1(1):16-19.

Hypothesis

By increasing the amounts of serotonin in bone marrow, SSRIs may improve the efficacy of HSC transplantation (Fig. 1). Most studies concerning SSRIs have focused on the effects of sertraline and fluoxetine. Because the effects of fluoxetine on lymphocytes are variable under different conditions, we suggest sertraline, as its effect is solely immunosuppressive. The routine starting dosage of sertraline as an antidepressant is 50 mg/day, and the maximum is 200 mg/day,^{29,30} but higher doses are probably required for immunosuppression.¹⁹ The normal concentration of serotonin in plasma is 0.62 ± 0.11 $\mu\text{g/L}$.³¹ Future studies must focus on the dosage of sertraline that will generate the optimum concentration of plasma serotonin for in vivo expansion of HSCs.

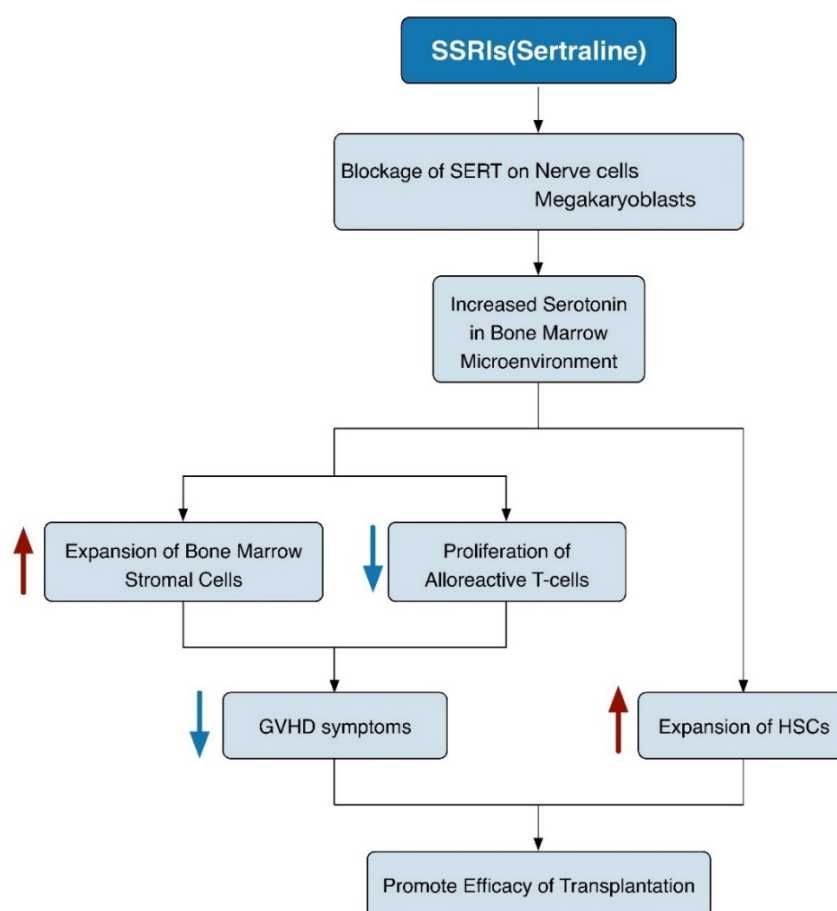


Fig. 1 Schematic diagram of the hypothetical mechanisms underlying SSRI promotion of HSC transplantation through in vivo expansion of HSCs and decrease in GVHD.

ERHM also publishes original articles with “non-confirmatory” or “negative” data that are generated from appropriate methods and materials, and refute a proposed hypothesis or challenge a currently accepted hypothesis. Systematic review and meta-analysis reporting “non-confirmatory” or “negative” findings are acceptable.

Examples for negative results

1. Takanashi S, Saif LJ, Hughes JH, Meulia T, Jung K, Scheuer KA, Wang Q. Failure of propagation of human norovirus in intestinal epithelial cells with microvilli grown in three-dimensional cultures. *Arch Virol*. 2014 Feb;159(2):257-66. doi: 10.1007/s00705-013-1806-4
2. Svanstrom H, Pasternak B, Hviid A. Use of azithromycin and death from cardiovascular causes. *N Engl J Med*. 2013 May 2;368(18):1704-12. doi: 10.1056/NEJMoa1300799
3. Whitehead KJ, Sautter NB, McWilliams JP, Chakinala MM, Merlo CA, Johnson MH, James M, Everett EM, Clancy MS, Faughnan ME, Oh SP, Olitsky SE, Pyeritz RE, Gossage JR. Effect of Topical Intranasal Therapy on Epistaxis Frequency in Patients with Hereditary Hemorrhagic Telangiectasia: A Randomized Clinical Trial. *JAMA*. 2016 Sep 6;316(9):943-51. doi:10.1001/jama.2016.11724

Example for controversial research:

Xia HH, Talley NJ, Kam EP, Young LJ, Hammer J, Horowitz M. Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Am J Gastroenterol. 2001 Apr;96(4):1039-46. doi: 10.1111/j.1572-0241.2001.03604.x

Examples for refuting/challenging hypotheses:

1. Abbas AK. Protein Synthesis Inhibitors Did Not Interfere with Long-Term Depression Induced either Electrically in Juvenile Rats or Chemically in Middle-Aged Rats. PLoS One. 2016 Aug 12;11(8):e0161270. doi: 10.1371/journal.pone.0161270
2. Xia HH, Talley NJ, Kam EP, Young LJ, Hammer J, Horowitz M. Helicobacter pylori infection is not associated with diabetes mellitus, nor with upper gastrointestinal symptoms in diabetes mellitus. Am J Gastroenterol. 2001 Apr;96(4):1039-46. doi: 10.1111/j.1572-0241.2001.03604.x
3. Gunnarsson H, Arason A, Gillanders EM, Agnarsson BA, Johannesdottir G, Johannsson OT, Barkardottir RB. Evidence against PALB2 involvement in Icelandic breast cancer susceptibility. J Negat Results Biomed. 2008 Jul 17;7:5. doi: 10.1186/1477-5751-7-5

Exploratory Journals also welcome articles that briefly describe novel techniques or surgical procedures, with fine pictures or videos.

Examples for novel techniques or surgical procedures:

1. Xia HX, English L, Keane CT, O'Morain CA. Enhanced cultivation of Helicobacter pylori in liquid media. J Clin Pathol. 1993 Aug;46(8):750-3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC501463/>
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Peer Review & Editorial Process

The objective of the peer review process is to ensure the integrity and transparency of the research objectives, data, and conclusions.

Editorial Process

All articles, solicited and unsolicited, that are submitted to Xia & He journals will be subject to the following single blind peer review process, meaning that the author does not know the identity of the reviewer, but the reviewer knows the identity of the author (Fig. 1).

- **Step 1:** Upon submission, the editorial staff will perform an initial assessment of the manuscript to determine its topical relevance, adherence to the formatting guidelines, and absence of plagiarism related to both textual and scientific content.
- **Step 2:** If the manuscript passes the initial assessment, it is forwarded to an academic editor with appropriate expertise in the subject area and/or study design, who is responsible for identifying at least 2 external peer reviewers with expertise in the topic/specialty.

- **Step 3:** After a peer reviewer has accepted the manuscript, 15 days (with a short grace period allowed for extenuating circumstances) is allotted for completion of the peer review evaluation.
- **Step 4:** Upon return of the two peer reviews, the academic editor will make a reasoned recommendation for acceptance (full, with minor revisions, or with major revisions) or rejection and provide it to the Editor-in-Chief who makes the final decision.
- **Step 5:** Manuscripts that are accepted with revision are allotted a 2-month period in which to return the revised version, which is to be accompanied by a Response Letter that clearly outlines the specific issues addressed in the manuscript. Papers that are returned without addressing every comment made by the reviewers and/or the editor will be rejected.
- **Step 6:** Papers that required minor revisions will be re-assessed by the Editor-in-Chief, who will make the final decision for acceptance or rejection. Papers that required major revisions will be sent back to the original peer reviewers for further assessment and recommendation to the Editor-in-Chief who will make the final decision.
- **Step 7:** If a paper is accepted, it will progress into the preparation stage for publication, the first step of which is copy editing and figure editing (if necessary) followed by typesetting.
- **Step 8:** Proofs will be delivered to authors for confirmation.
- **Step 9:** The articles will be published in PDF and HTML formats online in the next issue of the journal.

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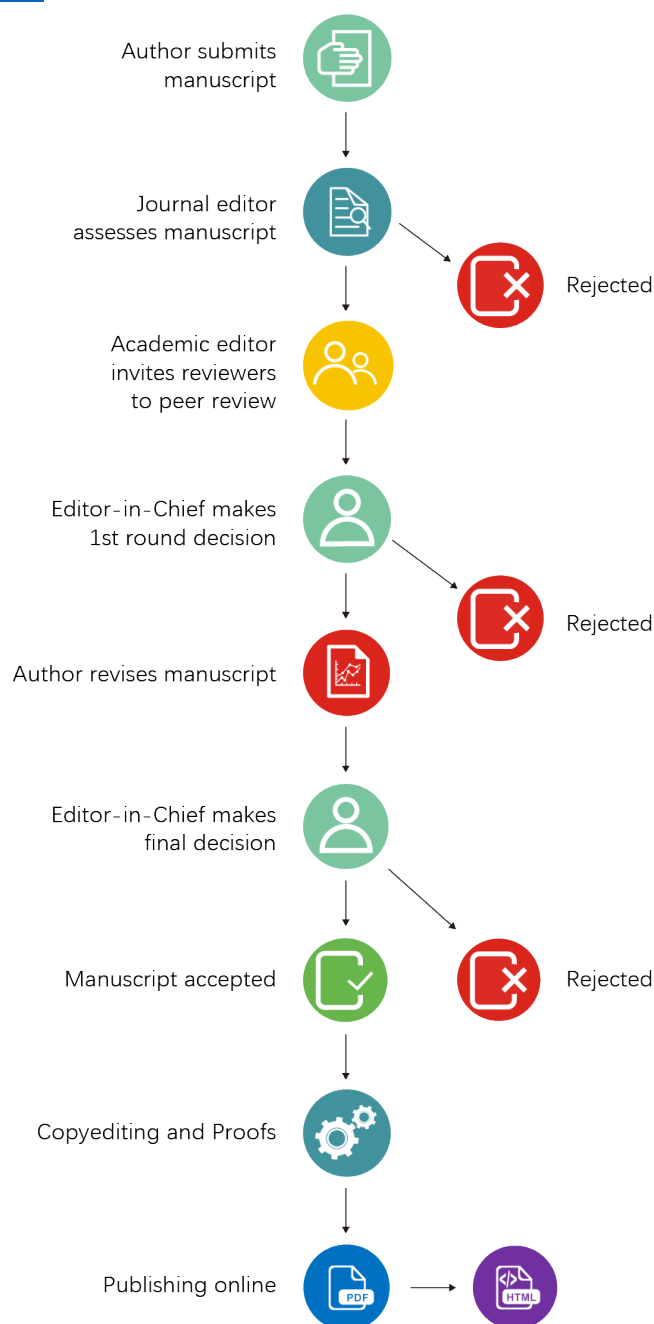


Fig. 1. The flow chart of journal editorial process.

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Sciences and published by the National Institutes of Health (NIH publication 86-23 revised 1985).

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