

Respiratory Endoscopy

Instructions to Authors

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1. Aims and Scope

Respiratory Endoscopy, an official open-access journal of the Japan Society for Respiratory Endoscopy (JSRE), is a peer-reviewed, multidisciplinary journal directed to respiratory endoscopy physicians and scientists. The journal provides comprehensive and up-to-date peer-reviewed reference information on the techniques, procedures and recommendations in the field of respiratory endoscopy including bronchoscopy, thoracoscopy and closely related subjects. The journal publishes original articles, review articles, case reports, technical reports, images, brief communications, letters to the editor and guidelines/statements. The Journal is published three times each year (March, July and November).

The journal requires that all manuscripts be prepared in accordance with the “[Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals](#).” as published by the International Committee of Medical Journal Editors ([ICMJE](#)).

2. Article Types

Respiratory Endoscopy publishes a variety of different article types. Once you have determined the correct Article Type, it is imperative that you read the Manuscript Preparation guidelines before you submit your manuscript:

1. Review Article

Review Articles are summaries of specific research areas or themes with information accessible to the general members. Review Articles are usually solicited by the editors, but we will also consider unsolicited manuscripts.

2. Original Article

Original Articles are scientific reports with new findings of original experimental or clinical research.

3. Case Report

Case Reports present the details and observation of novelty and rare medical or clinical cases. Case Report will not be accepted unless they are extremely instructive/informative.

4. Technical Report

Technical Reports present the tips pertaining to surgical techniques for traditional/novel surgical procedures with their clinical outcomes.

5. Image

Images should provide original, high-quality images with extraordinary findings that will be useful to other. The submission will only be accepted if it includes impactful images.

6. Brief Communication

Brief Communications may report on early clinical data or studies that are not sufficiently developed as Original Article but have the potential to make a significant impact on research areas and/or patient care.

7. Letter to the Editor

Letters to the Editor are brief, constructive commentaries that can be submitted in response to a recently published article in the journal.

8. Guideline/Statement

Guidelines/Statements are recommendations intended to optimize patient care that is informed by a systematic review of evidence and/or an assessment of the benefits and harms of both standard and alternative treatment options, and/or declarations on endoscopic respiratory care from the Japan Society for Respiratory Endoscopy.

3. Manuscript Preparation

Information provided here on manuscript preparation and formatting is based, in part, on the “[Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#)” as published by the ICMJE. For any information that is not mentioned in this guideline, authors should refer to the [ICMJE Recommendations](#).

Manuscripts that do not follow the instructions below WILL BE RETURNED to the corresponding author for technical revision before undergoing peer review.

3.1 *General Formatting*

All articles should be written in English using size 12, "Times New Roman" font type and correctly formatted according to the guidelines outlined below. All text should be double-spaced. Line numbers and page numbers on each page are required to make it easier for reviewers to provide comments.

The organization of the manuscript should be in the following order:

- Title Page
- Abstract
- Key Words
- Main Text
- References
- Figure Legends
- Figures
- Tables and footnotes
- Supplemental Files (e.g., videos, if applicable)
- Graphical Abstract

Required Forms

Authors must prepare the manuscripts according to the following guidelines, and their submission should include a reporting checklist as Checklist.

- [CARE checklist](#) (for case reports)
- [STROBE checklist](#) (for observational studies)
- [CONSORT checklist](#) (for randomized clinical trials)
- [PRISMA checklist](#) (for systematic reviews and meta-analyses)

3.1.1 *Title Page*

The title page should be prepared separately from the main document and must include the following information:

- Title of the manuscript (No abbreviations except for gene names or in common use. Include the words "case report" for case reports.)
- Full names of all authors
- Institutional affiliations of all authors, indicated by numbers (not symbols), including city and country
- Corresponding author's name and e-mail address
- Conflicts of interest
- Sources of financial support that require acknowledgment
- Type of contribution of the authors. Please visit the [ICMJE website](#) for more information on authorship.

- Approval code issued by the institutional review board (IRB) and the name of the institution(s) that granted the approval.
- Acknowledgements (other than sources of financial support)
- A statement that appropriate informed consent was obtained. If the consent from the participants was waived for your study, the reason(s) must be stated explicitly.

3.1.2 Main Document

Abstract and Key Words

Manuscript should include an abstract that includes the following headings, depending on the article type:

- Review Article: Abstract of no more than 300 words
 - Narrative Review: Unstructured or structured Abstract
 - Systematic Review: Structured Abstract (Background, Methods, Results, Conclusions)
- Original Article: Structured Abstract (Background, Materials and Methods, Results, Conclusions) of no more than 300 words
- Case Report: Unstructured Abstract of no more than 200 words
- Technical Report: Structured Abstract (Introduction, Technical Report, Conclusions) of no more than 200 words
- Image: Abstract is not necessary
- Brief Communication: Abstract is not necessary
- Letter to the Editor: Abstract is not necessary
- Guideline/Statement: Unstructured Abstract of no more than 300 words

The Abstract, regardless of the Article Type, should contain 2-5 key words (Key words must include the words "case report" for case reports).

The abstract must be precise, clear and fully comprehensible on its own. The Abstract of clinical trials must include the registration number and name of the registration database. See further details on clinical trials section below.

Main Text

The main text should be prepared in MS Word (.doc or .docx). For each Article Type, authors must organize and order their content using the following formats:

Review Article:

Headings:

-Narrative Review: Not required

-Systematic Review: Introduction, Materials and Methods, Results, Discussion

Word Limit: 5,000 words

Number of Tables: No more than 8

Number of Figures: No more than 10

Number of References: No more than 50

Original Article:

Headings: Introduction, Materials and Methods, Results, Discussion,

Word Limit: 3,500 words

Number of Tables: No more than 5

Number of Figures: No more than 6

Number of References: No more than 30

*Limitations section should be included as a subheading within the Discussion section.

Case Report:

Headings: Introduction, Case Report, Discussion

Word Limit: 1,500 words
Number of Tables: No more than 3
Number of Figures: No more than 6
Number of References: No more than 15

Technical Report:
Headings: Introduction, Technical Report, Discussion
Word Limit: 1,500 words
Number of Tables: No more than 3
Number of Figures: No more than 8
Number of References: No more than 15

Image:
Number of Authors: No more than 5
Word Limit: 200 words
Number of Figures: No more than 3
Number of References: No more than 5
Figure legend should not be contained.

Brief Communication:
Word Limit: 1,200 words
Number of Tables: No more than 2
Number of Figures: No more than 3
Number of References: No more than 15

Letter to the Editor:
Number of Authors: No more than 5
Word Limit: 400 words
Number of Tables and Figures: No more than 1
Number of References: No more than 5

Guideline/Statement
Word Limit: 5,000 words
Number of Tables: No more than 8
Number of Figures: No more than 10
Number of References: No limit

Subheadings are numbered in the order of 1. → 1) → (1).

Article Type		Abstract		Main Text		Tables/ Figures	References
		Style	Words	Headings	Words		
Review Article	Narrative Review	Unstructured	300	-	5,000	8/10	50
	Systematic Review	Structured		Introduction, Materials and Methods, Results, Discussion			
Original Article		Structured	300	Introduction, Materials and Methods, Results, Discussion,	3,500	5/6	30
Case Report		Unstructured	200	Introduction, Case Report, Discussion	1,500	3/6	15
Technical Report		Structured	200	Introduction, Technical Report, Discussion	1,500	3/8	15
Image		Not necessary		-	200	0/3	5
Brief Communication		Not necessary		-	1,200	2/3	15
Letter to the Editor		Not necessary		-	400	1	5
Guideline/Statement		Unstructured	300	-	5,000	8/10	No limit

3.2 References

The authors are responsible for the accuracy of their references. The References section should follow immediately after the conclusion of the main text under the heading "References". Authors must cite references in the text in the order of their appearance, showing the citations as superscripts (for example, show in superscript¹). Three or more consecutive citations should be indicated as a range using a hyphen, e.g. "3-5". If there are more than three authors, name only the first three authors and then use "et al."

When available, authors are strongly encouraged to include the digital object identifier (DOI) at the end of each reference entry, formatted as "doi: <https://doi.org/10.xxxx/xxxxx>" (no period after the DOI).

Examples:

Journal article

1. Guiot BH, Khoo LT, Fessler RG. A minimally invasive technique for decompression of the lumbar spine. *Spine*. 2002;27(4):432-8. doi: <https://doi.org/10.1097/00007632-200202150-00021>

Journal article in a language other than English

2. Paroussis D, Papaoutsopoulou C. [Porcelain laminate veneers (HI-ERAM)]. *Odontostomatol Proodos*. 1990;44(6):423-6. Greek.

Homepage

3. Complementary/Integrative Medicine [Internet]. Houston: University of Texas, M. D. Anderson Cancer Center; c2007 [cited 2007 Feb 21]. Available from: <http://www.mdanderson.org/departments/CIMER/>.

Entire book

4. Jenkins PF. Making sense of the chest x-ray: a hands-on guide. New York: Oxford University Press; 2005. 194 p.

Book chapter

5. Riffenburgh RH. Statistics in medicine. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; 2006. Chapter 24, Regression and correlation methods; p. 447-86.

Preprints

6. Bar DZ, Atkatsch K, Tavarez U, Erdos MR, Gruenbaum Y, Collins FS. Biotinylation by antibody recognition- A novel method for proximity labeling. BioRxiv 069187 [Preprint]. 2016 [cited 2017 Jan 12]. Available from: <https://doi.org/10.1101/069187>

Journal names should be abbreviated in the standard form as they appear in the [NLM Catalog](#). If the journals are not included in the NLM Catalog, use the [ISSN List of Title Word](#) for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

For reference styles pertaining to other media formats or further details, please refer to [Citing Medicine](#), which is published by the [National Library of Medicine](#) (US).

Including AI-generated material as the primary source in the reference is not allowed.

3.3 Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. All measurements should follow the International System of Units (SI). Except for °C and %, one space must be inserted between each number and unit.

Use a capital letter "L" for liter in the units of measurements in the Text, Figures, and Tables (e.g., g/dL, mg/dL, IU/L, and mEq/L).

3.4 Abbreviations

Do not include the abbreviations in the title except for gene names or in commonly used abbreviations. Define abbreviations at their first appearance in the text and in each Table and Figure and use the abbreviations consistently thereafter.

3.5 Names of Drugs, Devices, and Other Products

Do not use the specific brand names of drugs, devices, and other products and services, unless it is essential to the discussion. Otherwise, please use descriptive name.

3.6 Figures and Tables

Figures and Tables should be numbered with Arabic numerals (e.g. Figure 1, Figure 2, Table 1, Table 2), and must be cited in the text in bold in the order they are cited

If any copyrighted or previously published material, edited or otherwise, are used in the manuscript, it is the author's responsibility to obtain the permission from the copyright owner(s) prior to making a submission. Also, the authors must cite the source and indicate the permission to use such materials in the corresponding Figure or Table caption, as required by the copyright owner(s).

3.6.1 Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be submitted in the following digital format: JPEG (.jpg), or Tagged Image Format (.tiff).

Figures supplied within the main manuscript Word document or previously copy-and-pasted in PowerPoint are not acceptable. This is due to their low resolution. They will not re-produce in print or online clearly.

Scanned images of line art will not be accepted – please supply in the original file format.

Tone art, or photographic images should be produced at the minimum resolution of 300 dpi. All microscopic images (including light microscopy and scanning electron microscopy) must include information on magnification used at the time of image capture (e.g. "Original magnification $\times 400$ " or "Magnification $\times 10,000$ "). A clearly labeled scale bar (e.g. "Bar = 50 μm ") should also be included in the image whenever possible.

All figure titles and legends should not be embedded in the submitted image – please supply this information separately (such as figure legends in the main manuscript file).

All extraneous use of color must be removed from Figures and Tables. Color should only be used for didactic purposes. All line art backgrounds must not contain any color.

3.6.2 Figure Legends

Legends must be prepared for all Figures presented in the manuscript and should be understandable without reference to the text. Authors must list Figure Legends on a separate page after the References section. Figure legend is not required for the article type "Image".

3.6.3 Tables and Footnotes

Tables are required to be in MS Word (.doc/.docx) or PowerPoint (.ppt/.pptx). Do not use MS Excel or comparable spreadsheet software. The Table captions should be understandable without reference to the text. Column headings should be kept as brief as possible and indicate units. Footnotes should be labeled a), b), c), etc. and typed on the same page as the table they refer to. Tables must be configured in a horizontal layout only.

3.6.4 Supplementary Materials

Respiratory Endoscopy accepts supplementary materials that may contain additional figures, tables or supporting movies. The authors should submit the supplementary materials as "Supplemental File" during the manuscript submission process via ScholarOne Manuscripts submission system. All video files should be submitted in MPEG-4 (.mpg) format. Refer to the supplementary materials starting with S1, S2 (e.g. Fig. S1, Table S1, Movie S1) in the manuscript's main text. Supplementary materials are published exactly as they are received and not edited by the journal. All supplementary materials will be published alongside the article on the journal website.

3.6.5 Graphical Abstract

Submission of a Graphical Abstract is optional. Authors who wish to have a Graphical Abstract published must upload it at the time of submission.

The Graphical Abstract should consist of a single image that visually represents the primary findings of an article, or alternatively, one of the figures or tables included in the manuscript may be used.

The file must be in .jpg format. When uploading, select the file designation "Graphical Abstract" in the submission system.

Note: Even if you use a figure or table from the manuscript, it must be uploaded separately from the manuscript's figures/tables with the file designation "Graphical Abstract."

4. Clinical Trials

In accordance with [ICMJE's policy](#) on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment. ICMJE defines clinical trials as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions include, but are not limited to, those used to modify a biomedical or

health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

Respiratory Endoscopy requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.

Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the ICMJE site at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

The journal accepts registration from the following list of registries as well as others listed at ICMJE site:

- Clinical Trials (<https://www.clinicaltrials.gov/>)
- Australian New Zealand Clinical Trials Registry (<http://anzctr.org.au>)
- ISRCTN Register (<http://isrctn.org>)
- UMIN Clinical Trials Registry (<https://www.umin.ac.jp/ctr/>)
- EudraCT (<https://eudract.ema.europa.eu/>)

In reporting randomized clinical trials, authors must comply with published CONSORT guidelines (<http://www.consort-statement.org/>). The recommended checklist must be completed and provided to the journal at the time of manuscript submission. The recommended trial flow diagram should be presented as “Supplementary File”.

5. Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.

- CONSORT for randomized clinical trials (<http://www.consort-statement.org/>)
- CARE for case reports (<http://care-statement.org/>)
- STROBE for observational studies (<http://strobe-statement.org/>)
- PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org/>)
- STARD for studies of diagnostic accuracy (<http://www.equator-network.org/reporting-guidelines/stard/>)
- SAGER guidelines (<https://www.equator-network.org/reporting-guidelines/sager-guidelines/>) for reporting of sex and gender information

Please access <https://www.equator-network.org> to find the guideline that is appropriate for your study.

It is extremely important that when you complete any Reporting Guideline checklist that you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the appropriate reporting checklist. The purpose of a reporting guideline is to guide you in improving the reporting standard of your manuscript. The objective is not to solely complete the reporting checklist, but to use the checklist itself in the writing of your manuscript. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript, while also potentially enhancing its chances for eventual publication.

6. Data Sharing

Respiratory Endoscopy encourages the authors of manuscript which includes clinical trials to share their de-identified research data including, but not limited to raw data, processed data, software, algorithms, protocols, methods, materials, study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.

As required by ICMJE, all manuscripts that report the results of clinical trial must include a data sharing statement with a link to the trial registration. The statement should include the following information:

- Available types of data,
- Available documents (study protocol, statistical analysis plan, informed consent form, clinical study report, or analytic code)
- Available dates
- With whom the data are available.
- Types of analyses the authors are willing to share the data
- Method of requesting the data.

The statement is published alongside their paper.

7. Online Manuscript Submission

Manuscripts may only be submitted electronically via the journal's ScholarOne system:

<https://mc.manuscriptcentral.com/respnd>

Simply log on to ScholarOne Manuscripts and follow the onscreen instructions for all submissions. You will need to register before your first submission to *Respiratory Endoscopy*. If you have any technical problems or questions related to the electronic submission process or uploading your files, please contact our Support Desk. For other inquiries, please contact the Editorial Office:

ScholarOne Manuscripts Support Desk (Japan)

Phone: +81-3-3910-4517, E-mail: s1-support@kyorin.co.jp

All files must be submitted in the following order: 1) Title Page, 2) Main Document, 3) Tables, and Figures (≥ 300 dpi). The total size of the uploaded files should be within 100 MB. Upon submission, the manuscript will be automatically checked for plagiarism, and can be sent back to the corresponding author if the plagiarism rate is 30% or higher.

Notification of manuscript submission will be sent by e-mail to all authors listed in the manuscript.

8. Peer Review Process

Articles submitted to *Respiratory Endoscopy* are subject to a single-anonymized peer review process. This means the identities of the peer reviewers remain anonymous but the authors' identities are known to the reviewers. Peer review is a critically important process of evaluation for any manuscript submitted to *Respiratory Endoscopy*. Every article dispatched for full peer review will receive a comprehensive, fair, and unbiased critical assessment.

All submitted manuscripts will be reviewed, initially, by the editors of *Respiratory Endoscopy* to evaluate eligibility for publication. The editors will assess the importance and originality of the research, suitability and interest to the readership of the journal, and the quality of the manuscript. Any manuscripts that satisfy our screening criteria will generally be sent to two experts in the field of the study for peer review. The editors of

Respiratory Endoscopy will review the peer review comments and make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection.

Respiratory Endoscopy adheres to [Committee on Publication Ethics' Ethical Guidelines for Peer Reviewers](#). Reviewers are not allowed to contact the authors directly before, during, or after the peer review process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information contained within the manuscript to a third party. The guidelines for the reviewers are available [here](#).

The decision letters along with the comments by the editors and reviewers will be sent to the corresponding author via e-mail.

8.1 Revised Manuscript

It is expected that any manuscripts receiving a revision decision will be fully amended according to the comments of both the reviewers and the editors. Authors must also include a detailed point-by-point response letter. Authors should submit the revised manuscript within 8 weeks from the date of prior decision. Revisions must be approved by all authors prior to submission of the revised manuscript.

8.2 Editors and Journal Staff as Authors

Manuscripts submitted by editors, [Editorial Board](#) members, or journal staff will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript and have neither access to that manuscript nor any information about the review process other than what is provided in the editor's decision letter. Additionally, ScholarOne, the journal's online submission and peer review system is designed to anonymize a person in other roles (editor/reviewer) from any paper he/she has authored. The manuscript submitted by editors, Editorial Board, and journal staff of *Respiratory Endoscopy* should include a statement that declares their personal conflict of interest with the journal.

9. Editorial Policy and Publication Ethics

9.1 Overview

Respiratory Endoscopy observes the highest standards in journal publication. The journal supports and adheres to the guidelines and best practices including [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) by the [International Committee of Medical Journals Editors](#) (ICMJE) and the [Principles of Transparency and Best Practice in Scholarly Publishing](#) (a joint statement by the [Committee on Publication Ethics](#) (COPE), the [Directory of Open Access Journals](#) (DOAJ), the [World Association for Medical Editors](#) (WAME) and the [Open Access Scholarly Publishers Association](#) (OASPA); (<https://doaj.org/apply/transparency/>)).

9.2 Authorship/Contributorship

All authors listed in the manuscript must meet the following four contribution criteria as defined by the ICMJE in their [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#).

- 1) Substantial contributions to the conception or design of the research or the acquisition and analysis of data; and
- 2) Drafting the work or reviewing it critically for important intellectual content; and
- 3) Final approval of the version to be published; and
- 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not meet all four criteria above should not be listed as authors. Guest or honorary authorship is strictly prohibited.

In consonance with the [COPE's position statement](#) and [WAME's recommendations](#), *Respiratory Endoscopy* does not allow Artificial Intelligence (AI) tools such as ChatGPT or Large Language Models (LLM) to be listed as authors as those tools cannot meet the ICMJE's criteria for authorship listed above.

The corresponding author must ensure that a manuscript is read and approved by ALL authors prior to submission.

Those who do not qualify for authorship may be acknowledged individually or together as a group under a single heading within the "Acknowledgements" on the title page. Examples of activities that do not qualify a contributor for authorship are: acquisition of funding; general supervision of a research group; general administrative support and writing assistance; technical editing; language editing, and proofreading.

Authors should discuss, determine and (if they exist) settle any disagreements about the order of authorship before submitting their manuscript. Final author order must be established by the end of the revision phase of the peer review process. Any authorship changes such as order, addition, and deletion of authors between the initial manuscript submission and the final decision should be discussed and approved by all authors. Any request for such changes must be explained in the Change of Authorship Request Form, which must be signed by all authors.

Adding, deleting, or changing the author names and their order is not permitted after the acceptance of the manuscript for publication.

Use of Artificial Intelligence (AI)-Assisted Tools/Technologies

In consonance with [the COPE's position statement](#), [WAME's recommendations](#), and [ICMJE's Recommendation](#), *Respiratory Endoscopy* does not allow artificial intelligence (AI)-assisted tools/technologies such as Large Language Models (LLMs), chatbots, or image creators to be listed as author or co-author. As described in the ICMJE, those tools cannot be responsible for the accuracy, integrity, and originality of the work, thus they do not meet the [ICMJE's criteria for authorship](#) listed above. The authors (humans) are fully responsible for any materials of the submitted work, including the use of AI-assisted tools or technologies. AI should not be cited as authors. Authors (humans) are also responsible for plagiarism including the in text and AI-produced images. Authors must disclose, upon submission and in the Materials and Methods (or similar section), any use of AI-assisted tools or technologies in the writing of a manuscript, production of images or graphical elements of the paper, or in the collection and analysis of data.

9.3 Exclusive Submission

Articles that have been previously published or are being considered for publication in another journal in any language will not be accepted. Submission of a manuscript implies that: the work described has not been previously published; it is not under consideration for publication elsewhere; its publication has been approved by all co-authors. The editors make all decisions on the acceptance of the peer-reviewed manuscripts.

9.4 Confidentiality

All manuscript details, author information, reviewer identities, comments to the editors and the authors, and the content of the decision letter are considered privileged information and will never be disclosed to third parties.

9.5 Redundant or Duplicate Publication

Articles that are being considered for publication in another journal including advanced publications such as "in-press" or "E-pub ahead of print" articles in any language might be regarded as redundant or duplicate publication.

The author should notify the editor formally about all submission and the previous reports that could be regarded as redundant or duplicate publication of the same or similar work. Any such material must be referred to and referenced in the new work. Copies of such work should be included with the submission. Abstracts or posters

presented at scientific meetings are not considered previously published work. For studies that have been presented at a scientific meeting, “Acknowledgements” should include a sentence, such as "A part of this study has been presented at the XXth Annual Meeting of XXXXX (Month, Year, City)".

Editorial actions should be expected if redundant or duplicate publication is attempted or occurs without such notification. Editorial actions may include: immediate rejection of the submitted manuscript; retraction of published work; published notice of violation, and revocation of publishing privileges.

For acceptable secondary publication *Respiratory Endoscopy* accepts secondary publications of only those that meet the criteria and conditions described in the ICMJE Recommendations.

9.6 Conflicts of Interest and Sources of Funding

According to the ICMJE Recommendations, a conflict of interest (COI) exists “when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain).”

All authors are required to disclose any financial relations, activities, relationships and affiliations that exist, or have existed, in the 36 months (3 years) prior to submission with any commercial organizations, groups, institutions, or any other entities that has any interest in the subject matter, materials, or process(es) discussed in the manuscript. This includes, but is not limited to:

- Research support (including research funding and provision of equipment or materials)
- Honoraria (such as lecture fees)
- Consulting
- Employment
- Promotional fees
- Advisory or directing role
- Stock and share ownership
- Patent/licensing fees
- Travel and accommodation expenses
- Any other financial, institutional or personal relationships

Any possible COI related to the study presented in the manuscript must be disclosed on the title page under the heading “Conflicts of Interest” using the following examples for each author:

“A (author name) received honoraria from Z (entity name); B holds an advisory role in Y;
C is an employee of Company X.”

If the manuscript is accepted for publication, the disclosures will be published as they appear in this section. If there are no COIs, the authors should state “The authors declare that there are no conflicts of interest” on the title page.

All sources of funding from entities such as government or non-profit organizations, which are relevant to the study, should be acknowledged on the title page under the heading “Sources of Funding.” Funding sources and affiliations that have not contributed to the work should not be listed as listing them would be misleading.

- You must use the following word format to describe any funding: “This work was supported by [name of funder] grant number [xxx]”.
- If your work did not receive funding you must use the following wording: “This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors”.
- You must ensure that the full, correct, details of your funder(s) and any relevant grant numbers are included.

9.7 Research Ethics

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