1. ABOUT THE JOURNAL

*Women’s Health Investigation* (WHI; Women's health Investig; ISSN 2616-4299) is a peer-reviewed and open access journal that embraces the full scope of research in women’s healthcare. The breadth of *Women’s Health Investigation* spans basic science, clinical medicine, surgery, epidemiology, and prevention, diagnosis, treatment, and supportive care. The aim of the journal is to provide a forum for all clinicians and researchers including but not limited to, gynecologists, obstetricians, internists, and surgeons to publish original scientific articles in clinical and laboratory research relevant to diagnosis and treatment of women’s health disorders. Additionally, the journal seeks to publish articles regarding innovations in medical education of women’s health specialists.

2. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLE

**Word limit:** 6,000 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Structured. 450 words (Max)

**References:** No maximum.

**Figures/tables:** No maximum, but no more than a total 10 figures and tables are recommended.

**Videos**: 3 (Max)

*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

**Description:** Originality and clinical impact are essential for acceptance of Original Articles.

The abstract should contain the following subheadings: **Background, Methods, Results** and **Conclusions**.

Original articles should entail a section describing the contribution of each author to the manuscript. See section “Authors’ Contribution” for details. Meta-analysis will be categorized into this type.

(2) REVIEW ARTICLE

**Word limit:** 6,000 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Unstructured. 300 words (Max)

**References:** No maximum

**Figures/tables:** Minimum 1 image or figure

**Videos**: 3 (Max)

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**Description:** Reviews are comprehensive analyses of specific topics. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

**(3) CASE REPORT/Surgical or Procedural Videos**

**Word limit:** 2,500 words (Max) excluding references, tables and figures

**Abstract:** Unstructured. 250 words (Max)

**References:** 20 (Max)

**Figures/tables:** 8 (Max) in total

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**Description:** New observations of diseases, clinical findings, or novel/unique treatment outcomes in the field of women’s health. Innovative techniques or devices can be reported in the format of surgical or procedural videos. A brief review of a small series of similar cases are highly encouraged. The text should be arranged as follows: Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-procedure preparation, Equipment preference card, Procedure, Role of team members, Post-procedure management, Tips, Tricks and Pitfalls, Discussion. The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.” If the patient has passed away, informed consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, informed consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly. Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as other article types.

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**Abstract:** Unstructured. 450 words (Max)

**References:** No maximum

**Figures/Tables:** Minimum 1 image or figure

**Description:** Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

**(5) EDITORIAL**

**Authors:** 5 (Max)

**Abstract:** Not required Text: 2500 words (Max)

**References:** 25 (Max), including the article discussed

**Figures and Tables (combined):** 2 (Max)

**Videos**: 2 (Max)

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**Description:** Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the Editor(s)-in-Chief.

**(6) Editorial Commentary**

**Word Limit:** 2,500 words maximum excluding references, tables and figures.

**Abstract:** not required for this manuscript type.

**References:** 25 maximum.

**Figures/Tables:** 2 maximum.

**Description:** The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

**(7) CORRESPONDENCE**

**Word limit:** 1,000 words (Max) excluding references, tables and figures

**Abstract:** Not required

**References:** 10 (Max)

**Figures/Tables:** 1 (Max) in total

**Description:** Correspondences on content published in the Journal or on other topics of interest to our readers
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3. STRUCTURE OF THE MANUSCRIPT

(1) PREPARATION OF THE TEXT

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:

- Title page
- Abstract
- Keywords
- Main text (see Content Specifications section above)
- Tables
- Legends
- References
- Figures

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be British or American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated.

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The title page should include:

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2) A running head of no more than 60 characters including spaces;
3) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
4) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
5) The contribution made by each author should be briefly stated in the Authors’ Contributions section (See “Authors’ Contributions” in detail);
6) Footnote section: Conflicts of Interest (See specific statement in the following Policy of Conflict of Interest);
7) Acknowledgements (All sources of funding for the work should be included in this section).

**Abstract**

The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

**Keywords**

Following the Abstract, 3-5 keywords should be given.

**Main text**

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. Authors are instead urged to use tables, videos and figures to explain their points. IMPORTANT: supporting description concerning the multimedia objects should be contained within the Legends only and NOT repeated in the text. The company name, city and country of any commercial material must be included at first mention within parentheses in the text. If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review
board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

Tables
Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.

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Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years. Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “adenocarcinoma (29,30)”). If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al.

Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

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Journals

Books

Multi-author books

Online publications

or

(2) PREPARATION OF FIGURES AND VIDEOS
Figures
Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

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Text in video: All the text notes, explanations or descriptions,
etc. in the video must be in English. The logo or watermark of the hospital or practice should not be included. Patient identifiers should be erased from the video.

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Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at: http://www.ICMJE.org/.

Author name: Each author’s given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

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Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

8. ETHICAL CONSIDERATIONS
Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

❖ For studies in the following categories:
Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.
Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).
Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.
Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:
• Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.

❖ For other categories:
Retrospective and ambispective cohort studies: In these studies, the patients’ exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.
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• The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for consent, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for consent, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient’s personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial
• No statement on medical ethics is required.
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- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.
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  - Also, the authors should state whether the study outcomes will affect the future management of the patients.
  - The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:
- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

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For more information on statement of ethics, please feel free to consult our editorial staff.

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