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Turkish Gastroenterology Association, Pancreas Study Group, Chronic Pancreatitis Committee Consensus Report

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Turkish Journal of Gastroenterology *(Turk J Gastroenterol)* is the double-blind peer-reviewed, open access, international publication organ of the Turkish Society of Gastroenterology. The journal is published monthly and its publication language is English.

Turkish Journal of Gastroenterology aims to publish international at the highest clinical and scientific level on original issues of gastroenterology and hepatology. The journal publishes original papers, review articles, and letters to the editor on clinical and experimental gastroenterology and hepatology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors *(ICMJE)*, World Association of Medical Editors *(WAME)*, Council of Science Editors *(CSE)*, Committee on Publication Ethics *(COPE)*, European Association of Science Editors *(EASE)*, and National Information Standards Organization *(NISO)*. The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing *(doaj.org/bestpractice)*.

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Instructions to Authors

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

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An approval of research protocols by the Ethics Committee in accordance with international agreements *(World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net)* is required for experimental, clinical, and drug studies. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Materials and Methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, releases signed by the patient or their legal representative should be enclosed.

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2. Drafting the work or revising 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.

In addition to being accountable for the parts of the work he/she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as

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Turkish Journal of Gastroenterology requires corresponding authors to submit a signed and scanned version of the authorship contribution form *(available for download through turkjgastroenterol.org)* during the initial submission process in order to act appropriately on authorship rights and to prevent ghost or honorary authorship. If the editorial board suspects a case of "gift authorship," the submission will be rejected without further review. As part of the submission of the manuscript, the corresponding author should also send a short statement declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

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Manuscripts submitted to the journal will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript has been prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform to the journal's guidelines will be returned to the submitting author with technical correction requests.

Authors are required to submit the following:

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- *Author Contributions Form, and*
- *ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors) during the initial submission. These forms are available for download at turkjgastroenterol.org.*

Preparation of the Manuscript

Title page: A separate title page should be submitted with all submissions and this page should include:

- *The full title of the manuscript as well as a short title (running head) of no more than 50 characters,*
- *Name(s), affiliations, highest academic degree(s), and ORCID IDs of the author(s),*

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- *Grant information and detailed information on the other sources of support,*
- *Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,*
- *Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.*

Abstract

An English abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings *(Background/Aims, Materials and Methods, Results, and Conclusion)*. Please check Table 1 below for word count specifications.

Table 1. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table limit	Figure limit
Original Article	3500	250 *(Structured)*	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Letter to the Editor	1000	No abstract	5	No tables	2 or total of 4 images
Diagnostic Challenge	1200	No abstract	5	No tables	7 or total of 15 images

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database *(https://www.nlm.nih.gov/mesh/MBrowser.html)*.

Main Points: All submissions except letters to the editor should be accompanied by 3 to 5 "main points" which should emphasize the most noteworthy results of the study and underline the principle message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since "Main Points" targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Materials and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. Br Med J 1983: 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units *(SI)*.

Editorial Comments

Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles

Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Letters to the Editor

This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative and rare cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be

unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Diagnostic Challenge

Turkish Journal of Gastroenterology encourages authors to submit their striking clinical images that may challenge and inform readers and contribute to their education. This type of submissions should present the image as an "unknown" and should encourage the readers to interpret and diagnose the image. The answer will be presented on a separate page of the issue so the main text or the title should not reveal the answer. The case should be described in the first part; the answer should discuss the image findings and the diagnosis. The article should not be longer than 1200 words.

Quick look to guidelines

These manuscripts are summaries of published guidelines. Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The guideline that is being summarized must be properly cited within the manuscript.

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes *(even if they are defined within the main text)*. Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files *(in TIFF or JPEG format)* through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled *(a, b, c, etc.)* to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size *(minimum dimensions: 100×100 mm)*. Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company *(including the state if in USA)*, should be provided in parentheses in the following format: "Discovery St PET/CT scanner *(General Electric, Milwaukee, WI, USA)*"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text. Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first three authors should be listed followed by "et al." In the main text of the manuscript, references should be cited using Arabic numbers in parentheses. The reference styles for different types of publications are presented in the following examples.

Journal Article

Rankovic A, Rancic N, Jovanovic M, et al. Impact of imaging diagnostics on the budget - Are we spending too much? Vojnosanit Pregl 2013; 70: 709-11.

Book Section

Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. Infectious Diseases. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author

Sweetman SC. Martindale the Complete Drug Reference. 34th ed. London: Pharmaceutical Press; 2005.

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Editor(s) as Author

Huizing EH, de Groot JAM, editors. Functional reconstructive nasal surgery. Stuttgart-New York: Thieme; 2003.

Conference Proceedings

Bengisson S. Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report

Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study *(ETDRS)*, Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

Thesis

McCracken Jenna Mae. Mechanisms and consequences of neutrophil apoptosis inhibition by Francisella tularensis. University of Iowa, PhD (Doctor of Philosophy) thesis, 2017.

Manuscripts Accepted for Publication, Not Published Yet

Slots J. The microflora of black stain on human primary teeth. Scand J Dent Res. 1974.

Epub Ahead of Print Articles

Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. Diagn Interv Radiol. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis *(serial online)* 1995 Jan-Mar *(cited 1996 June 5)*: 1*(1)*: *(24 screens)*. Available from: URL: http:/ www.cdc.gov/ncidodlElD/cid.htm.

Revisions

When submitting a revised version of a paper, the author must submit a detailed "Response to the reviewers" that states point by point how each issue raised by the reviewers has been covered and where it can be found *(each reviewer's comment, followed by the author's reply and line numbers where the changes have been made)* as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author*(s)* believe that additional time is required, they should request this extension before the initial 30-day period is over.

Accepted manuscripts are copy-edited for grammar, punctuation, and format. Once the publication process of a manuscript is completed, it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue. A PDF proof of the accepted manuscript is sent to the corresponding author and their publication approval is requested within 2 days of their receipt of the proof.

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From the Guest Editor

Dear Colleagues,

Chronic pancreatitis is a disease characterized by progressive inflammation and fibrosis of the pancreas and presents with a wide range of clinical findings. Thus, it is a complex disease that can sometimes cause diagnostic confusion and disagreement in treatment. The inflammatory process in the pancreas and the yielding fibrosis may lead to diabetes mellitus with a decline in the function of pancreatic islet cells and exocrine insufficiency by disrupting the function of ductal cells. This may mimic the symptoms of dyspepsia or functional gastrointestinal diseases, often overlooking chronic pancreatitis and delaying treatment. From one viewpoint, chronic pancreatitis may underlie diabetes mellitus, which is already highly prevalent in Turkey, and its detection can be problematic. The progressive fibrotic character of the disease may cause stenosis in the areas affected, that is, stenosis in the pancreatic duct, stenosis in the biliary duct, or more rarely duodenal stenosis. Symptoms specific to each stenosis region may dominate the clinical picture or accompany other complaints. Therefore, chronic pancreatitis, which manifests itself with a clinical picture that varies from patient to patient, while being a very enjoyable puzzle that presents itself as it has been completed for the clinician, sometimes causes incomprehensible troubles. The disease can manifest with very severe abdominal pain that is unresponsive to any treatment. The pain can be so severe that it can even trigger suicide. Problems such as thrombosis or aneurysm in the associated vascular area and even cancer development at an advanced stage are a possibility.

Chronic pancreatitis is due to a wide variety of etiologies, while chronic alcohol use is the most frequent cause. Additionally, as knowledge and technology developed/accumulated, we learned that genetic factors and some hereditary diseases play a role in its etiology. Recently, autoimmune pancreatitis has become an important disease added to this spectrum. Yet, unfortunately, the typical diagnostic clinical or laboratory findings of this disease are rare, especially in the early stages. Clinicians' careful approach and evaluation are substantial, and chronic pancreatitis is an area where the art of medicine is essential, excessively.

The treatment of this multifaceted, physician-challenging disease also has multistep and multi-choice characteristics. The treatment of pain, the treatment of diabetes, the treatment of pancreatic enzyme deficiency, the treatment of pancreatic and bile duct stenosis, the treatment of vascular problems, and the treatment of duodenal stenosis all appear as problems that need to be addressed and resolved separately or together.

All of these constitute the characteristics and strategy of the fight against chronic pancreatitis, which requires a systematic approach and solution. With this aim, this consensus report is prepared to guide the clinician and the researcher about the definition, etiopathogenesis, diagnosis, treatment and follow-up of CP in the light of current literature. A sub-study group consisting of 24 experts on chronic pancreatitis was created from the Turkish Gastroenterology Association - Pancreas study group to prepare this report. It was presented for publication as a result of a 2-year process and was created in accordance with evidence-based medical rules.

We hope this consensus report, in which everything related to chronic pancreatitis is evaluated based on the latest literature and a systematic approach, will be useful for our colleagues.

Prof. Dr. Orhan Sezgin
Mersin University School of Medicine, Mersin, Turkey

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Abbreviations

ADA: American Diabetes Association
AIP: autoimmune pancreatitis
ALP: alkaline phosphatase
CaSR: calcium-sensing receptor
CB: celiac plexus blockade
CCK: cholecystokinin
CEL: carboxyl ester lipase
CFA: coefficient of fat absorption
CFTR: cystic fibrosis transmembrane conductance regulator
CI: confidence interval
CN: celiac plexus neurolysis
CP: chronic pancreatitis
CPA1: carboxypeptidase A1
CT: computed tomography
CT-CB: computed tomography–guided celiac plexus blockade
CTRC: chymotrypsin C
^{13}C-MTG: ^{13}C-mixed triglyceride
DM: diabetes mellitus
EPI: exocrine pancreatic insufficiency
ERCP: endoscopic retrograde cholangiopancreatography
ESWL: extracorporeal shock wave lithotripsy
EUS: endoscopic ultrasonography
EUS-CB: endoscopic ultrasonography–guided celiac plexus blockade
EUS-CN: endoscopic ultrasonography–guided celiac plexus neurolysis
EUS-PDD: endoscopic ultrasonography–pancreatic duct drainage
F: French
FC: fecal chymotrypsin
FC-SEMS: full covered self-expandable metallic stent
FE-1: fecal elastase-1
FIP: Fédération Internationale Pharmaceutique
GI: gastrointestinal
GLUT2: glucose transporter type 2 protein
HbA1c: glycated hemoglobin
HER: human epidermal growth factor receptor
IgG4: immunoglobulin G4
IU: international unit
MR: magnetic resonance
MRCP: magnetic resonance pancreatography
NSAID: non-steroidal anti-inflammatory drug
OR: odds ratio
PD: pancreatic divisum
PERT: pancreatic enzyme replacement therapy
Ph Eur: European Pharmacopoeia
PLS: pancreolauryl serum
PP: pancreatic polypeptide
PPC: pancreatic pseudocyst
PPI: proton pump inhibitor
PRSS1: serine protease 1
PTC: percutaneous transhepatic cholangiography
RR: relative risk
SEMS: self-expandable metallic stent
SF-12: Short Form 12
SF-36: Short Form 36
s-MRCP: secretin-enhanced magnetic resonance pancreatography
SPINK1: serine protease inhibitor kazal type 1
SVT: splanchnic venous thrombosis
USG: ultrasonography
USP: United States Pharmacopeia
VAS: visual analog scale
WHO: World Health Organization