



TURKISH JOURNAL OF OBSTETRICS AND GYNECOLOGY

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Ege University Faculty of Medicine, Department of Obstetrics and Gynecology, Izmir, Turkey

E-mail: fatih.sendag@gmail.com

Section Editors

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Mersin University Faculty of Medicine, Department of Obstetrics and Gynecology, Mersin, Turkey

0000-0002-2553-7715

drhakanaytan@yahoo.com

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Ümraniye Training and Research Hospital, Department of Obstetrics and Gynecology, Istanbul, Turkey

orcid.org/0000-0003-1805-2178

Mehmet Süha Bostancı

Sakarya University Faculty of Medicine, Department of Obstetrics and Gynecology, Adapazarı, Turkey

orcid.org/0000-0002-4776-6244

Yiğit Çakıroğlu

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Emek Doğer

Kocaeli University Faculty of Medicine, Department of Obstetrics and Gynecology, Kocaeli, Turkey

Polat Dursun

Başkent University Faculty of Medicine, Department of Obstetrics and Gynecology, Ankara, Turkey

E-mail: pdursun@yahoo.com

orcid.org/0000-0001-5139-364X

Evrin Erdemoğlu

Süleyman Demirel University Faculty of Medicine, Department of Gynecological Oncology, Isparta, Turkey

0000-0002-5993-6968

evrimmd@yahoo.com

Şafak Hatırnaz

Medicana Samsun International Hospital, Department of Obstetrics and Gynecology, Samsun Turkey

orcid.org/0000-0001-8859-0639

Bülent Haydardedeoğlu

Başkent University Faculty of Medicine, Department of Obstetrics and Gynecology, Ankara, Turkey

E-mail: bulenthaydar@yahoo.com

Mete Sucu

Çukurova University Faculty of Medicine, Department of Obstetrics and Gynecology, Adana, Turkey

0000-0002-6889-7147

metesucu@yahoo.com

Dilek Şahin

Bilkent State Hospital, Clinic of Perinatology, Ankara, Turkey

0000-0001-8567-9048

dilekuygur@gmail.com

Mustafa Coşan Terek

Ege University Faculty of Medicine, Department of Obstetrics and Gynecology, Izmir, Turkey

0000-0002-0294-2857

terekmc@yahoo.com

Mete Gürol Uğur

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Acıbadem University Faculty of Medicine, Department of Obstetrics and Gynecology, İstanbul, Turkey

Mehmet Baki Şentürk

Namık Kemal University Faculty of Medicine, Tekirdağ, Turkey
orcid.org/0000-0002-1915-163X

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Hakan Timur

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Çetin Emeç Bulvarı Hürriyet Caddesi Harbiye Mahallesi 1/13 Öveçler, Ankara, Turkey
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Turkish Journal of Obstetrics and Gynecology (formerly called Türk Jinekoloji ve Obstetrik Derneği Dergisi) is the official peer-reviewed journal of the Turkish Society of Obstetrics and Gynecology and is published quarterly on March, June, September and December.

It is an independent peer-reviewed international journal published in English language since 2014 September. Manuscripts are reviewed in accordance with "double-blind peer review" process for both referees and authors.

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

STROBE statement-checklist of items that should be included in reports of observational studies (<http://www.strobe-statement.org/>),

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CARE guidelines are designed to increase the accuracy, transparency, and usefulness of case reports. (Gagnier JJ, Kienle G, Altman DG, Moher

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Several types of articles can be submitted for publication in Turkish Journal of Obstetrics and Gynecology: Original research, case reports, systematic reviews, current commentaries, procedures and instruments, and letters. Stated word counts and page limits were shown in Table 1. Copyright transfer forms, the cover letter, and figures do not contribute to the page limits.

Table 1. Manuscript length at a glance

Article type	Abstract Length	Manuscript Word Count*	Maximum Number of Authors	Maximum Number of References [®]
Original Research	250 words	,500 words (~22 pages) [®]	NA	30
Case report	150 words	,000 words (~8 pages)	4	8
Systematic review	300 words	6,250 words (~25 pages)	4	60
Current commentary	250 words	,000 words (~12 pages)	4	12
Procedure and Instruments	200 words	,000 words (~8 pages)	4	10
Letters	NA	350 words	4	5

*Manuscript length includes all pages in a manuscript (ie, title page, abstract, text, references, tables, boxes, figure legends, and appendixes). [®]Suggested limit. [®]The Introduction should not exceed 250 words. [®]approximately; NA, not applicable.

Original researches should have the following sections;

Introduction

State concisely the purpose and rationale for the study and cite only the most pertinent references as background. Avoid a detailed literature review in this section.

Materials and Methods

Describe the research methodology (the patients, experimental animals, material and controls, the methods and procedures utilized, and the statistical method(s) employed) in sufficient detail so that others could duplicate the work. Identify methods of statistical analysis and when appropriate, state the basis (including alpha and beta error estimates) for their selection. Cite any statistical software programs used in the text. Express p values to no more than two decimal places. Indicate your study's power to detect statistical difference.

Address "IRB" issues and participants informed consent as stated above, the complete name of the IRB should be provided in the manuscript. State the generic names of the drugs with the name and country of the manufactures.

Results

Present the detailed findings supported with statistical methods. Figures and tables should supplement, not duplicate the text; presentation of data in either one or the other will suffice. Authors should report



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INSTRUCTIONS FOR AUTHORS

outcome data as both absolute and relative effects since information presented this way is much more useful for clinicians. Actual numbers and percentages should be given in addition to odds ratios or relative risk. When appropriate, number needed to treat for benefits (NNTb) or harm (NNTh) should be supplied. Emphasize only your important observations; do not compare your observations with those of others. Such comparisons and comments are reserved for the discussion section.

Discussion

Begin with a description of what your study found in relation to the purpose or objectives as stated in the Introduction. State the importance and significance of your findings to clinicians and actual patient care but do not repeat the details given in the Results section. Limit your opinions to those strictly indicated by the facts in your report. Compare your finding with previous studies with explanations in cases where they differ, although a complete review of the literature is not necessary.

Study Limitations

Provide information on the limitations of the study. No new data are to be presented in this section. A final summary is not necessary, as this information should be provided in the abstract and the first paragraph of the Discussion. Although topics that require future research can be mentioned, it is unnecessary to state, "Further research is needed."

Conclusion

The conclusion of the study should be highlighted. The study's new and important findings should be highlighted and interpreted.

Conflict of Interest

Authors must indicate whether or not they have a financial relationship with the organization that sponsored the research.

The main text of case reports should be structured with the following subheadings:

Introduction, Case Report, Discussion and References.

References

References are numbered (Arabic numerals) consecutively in the order in which they appear in the text (note that references should not appear in the abstract) and listed double-spaced at the end of the manuscript. The preferred method for identifying citations in the text is using within parentheses. Use the form of the "Uniform Requirements for Manuscripts" (<http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>). If number of authors exceeds seven, list first 6 authors followed by et al.

Use references found published in peer-reviewed publications that are generally accessible. Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia, abstracts, letters, and manuscripts submitted for publication cannot be listed in the references. Papers accepted by peer-reviewed publications but not yet published ("in press") are not acceptable as references.

Journal titles should conform to the abbreviations used in "Cumulated Index Medicus".

Examples

Journals; Zeyneloglu HB, Onalan G. Remedies for recurrent implantation failure. *Semin Reprod Med* 2014;32:297-305.

Book chapter; Ayhan A, Yenen MC, Dede M, Dursun P, Gultekin M. How to Manage Pre-Invasive Cervical Diseases? An Overview. In: Ayhan A, Gultekin M, Dursun P, editors. *Textbook of Gynaecological Oncology*. Ankara, Turkey: Gunes Publishing; 2010. p. 28-32.

Book; Arici A, Seli E. Non-invasive Management of Gynecologic Disorders. In: Arici A, Seli E (eds). *London: Informa Healthcare; 2008*.

Tables and Figures

Tables should be included in the main document after the reference list. Color figures or gray-scale images must be at minimum 300 DPI resolutions. Figures should be submitted in ".tiff", ".jpg" or ".pdf" format and should not be embedded in the main document. Tables and figures consecutively in the order they are referred to within the main text. Each table must have a title indicating the purpose or content of the table. Do not use internal horizontal and vertical rules. Place explanatory matter in footnotes, not in the heading. Explain all abbreviations used in each table in footnotes. Each figure must have an accompanying descriptive legend defining abbreviations or symbols found in the figure. If photographs of people are used, the subjects must be unidentifiable and the subjects must have provided written permission to use the photograph. There is no charge for color illustrations.

Units of Measurement and Abbreviations

Units of measurement should be in Système International (SI) units. Abbreviations should be avoided in the title. Use only standard abbreviations. If abbreviations are used in the text, they should be defined in the text when first used.

Revisions

Revisions will be sent to the corresponding author. Revisions must be returned as quickly as possible in order not to delay publication. Deadline for the return of revisions is 30 days. The editorial board retains the right to decline manuscripts from review if authors' response delays beyond 30 days. All reviewers' comments should be addressed a revision note containing the author's responses to the reviewers' comments should be submitted with the revised manuscript. An annotated copy of the main document should be submitted with revisions. The Editors have the right to withdraw or retract the paper from the scientific literature in case of proven allegations of misconduct.

Accepted Articles

Accepted articles are provided with a DOI number and published as ahead of print articles before they are included in their scheduled issue.

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