

# World Journal of *Gastrointestinal Oncology*

*World J Gastrointest Oncol* 2012 September 15; 4(9): 202-206



The *World Journal of Gastrointestinal Oncology* Editorial Board consists of 404 members, representing a team of worldwide experts in gastrointestinal oncology. They are from 41 countries, including Argentina (1), Australia (9), Austria (1), Belgium (4), Brazil (2), Bulgaria (1), Canada (4), Chile (2), China (51), Czech Republic (1), Finland (3), France (5), Germany (18), Greece (12), Hungary (2), India (9), Iran (3), Ireland (2), Israel (4), Italy (34), Japan (47), Kuwait (2), Mexico (1), Netherlands (8), New Zealand (2), Norway (1), Poland (4), Portugal (5), Romania (1), Saudi Arabia (1), Serbia (2), Singapore (4), South Korea (27), Spain (11), Sweden (6), Switzerland (2), Syria (1), Thailand (1), Turkey (6), United Kingdom (13), and United States (91).

Feng Bi, *Chengdu*  
Yong-Chang Chen, *Zhenjiang*  
Chi-Hsin Cho, *Hong Kong*  
Ming-Xu Da, *Lanzhou*  
Xiang-Wu Ding, *Xiangfan*  
Jin Gu, *Beijing*  
Qin-Long Gu, *Shanghai*  
Hai-Tao Guan, *Xi'an*  
Chun-Yi Hao, *Beijing*  
Yu-Tong He, *Shijiazhuang*  
Jian-Kun Hu, *Chengdu*  
Huang-Xian Ju, *Nanjing*  
Wai-Lun Law, *Hong Kong*  
Shao Li, *Beijing*  
Yu-Min Li, *Lanzhou*  
Ka-Ho Lok, *Hong Kong*  
Maria Li Lung, *Hong Kong*  
Simon Ng, *Hong Kong*  
Wei-Hao Sun, *Nanjing*  
Qian Tao, *Hong Kong*  
Bin Wang, *Nanjing*  
Kai-Juan Wang, *Zhengzhou*  
Wei-Hong Wang, *Beijing*  
Ya-Ping Wang, *Nanjing*  
Ai-Wen Wu, *Beijing*  
Zhao-Lin Xia, *Shanghai*  
Xue-Yuan Xiao, *Beijing*  
Dong Xie, *Shanghai*  
Yi-Zhuang Xu, *Beijing*

Guo-Qiang Xu, *Hangzhou*  
Winnie Yeo, *Hong Kong*  
Ying-Yan Yu, *Shanghai*  
Siu Tsan Yuen, *Hong Kong*  
Wei-Hui Zhang, *Harbin*  
Li Zhou, *Beijing*  
Yong-Ning Zhou, *Lanzhou*



## Czech Republic

Ondrej Slaby, *Brno*



## Finland

Riyad Bendarraf, *Turku*  
Pentti Ilmari Sipponen, *Helsinki*  
Markku Voutilainen, *Jyväskylä*



## France

Bouvier Anne-Marie, *Cedex*  
Stéphane Benoist, *Boulogne*  
Ouaissi Mehdi, *Cedex*  
Isabelle V Seuningén, *Cedex*  
Karem Slim, *Clermont-Ferrand*



## Germany

Han-Xiang An, *Marburg*  
Karl-Friedrich Becker, *München*  
Stefan Boeck, *Munich*  
Dietrich Doll, *Marburg*  
Volker Ellenrieder, *Marburg*  
Joachim P Fannschmidt, *Heidelberg*  
Ines Gütgemann, *Bonn*  
Jakob R Izbicki, *Hamburg*  
Gisela Keller, *München*  
Jörg H Kleeff, *Munich*  
Axel Kleespies, *Munich*  
Hans-Joachim Meyer, *Solingen*  
Lars Mueller, *Kiel*  
Marc A Reymond, *Bielefeld*  
Robert Rosenberg, *München*  
Oliver Stoeltzing, *Mainz*  
Ludwig G Strauss, *Heidelberg*



## Greece

Ekaterini Chatzaki, *Alexandroupolis*  
Eelco de Bree, *Heraklion*  
Maria Gazouli, *Athens*  
Vassilis Georgoulas, *Crete*  
John Griniatsos, *Athens*  
Ioannis D Kanellos, *Thessaloniki*  
Vaios Karanikas, *Larissa*  
Georgios Koukourakis, *Athens*  
Gregory Kouraklis, *Athens*  
Dimitrios H Roukos, *Ioannina*  
Konstantinos Nik Syrigos, *Athens*  
Ioannis A Voutsadakis, *Larissa*



## Hungary

László Herszényi, *Budapest*  
Zsuzsa Schaff, *Budapest*



## India

Uday Chand Ghoshal, *Lucknow*  
Ruchika Gupta, *New Delhi*  
Kalpesh Jani, *Gujarat*  
Ashwani Koul, *Chandigarh*  
Balraj Mittal, *Lucknow*  
Rama Devi Mittal, *Lucknow*  
Susanta Roychoudhury, *Kolkata*  
Yogeshwer Shukla, *Lucknow*  
Imtiaz Ahmed Wani, *Kashmir*



## Iran

Mohammad R Abbaszadegan, *Mashhad*  
Reza Malekezdeh, *Tehran*  
Mohamad A Pourhoseingholi, *Tehran*



## Ireland

Aileen Maria Houston, *Cork*  
Colm Ó'Moráin, *Dublin*



## Israel

Nadir Arber, *Tel Aviv*  
Dan David Hershko, *Haifa*  
Eytan Domany, *Rehovot*  
Yaron Niv, *Patch Tikva*



## Italy

Massimo Aglietta, *Turin*  
Azzariti Amalia, *Bari*  
Domenico Alvaro, *Rome*  
Marco Braga, *Milan*  
Federico Cappuzzo, *Rozzano*  
Fabio Carboni, *Rome*  
Vincenzo Cardinale, *Rome*  
Luigi Cavanna, *Piacenza*  
Riccardo Dolcetti, *Aviano*  
Pier Francesco Ferrucci, *Milano*  
Francesco Fiorica, *Ferrara*  
Gennaro Galizia, *Naples*  
Silvano Gallus, *Milan*  
Milena Gusella, *Trecenta*  
Roberto F Labianca, *Bergamo*  
Massimo Libra, *Catania*  
Roberto Manfredi, *Bologna*  
Gabriele Masselli, *Roma*  
Simone Mocellin, *Padova*  
Gianni Mura, *Arezzo*  
Gerardo Nardonen, *Napoli*  
Francesco Perri, *San Benedetto del Tronto*  
Francesco Recchia, *Avezzano*  
Vittorio Ricci, *Pavia*  
Fabrizio Romano, *Monza*  
Antonio Russo, *Palermo*  
Daniele Santini, *Roma*  
Claudio Sorio, *Verona*  
Cosimo Sperti, *Padova*  
Gianni Testino, *Genova*  
Giuseppe Tonini, *Rome*  
Bruno Vincenzi, *Rome*  
Angelo Zullo, *Rome*



## Japan

Keishiro Aoyagi, *Kurume*  
Suminori Akiba, *Kagoshima*

Narikazu Boku, *Kanagawa*  
Yataro Daigo, *Tokyo*  
Itaru Endo, *Yokohama*  
Mitsuhiro Fujishiro, *Tokyo*  
Osamu Handa, *Kyoto*  
Kenji Hibi, *Yokohama*  
Asahi Hishida, *Nagoya*  
Eiso Hiyama, *Hiroshima*  
Atsushi Imagawa, *Okayama*  
Johji Inazawa, *Tokyo*  
Terumi Kamisawa, *Tokyo*  
Tatsuo Kanda, *Niigata*  
Masaru Katoh, *Tokyo*  
Takayoshi Kiba, *Hyogo*  
Hajime Kubo, *Kyoto*  
Yukinori Kurokawa, *Osaka*  
Chihaya Maesawa, *Morioka*  
Yoshinori Marunaka, *Kyoto*  
Hishairo Matsubara, *Chiba*  
Osam Mazda, *Kyoto*  
Shinichi Miyagawa, *Matsumoto*  
Eiji Miyoshi, *Suita*  
Toshiyuki Nakayama, *Nagasaki*  
Masahiko Nishiyama, *Saitama*  
Koji Oba, *Kyoto*  
Masayuki Ohtsukam, *Chiba*  
Masao Seto, *Aichi*  
Tomoyuki Shibata, *Aichi*  
Mitsugi Shimoda, *Tochigi*  
Haruhiko Sugimura, *Hamamatsu*  
Tomomitsu Tahara, *Aichi*  
Shinji Takai, *Osaka*  
Satoru Takayama, *Nagoya*  
Hiroya Takiuchi, *Osaka*  
Akio Tomoda, *Tokyo*  
Akihiko Tsuchida, *Tokyo*  
Yasuo Tsuchiya, *Niigata*  
Takuya Watanabe, *Niigata*  
Toshiaki Watanabe, *Tokyo*  
Hiroshi Yasuda, *Kanagawa*  
Yo-ichi Yamashita, *Hiroshima*  
Hiroki Yamaue, *Wakayama*  
Hiroshi Yokomizo, *Kumamoto*  
Yutaka Yonemura, *Osaka*  
Reigetsu Yoshikawa, *Hyogo*



## Kuwait

Fahd Al-Mulla, *Safat*  
Salem Alshemmari, *Safat*



## Mexico

Oscar GA Rodriguez, *Mexico*



## Netherlands

Jan Paul De Boer, *Amsterdam*  
Bloemena Elisabeth, *Amsterdam*  
Peter JK Kuppen, *Leiden*  
Gerrit Albert Meijer, *Hattem*  
Any N Milne, *Utrecht*  
Godefridus J Peters, *Amsterdam*  
Cornelis FM Sier, *Leiden*  
Peter Derk Siersema, *Utrecht*



## New Zealand

Lynnette R Ferguson, *Auckland*  
Jonathan Barnes Koea, *Auckland*



## Norway

Kjetil Søreide, *Stavanger*



### Poland

Barbara W Chwirot, *Torun*  
 Andrzej Szkaradkiewicz, *Poznan*  
 Michal Tenderenda, *Polskiego*  
 Jerzy Wydmański, *Gliwice*



### Portugal

Maria FRM Gartner, *Porto*  
 Suriano Gianpaolo, *Porto*  
 Celso A Reis, *Porto*  
 Lucio Lara Santos, *Porto*  
 Maria Raquel Campos Seruca, *Porto*



### Romania

Marius Raica, *Timisoara*



### Saudi Arabia

Ragab Hani Donkol, *Abha*



### Serbia

Milos M Bjelovic, *Belgrade*  
 Goran Stanojevic, *Nis*



### Singapore

Peh Yean Cheah, *Singapore*  
 Si-Shen Feng, *Singapore*  
 Zhi-Wei Huang, *Singapore*  
 Qi Zeng, *Singapore*



### South Korea

Seungmin Bang, *Seoul*  
 Daeho Cho, *Seoul*  
 Byung Ihn Choi, *Seoul*  
 Hyun Cheol Chung, *Seoul*  
 Dietrich Doll, *Seoul*  
 Sang-Uk Han, *Suwon*  
 Jun-Hyeog Jang, *Incheon*  
 Seong Woo Jeon, *Daegu*  
 Dae H Kang, *Mulgeum-Gigu*  
 Gyeong H Kang, *Seoul*  
 Dong Yi Kim, *Gwangju*  
 Jae J Kim, *Seoul*  
 Jin Cheon Kim, *Seoul*  
 Jong Gwang Kim, *Daegu*  
 Min Chan Kim, *Busan*  
 Samyong Kim, *Daejeon*  
 Jung Weon Lee, *Seoul*  
 Kyu Taek Lee, *Seoul*  
 Kyung Hee Lee, *Daegu*  
 Na Gyong Lee, *Seoul*  
 Suk Kyeong Lee, *Seoul*  
 Jong-Baek Lim, *Seoul*  
 Young Joo Min, *Ulsan*  
 Sung-Soo Park, *Seoul*  
 Young Kee Shin, *Seoul*  
 Hee Jung Son, *Seoul*  
 Si Young Song, *Seoul*



### Spain

Manuel Benito, *Madrid*  
 Ignacio Casal, *Madrid*  
 Antoni Castells, *Catalonia*  
 Laura Elnitski, *Barcelona*  
 Jose JG Marin, *Salamanca*  
 Joan Maurel, *Barcelona*  
 Emma Folch Puy, *Barcelona*  
 Jose Manuel Ramia, *Guadalajara*  
 Margarita Sanchez-Beato, *Madrid*  
 Laura Valle, *Barcelona*  
 Jesus Vioque, *San Juan de Alicante*



### Sweden

Nils Albiin, *Stockholm*  
 Samuel Lundin, *Göteborg*  
 Haile Mahteme, *Uppsala*  
 Richard Palmqvist, *Umeå*  
 Marianne Quiding-Järbrink, *Göteborg*  
 Ning Xu, *Lund*



### Switzerland

Paul M Schneider, *Zürich*  
 Luigi Tornillo, *Schönenbeinstrasse*



### Syria

Zuhir Alshehabi, *Lattakia*



### Thailand

Sopit Wongkham, *Khon Kaen*



### Turkey

Uğur Coşkun, *Ankara*  
 Vedat Goral, *Diyarbakir*  
 Sukru M Erturk, *Istanbul*  
 RP Tez Mesut, *Ankara*  
 Yavuz Selim Sari, *Istanbul*  
 Murat H Yener, *Istanbul*



### United Kingdom

Runjan Chetty, *Scotland*  
 Chris Deans, *Edinburgh*  
 Dipok Kumar Dhar, *London*  
 Thomas RJ Evans, *Glasgow*  
 Giuseppe Garcea, *Leicester*  
 Oleg Gerasimenko, *Liverpool*  
 Neena Kalia, *Birmingham*  
 Anthony Maraveyas, *East Yorkshire*  
 Andrew Maw, *North Wales*  
 Kymberley Thorne, *Swansea*  
 Chris Tselepis, *Birmingham*  
 Ling-Sen Wong, *Coventry*  
 Lu-Gang Yu, *Liverpool*



### United States

Gianfranco Alpini, *Temple*  
 Seung J Baek, *Knoxville*  
 Jamie S Barkin, *Miami Beach*  
 Carol Bernstein, *Arizona*

Paolo Boffetta, *New York*  
 Kimberly M Brown, *Kansas*  
 De-Liang Cao, *Springfield*  
 Wei-Biao Cao, *Providence*  
 Chris N Conteas, *Los Angeles*  
 Joseph J Cullen, *Iowa*  
 James C Cusack, *Massachusetts*  
 Ananya Das, *Scottsdale*  
 Juan Dominguez-Bendala, *Miami*  
 Wafik S El-Deiry, *Philadelphia*  
 Guy D Eslick, *Boston*  
 Thomas J Fahey III, *New York*  
 James W Freeman, *San Antonio*  
 Bruce J Giantonio, *Philadelphia*  
 Ajay Goel, *Dallas*  
 Karen Gould, *Omaha*  
 Nagana GA Gowda, *West Lafayette*  
 Stephen R Grobmyer, *Florida*  
 Paul J Higgins, *New York*  
 Young S Hahn, *Charlottesville*  
 Shou-Wei Han, *Georgia*  
 John W Harmon, *Maryland*  
 Steven N Hochwald, *Gainesville*  
 Jason L Hornick, *Boston*  
 Qin Huang, *Duarte*  
 Su-Yun Huang, *Houston*  
 Jamal A Ibdah, *Columbia*  
 Yihong JC Kaufmann, *Little Rock*  
 Temitope O Keku, *Chapel Hill*  
 Saeed Khan, *Silver Spring*  
 Peter S Kozuch, *New York*  
 Sunil Krishnan, *Houston*  
 Robert R Langley, *Houston*  
 Feng-Zhi Li, *Carlton*  
 Otto Schiueh-Tzang Lin, *Seattle*  
 Ke-Bin Liu, *Augusta*  
 Rui-Hai Liu, *Ithaca*  
 Xiang-Dong Liu, *Wilmington*  
 Deryk Thomas Loo, *San Francisco*  
 Andrew M Lowy, *La Jolla*  
 Bo Lu, *Nashville*  
 David M Lubman, *Ann Arbor*  
 Ju-Hua Luo, *Morgantown*  
 James D Luketich, *Pittsburgh*  
 Henry T Lynch, *Omaha*  
 Shelli R Mcalpine, *San Diego*  
 Anil Mishra, *Cincinnati*  
 Priyabrata Mukherjee, *Rochester*  
 Steffan T Nawrocki, *San Antonio*  
 Shuji Ogino, *Boston*  
 Macaulay Onuigbo, *Eau Claire*  
 Jong Park, *Tampa*  
 Philip Agop Philip, *Detriot*  
 Iryna V Pinchuk, *Galveston*  
 Blase N Polite, *Chicago*  
 James A Radosevich, *Chicago*  
 Jasti S Rao, *Peoria*  
 Srinevas K Reddy, *Durham*  
 Raffaniello Robert, *New York*  
 Stephen H Safe, *College Station*  
 Muhammad W Saif, *New Haven*  
 Prateek Sharma, *Kansas*  
 Eric Tatsuo Shinohara, *Philadelphia*  
 Liviu A Sicinschi, *Nashville*  
 William Small Jr, *Chicago*  
 Sanjay K Srivastava, *Amarillo*  
 Gloria H Su, *New York*  
 Sujha Subramanian, *Waltham*  
 Mitsushige Sugimoto, *Houston*  
 David W Townsend, *Knoxville*  
 Asad Umar, *Rockville*  
 Ji-Ping Wang, *Buffalo*  
 Zheng-He Wang, *Cleveland*  
 Michael J Wargovich, *Charleston*  
 Neal W Wilkinson, *Iowa*  
 Siu-Fun Wong, *Pomona*  
 Shen-Hong Wu, *New York*  
 Jing-Wu Xie, *Indianapolis*  
 Ke-Ping Xie, *Houston*  
 Hao-Dong Xu, *Rochester*  
 Xiao-Chun Xu, *Houston*  
 Yoshio Yamaoka, *Houston*  
 Gary Y Yang, *Buffalo*  
 Wan-Cai Yang, *Chicago*  
 Zeng-Quan Yang, *Detroit*  
 Zuo-Feng Zhang, *Los Angeles*



# World Journal of Gastrointestinal Oncology

## Contents

Monthly Volume 4 Number 9 September 15, 2012

### CASE REPORT

- 202 Multiple solid pancreatic hamartomas: A case report and review of the literature

*Kawakami F, Shimizu M, Yamaguchi H, Hara S, Matsumoto I, Ku Y, Itoh T*

## Contents

*World Journal of Gastrointestinal Oncology*  
Volume 4 Number 9 September 15, 2012

**ACKNOWLEDGMENTS** I Acknowledgments to reviewers of *World Journal of Gastrointestinal Oncology*

**APPENDIX** I Meetings  
I-V Instructions to authors

**ABOUT COVER** *World Journal of Gastrointestinal Oncology* Editorial Board, Shih-Hwa Chiou, MD, PhD, Associate Professor, Department of Medical Research and Education, Taipei Veterans General Hospital, No. 201, Sec. 2, Shih-Pai Road, Taipei 11217, Taiwan, China

**AIM AND SCOPE** *World Journal of Gastrointestinal Oncology* (*World J Gastrointest Oncol*, *WJGO*, online ISSN 1948-5204, DOI: 10.4251) is a monthly peer-reviewed, online, open-access, journal supported by an editorial board consisting of 404 experts in gastrointestinal oncology from 41 countries.  
The major task of *WJGO* is to report rapidly the most recent advances in basic and clinical research on gastrointestinal oncology. The topics of *WJGO* cover the carcinogenesis, tumorigenesis, metastasis, diagnosis, prevention, prognosis, clinical manifestations, nutritional support, molecular mechanisms, and therapy of benign and malignant tumors of the digestive tract. This cover epidemiology, etiology, immunology, molecular oncology, cytology, pathology, genetics, genomics, proteomics, pharmacology, pharmacokinetics, nutrition, diagnosis and therapeutics. This journal will also provide extensive and timely review articles on oncology.

**FLYLEAF** I-III Editorial Board

## EDITORS FOR THIS ISSUE

Responsible Assistant Editor: *Jin-Lei Wang*  
Responsible Electronic Editor: *Li Xiong*  
Proofing Editor-in-Chief: *Lian-Sheng Ma*

Responsible Science Editor: *Xin-Zhen Huang*  
Proofing Editorial Office Director: *Jin-Lei Wang*

**NAME OF JOURNAL**  
*World Journal of Gastrointestinal Oncology*

**ISSN**  
ISSN 1948-5204 (online)

**LAUNCH DATE**  
October 15, 2009

**FREQUENCY**  
Monthly

**EDITING**  
Editorial Board of *World Journal of Gastrointestinal Oncology*  
Room 903, Building D, Ocean International Center,  
No. 62 Dongsihuan Zhonglu, Chaoyang District,  
Beijing 100025, China  
Telephone: +86-10-85381891  
Fax: +86-10-85381893  
E-mail: [wjgo@wjgnet.com](mailto:wjgo@wjgnet.com)  
<http://www.wjgnet.com>

**EDITOR-IN-CHIEF**  
**Wasaburo Koizumi, MD, PhD, Professor, Chairman,** Department of Gastroenterology, Gastrointestinal Oncology, School of Medicine, Kitasato University, 2-1-1 Asamizodai Minamiku Sagamihara Kanagawa 252-0380, Japan

**Hsin-Chen Lee, PhD, Professor,** Institute of Pharmacology, School of Medicine, National Yang-Ming University, Taipei 112, Taiwan, China

**Dimitrios H Roukos, MD, PhD, Professor,** Personalized Cancer Genomic Medicine, Human Cancer Biobank Center, Ioannina University, Metabatiko Ktirio Panepistimiou Ioanninon, Office 229, Ioannina, TK 45110, Greece

**EDITORIAL OFFICE**  
Jian-Xia Cheng, Director  
Jin-Lei Wang, Vice Director  
*World Journal of Gastrointestinal Oncology*  
Room 903, Building D, Ocean International Center,  
No. 62 Dongsihuan Zhonglu, Chaoyang District,  
Beijing 100025, China  
Telephone: +86-10-85381891  
Fax: +86-10-85381893  
E-mail: [wjgo@wjgnet.com](mailto:wjgo@wjgnet.com)  
<http://www.wjgnet.com>

**PUBLISHER**  
Baishideng Publishing Group Co., Limited  
Room 1701, 17/F, Henan Building,  
No.90 Jaffe Road, Wanchai,  
Hong Kong, China  
Fax: +852-31158812

Telephone: +852-58042046  
E-mail: [bjpgo@wjgnet.com](mailto:bjpgo@wjgnet.com)  
<http://www.wjgnet.com>

**PUBLICATION DATE**  
September 15, 2012

**COPYRIGHT**  
© 2012 Baishideng. Articles published by this Open-Access journal are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license.

**SPECIAL STATEMENT**  
All articles published in this journal represent the viewpoints of the authors except where indicated otherwise.

**INSTRUCTIONS TO AUTHORS**  
Full instructions are available online at [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312180518.htm](http://www.wjgnet.com/1948-5204/g_info_20100312180518.htm)

**ONLINE SUBMISSION**  
<http://www.wjgnet.com/esps/>

## Multiple solid pancreatic hamartomas: A case report and review of the literature

Fumi Kawakami, Michio Shimizu, Hiroshi Yamaguchi, Shigeo Hara, Ippei Matsumoto, Yonson Ku, Tomoo Itoh

Fumi Kawakami, Shigeo Hara, Tomoo Itoh, Department of Diagnostic Pathology, Kobe University Hospital, Kobe, Hyogo 6500017, Japan

Michio Shimizu, Hiroshi Yamaguchi, Department of Pathology, Saitama Medical University, International Medical Center, Hidaka, Saitama 3501298, Japan

Ippei Matsumoto, Yonson Ku, Department of Surgery, Division of Hepato-Biliary-Pancreatic Surgery, Kobe University Graduate School of Medicine, Kobe, Hyogo 6500017, Japan

Author contributions: Kawakami F, Shimizu M, Yamaguchi H, and Hara S contributed to the pathological investigation for the case; Matsumoto I and Ku Y contributed to the clinical investigation for the case; Kawakami F, Shimizu M, and Itoh T contributed to the writing and revision.

Correspondence to: Fumi Kawakami, MD, Department of Diagnostic Pathology, Kobe University Hospital, 7-5-2, Kusunoki-cho, Chuou-ku, Kobe, Hyogo 750-0017, Japan. [fkwm@med.kobe-u.ac.jp](mailto:fkwm@med.kobe-u.ac.jp)

Telephone: +81-78-382-6473 Fax: +81-78-382-6489

Received: January 18, 2012 Revised: July 26, 2012

Accepted: August 17, 2012

Published online: September 15, 2012

### Abstract

Non-neoplastic tumor-like lesions in the pancreas are uncommon. Here, we present a case of multiple solid pancreatic hamartomas in a 78-year-old Japanese woman. Her computed tomography revealed a pancreatic mass, measuring 1.8 cm in maximum diameter. However, no symptoms were found. She was not an alcoholic and had no history of pancreatitis. The patient underwent a pancreatoduodenectomy, and three well-demarcated solid nodules measuring 1.7 cm, 0.4 cm, and 0.3 cm in diameter were found in the pancreatic head. Microscopically, the lesions were composed of non-neoplastic, disarranged acinar cells and ducts embedded in a sclerotic stroma with elongated spindle cells that lacked discrete islets. The stromal spindle cells were immunoreactive for CD34 and CD117. The histological diagnosis was multiple solid hamartomas of

the pancreas. There has been no recurrence 30 mo after surgery. So far, 18 cases of pancreatic hamartoma have been reported in the English literature, including our case. Six out of these 18 cases seemed to fit the criteria of solid pancreatic hamartoma. Although the number of cases was limited, solid pancreatic hamartomas seem to be benign tumor-like lesions, which are found incidentally in healthy middle-aged adults, but occasionally involve the whole pancreas, resulting in a poor prognosis. Solid pancreatic hamartoma was sometimes associated with minor pancreatic abnormality, and multiple small lesions other than the main tumors were detected in a small number of cases. From these findings, one may speculate that solid pancreatic hamartoma could be the result of a malformation during the development of the pancreas.

© 2012 Baishideng. All rights reserved.

**Key words:** Pancreatic tumor; Hamartoma; Multiple; CD117; CD34

**Peer reviewer:** Cosimo Sperti, MD, Department of Medical and Surgical Sciences, Clinica Chirurgica IV, via Giustiniani 2, Padova 35128, Italy

Kawakami F, Shimizu M, Yamaguchi H, Hara S, Matsumoto I, Ku Y, Itoh T. Multiple solid pancreatic hamartomas: A case report and review of the literature. *World J Gastrointest Oncol* 2012; 4(9): 202-206 Available from: URL: <http://www.wjgnet.com/1948-5204/full/v4/i9/202.htm> DOI: <http://dx.doi.org/10.4251/wjgo.v4.i9.202>

### INTRODUCTION

Non-neoplastic tumor-like lesions in the pancreas are uncommon and include hamartoma<sup>[1-12]</sup>. Mass-forming pancreatitis which is associated with autoimmune pancreatitis, congenital arteriovenous malformation, intra-

pancreatic accessory spleen, and others<sup>[13,14]</sup>. Solid pancreatic hamartoma was first reported by Pauser *et al*<sup>[9]</sup> to be pancreatic tumors that had features in common with both hamartomas and gastrointestinal stromal tumors. Pancreatic hamartomas are divided into two subgroups: solid and cystic lesion and solid lesion<sup>[9]</sup>. Including the cases reported by Pauser *et al*<sup>[9]</sup> and Nagata *et al*<sup>[10]</sup>, only three cases of solitary solid pancreatic hamartoma have been reported in the English literature, and the etiology of hamartoma remains unknown.

Here, we report on a patient with multiple solid pancreatic hamartomas. We also review the cases that were reported as pancreatic hamartomas to reclassify them into the two subgroups described above and summarize the clinicopathological features of solid pancreatic hamartoma.

## CASE REPORT

A 78-year-old Japanese woman with no symptoms was found to have a pancreatic mass on computed tomography (CT) at her follow-up for a cyst of the pancreatic head, which had been detected by transabdominal sonography at her yearly health screening 2 years before admission. The mass was located at the tail side of the known cyst, and there was no connection between the two. She was referred to our hospital for further examination. She had a past history of uterine leiomyoma, which had been treated by hysterectomy 30 years earlier. She had been undergoing medical treatment for atrial fibrillation for 5 years. She did not smoke or consume alcohol. She had no history of pancreatitis. Physical examination found no abnormal signs, and laboratory data showed no elevation of tumor markers. Dynamic CT demonstrated a well-circumscribed nodule, measuring 1.8 cm × 1.2 cm, in the head of the pancreas, which showed weak enhancement in the portal venous phase (Figure 1). On magnetic resonance imaging, the nodule had a low signal on T1-weighted images (T1WI) and a high signal on T2WI. However, the pancreatic mass did not show any intense fluorine 18 fluorodeoxyglucose (FDG) by positron emission tomography (PET). The main pancreatic duct showed neither dilatation nor stenosis on endoscopic retrograde pancreatography. She underwent a pancreatoduodenectomy after the preoperative diagnosis of pancreatic cancer. The postoperative course was uneventful. She had no recurrence for 30 mo after surgery.

Macroscopically, a firm, solid mass was noted in the pancreatic head, which was not exposed to the serosal surface of the pancreas. On a cut section, it was a well-demarcated, homogeneously white- to yellow-colored solid nodule, measuring 1.7 cm at the largest diameter (Figure 2A). In addition, two smaller nodules, measuring 0.4 cm and 0.3 cm, which were similar to the main lesion, were observed (Figure 2B). These small nodules were located in the pancreatic tail side of the main lesion. They were not in communication with the pancreatic duct.

Microscopically, the lesions were composed of non-



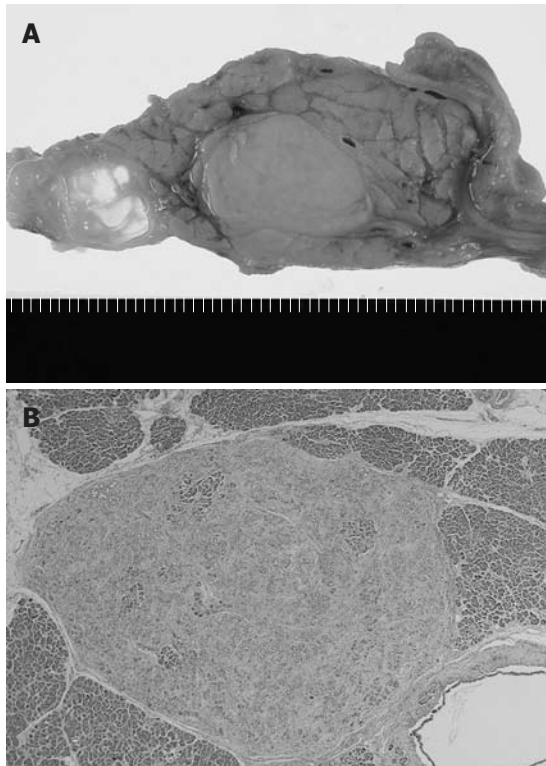
**Figure 1** Dynamic computed tomography scan of the abdomen. An arterial-phase image shows a relatively well-circumscribed nodule, measuring 1.8 cm in the pancreatic head (white arrow). R: Right; L: Left.

neoplastic acinar and ductal cells embedded in a hypocellular fibrous stroma with some amount of adipose tissue (Figure 3A). The acinar cells were well-differentiated, but the normal lobular structures were lost at the center of the mass. The ducts were mainly small and lined by cuboidal to columnar epithelium without atypia. These two components were embedded in a sclerotic, hypocellular stroma containing elongated spindle cells without nuclear atypia. Small numbers of lymphocytes and mast cells had infiltrated the stroma. Islets of Langerhans were not evident within the lesion. Immunohistochemically, both acinar cells and ductal cells were positive for epithelial markers (CAM5.2, AE1/AE3 and EMA), and the acinar cells were positive for exocrine markers (amylase and trypsin). The stromal spindle cells were positive for CD34 (Figure 3B) and CD117 but negative for S-100 protein,  $\alpha$ -SMA, desmin, and bcl-2. Based on these findings, the histological diagnosis of multiple solid hamartomas of the pancreas was made.

Pancreatic intraepithelial neoplasia 1B (PanIN-1B) was observed in the adjacent normal pancreatic tissue. The known cyst at the uncinate process of the pancreas was a retention cyst measuring 1.4 cm in the largest diameter histologically.

## DISCUSSION

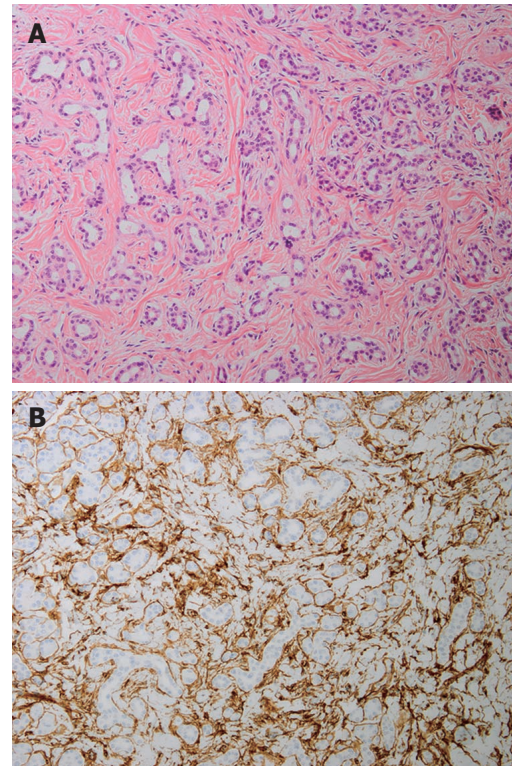
The term hamartoma refers to an excessive, focal overgrowth of cells and tissues native to the organ in which it occurs<sup>[15]</sup>. Each component consists of mature well-differentiated cells without atypia. Thus, hamartoma seems to be a malformation rather than a true neoplasm. To our knowledge, 17 cases of pancreatic hamartoma have been reported so far in the English literature, and the present case is the 18th<sup>[1-12]</sup>. In 2005, Pauser *et al*<sup>[9]</sup> divided pancreatic hamartomas into two subgroups: solid and cystic lesions and solid lesions, and the authors reported two cases of solid hamartoma of the pancreas as a cellular hamartoma resembling a gastrointestinal stromal tumor. They described the main features of the tumors as focally exocrine and endocrine tissue elements



**Figure 2** Macroscopic and loupe slide images of the tumors. A: On a cut section, the tumor is a well-demarcated, white- to yellow-colored solid nodule, measuring 1.7 cm; B: One of two small nodules measuring 0.3 cm is observed on the loupe slide (HE stain, 20x).

with stromal cells with coexpression of CD34, CD117, and bcl-2<sup>[9]</sup>.

When we reviewed the cases reported as pancreatic hamartomas to reclassify them into two subgroups and identify the solid pancreatic hamartomas among them, we excluded the cases with evidence of chronic pancreatitis, according to the criteria of pancreatic hamartoma, because chronic pancreatitis with depletion of acinar cells in the fibrous stroma mimicked hamartomas lacking acinar cells in Pauser *et al.*<sup>[9]</sup> and Nagata *et al.*<sup>[10]</sup>. Especially for multiple mass-forming lesions of the pancreas, we should consider the possible diagnosis of chronic alcoholic pancreatitis (CAP) and pancreatitis of unknown etiology more carefully than for solitary mass lesions because the fibrosis of CAP and pancreatitis of unknown etiology have been shown to be dense in the interlobular or perilobular areas, not uniformly distributed, and having multinodular cirrhosis-like appearances<sup>[16]</sup>. In the present case, minimal infiltration of lymphocytes and mast cells was noted in the sclerotic stroma. In addition, the islets of Langerhans, usually preserved in the case of chronic pancreatitis, were completely lost within the lesion. Neither squamous metaplasia of the ductal epithelium nor pancreatic lithiasis was observed. Only PanIN-1B was observed in the adjacent normal pancreatic tissue. The only other differential diagnosis of multiple mass-forming lesions of the pancreas is a patchy type of fibrosis of the pancreas in aged non-alcoholics<sup>[17]</sup> because the atrophic acini with fibrosis may mimic hamar-



**Figure 3** Microscopic images of the tumors. A: The lesion is composed of non-neoplastic acinar and ductal cells embedded in hypocellular fibrous stroma (HE stain, 100 x); B: Immunohistochemically, stromal spindle cells are positive for CD34 (100 x).

toma. However, islets of Langerhans are also preserved in such cases.

Of the 17 cases of pancreatic hamartoma, 5 cases seemed to fit the criteria of solid pancreatic hamartoma<sup>[1,3,9,10]</sup>. In 1977, Anthony *et al.* reported three cases of pseudotumors of the pancreas. One of them, taken from a 46-year-old man, showed a well-defined ovoid mass, 1.6 cm in the largest diameter, consisting of lobulated connective tissue enclosing irregular, branching pancreatic ducts, acinar tissue, and islet cells in a disorderly arrangement without evidence of pancreatitis. In addition, a few tiny nodules of similar appearance in the other areas of the pancreas were also noted<sup>[1]</sup>. In 1983, Burt *et al.* reported a solid pancreatic hamartoma in a premature infant with hypoglycemia and hypocalcemia. Her entire pancreas consisted of ductal elements with a minority of islets and acinar components, which were surrounded by delicate bands of connective tissue fibers<sup>[3]</sup>. Three other cases of solid pancreatic hamartomas, reported by Pauser *et al.* in 2005 and by Nagata *et al.* in 2007, showed histologically well-circumscribed lesions composed of non-neoplastic acinar and ductal cells embedded in a fibrous stroma and lacking islets, which was the same histology as that in our case.

Table 1 shows the clinical features of the reported cases of solid hamartoma of the pancreas, which includes our case. The median age of the patients was 52.5 years (range 0-78 years). Four patients were asymptomatic, whereas the remaining two had slight abdominal

Table 1 Clinicopathological features of reported solid pancreatic hamartomas

Case	Sex	Age (yr)	Symptom	Location	Operation	Size (cm)	Pathology	Outcome	Ref.
1	Male	46	-	Head	PD	1.6, a few tiny nodules	Solid hamartoma, multiple	Unknown	[1]
2	Female	0	+	Entire pancreas	TP	11.5	Solid hamartoma, diffuse	Died 3 mo later	[3]
3	Male	51	-	Tail	LR	3	Solid hamartoma, solitary	Alive and well at 2 yr	[9]
4	Female	54	+	Body	DP	2	Solid hamartoma, solitary	Alive and well at 4 yr	[9]
5	Female	58	-	Body	DP	1.9	Solid hamartoma, solitary	Alive and well at 4 mo	[10]
6	Female	78	-	Head	PD	1.7, 0.4, 0.3	Solid hamartoma, multiple	Alive and well at 20 mo	Present case

PD: Pancreatoduodenectomy; TP: Total pancreatectomy; LR: Local resection; DP: Distal pancreatectomy.

Table 2 Pathological findings of reported solid pancreatic hamartomas

Case	Acini	Ducts	Islets	CD34	CD117	bcl-2	Ref.
1	Yes	Yes	Yes	ND	ND	ND	[1]
2	Yes	Yes	Yes	ND	ND	ND	[3]
3	Yes	Yes	No	+	+	+	[9]
4	Yes	Yes	No	+	+	+	[9]
5	Yes	Yes	No	+	+	-	[10]
6	Yes	Yes	No	+	+	-	Present case

ND: Not done.

discomfort<sup>[9]</sup> and hypoglycemia and hypocalcemia<sup>[3]</sup>, respectively. The median size of the main tumor was 2.0 cm (range 1.6-11.5 cm). Two cases, including our case, revealed one index tumor with multiple tiny lesions<sup>[1]</sup>. Regarding the outcome, all of the patients except one<sup>[3]</sup> were alive and well during the entire duration of their follow-up periods. The one remaining patient experienced a prolonged postoperative complication related to metabolic problems, hepatic dysfunction and pulmonary disease and died 3 mo after the operation<sup>[3]</sup>. Clinical imaging detailing findings of pancreatic hamartoma was described in 2 cases including our case. Solid pancreatic hamartoma showed some degree of enhancement in the delayed phase in both cases<sup>[10]</sup>. In addition, the FDG-PET image did not show intense uptake in the tumor of our case. Based on the imaging findings, endocrine tumor of the pancreas might be the differential diagnosis, as well as pancreatic cancer.

Table 2 summarizes the histological features of solid pancreatic hamartoma. Histologically, all six cases showed well-circumscribed solid lesions composed of non-neoplastic acinar and ductal cells embedded in a fibrous stroma. Four cases lacked islets<sup>[9,10]</sup>. In contrast with pancreatic solid and cystic hamartoma, the tumors did not show macroscopic cystic change even in a focal area<sup>[1,3,9,10]</sup> and showed a characteristic spindle cell stroma with an immunohistochemical coexpression of CD34 and CD117<sup>[9,10]</sup>.

Although the number of cases is limited, solid pancreatic hamartomas seem to be benign tumor-like lesions, which are found incidentally in healthy middle-aged adults but occasionally involve the whole pancreas, leading to a poor prognosis. One case was associated with other minor pancreatic abnormalities, namely pan-

creas divism<sup>[10]</sup>. Multiple small lesions other than the main tumors were detected in two cases<sup>[1]</sup>. From these findings, one may speculate that solid pancreatic hamartoma could be the result of a malformation during the development of the pancreas.

CD34, a myeloid stem cell marker, is known to be expressed by fibrocytes in neoplastic and inflammatory pancreatic lesions<sup>[18]</sup>. It seems to play an important role in maintaining stromal integrity and inhibiting tumor cell migration<sup>[19]</sup>. CD117, a transmembrane tyrosine kinase receptor of stem cell factor, is encoded by the protooncogene *c-kit*. The interaction between the kinase receptor and its ligand is essential for the development of several non-epithelial cells<sup>[20-24]</sup>. Although the precise etiology remains unknown, the presence of CD34- and CD117-positive stromal cells may involve the pathogenesis of solid pancreatic hamartoma.

## REFERENCES

- 1 Anthony PP, Faber RG, Russell RC. Pseudotumours of the pancreas. *Br Med J* 1977; **1**: 814
- 2 Noltinius H, Colmant HJ. [Excessive hyperplasia of the exocrine pancreatic tissue and Wernicke's encephalopathy (author's transl)]. *Med Klin* 1977; **72**: 2155-2158
- 3 Burt TB, Condon VR, Matlak ME. Fetal pancreatic hamartoma. *Pediatr Radiol* 1983; **13**: 287-289
- 4 Flaherty MJ, Benjamin DR. Multicystic pancreatic hamartoma: a distinctive lesion with immunohistochemical and ultrastructural study. *Hum Pathol* 1992; **23**: 1309-1312
- 5 Izbicki JR, Knoefel WT, Müller-Höcker J, Mandelkow HK. Pancreatic hamartoma: a benign tumor of the pancreas. *Am J Gastroenterol* 1994; **89**: 1261-1262
- 6 Wu SS, Vargas HI, French SW. Pancreatic hamartoma with Langerhans cell histiocytosis in a draining lymph node. *Histopathology* 1998; **33**: 485-487
- 7 McFaul CD, Vitone LJ, Campbell F, Azadeh B, Hughes ML, Garvey CJ, Ghaneh P, Neoptolemos JP. Pancreatic hamartoma. *Pancreatol* 2004; **4**: 533-537; discussion 533-537
- 8 Pauser U, Kosmahl M, Kruslin B, Klimstra DS, Klöppel G. Pancreatic solid and cystic hamartoma in adults: characterization of a new tumorous lesion. *Am J Surg Pathol* 2005; **29**: 797-800
- 9 Pauser U, da Silva MT, Placke J, Klimstra DS, Klöppel G. Cellular hamartoma resembling gastrointestinal stromal tumor: a solid tumor of the pancreas expressing c-kit (CD117). *Mod Pathol* 2005; **18**: 1211-1216
- 10 Nagata S, Yamaguchi K, Inoue T, Yamaguchi H, Ito T, Gibo J, Tanaka M, Tsuneyoshi M. Solid pancreatic hamartoma. *Pathol Int* 2007; **57**: 276-280
- 11 Thrall M, Jessurun J, Stelow EB, Adsay NV, Vickers SM, Whitson AK, Saltzman DA, Pambuccian SE. Multicystic

- adenomatoid hamartoma of the pancreas: a hitherto undescribed pancreatic tumor occurring in a 3-year-old boy. *Pediatr Dev Pathol* 2007; **11**: 314-320
- 12 **Sampelean D**, Adam M, Muntean V, Hanescu B, Domsa I. Pancreatic hamartoma and SAPHO syndrome: a case report. *J Gastrointest Liver Dis* 2009; **18**: 483-486
  - 13 **Klöppel G**, Sipos B, Zamboni G, Kojima M, Morohoshi T. Autoimmune pancreatitis: histo- and immunopathological features. *J Gastroenterol* 2007; **42** Suppl 18: 28-31
  - 14 **Kurosaki M**, Hattori K, Minato Y, Shiigai T, Ohashi I, Ume-hara I, Marumo F, Sato C. Asymptomatic arteriovenous malformation of the pancreas. Demonstration by Doppler ultrasonography and magnetic resonance imaging. *Dig Dis Sci* 1993; **38**: 1342-1346
  - 15 **Maitra A**. Diseases of Infancy and Childhood. In: Kumar V, Abbas AK, Fausto N, Aster JC, editors. Robbins and Cotran Pathologic Basis of Disease, 8th ed. Philadelphia: Saunders Elsevier, 2010: 447-483
  - 16 **Suda K**, Takase M, Fukumura Y, Suzuki F, Jim A, Kakinuma C, Tanaka T, Matsugu Y, Miyasaka K, Funakoshi A. Histopathologic difference between chronic pancreatitis animal models and human chronic pancreatitis. *Pancreas* 2004; **28**: e86-e89
  - 17 **Detlefsen S**, Sipos B, Feyerabend B, Klöppel G. Pancreatic fibrosis associated with age and ductal papillary hyperplasia. *Virchows Arch* 2005; **447**: 800-805
  - 18 **Barth PJ**, Ebrahimsade S, Hellinger A, Moll R, Ramaswamy A. CD34+ fibrocytes in neoplastic and inflammatory pancreatic lesions. *Virchows Arch* 2002; **440**: 128-133
  - 19 **Bucala R**, Spiegel LA, Chesney J, Hogan M, Cerami A. Circulating fibrocytes define a new leukocyte subpopulation that mediates tissue repair. *Mol Med* 1994; **1**: 71-81
  - 20 **Huizinga JD**, Thuneberg L, Klöppel M, Malysz J, Mikkelsen HB, Bernstein A. W/kit gene required for interstitial cells of Cajal and for intestinal pacemaker activity. *Nature* 1995; **373**: 347-349
  - 21 **Isozaki K**, Hirota S, Nakama A, Miyagawa J, Shinomura Y, Xu Z, Nomura S, Kitamura Y. Disturbed intestinal movement, bile reflux to the stomach, and deficiency of c-kit-expressing cells in Ws/Ws mutant rats. *Gastroenterology* 1995; **109**: 456-464
  - 22 **Kitamura Y**, Go S, Hatanaka K. Decrease of mast cells in W/W<sup>v</sup> mice and their increase by bone marrow transplantation. *Blood* 1978; **52**: 447-452
  - 23 **Maeda H**, Yamagata A, Nishikawa S, Yoshinaga K, Kobayashi S, Nishi K, Nishikawa S. Requirement of c-kit for development of intestinal pacemaker system. *Development* 1992; **116**: 369-375
  - 24 **Russell ES**. Hereditary anemias of the mouse: a review for geneticists. *Adv Genet* 1979; **20**: 357-459

S- Editor Wang JL L- Editor A E- Editor Xiong L



## ACKNOWLEDGMENTS

### Acknowledgments to reviewers of *World Journal of Gastrointestinal Oncology*

We acknowledge our sincere thanks to our reviewers. Many reviewers have contributed their expertise and time to the peer review, a critical process to ensure the quality of our World Series Journals. Both the editors of the journals and authors of the manuscripts submitted to the journals are grateful to the following reviewers for reviewing the articles (either published or rejected) over the past period of time.

**Vedat Goral, Professor**, Department of Gastroenterology, Dicle University, School of Medicine, Diyarbakir 21280, Turkey

**John Griniatsos, MD, Assistant Professor**, Department of Surgery, University of Athens, Medical School, 1st LAIKO Hospital, 17 Agiou Thoma str, GR 115-27, Athens, Greece

**Jian-Kun Hu, MD, PhD, Associate Professor**, Department of Gastrointestinal Surgery, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

**Peter JK Kuppen, PhD, Associate Professor**, Department of Surgery, Leiden University Medical Center, 2300 RC Leiden, Netherlands

**Yu-Min Li, PhD, Professor**, Second Hospital of Lanzhou University, Lanzhou 730030, Gansu Province, China

**Antonio Macri, Associate Professor**, Department of Human Pathology, General Surgery Unit, University of Messina, Via

Consolare Valeria, 98125 Messina, Italy

**Simon Ng, Professor**, Division of Colorectal Surgery, Department of Surgery, University of Hong Kong; Department of Surgery, Prince of Wales Hospital, Shatin, Room 64045, 4/F, Clinical Sciences Building, Hong Kong, China

**Vittorio Ricci, MD, PhD, Associate Professor, Director**, Laboratory of Cellular and Molecular Gastroenterology, Department of Physiology, Human Physiology Section, University of Pavia Medical School, Via Forlanini 6, 27100 Pavia, Italy

**Paul M Schneider, MD, Professor**, Department of Surgery, University Hospital Zurich, Raemistrasse 100, Zurich 8008, Switzerland

**Masao Seto, MD, PhD**, Division of Molecular Medicine, Aichi Cancer Center Research Institute, 1-1 Kanokoden, Chikusa-ku, Nagoya, Aichi 464-8681, Japan

**Jaw Yuan Wang, Professor, MD, PhD**, Department of Surgery, Kaohsiung Medical University and Hospital, 100, Tzyou 1st Road, Kaohsiung 807, Taiwan, China

**Imtiaz Ahmed Wani, MD**, Amira Kadal, Srinagar, Kashmir 190009, India

**Yo-ichi Yamashita, MD, PhD**, Department of Surgery, Hiroshima Red Cross Hospital and Atomic Bomb Survivors Hospital, Senda-machi 1-9-6, Naka-ku, Hiroshima 730-8619, Japan



## MEETINGS

### Events Calendar 2012

January 14-17, 2012  
10th Oncology Controversies and  
Advances Update  
Steamboat Springs,  
CO, United States

January 19-21, 2012  
EASL Monothematic Conference:  
IMLI - Immune Mediated Liver  
Injury  
Birmingham, United Kingdom

January 19-21, 2012  
American Society of Clinical  
Oncology 2012 Gastrointestinal  
Cancers Symposium  
San Francisco, CA, United States

January 19-21, 2012  
2012 Gastrointestinal Cancers  
Symposium  
San Francisco, CA, United States

January 20-21, 2012  
American Gastroenterological  
Association Clinical Congress of  
Gastroenterology and Hepatology  
Miami Beach, FL, United States

February 2-4, 2012  
2012 Genitourinary Cancers  
Symposium  
San Francisco, CA, United States

February 6-8, 2012  
Pediatric Cancer Translational  
Genomics  
Phoenix, AZ, United States

February 8-10, 2012  
The 84th Annual Meeting of Japanese  
Gastric Cancer Association  
Osaka, Japan

February 10-11, 2012  
Cancer Survivorship for Clinicians  
Seattle, WA, United States

February 14-17, 2012  
ASCO Multidisciplinary Cancer  
Management Course  
Eldoret, Kenya

February 20-24, 2012  
Word Conference on Colorectal  
Cancer  
FL, United States

February 22-23, 2012  
National Cancer Institute Annual  
Biospecimen Research Network  
Symposium: "Advancing Cancer  
Research Through Biospecimen  
Science"  
Bethesda, MD, United States

February 22-25, 2012  
30th German Cancer Congress  
Berlin, Germany

February 24, 2012  
ASCO-German Cancer Society  
Joint Symposium, German Cancer  
Congress  
Berlin, Germany

February 24-27, 2012  
Canadian Digestive Diseases Week  
2012  
Montreal, Canada

March 7-8, 2012  
First International Gulf Joint  
Conference: Management of colon,  
breast, and lung cancer (Joint  
Symposium)  
Dammam, Saudi Arabia

March 9-10, 2012  
ESMO Conference on Sarcoma and  
GIST  
Milan, Italy

March 10-11, 2012  
Colorectal Polyps and Cancers: A  
Multidisciplinary Approach  
Scottsdale, AZ, United States

March 17-21, 2012  
Methods in Cancer Research  
Workshop (Advanced Cancer  
Course)  
Al Asha, Saudi Arabia

March 22-24, 2012  
The 1st St.Gallen EORTC  
Gastrointestinal Cancer Conference  
St.Gallen, Switzerland

April 13-15, 2012  
Asian Oncology Summit 2012  
Singapore, Singapore

April 15-17, 2012  
European Multidisciplinary  
Colorectal Cancer Congress 2012  
Prague, Czech

April 18-20, 2012  
The International Liver Congress  
2012  
Barcelona, Spain

April 19-21, 2012  
Internal Medicine 2012  
New Orleans, LA, United States

April 20-21, 2012  
OOTR 8th Annual Conference -  
Organisation for Oncology and  
Translational Research  
Kyoto, Japan

April 28, 2012  
Issues in Pediatric Oncology  
Kiev, Ukraine

May 19-22, 2012  
Digestive Disease Week 2012  
San Diego, CA, United States

June 18-21, 2012  
Pancreatic Cancer: Progress and  
Challenges  
Lake Tahoe, NV, United States

June 27-30, 2012  
ESMO 14th World Congress on

Gastrointestinal Cancer 2012  
International Convention Center Of  
Barcelona,  
Barcelona, Italy

July 1-5, 2012  
10th World Congress of the  
International Hepato-Pancreato-  
Biliary Association  
Paris, France

July 5-7, 2012  
International Research Conference  
on Liver Cancer  
Heidelberg, Germany

July 6-8, 2012  
The 3rd Asia - Pacific Primary Liver  
Cancer Expert Meeting "A Bridge to  
a Consensus on HCC Management"  
Shanghai, China

September 1-4, 2012  
OESO 11th World Conference  
Como, Italy

September 14-16, 2012  
ILCA 2012 - Sixth Annual Conference  
of the International Liver Cancer  
Association  
Berlin, Germany

September 21-22, 2012  
Research Symposium, Inflammation  
and Cancer  
Houston, TX, United States

October 15 - 17 2012  
13th World Congress of the  
International Society for Diseases of  
the Esophagus  
Venice, Italy

December 5-8, 2012  
22nd World Congress of the  
International Association of  
Surgeons, Gastroenterologists and  
Oncologists  
Bangkok, Thailand



## GENERAL INFORMATION

*World Journal of Gastrointestinal Oncology* (*World J Gastrointest Oncol*, *WJGO*, ISSN 1948-5204, DOI: 10.4251), is a monthly, open-access (OA), peer-reviewed journal supported by an editorial board of 404 experts in gastrointestinal oncology from 41 countries.

The biggest advantage of the OA model is that it provides free, full-text articles in PDF and other formats for experts and the public without registration, which eliminates the obstacle that traditional journals possess and usually delays the speed of the propagation and communication of scientific research results. The open access model has been proven to be a true approach that may achieve the ultimate goal of the journals, i.e. the maximization of the value to the readers, authors and society.

### Maximization of personal benefits

The role of academic journals is to exhibit the scientific levels of a country, a university, a center, a department, and even a scientist, and build an important bridge for communication between scientists and the public. As we all know, the significance of the publication of scientific articles lies not only in disseminating and communicating innovative scientific achievements and academic views, as well as promoting the application of scientific achievements, but also in formally recognizing the "priority" and "copyright" of innovative achievements published, as well as evaluating research performance and academic levels. So, to realize these desired attributes of *WJGO* and create a well-recognized journal, the following four types of personal benefits should be maximized. The maximization of personal benefits refers to the pursuit of the maximum personal benefits in a well-considered optimal manner without violation of the laws, ethical rules and the benefits of others. (1) Maximization of the benefits of editorial board members: The primary task of editorial board members is to give a peer review of an unpublished scientific article *via* online office system to evaluate its innovativeness, scientific and practical values and determine whether it should be published or not. During peer review, editorial board members can also obtain cutting-edge information in that field at first hand. As leaders in their field, they have priority to be invited to write articles and publish commentary articles. We will put peer reviewers' names and affiliations along with the article they reviewed in the journal to acknowledge their contribution; (2) Maximization of the benefits of authors: Since *WJGO* is an OA journal, readers around the world can immediately download and read, free of charge, high-quality, peer-reviewed articles from *WJGO* official website, thereby realizing the goals and significance of the communication between authors and peers as well as public reading; (3) Maximization of the benefits of readers: Readers can read or use, free of charge, high-quality peer-reviewed articles without any limits, and cite the arguments, viewpoints, concepts, theories, methods, results, conclusion or facts and data of pertinent literature so as to validate the innovativeness, scientific and practical values of their own research achievements, thus ensuring that their articles have novel arguments or viewpoints, solid evidence and correct conclusion; and (4) Maximization of the benefits of employees: It is an iron law that a first-class journal is unable to exist without first-class editors, and only first-class editors can create a first-class academic journal. We insist on strengthening our team cultivation and construction so that every employee, in an open, fair and transparent environment, could contribute their wisdom to edit and publish high-quality articles, thereby realizing the maximization of the personal benefits of editorial board

members, authors and readers, and yielding the greatest social and economic benefits.

### Aims and scope

The major task of *WJGO* is to report rapidly the most recent advances in basic and clinical research on gastrointestinal oncology. The topics of *WJGO* cover the carcinogenesis, tumorigenesis, metastasis, diagnosis, prevention, prognosis, clinical manifestations, nutritional support, molecular mechanisms, and therapy of benign and malignant tumors of the digestive tract. This cover epidemiology, etiology, immunology, molecular oncology, cytology, pathology, genetics, genomics, proteomics, pharmacology, pharmacokinetics, nutrition, diagnosis and therapeutics. This journal will also provide extensive and timely review articles on oncology.

### Columns

The columns in the issues of *WJGO* will include: (1) Editorial: To introduce and comment on major advances and developments in the field; (2) Frontier: To review representative achievements, comment on the state of current research, and propose directions for future research; (3) Topic Highlight: This column consists of three formats, including (A) 10 invited review articles on a hot topic, (B) a commentary on common issues of this hot topic, and (C) a commentary on the 10 individual articles; (4) Observation: To update the development of old and new questions, highlight unsolved problems, and provide strategies on how to solve the questions; (5) Guidelines for Basic Research: To provide guidelines for basic research; (6) Guidelines for Clinical Practice: To provide guidelines for clinical diagnosis and treatment; (7) Review: To review systemically progress and unresolved problems in the field, comment on the state of current research, and make suggestions for future work; (8) Original Articles: To report innovative and original findings in gastrointestinal oncology; (9) Brief Articles: To briefly report the novel and innovative findings in cardiology; (10) Case Report: To report a rare or typical case; (11) Letters to the Editor: To discuss and make reply to the contributions published in *WJGO*, or to introduce and comment on a controversial issue of general interest; (12) Book Reviews: To introduce and comment on quality monographs of gastrointestinal oncology; and (13) Guidelines: To introduce consensus and guidelines reached by international and national academic authorities worldwide on the research in gastrointestinal oncology.

### Name of journal

*World Journal of Gastrointestinal Oncology*

### ISSN

ISSN 1948-5204 (online)

### Editorial-in-Chief

**Wasaburo Koizumi, MD, PhD, Professor, Chairman**, Department of Gastroenterology, Gastrointestinal Oncology, School of Medicine, Kitasato University, 2-1-1 Asamizodai Minamiku Sagamihara Kanagawa 252-0380, Japan

**Hsin-Chen Lee, PhD, Professor**, Institute of Pharmacology, School of Medicine, National Yang-Ming University, Taipei, 112, Taiwan, China

**Dimitrios H Roukos, MD, PhD, Professor**, Personalized Cancer

## Instructions to authors

Genomic Medicine, Human Cancer Biobank Center, Ioannina University, Metabatiko Ktiro Panepistimiou Ioanninon, Office 229, Ioannina, TK 45110, Greece

### Editorial Office

*World Journal of Gastrointestinal Oncology*  
Editorial Department: Room 903, Building D,  
Ocean International Center,  
No. 62 Dongsihuan Zhonglu,  
Chaoyang District, Beijing 100025, China  
E-mail: [wjgo@wjgnet.com](mailto:wjgo@wjgnet.com)  
<http://www.wjgnet.com>  
Telephone: +86-10-85381891  
Fax: +86-10-85381893

### Indexing/abstracting

PubMed Central, PubMed, Digital Object Identifier, and Directory of Open Access Journals.

### Published by

Baishideng Publishing Group Co., Limited

## SPECIAL STATEMENT

All articles published in this journal represent the viewpoints of the authors except where indicated otherwise.

### Biostatistical editing

Statistical review is performed after peer review. We invite an expert in Biomedical Statistics to evaluate the statistical method used in the paper, including *t*-test (group or paired comparisons), chi-squared test, Redit, probit, logit, regression (linear, curvilinear, or stepwise), correlation, analysis of variance, analysis of covariance, *etc.* The reviewing points include: (1) Statistical methods should be described when they are used to verify the results; (2) Whether the statistical techniques are suitable or correct; (3) Only homogeneous data can be averaged. Standard deviations are preferred to standard errors. Give the number of observations and subjects (*n*). Losses in observations, such as drop-outs from the study should be reported; (4) Values such as ED50, LD50, IC50 should have their 95% confidence limits calculated and compared by weighted probit analysis (Bliss and Finney); and (5) The word 'significantly' should be replaced by its synonyms (if it indicates extent) or the *P* value (if it indicates statistical significance).

### Conflict-of-interest statement

In the interests of transparency and to help reviewers assess any potential bias, *WJGO* requires authors of all papers to declare any competing commercial, personal, political, intellectual, or religious interests in relation to the submitted work. Referees are also asked to indicate any potential conflict they might have reviewing a particular paper. Before submitting, authors are suggested to read "Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Conflicts of Interest" from International Committee of Medical Journal Editors (ICMJE), which is available at: [http://www.icmje.org/ethical\\_4conflicts.html](http://www.icmje.org/ethical_4conflicts.html).

Sample wording: [Name of individual] has received fees for serving as a speaker, a consultant and an advisory board member for [names of organizations], and has received research funding from [names of organization]. [Name of individual] is an employee of [name of organization]. [Name of individual] owns stocks and shares in [name of organization]. [Name of individual] owns patent [patent identification and brief description].

### Statement of informed consent

Manuscripts should contain a statement to the effect that all human studies have been reviewed by the appropriate ethics committee or it should be stated clearly in the text that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under study should be omitted. Au-

thors should also draw attention to the Code of Ethics of the World Medical Association (Declaration of Helsinki, 1964, as revised in 2004).

### Statement of human and animal rights

When reporting the results from experiments, authors should follow the highest standards and the trial should conform to Good Clinical Practice (for example, US Food and Drug Administration Good Clinical Practice in FDA-Regulated Clinical Trials; UK Medicines Research Council Guidelines for Good Clinical Practice in Clinical Trials) and/or the World Medical Association Declaration of Helsinki. Generally, we suggest authors follow the lead investigator's national standard. If doubt exists whether the research was conducted in accordance with the above standards, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

Before submitting, authors should make their study approved by the relevant research ethics committee or institutional review board. If human participants were involved, manuscripts must be accompanied by a statement that the experiments were undertaken with the understanding and appropriate informed consent of each. Any personal item or information will not be published without explicit consents from the involved patients. If experimental animals were used, the materials and methods (experimental procedures) section must clearly indicate that appropriate measures were taken to minimize pain or discomfort, and details of animal care should be provided.

## SUBMISSION OF MANUSCRIPTS

Manuscripts should be typed in 1.5 line spacing and 12 pt. Book Antiqua with ample margins. Number all pages consecutively, and start each of the following sections on a new page: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, References, Tables, Figures, and Figure Legends. Neither the editors nor the publisher are responsible for the opinions expressed by contributors. Manuscripts formally accepted for publication become the permanent property of Baishideng Publishing Group Co., Limited, and may not be reproduced by any means, in whole or in part, without the written permission of both the authors and the publisher. We reserve the right to copy-edit and put onto our website accepted manuscripts. Authors should follow the relevant guidelines for the care and use of laboratory animals of their institution or national animal welfare committee. For the sake of transparency in regard to the performance and reporting of clinical trials, we endorse the policy of the ICMJE to refuse to publish papers on clinical trial results if the trial was not recorded in a publicly-accessible registry at its outset. The only register now available, to our knowledge, is <http://www.clinicaltrials.gov> sponsored by the United States National Library of Medicine and we encourage all potential contributors to register with it. However, in the case that other registers become available you will be duly notified. A letter of recommendation from each author's organization should be provided with the contributed article to ensure the privacy and secrecy of research is protected.

Authors should retain one copy of the text, tables, photographs and illustrations because rejected manuscripts will not be returned to the author(s) and the editors will not be responsible for loss or damage to photographs and illustrations sustained during mailing.

### Online submissions

Manuscripts should be submitted through the Online Submission System at: <http://www.wjgnet.com/esps/>. Authors are highly recommended to consult the ONLINE INSTRUCTIONS TO AUTHORS ([http://www.wjgnet.com/1948-5204/g\\_info\\_20100312180518.htm](http://www.wjgnet.com/1948-5204/g_info_20100312180518.htm)) before attempting to submit online. For assistance, authors encountering problems with the Online Submission System may send an email describing the problem to [wjgo@wjgnet.com](mailto:wjgo@wjgnet.com), or by telephone: +86-10-85381891. If you submit your manuscript online, do not make a postal contribution. Repeated online submission for the same manuscript is strictly prohibited.

## MANUSCRIPT PREPARATION

All contributions should be written in English. All articles must be submitted using word-processing software. All submissions must be typed in 1.5 line spacing and 12 pt. Book Antiqua with ample margins. Style should conform to our house format. Required information for each of the manuscript sections is as follows:

### Title page

**Title:** Title should be less than 12 words.

**Running title:** A short running title of less than 6 words should be provided.

**Authorship:** Authorship credit should be in accordance with the standard proposed by International Committee of Medical Journal Editors, based on (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

**Institution:** Author names should be given first, then the complete name of institution, city, province and postcode. For example, Xu-Chen Zhang, Li-Xin Mei, Department of Pathology, Chengde Medical College, Chengde 067000, Hebei Province, China. One author may be represented from two institutions, for example, George Sgourakis, Department of General, Visceral, and Transplantation Surgery, Essen 45122, Germany; George Sgourakis, 2nd Surgical Department, Korgialenio-Benakio Red Cross Hospital, Athens 15451, Greece

**Author contributions:** The format of this section should be: Author contributions: Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the paper.

**Supportive foundations:** The complete name and number of supportive foundations should be provided, e.g. Supported by National Natural Science Foundation of China, No. 30224801

**Correspondence to:** Only one corresponding address should be provided. Author names should be given first, then author title, affiliation, the complete name of institution, city, postcode, province, country, and email. All the letters in the email should be in lower case. A space interval should be inserted between country name and email address. For example, Montgomery Bissell, MD, Professor of Medicine, Chief, Liver Center, Gastroenterology Division, University of California, Box 0538, San Francisco, CA 94143, United States. montgomerybissell@ucsf.edu

**Telephone and fax:** Telephone and fax should consist of +, country number, district number and telephone or fax number, e.g. Telephone: +86-10-85381891 Fax: +86-10-85381893

**Peer reviewers:** All articles received are subject to peer review. Normally, three experts are invited for each article. Decision for acceptance is made only when at least two experts recommend an article for publication. Reviewers for accepted manuscripts are acknowledged in each manuscript, and reviewers of articles which were not accepted will be acknowledged at the end of each issue. To ensure the quality of the articles published in *WJGO*, reviewers of accepted manuscripts will be announced by publishing the name, title/position and institution of the reviewer in the footnote accompanying the printed article. For example, reviewers: Professor Jing-Yuan Fang, Shanghai Institute of Digestive Disease, Shanghai, Affiliated Renji Hospital, Medical Faculty, Shanghai Jiaotong University, Shanghai, China; Professor Xin-Wei Han, Department of Radiology, The First Affiliated Hospital, Zhengzhou University, Zhengzhou, Henan Province, China; and Professor Anren Kuang, Department of Nuclear Medicine, Huaxi Hospital, Sichuan University, Chengdu, Sichuan Province, China.

### Abstract

There are unstructured abstracts (no more than 256 words) and structured abstracts (no more than 480). The specific requirements for structured abstracts are as follows:

An informative, structured abstracts of no more than 480 words should accompany each manuscript. Abstracts for original contributions should be structured into the following sections. AIM (no more than 20 words): Only the purpose should be included. Please write the aim as the form of "To investigate/study/..."; MATERIALS AND METHODS (no more than 140 words); RESULTS (no more than 294 words): You should present *P* values where appropriate and must provide relevant data to illustrate how they were obtained, e.g.  $6.92 \pm 3.86$  vs  $3.61 \pm 1.67$ ,  $P < 0.001$ ; CONCLUSION (no more than 26 words).

### Key words

Please list 5-10 key words, selected mainly from *Index Medicus*, which reflect the content of the study.

### Text

For articles of these sections, original articles and brief articles, the main text should be structured into the following sections: INTRODUCTION, MATERIALS AND METHODS, RESULTS and DISCUSSION, and should include appropriate Figures and Tables. Data should be presented in the main text or in Figures and Tables, but not in both. The main text format of these sections, editorial, topic highlight, case report, letters to the editors, can be found at: [http://www.wjgnet.com/1948-5204/g\\_info\\_list.htm](http://www.wjgnet.com/1948-5204/g_info_list.htm).

### Illustrations

Figures should be numbered as 1, 2, 3, etc., and mentioned clearly in the main text. Provide a brief title for each figure on a separate page. Detailed legends should not be provided under the figures. This part should be added into the text where the figures are applicable. Figures should be either Photoshop or Illustrator files (in tiff, eps, jpeg formats) at high-resolution. Examples can be found at: <http://www.wjgnet.com/1007-9327/13/4520.pdf>; <http://www.wjgnet.com/1007-9327/13/4554.pdf>; <http://www.wjgnet.com/1007-9327/13/4891.pdf>; <http://www.wjgnet.com/1007-9327/13/4986.pdf>; <http://www.wjgnet.com/1007-9327/13/4498.pdf>. Keeping all elements compiled is necessary in line-art image. Scale bars should be used rather than magnification factors, with the length of the bar defined in the legend rather than on the bar itself. File names should identify the figure and panel. Avoid layering type directly over shaded or textured areas. Please use uniform legends for the same subjects. For example: Figure 1 Pathological changes in atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...etc. It is our principle to publish high resolution-figures for the printed and E-versions.

### Tables

Three-line tables should be numbered 1, 2, 3, etc., and mentioned clearly in the main text. Provide a brief title for each table. Detailed legends should not be included under tables, but rather added into the text where applicable. The information should complement, but not duplicate the text. Use one horizontal line under the title, a second under column heads, and a third below the Table, above any footnotes. Vertical and italic lines should be omitted.

### Notes in tables and illustrations

Data that are not statistically significant should not be noted. <sup>a</sup>*P* < 0.05, <sup>b</sup>*P* < 0.01 should be noted (*P* > 0.05 should not be noted). If there are other series of *P* values, <sup>c</sup>*P* < 0.05 and <sup>d</sup>*P* < 0.01 are used. A third series of *P* values can be expressed as <sup>e</sup>*P* < 0.05 and <sup>f</sup>*P* < 0.01. Other notes in tables or under illustrations should be expressed as <sup>1</sup>F, <sup>2</sup>F, <sup>3</sup>F; or sometimes as other symbols with a superscript (Arabic numer-

## Instructions to authors

als) in the upper left corner. In a multi-curve illustration, each curve should be labeled with ●, ○, ■, □, ▲, △, etc., in a certain sequence.

### Acknowledgments

Brief acknowledgments of persons who have made genuine contributions to the manuscript and who endorse the data and conclusions should be included. Authors are responsible for obtaining written permission to use any copyrighted text and/or illustrations.

## REFERENCES

### Coding system

The author should number the references in Arabic numerals according to the citation order in the text. Put reference numbers in square brackets in superscript at the end of citation content or after the cited author's name. For citation content which is part of the narration, the coding number and square brackets should be typeset normally. For example, "Crohn's disease (CD) is associated with increased intestinal permeability<sup>[1,2]</sup>". If references are cited directly in the text, they should be put together within the text, for example, "From references<sup>[19,22-24]</sup>, we know that..."

When the authors write the references, please ensure that the order in text is the same as in the references section, and also ensure the spelling accuracy of the first author's name. Do not list the same citation twice.

### PMID and DOI

Please provide PubMed citation numbers to the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in E-version of this journal.

### Style for journal references

Authors: the name of the first author should be typed in bold-faced letters. The family name of all authors should be typed with the initial letter capitalized, followed by their abbreviated first and middle initials. (For example, Lian-Sheng Ma is abbreviated as Ma LS, Bo-Rong Pan as Pan BR). The title of the cited article and italicized journal title (journal title should be in its abbreviated form as shown in PubMed), publication date, volume number (in black), start page, and end page [PMID: 11819634 DOI: 10.3748/wjg.13.5396].

### Style for book references

Authors: the name of the first author should be typed in bold-faced letters. The surname of all authors should be typed with the initial letter capitalized, followed by their abbreviated middle and first initials. (For example, Lian-Sheng Ma is abbreviated as Ma LS, Bo-Rong Pan as Pan BR) Book title. Publication number. Publication place: Publication press, Year: start page and end page.

### Format

#### Journals

English journal article (list all authors and include the PMID where applicable)

- 1 **Jung EM**, Clevert DA, Schreyer AG, Schmitt S, Rennert J, Kubale R, Feuerbach S, Jung F. Evaluation of quantitative contrast harmonic imaging to assess malignancy of liver tumors: A prospective controlled two-center study. *World J Gastroenterol* 2007; **13**: 6356-6364 [PMID: 18081224 DOI: 10.3748/wjg.13.6356]

Chinese journal article (list all authors and include the PMID where applicable)

- 2 **Lin GZ**, Wang XZ, Wang P, Lin J, Yang FD. Immunologic effect of Jianpi Yishen decoction in treatment of Pixu-diarrhoea. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 285-287

In press

- 3 **Tian D**, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci USA* 2006; In press

Organization as author

- 4 **Diabetes Prevention Program Research Group**. Hypertension, insulin, and proinsulin in participants with impaired glu-

cose tolerance. *Hypertension* 2002; **40**: 679-686 [PMID: 12411462 PMID:2516377 DOI:10.1161/01.HYP.0000035706.28494.09]

Both personal authors and an organization as author

- 5 **Vallancien G**, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1, 274 European men suffering from lower urinary tract symptoms. *J Urol* 2003; **169**: 2257-2261 [PMID: 12771764 DOI:10.1097/01.ju.0000067940.76090.73]

No author given

- 6 21st century heart solution may have a sting in the tail. *BMJ* 2002; **325**: 184 [PMID: 12142303 DOI:10.1136/bmj.325.7357.184]

Volume with supplement

- 7 **Geraud G**, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. *Headache* 2002; **42** Suppl 2: S93-99 [PMID: 12028325 DOI:10.1046/j.1526-4610.42.s2.7.x]

Issue with no volume

- 8 **Banitt DM**, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop Relat Res* 2002; **(401)**: 230-238 [PMID: 12151900 DOI:10.1097/0000-3086-200208000-00026]

No volume or issue

- 9 Outreach: Bringing HIV-positive individuals into care. *HRS-A Careaction* 2002; 1-6 [PMID: 12154804]

### Books

Personal author(s)

- 10 **Sherlock S**, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub, 1993: 258-296

Chapter in a book (list all authors)

- 11 **Lam SK**. Academic investigator's perspectives of medical treatment for peptic ulcer. In: Swabb EA, Azabo S. Ulcer disease: investigation and basis for therapy. New York: Marcel Dekker, 1991: 431-450

Author(s) and editor(s)

- 12 **Breedlove GK**, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wicczorek RR, editor. White Plains (NY): March of Dimes Education Services, 2001: 20-34

Conference proceedings

- 13 **Harnden P**, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ cell tumours Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer, 2002: 30-56

Conference paper

- 14 **Christensen S**, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer, 2002: 182-191

Electronic journal (list all authors)

- 15 Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* serial online, 1995-01-03, cited 1996-06-05; 1(1): 24 screens. Available from: URL: <http://www.cdc.gov/ncidod/eid/index.htm>

Patent (list all authors)

- 16 **Pagedas AC**, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1

### Statistical data

Write as mean  $\pm$  SD or mean  $\pm$  SE.

### Statistical expression

Express *t* test as *t* (in italics), *F* test as *F* (in italics), chi square test as  $\chi^2$  (in Greek), related coefficient as *r* (in italics), degree of freedom as *ν* (in Greek), sample number as *n* (in italics), and probability as *P* (in italics).

### Units

Use SI units. For example: body mass,  $m$  (B) = 78 kg; blood pressure,  $p$  (B) = 16.2/12.3 kPa; incubation time,  $t$  (incubation) = 96 h; blood glucose concentration,  $c$  (glucose)  $6.4 \pm 2.1$  mmol/L; blood CEA mass concentration,  $p$  (CEA) =  $8.6 \pm 24.5$   $\mu$ g/L; CO<sub>2</sub> volume fraction, 50 mL/L CO<sub>2</sub>, not 5% CO<sub>2</sub>; likewise for 40 g/L formaldehyde, not 10% formalin; and mass fraction, 8 ng/g, *etc.* Arabic numerals such as 23, 243, 641 should be read 23 243 641.

The format for how to accurately write common units and quantities can be found at: [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312183048.htm](http://www.wjgnet.com/1948-5204/g_info_20100312183048.htm).

### Abbreviations

Standard abbreviations should be defined in the abstract and on first mention in the text. In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, mAb, can be used directly without further explanation.

### Italics

Quantities:  $t$  time or temperature,  $c$  concentration,  $A$  area,  $l$  length,  $m$  mass,  $V$  volume.

Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, *etc.*

Restriction enzymes: *EcoRI*, *HindII*, *BamHI*, *Kbo I*, *Kpn I*, *etc.*

Biology: *H. pylori*, *E. coli*, *etc.*

### Examples for paper writing

**Editorial:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312180823.htm](http://www.wjgnet.com/1948-5204/g_info_20100312180823.htm)

**Frontier:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181003.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181003.htm)

**Topic highlight:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181119.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181119.htm)

**Observation:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181227.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181227.htm)

**Guidelines for basic research:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181408.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181408.htm)

**Guidelines for clinical practice:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181552.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181552.htm)

**Review:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181719.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181719.htm)

**Original articles:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312181919.htm](http://www.wjgnet.com/1948-5204/g_info_20100312181919.htm)

**Brief articles:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182057.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182057.htm)

**Case report:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182207.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182207.htm)

**Letters to the editor:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182320.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182320.htm)

**Book reviews:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182437.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182437.htm)

[http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182544.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182544.htm)

**Guidelines:** [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182544.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182544.htm)

## SUBMISSION OF THE REVISED MANUSCRIPTS AFTER ACCEPTED

Authors must revise their manuscript carefully according to the revision policies of Baishideng Publishing Group Co., Limited. The revised version, along with the signed copyright transfer agreement, responses to the reviewers, and English language Grade B certificate (for non-native speakers of English), should be submitted to the online system via the link contained in the e-mail sent by the editor. If you have any questions about the revision, please send e-mail to [esps@wjgnet.com](mailto:esps@wjgnet.com).

### Language evaluation

The language of a manuscript will be graded before it is sent for revision. (1) Grade A: priority publishing; (2) Grade B: minor language polishing; (3) Grade C: a great deal of language polishing needed; and (4) Grade D: rejected. Revised articles should reach Grade A or B.

### Copyright assignment form

Please download a Copyright assignment form from [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182928.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182928.htm).

### Responses to reviewers

Please revise your article according to the comments/suggestions provided by the reviewers. The format for responses to the reviewers' comments can be found at: [http://www.wjgnet.com/1948-5204/g\\_info\\_20100312182841.htm](http://www.wjgnet.com/1948-5204/g_info_20100312182841.htm).

### Proof of financial support

For paper supported by a foundation, authors should provide a copy of the document and serial number of the foundation.

### Links to documents related to the manuscript

WJGO will be initiating a platform to promote dynamic interactions between the editors, peer reviewers, readers and authors. After a manuscript is published online, links to the PDF version of the submitted manuscript, the peer-reviewers' report and the revised manuscript will be put on-line. Readers can make comments on the peer reviewer's report, authors' responses to peer reviewers, and the revised manuscript. We hope that authors will benefit from this feedback and be able to revise the manuscript accordingly in a timely manner.

### Science news releases

Authors of accepted manuscripts are suggested to write a science news item to promote their articles. The news will be released rapidly at EurekAlert/AAAS (<http://www.eurekalert.org>). The title for news items should be less than 90 characters; the summary should be less than 75 words; and main body less than 500 words. Science news items should be lawful, ethical, and strictly based on your original content with an attractive title and interesting pictures.

### Publication fee

WJGO is an international, peer-reviewed, OA online journal. Articles published by this journal are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license. Authors of accepted articles must pay a publication fee. Publication fee: 600 USD per article. Editorial, topic highlights, book reviews and letters to the editor are published free of charge.