



TURKISH JOURNAL OF OBSTETRICS AND GYNECOLOGY

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Selçuk Selçuk, Enis Özkaya, Ahmet Eser, Melda Kuyucu, Hüseyin Tayfun Kutlu, Belgin Devranoğlu, Kenan Sofuoğlu, Vedat Erkan Dayıcioğlu; İstanbul, Turkey

► COH/IUI and tubal occlusion

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Selçuk Selçuk, Mehmet Küçükbaş, İler Yenidede, Semra Kayataş Eser, Ahmet Eser, Çetin Çam, Hüseyin Tayfun Kutlu; İstanbul, Turkey

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PRISMA for preferred reporting items for systematic reviews and meta-analyses (Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 2009; 6(7): e1000097.) (<http://www.prisma-statement.org/>),

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/>),

MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational Studies in Epidemiology (MOOSE) group. *JAMA* 2000; 283: 2008-12).

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A separate title page should list;

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The precis is a one-sentence synopsis of no more than 30 words that describes the basic findings of the article. Precis sample can be seen below:

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· **Results:** Measurements expressed in absolute numbers and percentages, and when appropriate indicate relative risks or odds ratios with confidence intervals and level of statistical significance; any results contained in the abstract should also be presented in the body of the manuscript, tables, or figures.

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Below the abstract provide 3 to 5 key words. Abbreviations should not be used as key words. Key words should be picked from the Medical Subject Headings (MeSH) list (www.nlm.nih.gov/mesh/MBrowser.html).

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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	5,500 words (~22 pages) [‡]	NA	30
Case report	150 words	2,000 words (~8 pages)	4	8
Systematic review	300 words	6,250 words (~25 pages)	4	60
Current commentary	250 words	3,000 words (~12 pages)	4	12
Procedure and Instruments	200 words	2,000 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.

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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.

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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 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 (NNT_h) 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.

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

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Examples

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

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