Editorial Policies

Scope of the Journal

The *Journal of Vascular Surgery* is dedicated to the science and art of vascular surgery and aims to improve the management of patients with vascular diseases by publishing relevant papers that report important medical advances, test new hypotheses, and address current controversies. To achieve this goal, the Journal will publish original clinical and laboratory studies and reports and papers that comment on the social, economic, ethical, legal, and political factors that relate to these aims.

Peer Review

Principles of peer review

**Objectives.** The purpose of peer review is to help ensure that the published papers are of the highest quality by (1) advising the Editors on the originality of the work, its importance relative to what has already been published in the current literature, its relevance to the objectives of the Journal, its scientific creditability, and its acceptability for publication, given the space that is available; and (2) by suggesting changes and providing advice and assistance to the authors on important aspects that may improve the manuscript.

**Fairness.** The success of peer review requires that all reviewers exercise careful scientific judgment, be impartial and equitable, and form a balanced view of the content of each manuscript. There is no formula that can guide the reviewers in this task, apart from the requirement to be objective and fair.

**Confidentiality.** All documents and information provided for the purpose of peer review must be kept entirely confidential. Unauthorized access to papers must be prevented by storing them in a secure manner. The manuscript must not be shared with other colleagues. If a reviewer wishes to seek a colleague's opinion on the scientific merit of a manuscript, the Editors must be consulted first, and the colleague must adhere to the same standards of confidentiality.

The manuscript must not be photocopied or shared electronically. When the review is completed, any personal electronic files should be deleted, and any printed documents must be destroyed.

Any inquiries received by individual reviewers about a manuscript should be referred to the Editors.

**Competition of interest.** The decisions of the Editors must be fair and objective and they must be seen to be impartial. Because the final decision on publication rests with the Editors, their decisions must not be influenced by The Society for Vascular Surgery, the affiliated vascular societies, or representatives of companies, advertisers, government, or others who might have conflicts of interest.

Reviewers must decline to review any manuscript applications with which they may have a competition of interest and should avoid reviewing any manuscript if circumstances exist that could be viewed as affecting their impartiality. For example, a reviewer should not review a manuscript submitted by a close personal friend, individuals from his or her institution, individuals with whom the reviewer has collaborated, or a scientist with whom the reviewer has had long-standing scientific or personal differences. When the reviewer is uncertain as to whether a conflict exists, he or she should inform the Editor of the circumstances and the Editor will make the final decision.

**The peer review process.** Fewer than half of the manuscripts received by the Journal can be published. The Editors and reviewers, by providing prompt and authoritative review, aim to optimize the quality of the published papers.

All submitted manuscripts are reviewed initially by the Editors or Associate Editors. A submission may be rejected outright if at least two of the Editors conclude that it does not have sufficient merit to warrant further review or deals with subject matter outside the scope of the Journal.

Other manuscripts will be sent to two or three members of the Editorial board or other expert consultants for external peer review. The identities of these reviewers are kept confidential. Reviewers are asked to give the Editors a confidential opinion on the importance, originality, and scientific merit of the manuscript; rank its importance relative to what has already been published in the medical literature; rank its importance regarding inclusion on the cover and use on the Web site for CME; and suggest changes that will improve the paper.
A formal statistical review may be obtained to ensure that the study population was clearly defined, that the design of the study was suitable, that appropriate statistical methods were used, and that the subsequent conclusions were supported by the data and their analysis.

If two manuscripts are received on the same subject, unless both can be accommodated in the Journal, priority in the review process will be given to the manuscript that was submitted first as determined by the submission date in the Editorial Manager system. The Editor will promptly contact the authors of the second manuscript to inform them of the problem and give them the option of submitting their manuscript to another journal.

Administrative issues related to peer review. Authors are expected to comply with the published Information for Authors. The Journal's requirements for submission of a manuscript are in accordance with the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication” published in JAMA 1997;277:927-34 and available at http://www.icmje.org/index.html. Failure to adhere to these guidelines may negatively influence the opinions of the Editors and reviewers, and thus the manuscript may be returned to the author for appropriate revisions in organization before it is sent out for peer review.

The Editors will convey the final decision on the disposition of the manuscript to the designated corresponding author along with the reasons for the decision and the complete or summarized comments from the reviewers.

If revisions are requested, the Editors expect the authors to revise the manuscript appropriately and promptly to meet publication deadlines. The authors must clearly indicate the changes that have been made and/or explain their difference of opinion with the reviewers. More specific directions can be found in the Journal’s Information for Authors.

The Editors will send the reviewers a notification of their final decision on the disposition of a manuscript and, when appropriate to the review process, the comments of other reviewers.

Transfer of Copyright Ownership to the Journal

Before a manuscript can be published, the authors must provide a signed agreement transferring, assigning, or conveying all copyright ownership of their manuscript to The Society for Vascular Surgery. Hence, manuscripts accepted for publication become the permanent property of the society and may not be published elsewhere by the authors without written permission from the Journal. Once the manuscript has been accepted, the publisher’s office will send a Copyright Transfer form to the corresponding author. This form must be completed, signed, and sent back to the publisher’s office without delay.

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Previous presentations and abstracts. If the work has been presented previously at a meeting as an oral presentation or poster or has been published in an abstract, a detailed report will be considered for publication. However, the authors are expected to submit the details of the previous presentations and provide the abstracts. In general, manuscripts will not be considered if the work had been published previously in full-length conference proceedings or as a book chapter.

Major update of a previous study. If the submitted manuscript is a major update on the results of a previously published study, the authors must submit copies of the previous papers so that the Editors can
determine whether the new paper provides significant new information or statistical power to warrant publication. In general, such updates should increase the number of patients by at least 50% or the reported mean follow-up by at least 2 years.

**Media releases.** The Editors recognize that news organizations have the right to disseminate information that may have been obtained from a presentation at a scientific meeting or through direct discussions with the author. It is the author's responsibility to inform the Editors that the work has been reported previously by a journalist and explain the circumstances. In doing so, the authors should supply the Editors with the original media report.

If the results of the study may potentially have a major impact on patient management, the authors can request the Editor's consideration of prompt review and publication.

Once submitted to the Journal, discussion of the contents of a manuscript with the media must be delayed until the review process is complete and the manuscript is posted at the Journal's Web site pending publication unless the Editors provide prior approval. If the authors provide additional information to the media during the peer-review process, the article may be rejected or withdrawn from publication.

In some instances, the Editors may ask the authors to prepare a brief press release summarizing the manuscript. However, as with all papers, further discussion of the results with the media must be deferred until the acceptance and postings of the manuscript.

**Multiple publication.** A joint publication or secondary publication of a full-length paper in another journal may be considered if the manuscript contains important information that deserves to be disseminated to a significantly different readership than that of the Journal. The Editors of the Journal may grant permission for secondary publication in another journal if the original report in the Journal is appropriately acknowledged and the secondary publication follows the initial publication in the Journal. Abstracts or full-length summaries of papers presented at meetings may be published simultaneously in another journal with permission of the Editors of both journals providing an appropriate acknowledgment is made in each journal.

**Authorship**

It is not appropriate to include an individual as an author unless he or she has made a significant contribution to the conception or completion of the manuscript and is willing to share the responsibility for the content of the paper. Specifically, each of the authors should have made a direct and substantial contribution to the following areas: (1) conceiving and designing the study and/or analyzing and interpreting the data; (2) writing the manuscript or providing critical revisions that are important for the intellectual content; and (3) approving the final version of the manuscript. For more information on the requirements for authorship, see the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication” (http://www.icmje.org/index.html), section II.A on Authorship and Contributorship.

Each of the authors will be expected to read the Author Role, Originality and Competition of Interest form submitted by the corresponding author. By signing the Copyright Transfer form once the paper is accepted, the corresponding author attests to the accuracy of the Author Role, Originality, and Competition of Interest form.

Generally, the maximum number of expected authors for a clinical or basic research manuscript is six, and for a case report or technical note four. The Editors request that additional authors be carefully examined with respect to the authorship criteria listed above, and suggest that some might better be acknowledged than listed as authors. Further, the Editors request that authors beyond this expected number be specifically justified in the details section of the electronic submission. In special circumstances (e.g., multi-center trials), the editors will consider as many as eight authors for clinical or basic research papers, and six for case reports and technical notes, but this is the absolute maximum. As an alternative a smaller number of key authors can submit the work on behalf of a larger research group which can then be listed and acknowledged in an appendix. If an author has collaborated in a project but does not meet all the requirements for authorship, he or she should be recognized in the acknowledgment section of the manuscript.

Beginning in January 2005, the Journal will publish an Author Contribution Statement at the end of each clinical and basic research manuscript. The information for this statement should first be submitted as part of the Author Role form upon submission, and attested to by a completed Author Contribution
Statement form at the time of acceptance. For further information, please see “Criteria for Authorship” J Vasc Surg 2005;42:599.

The order of the authors’ names is at the discretion of the coauthors, who may wish to add a footnote explaining the order of authorship and/or their contributions.

Original Data

The authors must be prepared to provide their original data for review by the Editors and/or reviewers if requested. The Author Role, Sponsor Involvement, and Competition of Interest form requires the authors to produce the data on which the manuscript is based for examination by the Editors or their assignees, should they request it.

The authors are responsible for keeping their original data and experimental notes on file for a reasonable period of time in case a question should arise about the manuscript after it has been published.

The authors should consider including a footnote in the manuscript indicating their willingness to make the original data available to other investigators through electronic media to permit alternative analysis and/or inclusion in meta-analysis.

Clinical Trial Registration

In 2004, the International Committee of Medical Journal Editors (ICMJE) recommended that clinical trials be registered in a public database as a prerequisite for subsequent publication (De Angelis C, Drazen JM, Frizelle FA, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. N Engl J Med 2004; 351:1250-1). Effective July 1, 2007 the Journal of Vascular Surgery will adopt the policies recommended by the ICMJE and require the pre-registration of all prospective clinical trials that have a control group (Cronenwett J, Seeger J. Requirement for Registration of Clinical Trials. J Vasc Surg 2007;45:1). In addition, the Journal will also require the pre-registration of any commercially sponsored clinical trial, including Phase I and II trials. We do not anticipate registration of retrospective reviews or summaries of standard clinical treatment. Clinical trials that meet the above requirement and commence after July 1, 2007 must be registered prior to enrollment of the first patient. Relevant trials that began before this date must be registered prior to editorial review. Registration must be indicated by providing the unique study number assigned at www.clinicaltrials.gov, the principle site of registration sponsored by the National Library of Medicine (NLM). Detailed directions and a tutorial for registering a trial are available at http://prsinfo.clinicaltrials.gov. Authors of unregistered trials or those with inadequate information in the registry will be given an opportunity convince the Editors that their rationale for omitting this was critical, but it is the Journal’s expectation that clinical trials involving prospective comparison of treatment or any that are commercially sponsored will all be registered after July 1, 2007.

Authors’ Disclosure of Competitive Interests

The authors' university, institutional, and/or corporate affiliations will be acknowledged on the title page along with sources of funding. In addition, the Journal expects the authors to disclose any commercial associations that might represent a competition of interest in respect to the manuscript. If a company's product is mentioned in a manuscript or other articles, including letters to the Editor and Editorials, all authors are expected to declare whether they have a consulting or employment arrangement or a royalty or stock agreement with the company. The authors must indicate any competition of interests or the lack thereof in the Author Role, Originality, and Competition of Interest form that is required before a manuscript can be sent out for review. During the review process, this relationship will be held in confidence.

A competition of interest statement is published with each paper (Johnston KW Rutherford RB. Disclosure of competition of interest J Vasc Surg 1999;30:200-2). If a paper is accepted for publication, the authors will be asked to clarify and update their competitive interest statements.

Failure to disclose a competition of interest will be dealt with according to the following, which has been published in the Journal. (Johnston KW Rutherford RB. Failure to disclose competitive interest. J Vasc Surg 2000;31:1306.) “If it is brought to the Editors’ attention that an author may have failed to make
an appropriate disclosure, the Editors will give the author the opportunity to explain. If a satisfactory explanation is not forthcoming, the Editors will bring the issue to the attention of the author's institution for clarification. If the oversight can be explained as an honest mistake, a simple notation of the error will be published. If there was either self-deception or a deliberate attempt to conceal a significant financial competitive interest, the Editors will conclude that this may represent an attempt to deceive and may be a violation of public and professional trust. The Editors may publish a notation that the paper may be unreliable because the author did not meet the standards of honest disclosure of competitive interests required by the Journal.”

Ethical and Animal Experimentation Approval

**Human subjects.** Manuscripts that involve research conducted on human subjects must follow the principles outlined in the Declaration of Helsinki (http://www.wma.net/e/policy/pdf/17c.pdf) and include a statement in the Methods section that the experimental protocol and informed consent were approved by the Institutional Review Board and that all subjects gave informed consent. The Editors reserve the right to reject a manuscript if the authors fail to make these statements in the manuscript or if, at the request of the Editor, they do not provide appropriate documentation that their studies had appropriate approval by their Institutional Review Board and that informed consent was obtained from each patient.

**Animal experiments.** Manuscripts that report animal experiments must include a statement in the Methods section that the study was approved by the Institutional Review Board and that the animal care complied with the Guide for the Care and Use of Laboratory Animals, Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council. Washington: National Academy Press, 1996. (http://stills.nap.edu/readingroom/books/labrats/)

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Copyediting

A manuscript that is accepted for publication is subject to copyediting so that it will conform to the Journal's standards and style. The revised manuscript will be returned to the authors for approval. By approving the changes, the authors accept the responsibility for the changes made in their manuscript by the copy Editor.

Sequence of Publication

In general, manuscripts are published in the order they are received, providing that the Journal receives revisions in a timely fashion. Under unusual circumstances, a paper may be assigned priority for early publication if, in the view of the Editors, it contains important new information that should be brought to the attention of the readers immediately.

**Published Discussions**

The discussions of papers presented at The Society for Vascular Surgery and at some of the meetings of the affiliated societies will be published with the manuscripts if they are submitted in a timely
fashion; however, these discussions are subject to Editorial review and only those that enhance the text or present alternative views will be published.

Scientific Misconduct

Misconduct in science was defined by the National Academy of Sciences, National Academy of Engineering, and the Institute of Medicine in 1992 as fabrication (i.e., making up) of data or results, falsification (i.e., changing) of data or results, or plagiarism (i.e., unauthorized use of the words, data, or ideas of another person without giving appropriate credit) in proposing, performing, or reporting research. Misconduct in science does not include errors in the scientific method or in experimental design or data interpretation. In dealing with alleged scientific misconduct, the appropriate steps in the process include informing the authors of the allegations, requesting clarification, determining whether the misconduct did or did not occur, and, to the extent possible, establishing the intent, ascertaining whether there were mitigating factors, and making recommendations for appropriate action. If a charge of scientific misconduct appears to be justified, it is the Editors’ responsibility to refer the matter to the appropriate individual at the authors’ university or institution where the work was done. The university or institution has the responsibility to investigate alleged scientific misconduct.

If the charge of scientific misconduct is substantiated, the Journal will print a retraction and may impose sanctions that could include a restriction on future publication in the Journal. The decision to issue a retraction generally must be made by the authors and/or the appropriate authorities at the university or institution who have access to the full details of the investigation. A published retraction will include the title of the original article, the same first author as in the original paper, the reasons why the article is being retracted, the circumstances of the case, and a bibliographic reference to the original paper. The retraction will be listed under a separate heading in the Table of Contents.

Correction of Errors

As part of the scientific process, errors may be discovered after publication that require clarification, correction, or retraction of the paper. The Editor will handle errors on an individual basis after discussion with the authors.

Bibliography

International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. JAMA 1997;277:2927-34.
Instruction for international authors. JAMA 1995;274:91-8.