Aims and Scope

*Journal of Vascular Surgery* aims to be the premier international journal of medical, endovascular, and surgical care of vascular diseases. It aims to improve the management of patients with vascular disorders by publishing relevant papers focusing on investigation, management and prevention of aortic, cerebrovascular and peripheral arterial diseases, vascular access, trauma and malformations. The journal reports important medical advances, tests new hypotheses, and addresses current controversies. To achieve this goal, the Journal will publish original clinical studies, as well as papers that comment on the social, economic, ethical, legal, and political factors which relate to these aims. As the official publication of the Society for Vascular Surgery, the Journal will publish, after peer review, selected papers presented at the annual meeting of this organization, as well as original articles of affiliated vascular societies, and by members and non-members.

Editorial Policies.

**Peer Review Process.** 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 it does not have sufficient merit to warrant further review or deals with subject matter outside the scope of the Journal. Otherwise, manuscripts will be sent to at least one member of the Editorial Board and two or three additional reviewers. The identities of these reviewers are kept confidential. The Journal operates a single blind peer review process. The identities of the reviewers are kept confidential, though the reviewers can see the author names, affiliations, and conflicts of interest during the review process. Reviewers are asked to give the Editors a confidential opinion on the importance, originality, and scientific merit of the manuscript and rank its importance relative to what has already been published in the JVS journals and the medical literature, and to 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.

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**MANUSCRIPT BODY.** The usual sections for a clinical science manuscript include Introduction, Methods, Results, Discussion, and Conclusion. Subheadings may be useful in the Methods and Results sections to help clarify the content in longer papers. Methods must be described in sufficient detail to allow others to reproduce the work. For established methods, appropriate references and a brief description are sufficient; but for new methods, appropriate details are required.

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If the description of the method is very long, the techniques should be summarized and referenced, and the details provided as an appendix that will be published on the internet but not in print. For human studies, the following details are generally important: eligibility (inclusion and exclusion criteria), randomization methods, blinding methods, total consecutive patients enrolled, and number of exclusions or drop outs and reasons.

**REFERENCES.** References should be cited consecutively in the text by superscript Arabic numbers in the order in which they are first mentioned in the text, a table, or a figure. References should not be cited alphabetically. The format for references is described in detail in "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" ([http://www.icmje.org/icmje-recommendations.pdf](http://www.icmje.org/icmje-recommendations.pdf)).

**Articles in Press.** References to articles in press must include authors’ names, title of article, and name of journal. Include the online publication date if it is available.

**Personal Communications and Unpublished Data are not to be Cited as References.** Instead, indicate these sources in the text at the appropriate place and include the individual's preferred given name, initials, surname, title, city, and year of communication. A note of approval from the source for the statement should be appended to the manuscript.

**Authors.** If there are six or fewer authors, list all; if seven or more, list only the first six, then et al.


Data References: Cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. This identifier will not appear in your published article.

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**ILL USTRATIONS (FIGURES, CHARTS, GRAPHS).** Limit illustrations to those that amplify, but do not duplicate the text. A reasonable number of line or halftone illustrations will be reproduced. You may not submit more than the maximum number of figures permitted for the selected article type. Please review the instructions for the specific article type before proceeding. Operative and pathology photographs should be in color. Figures and charts may be black and white unless sufficiently complex to require color. Original drawings or graphs should be prepared by computer software or by a professional artist. The Journal of Vascular Surgery does not charge for the inclusion of color images in the print Journal.

For our staff to evaluate the quality of your images, each one must be submitted electronically via the Editorial Manager system as separate TIFF, JPEG, or EPS files. Submissions that include figures that are embedded in the text of the manuscript, or that include figures that are compiled in one file, will be returned to you for correction.

Each image must have a minimum resolution of 300 DPI at 3 inches wide. If an image includes text, it must be a minimum of 10-point font.

Cite each figure and figure panel in the manuscript text, including images that are intended to be “online-only” appendices. Number your figures consecutively in Arabic numerals according to the order that they are cited in the manuscript. (Example: Figure 1A, Figure 1B, Figure 2, Supplemental Figure 1, Supplemental Figure 2).

If a TIFF, JPEG or EPS image you uploaded appears very small in the submission PDF, it may be that the file contains a large area of white space surrounding the image. Please be sure to crop out the white space so that the reviewers can read your figures from the PDF.

Figures may be submitted as Microsoft Word or PowerPoint files if the image is sharp, all text is legible, and the figure spans at least 4 inches within the document.

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Previously published images. If a figure has been previously published, the legend must give full credit to the original source, and a letter from the original source giving permission to reproduce the figure must be uploaded with the submission. Submissions with previously published images that are not accompanied by an original written permission document will be returned to the author.
Life table graphs. Life-table graphs or survival curves should be presented as series of declining horizontal steps. When the standard error of the patency rate estimate is >10%, the curve should be truncated or else should be represented with a dotted line as a means of indicating lack of reliability of the estimate. An alternative way to present the data is to use 95% Confidence Intervals, adding vertical lines to the survival curve at relevant time-points. In addition, there should be an "n" for each group at the relevant time points along the x-axis. For point estimates at a particular time point, using Kaplan-Meier analysis with later events censored is preferable to using chi-square, which does not account for censoring. Because life table graphs are preferred for in-text inclusion, data tables should be submitted only for the online version of the manuscript if the authors desire to provide this level of detail. Differences between curves should be calculated using the log-rank test.

3D radiological data. You can enrich your online article by providing 3D radiological data in DICOM format. Radiological data will be visualized for readers using the interactive viewer embedded within your article, and will enable them to: browse through available radiological datasets; explore radiological data as 2D series, 2D orthogonal MPR, 3D volume rendering and 3D MIP; zoom, rotate and pan 3D reconstructions; cut through the volume; change opacity and threshold level; and download the data. Multiple datasets can be submitted. Each dataset will have to be zipped and uploaded to the online submission system via the '3D radiological data' submission category. The recommended size of a single uncompressed dataset is 200 MB or less. Please provide a short informative description for each dataset by filling in the 'Description' field when uploading each ZIP file. Note: all datasets will be available for download from the online article on ScienceDirect. So please ensure that all DICOM files are anonymized prior to submission. For more information see: https://www.elsevier.com/books-and-journals/content-innovation/3d-radiological-data#instructions

FIGURE LEGENDS. Legends must be numbered, double spaced and uploaded as a separate Word document. Indicate original magnification and stain for photomicrographs.

VIDEOS. Videos that add to the understanding of the text are encouraged. All videos should be in MP4 format. The preferred codec is H264. Please do not submit videos that exceed 150 MB. Authors will be asked to resubmit modified files if necessary. Editing and formatting video is the author's responsibility. As with all other manuscript files, videos must be the original unpublished work of the authors. By submitting video files, the authors grant the Journal permission to publish the files in full or in part in the Journal of Vascular Surgery in all formats and media now known or hereafter developed.

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Editor Summary Videos: The Editor highlights select articles from each issue of JVS in an Editor Summary Video which appears on YouTube and JVASCSURG.ORG.

TABLES. Tables should enhance, not duplicate, the text. Results should not be summarized in a table; use a graph instead. Number your tables consecutively in Roman numerals according to the order of citation in the text. All tables must be cited, including tables intended to be supplemental “online-only”. Example: (Table I, Table II, Supplemental Table I, Supplemental Table II.) Supplemental tables are counted in the table limit for each article type. Tables must be created in a Microsoft Word using 12 pt. Times New Roman font. Tables must be uploaded together in one Word document, with each table starting on a new page and including a legend for each table. Tables may not be embedded in manuscript document. Manuscripts with tables that do not meet these requirements will be returned to the author.
Supplemental Tables. The Editors expect that the authors will only submit tables that are essential to the manuscript; however, tables that are not required to understand the manuscript, but that explain the work in greater detail, should be online-only. For example, a table summarizing the articles used in a meta-analysis should be online-only. Also, patient risk factors can frequently be included as an online table.

Abbreviations used in the tables should be explained in a footnote; however, abbreviations that have been defined in the body of the text do not need to be spelled out or explained in the table. If a table or any data therein have been previously published, a footnote in the table must give full credit to the original source, and the original Publisher’s permission to reproduce the table must be provided.

Revised Submissions. Revised submissions must include all of the files required for a new submission, (updated manuscript file without editing marks, figures, tables, etc.) plus a redline manuscript and a completed reviewer response form.

Redline Manuscript. A redline manuscript is required for all revised submissions and must meet all of the formatting requirements of the non-redlined manuscript. The redline manuscript must include the abstract and title page. The redline manuscript must be created using "Track Changes" in Microsoft Word and must show every change that has been made in the revision. Manually highlighting, underlining or otherwise indicating the changes made is not enough. Once all the changes are shown, the redline must be saved as a PDF. This will ensure that the author will be able to cite the correct page and line numbers in the Reviewer Response form. Detailed instructions about how to create a redline document may be found here.

Requirements for Specific Submission Types

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<th>ABSTRACT STRUCTURE</th>
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<th>BODY (WORDS)</th>
<th>FIGURES AND/OR TABLES</th>
<th>REFERENCES</th>
<th>SPECIAL RULES</th>
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Article Type Descriptions

**Clinical Research Articles** involve human clinical information, descriptions of patient populations, clinical applicability results and conclusions and must include 10 or more patients. Clinical Research includes:

**Randomized Controlled Trials.** Any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Authors must be sure to provide the clinical trial registration number and include a statement in the methods regarding Institutional Review Board approval and patient consent.

**Observational Studies.** Any study that observes individuals or measures outcomes without attempting to affect the outcome. Cohort, Case Control and Cross-sectional are types of observational study designs. Authors must state whether their study is retrospective or prospective and include the study dates and number of patients. Authors must be sure to include a statement in the methods regarding Institutional Review Board approval and patient consent. If formal IRB approval was waived, a statement to express this must be included in the methods. The authors should also disclose whether identifiable private information was reviewed for the study, or the process for deidentifying private information.

**Cohort.** Prospective cohort studies follow one or more patient populations that are free of the outcome of interest for a predetermined period. Individuals who develop the outcome during the study period are compared with those who did not so to investigate the causes of disease, suggesting links between risk factors and health outcomes. The authors must describe the cohort(s), report the length of follow-up, and state which independent variables and outcomes were measured and how. The number of individuals unavailable for follow-up and whether they differed from those with complete follow-up should be included. For retrospective cohort studies, the authors describe if/how investigators were blinded when formulating the hypothesis and determining the dependent and independent variables.

**Case-Control.** Retrospective study comparing those who have an outcome or event (cases), and those who have not (controls). The source of cases and controls must be described as well as inclusion and exclusion criteria.

**Cross-sectional.** Study that analyzes data collected from a population, or a representative subset, at a specific point in time.

**Editorials.** The Editors may solicit an Editorial on an important manuscript or topic to emphasize or explain the significance and relevance of the work to a vascular disease specialty audience or to present different views to assist the readers in deciding on the application of the results and conclusions. The editorial should be objective and authoritative and should not exceed 1000 words in length. Even though Editorials are solicited, there is no prior commitment to publish them.

**Education Corner.** Manuscripts for this section will be both invited papers as well as unsolicited submissions from authors with an interest in the training and education of vascular specialists. The goal of this section is to discuss issues in the current training and education, including patient-specific education, continuing education, as well as national and international workforce issues.

**Evidence Summary.** Articles in this section summarize the available evidence on a practice issue related to vascular health and disease management. There is a 1500-word limit of the published evidence, often in tabular form, relating to the subject. The goal of this section is to give the readers a focused discussion which will positively influence their practice.

**Invited Commentary.** Upon acceptance of a manuscript, the Editor may request an expert commentary to accompany the published article. Authors who are invited to submit a commentary are asked to help explain how the study fits into the literature and whether it has implications for clinical practice. Authors should provide a unique title for their commentary. Authors should not repeat data or results from the article, since the commentary and article will
be published together. However, the first reference must be to the article the commentary is about. Proper citation of the related article improves the online discoverability of the commentary. Authors may cite a few additional references if necessary, but the commentary is intended to be a discussion of the current article, not a literature review. Invited authors should also be mindful that the authors of the related article will not be asked for a rebuttal. Please be tactful and professional when making critical comments.

**LETTERS TO THE EDITOR/RESPONSES.** Readers are encouraged to submit letters to the Editor regarding recently published JVS articles. The title of a letter should express the main question or opinion of the authors. Letters should address the Editor, not the author, and include the original article as the first reference. Letters should not exceed 350 words and ten references. One illustration or table may be included if it amplifies a recent JVS article by extending or clarifying the original manuscript content, or by presenting an opposing interpretation of the results or conclusions. Letters may also be used to submit brief original observations or opinions, although authors may not submit case reports in letter format. The authors of the original article may be provided with an opportunity to respond in a Letter to the Editor. If the authors respond in a timely fashion, both the Letter to the Editor and the authors' response will be published together.

**PRACTICE MANAGEMENT.** Manuscripts for this section will be both invited and unsolicited papers focusing primarily on issues of interest to the practicing specialist, including office management issues, vascular laboratory management, sociopolitical topics, recruitment, and reimbursement issues. Topics should be of interest to both academic and nonacademic practitioners.

**REVIEW ARTICLES.** There are several categories of review article. Authors should include the type of review in the title of the manuscript. Please do not use any punctuation in the title. Each type of review has a specific goal and audience. Review Articles may be solicited by the Editors directly or in response to suggestions by authors and will be evaluated as independent submissions and subject to peer review. Illustrations, tables, and graphs are encouraged in all review articles.

**Narrative Review.** Traditional narrative reviews are mainly descriptive and do not involve a systematic search of the literature. They focus on a subset of studies, based on availability and an author's selection. These reviews are often not comprehensive.

**Systematic Review.** Systematic reviews involve a comprehensive search strategy, reducing bias by analyzing all relevant studies on a topic; The Cochrane Collaboration ([www.cochrane.org](http://www.cochrane.org)) is an example of an organization that produces systematic reviews. The PRISMA statement and checklist is recommended for an evidence-based minimum set of items for reporting in systematic reviews. The Institute of Medicine also produced standards for systematic reviews "Finding What Works in Health Care Standards for Systematic Reviews."

**Meta-analysis.** A meta-analysis is a type of systematic review that combines either qualitative or quantitative data from multiple studies, using a statistical approach, to increase power and resolve uncertainty. Meta-analyses of comparative studies usually include randomized control trials, but evidence from well conducted observational studies can also be included in some meta-analyses. The PRISMA statement and checklist is recommended for an evidence-based minimum set of items for reporting in meta-analysis ([http://www.prisma-statement.org](http://www.prisma-statement.org))

**Systematic review and meta-analysis.** Systematic review and meta-analysis are often combined or may be combined in a single document and are highly encouraged.

**SPECIAL ARTICLE:** This carefully selected group of articles includes Historical Vignettes, legal issues, ethical issues, personal reflections, opinion writings and other important topics that do not fit into a defined submission category. Special Articles must be important to the readers of JVS. They can be invited articles or unsolicited submissions.

**VASCULAR IMAGES.** Submissions accepted for this section present interesting vascular images and associated short educational summaries in a focused, case report format. Illustrations and text must be confined to one printed page (350 words max, four illustrations or fewer: one for the cover and three that must fit in the right-hand column). Vascular Images may be featured on the cover of the JVS. Please indicate which image should appear on the Journal cover in the in-text figure citation. The Editor may not select an image from your accepted manuscript for the cover;
However, it is required that you designate one image as the cover image before submission. Previously, published images will not be considered for this section. Descriptions of images must be included in the text, since figure legends will not be published, and only key references should be provided (with a limit of five). Images must be of professional quality and meet the basic requirements for resolution specified in Illustrations (figures, charts, graphs).

**Cover Image Format:** Color illustrations are preferred for the cover. Cover images must not include arrows, or any other added graphics and, whenever possible, text should be cropped out. Appropriate images include radiographs, pathology, anatomy, operative findings, and other relevant clinical pictures. The images should illustrate features of vascular disease, including technical approaches. Vascular images should possess both scientific and artistic merit.

**Consent.** The patient must agree to publish their case details and images before the author may submit their manuscript. A statement regarding this consent must be included in the text of the manuscript. The author is responsible for obtaining written consent for publication and archiving that file. To protect the patient(s’) privacy, the author SHOULD NOT submit the consent form to the Editorial Office. If a standard publication consent form is not available, this form may be used: [Download](#).

**Other Types of Publications**

**PRESIDENTIAL ADDRESSES.** A Presidential Address from a meeting of the Society of Vascular Surgery and affiliated societies will be published after editorial review, which may provide suggested improvements. Authors submitting Presidential Addresses must also submit a completed Application for Publication.

**REPORTING STANDARDS, PRACTICE GUIDELINES, AND APPROPRIATE USE CRITERIA.** These three types of documents are developed under the auspices of the Society for Vascular Surgery and will be published after review by the Document Oversight Committee and approval by the Board of Directors of the Society for Vascular Surgery.

**DEBATES.** Manuscripts for this section will be invited papers describing a point/counterpoint debate between two recognized experts in the field, concerning a controversial clinical issue. These debates can be introduced by a brief case vignette. Each expert will submit a defense of their position, as well as a response to their opponent's argument. These manuscripts may be accompanied by an invited expert commentary.

**OBITUARIES.** The Journal will publish obituaries for individuals who have been Editor-in-Chief, Senior Editor, or Recipient of the Society for Vascular Surgery Lifetime Achievement Award or the Medal for Innovation in Vascular Surgery.

**VASCULAR LEADERS.** This new section will highlight leaders of vascular surgery, with a concise one-page review of the leader’s career, as well as a photograph and a video, if available. Manuscripts are accepted from a committee of the Society for Vascular Surgery who has videotaped interviews with most of these leaders.

**SOCIETY DISCUSSIONS** The discussions of papers presented at the Society for Vascular Surgery’s Vascular Annual Meeting 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.

**After Manuscript Acceptance**

**Role of the Publisher**

**PRE-PROOF.** The pre-proof is a fully citable version of the manuscript prior to proofreading and formatting by the Publisher. Pre-proofs allow the fastest possible publication and are indexed by Medline. These articles can be cited using the date of access and their unique DOI (Digital Object Identifier) number. Additional changes in the article may
be needed and these will be included in the final version. The pre-proof for most article types will appear online approximately 6 weeks after acceptance.

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**Self-Archive.** Authors may self-archive their manuscripts immediately and enable public access from their institution's repository after an **embargo period of 12 months.** This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications.

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**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.

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**Reviewer CME Program.** The Society for Vascular Surgery designates manuscript review for the JVS for a maximum of 3 **AMA PRA Category 1 Credits™.** Physicians should only claim credit commensurate with the extent of their participation in the activity. At the end of each calendar year, the Editorial Office tallies the number of successfully completed reviews for each journal. Reviews that received a score of 30 or less are deemed unacceptable and will not merit credit. Eligible reviewers will be instructed to complete an online form at the end of the year to receive credits for this activity. Three **AMA PRA Category 1 Credits™** are awarded for each manuscript review. Physicians may claim a total of 15 **AMA PRA Category 1 Credits™** per year of manuscript review per journal. JVS Reviewers who complete five or more reviews receive no more than 15 **AMA PRA Category 1 Credits™** per year.

Learn more about becoming a JVS Reviewer.

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Access to the CME questions is free and open to the public. After successfully answering the questions, Journal subscribers can print a CME certificate at no cost. For nonsubscribers, there is a $10 fee per examination to receive a certificate of completion. CME accreditation is provided by the Society for Vascular Surgery.

Access the online CME exams.

**Updated July 2020**

This comprehensive policy and instructions for authors document is also published in the online edition of the January issue of the Journal of Vascular Surgery. For further clarification, please contact the Editorial Office by sending an email to: jvacsurg@vascularsociety.org.