

WORLD JOURNAL OF SURGERY INSTRUCTIONS FOR AUTHORS

GENERAL

World Journal of Surgery (WJS) publishes original articles that offer significant contributions to knowledge in the broad fields of clinical surgery, innovative developments in surgery, global surgical practice and economics, surgical education, rural surgery and surgical history. *WJS* welcomes predominantly human research, including clinical research, outcomes, and health service research. Laboratory research will be published only if it is highly significant and with clear and immediate translational potential to surgical care. *WJS* has an international circulation and is designed to serve as a medium for rapid dissemination of new and important information about the science and art of surgery throughout the world. In the interests of a wide international readership, use of the English language is required. Articles that are accepted for publication are done so with the understanding that they, or their substantive contents, have not been and will not be submitted to any other publication.

TYPES OF MANUSCRIPTS

PLEASE NOTE: *World Journal of Surgery* does not accept Case Reports and Book Reviews for review or publication. *WJS* will consider publication without prior invitation the following types of manuscripts:

Original Scientific Reports: Original Scientific Reports are full-length reports of original basic or clinical investigations. Original Scientific Reports must adhere to a 2,500 word limit (not including the title page, abstract, references, tables, and figures). The final word count should be included in the title page of the manuscript. All clinical trials must be registered through a public trials registry that is acceptable to the International Committee of Medical Journals Editors (ICMJE). For information on ICMJE's statement to register clinical trials, please go to http://www.icmje.org/publishing_10register.html. The trial registration number and agency should be listed on the title page and at the end of the abstract. Randomized clinical trials should be reported following the CONSORT criteria and provide a completed checklist and flow diagram upon manuscript submission. For information on CONSORT and to download the CONSORT checklist and flow diagram, please go to <http://www.consort-statement.org/>.

Brief Original Scientific Reports: Brief communications describing an original observation or new technique. All efforts will be made to expedite review and publication of noteworthy brief reports. Brief Original Scientific Reports must adhere to a 1,500 word limit (not including the title page, abstract, references, tables and figures). The final word count should be included in the title page of the manuscript.

Innovative Techniques in Surgery around the World: The *WJS* is interested in publishing high quality descriptions of innovative surgical techniques that have the potential to improve the quality or efficiency of care. While techniques with universal appeal are most sought after, novel techniques that allow broader access to care in resource challenged environments are also desirable. The successful manuscript will contain a detailed description of the technique and be richly illustrated with figures, and/or video. Line drawings are much superior to intraoperative photos, generally. A brief description of the authors experience with the technique should also be included, if possible. Qualifying manuscripts should be less than 1250 words, have no more than 3 authors, have no more than 5 references, and no more than 8 figures/video segments. A brief unstructured abstract is also required. Please see our instructions for submitting streaming video, below.

Papers Presented at ISW Congress: Includes manuscripts presented at an International Surgical Week (ISW) World Congress or at an Integrated Society meeting.

Multimedia Scientific Reports: *WJS* seeks manuscripts that contain brief video clips of surgical techniques or operative findings. Please see the "MULTIMEDIA MANUSCRIPT SUBMISSION" below for submitting video augmented manuscripts.

Surgery in Rural Settings and Low and Middle Income Countries: *WJS* seeks high quality manuscripts describing the unique problems and unique solutions facing surgeons in rural and impoverished settings, globally. *WJS* requires that manuscripts that use primary data from a low- or middle-income country should include one or more local co-authors. A local co-author is defined as a national of that country who is living and working in their home country. All other author requirements need to be met for the author(s) from the low and middle income country. The editors understand that there may be extenuating circumstances in which this requirement cannot be met. In such cases, a cover letter should explain why a local co-author is not included. Further details on this editorial policy can be found at: *World J Surg* (2011) 35:2367–2368.

Letter to the Editor: Letters should pertain to material previously published in *WJS*. Letters should not exceed 500 words with no more than five references, the first of which should be the article on which you wish to comment.

WJS will also consider for publication the following types of manuscripts by invitation only:

- Editorial Perspective
- Invited Scientific Review
- Invited Symposium Papers
- Reply to Letter to the Editor
- Invited Commentary
- Surgical History

MANUSCRIPT SUBMISSION GUIDELINES AND REQUIREMENTS

All manuscripts must be submitted online to *WJS* via the ScholarOne Manuscripts website (formerly Manuscript Central). Please login directly onto the site at <http://mc.manuscriptcentral.com/WJS> and upload your manuscripts following the instructions given on the screen. Authors should keep copies of all manuscript files. *WJS* accepts no responsibility for files that are lost or destroyed due to electronic problems. Upon manuscript submission, the Editorial Office will review all manuscript files to verify that guidelines and policies stated in this document are adhered to. Your manuscript will be unsubmitted if it does not meet the proper submission requirements.

Authors entering the ScholarOne Manuscripts website can either create a new account or use an existing one. If you have an existing account, please use it for all your submissions and you can track their status on the same page. If you are unsure about whether or not you have an account, or have forgotten your password, enter your e-mail address into the "Password Help" section. You will then receive an automatic e-mail with a new password which you will be prompted to change after logging in. Otherwise please create a new account and then follow the instructions given on the screen. Once you have logged into your account, ScholarOne Manuscripts will lead you through the submission process in a step-by-step orderly process. If you cannot finish your submission in one visit, you can save a draft and re-enter the process at the same point for that manuscript. At any point during this process, there are Help buttons available to see common questions and a support link to ask a specific question via email. After submission, you may return periodically and monitor the progress of your submission through the review process. Authors should go to <https://mc.manuscriptcentral.com/wjs> and click on "System Requirements" for the most updated list of system and browser requirements that should be used with ScholarOne Manuscripts.

Upon manuscript submission in the ScholarOne Manuscripts website, authors will be required to enter the following information:

- Selection of the appropriate manuscript type
- Full title of the manuscript
- Structured abstract (up to 250 words)
- Selection of the appropriate keywords associated with the manuscript
- Names and details of all contributing authors [i.e., e-mail, first name, middle initial(s), surname, degree(s); the departmental and institutional affiliation(s); complete street or mailing address for each affiliation, including the city, state or province, and country where the work was performed]. **NOTE: Fellowships are**

not included in the Journal and NO MORE THAN 6 AUTHORS will be accepted for all manuscripts without a letter detailing explicit contribution to all 3 phases of authorship as stated in the “Consensus Guideline on Surgery Journal Authorship” published in World J Surg. 2006; 30:1135-1136. Individual contributors who have not reached this level of contribution should be acknowledged at the end of the manuscript text.

- Copyright Transfer Statement signed and dated by the corresponding author on behalf of all authors must be uploaded with each manuscript submission. To download the form, please go to www.springer.com/00268 and click on “Copyright Transfer Statement”.

If you are unable to submit your manuscript via the ScholarOne Manuscripts website or have any questions about *WJS*, please contact the editorial office:

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MANUSCRIPT PREPARATION AND ORGANIZATION

General instructions:

- Use a normal, plain font (e.g., 10-12 point Times Roman or Arial) for text
- Double-space the text
- Use italics for emphasis
- Use the automatic page numbering function to number the pages
- Do not use field functions
- Use tab stops or other commands for indents, not the space bar
- Use the table function, not spreadsheets, to make tables

Manuscript style and text formatting: Styling and text formatting refers to the use of special effects to enhance the appearance of the published article. Please make note of the following "Dos and Don'ts" regarding styling:

- **DO** enter all lists as single column lists.
- **DO** use your word processing features to indicate bold, italic, superscript, and subscript text within a paragraph or heading.
- **DO NOT** center text for headings. All text should be justified left, with ragged (unjustified) right margins.
- **DO NOT** use italic, underline, or other type effects for the entire text of a heading.
- **DO NOT** use all capital letters for a heading; use initial caps instead.
- **DO NOT** use multiple spaces to set up columns or tables; use tabs instead.
- **DO NOT** use carriage returns at the end of each line of text (use the word wrap feature).

Manuscript organization: Manuscripts should be organized and follow the sequence as indicated below:

TITLE PAGE: The title page should include:

- A concise and informative title

- The name(s) of the author(s) including the affiliation(s) and address(es) of each author. The complete name and address of the author to whom correspondence should be sent, as well as his/her phone number, fax number, and email address.
- A short title for use as a running head.
- Keywords: 2-3 keywords relevant to the manuscript
- Trial registration number for randomized clinical trials (see “Types of Manuscripts: Original Scientific Reports” above)
- Grant support for the research reported
- Potential and real conflicts of interest
- Manuscript word count

ABSTRACT (if applicable): The abstract must appear between the title page and the Introduction section of the manuscript, even if it has been uploaded separately. Manuscripts should contain a structured abstract of not more than 250 words. It should be a factual description of the study performed organized with the headings of *Background* (includes aims, hypotheses, or objectives), *Methods* (includes patient population, procedures, and data analysis), *Results*, and *Conclusions*. The abstract should contain the data to support the key findings or conclusions of the study. The trial registration number for randomized clinical trials must be included at the end of the abstract. The first time an abbreviated term is used, spell it out in full and follow with the abbreviation in parentheses – for example: ultrasound (US).

TEXT: Original Scientific Reports should be arranged in sections titled Introduction, Material and Methods, Results, and Discussion.

1. Introduction: conveys the background and purpose of the report
2. Material and Methods
3. Results & Discussion

When required by the nature of the report, manuscripts that do not follow this specific format may be accepted.

ACKNOWLEDGEMENTS: A brief statement should acknowledge individuals, other than authors, who were of direct help in the reported work or if the work was supported by a federal or commercial grant. All acknowledged persons should give their written consent to being named in the manuscript. This consent is to be uploaded upon manuscript submission.

REFERENCES: Reference citations in the text should be identified by numbers in brackets (e.g. [4]). Number the references in order of their first appearance in the text (not alphabetically). Once a reference is cited, all subsequent citations should be to the original number. References may not appear in your Reference List unless they have been cited in the text or tables. Manuscripts that have been accepted for publication or are in press may be listed as references, but the Journal does not reference unpublished data and personal communications. Use the form for references adopted by the U.S. National Library of Medicine, as in Index Medicus. For each reference, show inclusive page ranges (e.g., 7-19).

In references to journal articles, please include (1) surname and initials (without periods) of the first three authors and et al for all others, (2) the year in parentheses, (3) title of article. (4) abbreviated Journal name, (5) volume number, and (6) inclusive page numbers, in that order. An example follows:

1. Honda T, Nozaki M, Isono N, et al (2001) Endoscope-assisted facial fracture repair. *World J Surg* 25:1075-1083

In references to books, please include (1) surname and initials (without periods) of the first three authors and et al. for all others, (2) chapter title, if any, (3) the year in parentheses, (4) editor(s), if any, (5) title of book, (6) publisher, (6) city of publication, and (7) inclusive page numbers. Volume and edition numbers, and name of translator should be included when appropriate. Examples follow:

1. Harlan BJ, Starr A, Harwin FM, Anesthesia for cardiac surgery (1996) In: Illustrated Handbook of Cardiac Surgery, Springer-Verlag, New York, p. 6-12

2. Jones MC, Smith RB, Treatment of gastric cancer (1976) In: Ford TL (ed) Cancer of the Digestive System, Springer-Verlag, Berlin, p. 140-154

TABLES:

- All tables are to be numbered using Arabic numerals
- Tables should always be cited in text in consecutive numerical order
- For each table, please supply a table heading
- The table title should explain clearly and concisely the components of the table
- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body

ARTWORK:

Electronic Figure Submission

- Supply all figures electronically
- Indicate what graphics program was used to create the artwork
- For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MS Office files are also acceptable.
- Vector graphics containing fonts must have the fonts embedded in the files
- Save and name your figure files with "Fig" and the figure number (e.g., Fig1.eps)

Line Art

- Definition: Black and white graphic with no shading
- Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size
- All lines should be at least 0.1 mm (0.3 pt) wide
- Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi

Halftone Art

- Definition: Photographs, drawing, or paintings with fine shading, etc.
- If any magnification is used in the photographs, indicate this by using scale bars within the figures themselves.
- Halftones should have a minimum resolution of 300 dpi

Combination Art

- Definition: a combination of halftone and line art (e.g., halftones containing line drawing, extensive lettering, color diagrams, etc.)
- Combination artwork should have a minimum resolution of 600 dpi

Color Art

- Color art is free of charge for online publication
- If black and white will be shown in the print version, make sure that the main information will still be visible. Many colors are not distinguishable from one another when converted to black and white. A simple way to check this is to make a xerographic copy to see if the necessary distinctions between the different colors are still apparent.
- If the figures will be printed in black and white, do not refer to color in the captions.
- Color artwork should be submitted as RGP (8 bits per channel).

Figure Lettering

- To add lettering, it is best to use Helvetica or Arial (san serif fonts)
- Keep lettering consistently sized throughout your final-sized artwork, usually about 2-3mm (8-12 pt).
- Variance of type size within an illustration should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label.
- Avoid effects such as shading, outline letters, etc.
- Do not include titles or captions into your illustrations

Figure Numbering

- All figures are to be numbered using Arabic numerals
- Figure parts should be denoted by lowercase letters (a, b, c, etc.)
- Figures should always be cited in text in consecutive numerical order
- If an appendix appears in your manuscript and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, "A1, A2, A3, etc." Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately.

Figure Captions

- Each figure should have a concise caption describing accurately what the figure depicts. Include the captions in the text file of the manuscript, not in the figure file.
- Figure captions begin with the term Fig. in bold type, followed by the figure number, also in bold type.
- No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption.
- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs.
- Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption

Figure Placement and Size

- When preparing your figures, size figures to fit in the column width.
- For most journals the figures should be 39 mm, 84 mm, 129 mm, or 174 mm wide and not higher than 234 mm.

Accessibility (in order to give people of all abilities and disabilities access to the content of your figures, please make sure of the following)

- All figures have descriptive captions (blind users could then use a text-to-speech software or a text-to-Braille hardware)
- Patterns are used instead or in addition to colors for conveying information (color-blind users would then be able to distinguish the visual elements)
- All figure lettering has a contrast ratio of at least 4.5:1

MULTIMEDIA MANUSCRIPT SUBMISSION:

- A Multimedia manuscript is an article with imbedded video material. Up to 3 videos per manuscript submission will be accepted. All standard instructions for Audio, Video, and Animations should be followed for Multimedia Manuscript Submissions.
- The content of these files must be identical to that reviewed and accepted by the editors of *World Journal of Surgery*
- All narration should be in English.
- Generally, the video clip is used to support the technique description. Additional data regarding the results of the procedure described should be included with the manuscript.

ELECTRONIC SUPPLEMENTARY MATERIAL:

Submission

- Supply all supplementary material in standard file formats.
- Please include in each file the following information: article title, journal name, author names; affiliation and e-mail address of the corresponding author.
- To accommodate user downloads, please keep in mind that larger-sized files may require very long download times and that some users may experience other problems during downloading.

Audio, Video, and Animations

- Resolution: 16:9 or 4:3
- Maximum file size: 25 GB
- Minimum video duration: 1 sec
- Supported file formats: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp

Text and Presentations

- Submit your material in PDF format; .doc or .ppt files are not suitable for long-term viability.
- A collection of figures may also be combined in a PDF file.

Spreadsheets

- Spreadsheets should be converted to PDF if no interaction with the data is intended.
- If the readers should be encouraged to make their own calculations, spreadsheets should be submitted as .xls files (MS Excel).

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- Specialized formats such as .pdb (chemical), .wrl (VRML), .nb (Mathematica notebook), and .tex can also be supplied.

Collecting Multiple Files

- It is possible to collect multiple files in a .zip or .gz file.

Numbering

- If supplying any supplementary material, the text must make specific mention of the material as a citation, similar to that of figures and tables.
- Refer to the supplementary files as “Online Resource”, e.g., “... as shown in the animation (Online Resource 3)”, “... additional data are given in Online Resource 4”.
- Name the files consecutively, e.g. “ESM_3.mpg”, “ESM_4.pdf”.

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- For each supplementary material, please supply a concise caption describing the content of the file.

Processing of supplementary files

- Electronic supplementary material will be published as received from the author without any conversion, editing, or reformatting.

Accessibility

In order to give people of all abilities and disabilities access to the content of your supplementary files, please make sure that

- The manuscript contain a descriptive caption for each supplementary material
- Video files do not contain anything that flashes more than three times per second (so that users prone to seizures caused by such effects are not put at risk)

ABBREVIATIONS, DRUG AND PRODUCT NAMES, DIGITS: Please use the standard abbreviations and units listed in Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers, Sixth Edition (Reston, Va., Council

of Biology Editors, 1994). The first time an abbreviated term is used, spell it out in full and follow with the abbreviation in parentheses – for example: ultrasound (US).

Generic names for drugs and chemicals should be used the first time the drug or chemical is mentioned in the text and, preferably, thereafter. The first reference to a drug or chemical in the text should be followed by the manufacturer name, city, state or province, and country – and, if you wish, the trade name – in parentheses.

Please express digits as numerals except when they are the first word in a sentence. Decimals should be written in North American format. Express units of measurement in the metric system whenever possible, and abbreviate them when used with numbers.

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REVIEW AND ACTION

The editorial staff will examine the manuscripts and will customarily send them to appropriate experts. Authors will be notified as to the acceptability of a manuscript as rapidly as possible. All manuscripts will be put through iThenticate, an online plagiarism detection tool comparing the manuscript against previously published scientific work in other journals. If any misconduct is detected, the editorial office will contact the author(s) concerning next steps and actions.

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AUTHOR PROOFS

After a submission is accepted and processed through production, a proof of the article is made available to the corresponding author. The purpose of the proof is to check for typesetting or conversion errors and the completeness and accuracy of the text, tables and figures. It is particularly important to check the proofs for accurate spelling of the author's names. It will be impossible to change an incorrectly spelled author's name after publication. Substantial changes in content, e.g., new results, corrected values, title and authorship, are not allowed without the approval of the Editor-in-Chief. Please note that the corresponding author will only receive one proof for review. Revised proofs are provided only upon request of the corresponding author. The article will be published online after receipt of the corrected proofs. This is the official first publication citable with the DOI (Digital Object Identifier). After online publication, further changes can only be made in the form of an Erratum, which will be hyperlinked to the article. After release of the printed version, the article can also be cited by issue and page numbers.

CONSENSUS STATEMENT ON SUBMISSION AND PUBLICATION OF MANUSCRIPTS

(Published in the June 2001 issue of *World Journal of Surgery*, page A7)

Increasing problems of duplicate and fraudulent submissions and publications have prompted the editors of surgical journals, including *World Journal of Surgery*, to support these overall principles of publication:

Duplicate Submission and Publication

In general, if a manuscript has been peer-reviewed and published, any subsequent publication is duplication. Exceptions to this general rule may be:

- a) Prior publication in meeting program abstract booklets or expanded abstracts such as those published by the Surgical Forum of the American College of Surgeons or Transplantation Proceedings. However, these must be referenced in the final manuscript.
- b) A manuscript which extends an original database (a good rule might be expansion by 50% or more) or which analyzes the original database in a different way in order to prove or disprove a different hypothesis. Previous manuscripts reporting the original database must, however, be referenced.
- c) Manuscripts which have been published originally in non-English language journals, provided that the prior publication is clearly indicated on the English language submission and referenced in the manuscript. In some circumstances, permission to publish may need to be obtained from the non-English language journal.

For example, any submission duplicating material previously published in full in "Proceedings" or book chapters is considered duplicate unless the exceptions in (a) above apply. Similarly, manuscripts dealing with subgroups of data (i.e., patients) that have previously been analyzed, discussed and published as a larger group are considered duplicate unless (b) above applies.

The Internet raises special concerns. If data have previously appeared on the Internet, submission of those data for publication is considered duplication. If Internet publication follows journal publication, the journal publication should be clearly referenced. Some journals may provide early Internet publication of accepted peer reviewed papers which are subsequently published in that journal. This does not constitute duplication if both manuscripts are identical and covered by the same single copyright.

Fraudulent Publication

The following activities are examples of fraudulent publication practices:

- a) Willful and knowing submissions of false data for publication.
- b) Submission of data from sources not the author's (or authors') own.
- c) Falsely certifying that the submitted work is original and has not been submitted to, or accepted by, another journal.
- d) Sponsoring or vouching for a manuscript containing data over which the sponsor has no control or knowledge.
- e) Allowing one's name to appear as an author without having contributed significantly to the study.
- f) Adding an author's name to a manuscript to which he/she has not contributed, or reviewed or agreed to in its current form.
- g) Flagrant omission of reference to the work of other investigators which established their priority.
- h) Falsification of any item on the copyright form.
- i) Failure to disclose potential conflict of interest with a sponsoring agency.

While not intended as an all-inclusive document, these examples and guidelines should alert authors to potential problems that should be avoided when they are considering submission of a manuscript to a peer-reviewed journal.

Surgery Journal Editors Group Consensus Statement on the Adoption of the COPE Guidelines

We, the undersigned member journals of the Surgery Journal Editors Group (SJEG), in the furtherance of integrity in surgical and scientific publication, agree to adopt the guidelines established by the Committee on Publication Ethics (COPE)¹. The COPE guidelines represent a means of addressing a variety of ethical concerns, including duplicate publication and authorship misconduct issues, which have, unfortunately, become more prevalent. This statement is being simultaneously published in the respective journals of the members of the Surgery Journal Editors Group, as follows:

American Journal of Surgery

Kirby I Bland, MD

Annals of Surgery

Layton F Rikkers, MD, Keith D Lillemoe, MD

Annals of Surgical Oncology

Charles M Balch, MD

Annals of Thoracic Surgery

L Henry Edmunds Jr, MD

Archives of Surgery

Julie Freischlag, MD

BJS

Derek Alderson, MD, Jonathan J Earnshaw, MD

Burns

Steven E Wolf, MD

Canadian Journal of Surgery

Edward J Harvey, MD, Garth L Warnock, MD

Der Chirurg

JR Siewert, MD

Digestive Surgery

Markus W Büchler, MD, John P Neoptolemos, MD

Diseases of the Colon and Rectum

Robert D Madoff, MD

ePlasty

Stephen M Milner, MD

Female Pelvic Medicine & Reconstructive Surgery

Alfred E Bent, MD

HPB

O James Garden, MD

HPB Surgery

Robin C Williamson, MD

Journal of the American College of Surgeons

Timothy J Eberlein, MD

Journal of Burn Care and Research

Richard Gamelli, MD

Journal of Gastrointestinal Surgery

Charles Yeo, MD, Jeffrey Matthews, MD

Journal of Hepato-Biliary-Pancreatic Sciences

Tadahiro Takada, MD

Journal of Laparoendoscopic & Advanced Surgical

Techniques, C Daniel Smith, MD

Journal of Pediatric Surgery

Jay L Grosfeld, MD

Journal of Surgical Education

John A Weigelt, MD

Journal of Surgical Research

David McFadden, MD, Wiley W Souba, MD

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Journal of Trauma

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Michael M Meguid, MD, PhD

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Plastic & Reconstructive Surgery

Rod J Rohrich, MD

Surgery

Andrew L Warshaw, MD, Michael Sarr, MD

Surgery for Obesity & Related Diseases

Harvey J Sugerman, MD

Surgical Endoscopy

Alfred Cuschieri, MD, Mark Talamini, MD

Surgical Innovation

Adrian Park, MD, Lee Swanstrom, MD

Surgical Laparoscopy, Endoscopy & Percutaneous Techniques,

Maurice E Arregui, MD, Carol Scott-Conner, MD, PhD

¹COPE Committee on Publication Ethics. <http://publicationethics.org/guidelines>

CONSENSUS STATEMENT ON SURGERY JOURNAL AUTHORSHIP – 2006

In the majority of clinical and research studies submitted to surgery journals for possible publication, many individuals participate in the conception, execution, and documentation of each of those works. However, recognition of work in the form of authorship has varied widely. This consensus statement is being issued to clarify and define the criteria for surgical journal authorship.

The following guidelines should be used to identify individuals whose work qualifies them as authors as distinct from those who are contributors to the work under consideration. All persons designated as authors should qualify for authorship, and all those who qualify should be so credited.

A. Authorship Criteria

Individuals claiming authorship should meet all of the following 3 conditions:

1. Authors make substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data;
2. Authors participate in drafting the article or revising it critically for important intellectual content; and
3. Authors give final approval of the version to be submitted and any revised version to be published.

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Allowing one's name to appear as an author without having contributed significantly to the study or adding the name of an individual who has not contributed or who has not agreed to the work in its current form is considered a breach of appropriate authorship.

Acquisition of funding, collection of data, contributing cases, or general supervision of the research group, of itself, or just being the Chair of the department does not justify authorship if the above criteria are not fulfilled.

B. Order of Authors

The order of authorship on the byline should be a joint decision of the co-authors. Authors should be prepared to explain the order in which authors are listed.

C. Multi-Center Studies

When a large, multi-center group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship defined above and editors will ask these individuals to complete journal-specific author and conflict of interest disclosure forms. When submitting a group-author manuscript, the corresponding author should clearly indicate the preferred citation and should clearly identify all individual authors as well as the group name.

D. Contributors Listed in Acknowledgments

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include: individuals who allowed their clinical experience (i.e., cases) to be included, a person who provided purely technical help, writing assistance, or a department Chair who provided only general support. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as "clinical investigators" or "participating investigators," and their function or contribution should be described - for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients."

Because readers may infer their endorsement of the data and conclusions, all persons listed as contributors must give written permission to be acknowledged.

E. In Conclusion

This consensus statement is intended as a basic guide for authors. In the interest of promoting the highest ethics in surgical publishing and the surgical sciences, we ask that authors take these criteria into careful consideration when submitting a manuscript to a peer-reviewed surgical journal. This statement is being simultaneously published in the respective journals of the members of the Surgical Journal Editors Group, as follows:

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