

# SURGICAL ENDOSCOPY

## INSTRUCTIONS FOR AUTHORS

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### PLEASE NOTE:

#### **EFFECTIVE APRIL 9, 2015 (OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND FORMS):**

All potential benefits in any form from a commercial party related directly or indirectly to the subject of this manuscript or any of the authors must be acknowledged. For each source of funds, both the research funder and the grant number should be given. For *Surgical Endoscopy* this is a two-step process:

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**Conflict of Interest forms with submission.** As part of the submission process you must upload a completed and signed ICMJE disclosure form for each author. Manuscripts submitted without all forms will be returned for corrections. Blank ICMJE forms are available for download at <http://www.icmje.org/>.

#### **Sex-Inclusive Biomedical & Clinical Research\***

We, the editors of surgery journals, believe that conducting sex-inclusive biomedical and clinical research is imperative to improving health outcomes of men and women. Note that the word "sex" is being used rather than "gender". Sex is the genotype by which one is born and gender is the phenotype. It is the chromosomal sex of the human, animal, tissue, or cell to which we are referring. Recent studies have shown that the majority of biomedical research in the field of surgery and related topics is conducted on male animals and male cells, even when studying diseases prevalent in women.<sup>1</sup> Human clinical research suffers from a lack of sex-based reporting and sex-based analysis of the results.<sup>2,3</sup> Given these findings, the National Institutes of Health has now asked that sex be considered as a biologic variable in all National Institutes of Health-funded research.<sup>4</sup> As such, we support uniform, defined reporting of the sex used for human, animal, tissue, and cell research in ALL manuscripts published in our journals. If only one sex is studied, authors must include a justification statement as to why a single-sex study was conducted. We also will require sex-based reporting and analysis of data for all human, animal, tissue, and cell research. As a group, we will require this among all our collective surgery journals.

\*The Surgery Journal Editors Group is comprised of editors from 74 international, surgery-related journals who meet once a year at the annual meeting of the American College of Surgeons and discuss concerns common among surgery journals.

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## MANUSCRIPT SUBMISSION TYPES AND PEERREVIEW

All manuscripts submitted to *Surgical Endoscopy* must be original; i.e. not published elsewhere (except in abstract form) and not under consideration for publication elsewhere. *Surgical Endoscopy* will consider manuscripts prepared according to the instructions below. Manuscripts that deviate from the instructions will be sent back for correction before peerreview.

The Editors-in-Chief invite submissions that fall into the following categories of manuscripts:

1. Randomized controlled clinical studies
2. Prospective case-controlled studies
3. Retrospective case-controlled studies
4. Substantive retrospective series
5. Technology papers: describing new technologies and their evaluation. Any such manuscripts must have data on the benefits, efficacy and or safety of the technology, experimental or clinical as appropriate
6. Review articles: based on exhaustive literature search with description of the methods used in the literature search.
7. Meta-analysis of published RCTs – These manuscripts must clearly indicate that statistical expertise was available to the authors.
8. Technical notes: concern descriptions of new surgical techniques relating to laparoscopic or flexible endoscopic surgery. These short reports must contain a brief clinical or experimental account of their use.
9. Videos and dynamic manuscripts.

***Surgical Endoscopy* does not accept case reports and all retrospective series submitted to the journal must be on a cohort of 10 or more patients.**

***Surgical Endoscopy* no longer considers Letters to the Editor for publication in the journal. If you are writing a letter because you feel that authors of a paper have plagiarized the paper, distorted or embellished their work, or published the same work in more than one journal, please send your remarks in an email directly to both Editors-in-Chief: Dr. Mark Talamini (mark.talamini@stonybrookmedicine.edu) and Professor George B. Hanna (g.hanna@imperial.ac.uk).**

All manuscripts submitted to *Surgical Endoscopy* are subject to peer review and editing. Each substantive manuscript is reviewed by at least two experts in the field, who may also be members of the Editorial Board. The decision of the Editors-in-Chief is final. The authors are notified of the decision by e-mail, with reviewer comments, if applicable. The reviewers of the journal are recruited from the various disciplines related to endoscopic surgery and allied technologies and interventions and also from members of the two affiliated societies, EAES and SAGES.

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### **CONSORT (Consolidated Standards of Reporting Trials)**

For information on the most updated Consort Statement and to download the Consort E-Checklist and the E-flowchart, go to: [www.consort-statement.org](http://www.consort-statement.org)

### **Experimental Subjects/Animals**

All authors are expected to abide by accepted ethical standards. In investigations that involve human subjects or laboratory animals, authors should provide an explicit statement in Materials and Methods that the experimental protocols were approved by the appropriate institutional review committee and meet the guidelines of their responsible governmental agency. In the case of human subjects, informed consent is essential. All randomized controlled clinical trials (RCTs) should conform to the CONSORT criteria (<http://www.biomedcentral.com/1471-2288/1/2>). The corresponding author should indicate whether the RCT has been registered or not.

### **Clinical Trial Registration**

All trials must be registered in a public trials registry that is acceptable to the International Committee of Medical Journal Editors (ICMJE). (<http://www.icmje.org/faq.pdf>).

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## **REQUIRED FORMS**

### **Official Conflict of Interest Disclosure Form**

See explanation above.

### **Permissions**

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### **Copyright Transfer Statement**

**Effective February 23, 2012:** Copyright forms are now handled online after the manuscript is accepted for publication. Please see the "AFTER ACCEPTANCE: MyPublication" section below for more information.

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## **ONLINE SUBMISSION REQUIREMENTS VIA EDITORIALMANAGER**

Manuscripts are submitted online to *Surgical Endoscopy* via Editorial Manager. Please log directly onto the site at <http://www.editorialmanager.com/send/> and submit your manuscript following the instructions given on the screen.

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status on the same page. If you are unsure about whether or not you have an account, or have forgotten your password, click on "Login Help" on the first screen. Otherwise please create a new account and then follow the instructions given on the screen.

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### **Preparing Electronic Files for Submission**

After entering all the information about manuscript title, abstract, authors and other details, you will be prompted for uploading files. Please, follow the instructions below for preparation of suitable electronic files. For review purposes, your text and figure file(s) will be converted into a PDF document so it can be viewed and printed with Adobe Acrobat Reader. The files in the PDF document will be presented in the order specified.

- The main document with manuscript text and tables should be prepared with an electronic word processing program. Please, do NOT include figures or illustrations within the manuscript text file.

Save each figure as a single image file in either uncompressed TIFF, GIF, JPEG, or EPS format. Please refer to the "GUIDELINES FOR ELECTRONICALLY PRODUCED FIGURES" below for details on how to produce high quality electronic figures. Images created in slide presentation programs, such as Microsoft PowerPoint, are low resolution and NOT acceptable. Charts created with Microsoft Excel are NOT acceptable. Please verify your uploaded files before proceeding with your submission.

You will be notified by email that your submission was successful. Successful submission does not mean that your paper is accepted for peer review. Keep copies of your word-processing and figure files. After submission, you may return periodically and monitor the progress of your submission through the review process.

### **If you have any questions while submitting, please contact the coordinating editorial office:**

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117 Lexow Avenue  
Upper Nyack, NY 10960, USA  
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E-mail: [surgendosc@optonline.net](mailto:surgendosc@optonline.net)

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## MANUSCRIPT PREPARATION

Manuscripts must be clearly and concisely written in English, and authors are urged to aim for clarity, brevity, and accuracy of information and language. Authors whose first language is not English should enlist the help of colleagues who are proficient in scientific English or a language editing service. Manuscripts should be submitted in their final form. The position of figures and tables should be indicated in the text.

### MANUSCRIPTS THAT DO NOT FOLLOW THE INSTRUCTIONS LISTED HERE WILL BE RETURNED FOR CORRECTION BEFORE BEING REVIEWED.

All manuscripts should be prepared as follows:

#### **Title Page:**

- Full title of manuscript
- A short running head of not more than 40 characters
- The first and last names of each author with highest academic degree, and the department and institutional affiliation for each author. **All authors must meet the criteria for authorship in the Consensus Statement on Journal Authorship cited later in these instructions.**
- The name, address, telephone, fax, and **email** of the author to whom correspondence should be addressed. Please note, no changes shall be made to author line after the article has been accepted.
- Funding information specific to this paper. For each source of funds, both the research funder and the grant number should be given.

**Please note: The Corresponding author should carefully check the names and order of all authors when submitting a manuscript. Additions or deletions of authors or changes to the order of authors cannot be made after an article has been accepted.**

#### **Abstract and Key Words:**

- Structured Abstract of not more than 300 words stating Background, Methods, Results, and
- Conclusions
- List up to six keywords.

**Text:** Text should be arranged in the order of Introduction, Materials and Methods, Results, Discussion, Acknowledgments, Disclosures, References

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The author is responsible for the accuracy of the references. Citations in the text should be identified by numbers in brackets. The in-text references and the reference list at the end of the manuscript should be

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a) Articles from journals: Name(s) and initials of ALL author(s), year in parentheses, full title, journal name as abbreviated in Index Medicus, volume followed by a colon, first and last page numbers.  
Berci G, Paz-Paltrow M (1988) Electronic imaging in endoscopy. *Surg Endosc* 2:227-233

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Bates D (2002) The quality case for information technology in healthcare. Available at:  
<http://www.biomedcentral.com/1472-6947/2/7>. October 2002; Accessed 19 December 2002.

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White, ME, Choyke PL (1988) Duplex sonography of the abdomen. In: Grant EG, White EM (eds) *Duplex sonography*, Springer, New York, pp 129-190

e) Multimedia Manuscripts: Holcomb III GW. (2003) Laparoscopic fundoplication in an infant. *Surg Endosc*, DOI: 10.1007/s00464-003-6000-y17: 1319

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- 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 title.
- 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

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**Figure Legends:** Legends must be brief, self-sufficient explanations of the figures in no more than four or five lines. Remarks such as "For explanation, see text" should be avoided. **Figure legends are considered text and should appear in your main document.**

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A Dynamic manuscripts are submitted as regular text articles with video included that will play when the hyperlink is selected when viewing the full text online. The dynamic manuscript is a perfect opportunity for authors to supplement the text submission with short multimedia clips that augment, enhance, or highlight key concepts within the manuscript. Examples of this could include: a fluoroscopy cholangiogram; video endoscopic findings; short intraoperative video segment; narrated examination of the microscopic histologic findings; physical examination; or animated graphics that replace the static graphic that appears in the print manuscript. Authors are encouraged to be creative.

Requirements:

- The file resolution must be 16:9 or 4:3.
- Video or video clips should not exceed 9 minutes total; minimum video duration: 1 sec
- An audio narration in English must accompany the video.
- The maximum size for all files (including videos) in the submission is 25 GB.
- Videos must be in one of the following formats: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v or 3gp.
- The video file must be playable on a Windows-based computer.
- No music sound tracks.
- Avoid "fancy" video transitions.
- Annotation of anatomic structures is encouraged. No authored DVDs.
- All instructions for both manuscript and video(s) must be followed.

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## CONSENSUS STATEMENT ON SUBMISSION AND PUBLICATION OF MANUSCRIPTS

(Published in the June 2001 issue of *Surgical Endoscopy*, page 537)

Increasing problems of duplicate and fraudulent submissions and publications have prompted the editors of surgical journals, including *Surgical Endoscopy*, 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:

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

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;
- 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. Changes of authorship or in the order of authors are not permitted after acceptance of a manuscript. Requests to add or delete authors at revision stage or after publication is a serious matter, and may be considered only after receipt of written approval from all authors and detailed explanation about the role/deletion of the new/deleted author. The final decision on accepting the change rests entirely with the Editors-in-Chief of the journal.

### **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**

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### **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.



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Surgical Endoscopy

And Other Interventional Techniques Official Journal of  
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