

SURGICAL ENDOSCOPY

INSTRUCTIONS FOR AUTHORS

PLEASE NOTE:

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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.¹ Human clinical research suffers from a lack of sex-based reporting and sex-based analysis of the results.^{2,3} 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.⁴ 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.

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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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.

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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>).

REQUIRED FORMS

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

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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.

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The following activities are examples of fraudulent publication practices:

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- Sponsoring or vouching for a manuscript containing data over which the sponsor has no control or knowledge.
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- 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.

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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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