

OBESITY SURGERY - INSTRUCTIONS FOR AUTHORS

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1. ABOUT OBSU

Obesity Surgery is published by Springer Nature and is the official journal of the International Federation for the Surgery of Obesity and metabolic disorders (IFSO). Requirements are in accordance with the "Uniform Requirements for Manuscripts submitted to Biomedical Journals," www.icmje.org .

All manuscripts submitted to OBSU are blind-reviewed and decisioned through Editorial Manager (EM) <http://www.editorialmanager.com/obsu> . Letters to the Editor and Invited Letter Replies do not need to be blinded. Articles 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.

Obesity Surgery is a specialty journal, and the readership is well versed in the world statistics about the prevalence of obesity and metabolic/bariatric surgery, as well as other broad interdisciplinary topics. The Editorial Board, therefore, asks that submissions for publication adhere to what is new to be told. Focus the introduction and discussion of an article on the specific knowledge gap. Aim current studies toward sharpening reader attention to any new information provided. Brevity will also favor acceptance of a submission.

2. FILE SUBMISSION CHECKLIST

Before you begin your submission, make sure to have ready for upload all the file items described in the submission checklist below. Please use American English spelling. If any of the required file items listed below are missing, not correctly blinded, or otherwise incorrect, and/or if the English grammar is insufficient, your manuscript will be returned to you for correction.

For File Item descriptions, see section 4c., [MANUSCRIPT SECTIONS AND FILE ITEM TYPES](#).

- ☒ **Title Page** (Word, RTF, TXT) – The complete title page is separate from the rest of the manuscript text. Any Keywords and non-blinded details should be placed in the Title Page.

If you are submitting a...

- ☒ **Text-based Manuscript** (Word, RTF, TXT), **include, as applicable:**

- ☐ Textual Abstract and 3 to 4 Key Points (different from Keywords, in bullet-point format)
- ☐ The complete manuscript text (must be blinded for review purposes – no author/affiliation details)
- ☐ Blinded statements for Conflict of Interest, Ethical/Board approval, and Informed Consent (as applicable)
- ☐ References in PubMed[®] style
- ☐ Optional: Embedded tables, schemes, figures, and captions
- ☐ Dynamic (supplementary) Video, if present, is not to exceed three (3) minutes in length; must be blinded and clearly narrated in English
- ☐ If present, video must be in either .MP4 or .MOV format.

If you are submitting a...

- ☒ **Video-based Manuscript** (Multimedia Article in MP4 or MOV), **include:**

- ☐ Blinded Video Abstract and Key Points, as well as Ethical, COI, and Human/Animal Rights statements, and references
- ☐ Video not to exceed ten (10) minutes in length (blinded for review purposes)
- ☐ Narrated in English
- ☐ Video HD-ready in either .MP4 or .MOV file format, not to exceed 500 MB (website limit).

- ☒ **Figures/Images/Media** (JPG, EPS, TIFF)

- ☐ No identifying information about patients or logos unless permission specifically provided.
- ☐ Patient and/or publisher permissions (e.g., for images or logos, etc.), as applicable.

FOR REVISIONS ONLY:

- ☒ Revised/blinded text, tables, figures

- ☐ One clean copy (Word, RTF, TXT)
- ☐ One annotated copy

- ☒ A blinded, Point-by-Point Reply to Reviewer Comments (Word, RTF, TXT)

- ☒ Only required for Original Contributions and New Concepts: A blinded Graphical Abstract (Word, PPT, JPG, EPS, TIFF). This should be primarily graphic and consist of icons (not just text). You may use the Graphical Abstract template provided [here](#) and see [example here](#).
(Note re: terminology - “Graphical Abstract” = “Visual Abstract”)

3. IMPORTANT SUBMISSION INFORMATION

3a. SYSTEM REQUIREMENTS

Authors will need the following items to use EM:

- Internet access
- A current Adobe Acrobat browser plug-in
- Electronic files of all required documents listed in the File Submission Checklist

3b. YOUR AUTHOR ACCOUNT

If you have previously accessed the system at <http://www.edmgr.com/obsu/> *always use your existing account* for ALL subsequent submissions. If you have forgotten your Username or Password, use the “Send Login Details” link at the Login Page. Authors entering the journal's EM site for the first time can create a new account by clicking “Register Now.”

3c. ONLINE SUBMISSION

After you log into your account and enter your Author Center, EM will lead you through a step-by-step submission process. Note: Always keep original copies of your manuscript files. The system will not allow you to complete your submission if any required submission fields are incomplete. If you cannot finish your submission in one visit, you may save a draft and later re-enter the process at the same step by clicking on the “Incomplete Submissions” link in your Author Main Menu.

We recommend that you have all items listed in the [File Submission Checklist](#) complete and ready for upload before starting your online submission. After uploading the files, the system will convert the files to PDF. Thoroughly review the PDF of your submission before confirming your submission. Note: documents that are not viewable to reviewers (cover letter, title page, etc.) may not appear in your PDF proof; simply make sure that they have been successfully uploaded in your list of uploaded files. After confirming that your submission is complete, click “Submit.” All contributing authors will receive an emailed confirmation. If the submission is not complete, inaccurate, or not fully blinded when the editorial office receives it, it will be returned to your Author Center, with an e-mail notifying you of what needs to be corrected.

Once your manuscript is correctly submitted, it will be assigned to an editor, and the review process will begin.

3d. SUPPORT AND ASSISTANCE

If you have questions or need assistance at any point during the submission and review process, contact our OBSU Managing Editor:

Attn: Deana Rodriguez, Managing Editor, OBSU Editorial Office Phone: +001 (562) 961-9928 E-mail: obsu.rodriguez@gmail.com

4. MANUSCRIPT PREPARATION

- Authors must use person-first language: e.g., "patients with obesity" rather than "obese patients."
- Double-space the text and set page borders at one inch.
- Number all pages.
- Use a normal, plain font (e.g., 12-point Times Roman) for text.
- Express all scientific units in SI units.
- Abbreviations may be used but must be spelled out the first time the term is mentioned.

4a. MANUSCRIPT TYPES AND FORMAT

The manuscript types that Obesity Surgery accepts include Original Contribution, New Concept, Review Article, Brief Communication, Letter to the Editor, and Multimedia Article. You may submit your manuscript following the format requirements detailed in the MANUSCRIPT FORMATS table below.

Each manuscript type requires specific submission format and file types. When required by the nature of the report, manuscripts that do not follow these formats may be considered. Please note that the page, word, and figure limits in the table below are a guideline rather than a rule; the editors and reviewers make the final evaluations. Please remain succinct in your wording.

MANUSCRIPT FORMATS

The double-spaced page and word counts below are a guideline rather than a rule. Title Page, references, figures, legends, and tables are not considered in the page/word counts below. See section 4c below, [MANUSCRIPT SECTIONS AND FILE ITEM TYPES](#), for descriptions of each file item.

MANUSCRIPT	Description	Pp/Words	Blinded Manuscript Text Contents	Figures
Original Contribution	Paper involves clinical or basic science research	8pp/2400 words	<ul style="list-style-type: none"> Title Structured textual Abstract, includes subheadings (250 words) 3 to 4 one-line, bulleted Key Points (different from Keywords) Graphical Abstract (required upon revision) Introduction/Purpose Materials/ Methods/ Results/ Conclusion Blinded COI/Ethics/ Consent Statements required References Figure Legends (if any) Tables (if any) Supplementary video (if any) 	Up to 6
New Concept	Innovative technologies, devices, procedures, or treatment protocols; should include a detailed description of the procedure and the results.			
Review Article	A scholarly literature review of a current topic. May be solicited or unsolicited.	10pp/3000 words	<ul style="list-style-type: none"> Title One-Paragraph textual Abstract (125 words) 3 to 4 one-line Key Points Graphical Abstract (optional, upon revision) Format may vary based on topic Blinded COI/Ethics/ Consent Statements required References Figure Legends (if any) 	Up to 6
Brief Communication	A short report that presents research, an innovated concept, or a procedure.	3pp / 800 words	<ul style="list-style-type: none"> Title No Textual Abstract, but Yes 3 to 4 one-line Key Points at beginning of text Graphical Abstract (optional, upon revision) Methods /Results/ Conclusion Blinded COI/Ethics/ Consent Statements required Limit references to eight (8) Figure Legends (if any) 	Up to 2
Letter to the Editor	A short report, case series, or opinion, or an unstructured comment on a published paper. The editors reserve the right to accept, reject or excerpt letters without changing the views expressed by the author(s).	4pp/ 1200 words	<ul style="list-style-type: none"> Title page and main text do <u>not</u> need to be blinded. No Textual Abstract, No Graphical Abstract Unstructured COI/Ethics/ Consent Statements required Limited number of references 	Up to 3

MANUSCRIPT	Description	Pp/Words	Blinded Manuscript Content	Figures
Multimedia Article	Manuscripts submitted as dedicated Multimedia Articles must be accompanied by a text Abstract that briefly describes the video.	2pp / 500 words	<ul style="list-style-type: none"> • Title • No Graphical Abstract • Blinded Text Abstract including Title, Key Points, Introduction, Materials/ Methods/ Results/ Conclusion/ Blinded Statements required, References (if any) • Blinded video(s) in .mp4 or .mov format only; not to exceed 10 minutes/500 MB, with narration required, in English. 	N/A

4b. TERMINOLOGY

Please follow the mandatory manuscript terminology standards.

- Weight loss must be expressed as change in BMI or %total weight loss (%TWL)
- The term for the operative procedure that was previously labeled “Mini Gastric Bypass (MGB)” should no longer be used. Instead, use the accepted term “One Anastomosis Gastric Bypass (OAGB)”.
- Authors must use person-first language: e.g., "patients with obesity" or “patients with a BMI over 50 kg/m²" rather than "obese patients.”
- 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 reported, authors must include a justification statement as to why only a single-sex study was conducted.
- Patient data extending beyond 30 days must include “lost to follow-up” information in the Abstract and Results section, including all tables and figures, with the denominator provided as to how many patients were available at **each time point** and the number of patients actually seen.
- Avoid using stigmatizing language (e.g., use the term "extreme" or "clinically severe" rather than “morbid”).

4c. MANUSCRIPT SECTIONS AND FILE ITEM TYPES

When you upload your manuscript documents to EM, the system will ask you to indicate each manuscript “File Item.” Your manuscript will be submitted in various parts. Your blinded “Manuscript” will be uploaded separately from the “Title Page.” Images may be submitted separately, as should any electronic supplementary material and videos (either as supplementary dynamic videos or a dedicated Multimedia Article file).

I. **File Item: Title Page (*required*; must include all author information)**

In the "File Upload" step, submit your Title Page separately from the blinded text of the manuscript under the category, "Title Page." *Do not upload your Title Page as a PDF file.*

This page will not be seen by reviewers and should include the following:

- a. Complete title of the article and a shortened title (max 30 characters, including spaces).
- b. Complete names, titles, departments, and institutional addresses of each contributing author (See [ICMJE Guidelines](#) for co-author qualifications), with an asterisk indicating the corresponding author.
- c. "Correspondence to" followed by name and contact information for corresponding author. Only one author may be indicated as the corresponding author.
- d. Equal Contribution: If any authors have contributed equally, you may include the following statement: “Authors (name) and (name) have contributed equally to this work.”
- e. The main text Word Count (does not include references, figures/captions, or tables).
- f. Any grant information and acknowledgment of grant support.
- g. Acknowledgments*: Should only be included on this separate Title Page. List individuals other than authors who directly participated in the work. *Acknowledgment(s) require written permission from the person(s) being acknowledged. Any dedications should also be included here.
- h. At least 3 Keywords.

Collaborator Groups: *If your manuscript is authored by a large collaborator group, please follow these instructions to ensure proper indexing of all author names:*

- a. Include a note on the Title Page stating that the collaborators for the “XYZ Group” are listed in the Acknowledgements.
- b. Place your Acknowledgments paragraph, containing all author names, at the bottom of the Title Page.
- c. Affiliations are not mandatory for all collaborators, but affiliations are preferred. If they are included, city/state/nation is required.
- d. The Collaborator group must gather all author names & affiliations [if any].
- e. Please double check all information to ensure names are correctly spelled.

II. File Item: Graphical Abstract (blinded, *required* at revision for Original Contributions and New Concepts; *optional* for Reviews and Brief Communications)

NOTE: The “Graphical Abstract” file will only be required if we request a revision of your manuscript. It should be a selection of high-quality images or icons - a visual summary of the information provided in your textual Abstract. The use of color is encouraged. You may use the Graphical Abstract template provided [here](#) and view a completed [example here](#). It must be submitted in Word, PPT, JPG, TIFF, or EPS format. *Do not upload your Graphical Abstract as a PDF file.* This Graphical Abstract may be used via IFSO/Obesity Surgery’s social media to provide more visibility to your study, if it is accepted.

As an author submitting to the journal, you may ***elect*** to make use of services provided at Springer Nature for high quality, professionally created visual abstracts for a fee. [Click here to find out more about the service](#), and a 20% discount will be automatically applied when using this link. Note that using this service does not in any way impact likelihood of manuscript acceptance.

III. File Item: Blinded Manuscript – Main Text (*required*; blinded for review)

The “Blinded Manuscript” file should include the Main Text, References, and Figure Legends (if any). Tables may also be included in this text document or submitted separately. *Do not upload your manuscript documents as PDF files.*

This “Blinded Manuscript” text document should be double-spaced and include the following manuscript headings.

• Abstract* and Key Points**

- a. *For Original Contributions and New Concepts:* Abstract must be structured in four paragraphs (Introduction/Methods/Results/Conclusion) and limited to 250 words. Three to four bulleted, one-sentence Key Points should be included at the end of the Abstract text.
- b. *For Reviews:* Abstract must be one paragraph of up to 125 words and include 3 to 4 bulleted, one-sentence Key Points at the end of the Abstract text.
- c. *For Brief Communications:* Abstract is not required; Include Key Points at the beginning of main text.

d. *For Letters:* Abstract and Key Points not required.

**For Multimedia Articles:* No separate Abstract is needed. You will instead submit a Blinded Video Abstract that includes all other headings listed in this section 4b. III. and include Key Points at the beginning of the text.

****** Key Points are different from Keywords. Key Points are bullet points that convey the core findings of the article. Each bullet point should not exceed 85 characters (including spaces) for potential social media use. The Key Points are not included in the word count for the Abstract but are a part of the general text word count.

- **Introduction/Purpose; Materials and Methods; Results; Conclusion.**
- [Blinded Conflict of Interest Disclosure Statement](#) (see Section 5a. for details)
- [Statements](#) regarding ethics and consent. (see Section 5b. for details)
- **References**
 - a. Use Medline[®] /Pubmed[®] Style. Visit the following website for sample references: http://www.nlm.nih.gov/bsd/uniform_requirements.html
 - b. Type references double-spaced; list them in consecutive, numerical order as they appear in the text.
 - c. Identify reference citations in the text by numbers in square brackets (e.g., [1]). Once a reference is cited, all subsequent citations should be to the original number.
 - d. Cite all references in consecutive, numeric order, within the text and tables.
 - e. Papers that have been accepted for publication or are in press may be listed in the References, however OBSU does not reference unpublished data or personal communications.

Note: The knowledge base in bariatric surgery is ever evolving and it is important to frame manuscripts by the most current information. Make sure to undertake a contemporary review of the supporting literature in the focused area of the study.

- **Tables**
 - a. Use the table function (not spreadsheets) to make tables.
 - b. Number all tables using Arabic numerals.
 - c. Always cite tables in the text in consecutive, numerical order. All tables must be cited.
 - d. For each table, supply a title and brief description above it; it should explain clearly and concisely the components of the table.
 - e. 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.

IV. File Item: Cover Letter (*optional*; may include identifying information)

You may submit your non-blinded Cover Letter under this File Item, as well as any other non- blinded documents, such as Permissions, Language Editing certificates, or other official documents that may identify authors/affiliations.

V. File Item: Figure / Image (*optional*; must be blinded for review)

Figures may be inserted in the manuscript text, nearest to where each is first cited, or submitted as separate graphics files. Common graphics files such as GIF, JPEG, EPS, TIFF and many others are supported. *Do not upload figures as PDF files.*

All figures must be numbered using Arabic numerals. Figure parts should be denoted by lowercase letters. Figures should always be cited in text in consecutive numerical order. For each figure, include the figure legends at the end of the manuscript text. Name your figure files with "Fig" and the figure number, e.g., Fig1.eps.

- **Image Format**

- Acceptable image file types: JPG, DOV, PDF, TIFF, PPT, PNG, or EPS.
- Specification for pixel dimensions: 8 bit, 300/600/1200 dpi.
- Image files should be provided in RGB.

- **Image Dimensions**

- Sub Column: 3.9cm
- 1 Column: 6.5cm/8.35cm
- 1.5 Column: 11cm/12.9cm
- 2 Column: 15cm/17.37cm
- Max Height: 23.4cm

Photographs of patients in which the subject is identifiable must either have the face masked out or be accompanied by written permission from the individual in the photograph for publication.

If you include figures/images that have already been published elsewhere, or any logos, you must obtain and provide permission from the copyright owner(s) for both the print and online format. Such permissions documents should be submitted under the "Cover Letter" file type.

VI. File Item: Multimedia Article (blinded for review)

A Multimedia Article submission is a dedicated video of no more than 10 minutes/500 MB in duration/size. Keep the video length / size as precise as possible, as some reviewers may experience problems when uploading, downloading, or viewing larger files, depending on server speed and other external factors.

- **Requirements for Multimedia Articles**

- Multimedia Articles must be accompanied by a "Blinded Video Abstract" which includes 3-4 Key Points at the beginning of the text.
- Video must be submitted in either .mp4 or .mov file format.
- Video files must not exceed ten (10) minutes in length.
- Video files must not exceed 500 MB
- Narration is *required* and must be in English, with correct grammar. Background music is not allowed.
- Include at least 2-3 slides at the beginning of the video describing:
 - Why your video is important to the readership of Obesity Surgery [1 slide].
 - The patient's history and exam as applicable [1 slide] and any pertinent images or endoscopic findings [1-2 slides].
- Make sure to highlight important portions of the video using appropriate tools, including still images.
- Use normal speed for the majority of the video.

- i. Include a slide at the end of the video with summary/conclusion/take-home messages.
- j. Video quality must be sufficient to allow for *streaming* if published (e.g., HD ready, 720p, with a video bitrate of 5.000 to 8.000 Kbit/s and an audio bitrate of 320 Kbit/s; a resolution of at least 480p; and a video codec of H.264 and “High” or at least “Extended” profile).

VII. File Item: Blinded Dynamic Article Video (Supplementary Video) – optional file; blinded
Dynamic Video files may be included as additional/supplementary information that cannot be printed: animations, video clips, etc. If supplying a dynamic video file, the manuscript text must make specific mention of the material as a citation (e.g., "as shown in Animation 3"). Keep the video length / size as precise as possible (no more than 3 minutes per video), as some authors and reviewers may experience problems when uploading, downloading, or viewing larger files, depending on server speed and other external factors. Upon submission of articles that include supplementary video, the author(s) will be required to submit according to the following specifications.

Requirements for Dynamic Articles

- a. Video files should not exceed three (3) minutes in length.
- b. Always use either .mp4 or .mov file format.
- c. Narration is *required* and must be in English, with correct grammar. Background music is not allowed.
- d. Make sure to highlight important portions of the video using appropriate tools including still images.
- e. Use normal speed for the majority of the video.
- f. Video quality must be sufficient to allow for streaming if published.

4d. ADDITIONAL SUBMISSION DETAILS

i. Language Editing Services

Language Editing Services, when needed, can be acquired through the Springer author service <https://authorservices.springernature.com/>

ii. Special Characters

The Journal does not assume responsibility for errors in conversion of customized software, newly released software, or special characters. Indicate any special characters used in the file (e.g., Greek, math symbols) by providing a clarifying list of abbreviations at the end of your manuscript text.

iii. Abbreviations, Drug Names, Digits

The first time an uncommon abbreviation appears in the text, it should be preceded by the full name for which it stands. Generic names for drugs and chemicals should be used the first time the drug or chemical is mentioned in the text and, preferably, thereafter. If an author wishes, the trade name may be inserted in parentheses following the generic name the first time the generic name appears, and the manufacturer name and city should also be included. Express digits as numerals except when they are the first word in a sentence, and 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.

4e. JOINT STATEMENT BY THE [SURGERY JOURNAL EDITORS GROUP](#) 2018

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. 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 (NIH) has now asked that sex be considered as a biologic variable in all NIH-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 reported, authors must include a justification statement as to why only 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.

References

1. Yoon DY, Mansukhani NA, Stubbs VC, Helenowski IB, Woodruff TK, Kibbe MR. Sex bias exists in basic science and translational surgical research. *Surgery*. 2014;156(3):508-516.
2. U.S. Government Accountability Office. National Institutes of Health: Better Oversight Needed to Help Ensure Continued Progress Including Women in Health Research. 2015
3. Mansukhani NA, Yoon DY, Teter KA, Stubbs VC, Helenowski IB, Woodruff TK, Kibbe MR. Determining If Sex Bias Exists in Human Surgical Clinical Research. *JAMA Surg*. 2016 Nov 1;151(11):1022-1030.
4. National Institutes of Health Office of Extramural Research. Consideration of Sex as a Biological Variable in NIH-funded Research.

5. ETHICAL RESPONSIBILITIES OF AUTHORS

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the [COPE guidelines](#) on how to address potential acts of misconduct.

Authors should refrain from misrepresenting research results that could damage the trust in the journal and ultimately the entire scientific endeavor. Maintaining integrity of the research and its presentation can be achieved by following the rules of good scientific practice, which includes: The manuscript has not been submitted to more than one journal for simultaneous consideration.

- The manuscript has not been published previously (partly or in full), unless the new work concerns an expansion of previous work (provide transparency on the re-use of material to avoid the hint of text-recycling (“self-plagiarism”).
- **Obesity Surgery does not allow un-necessary or excessive citation to any authors’ past work.**
- A single study is not split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (e.g. “salami-publishing”).
- No data have been fabricated or manipulated (including images) to support your conclusions.
- No data, text, or theories by others are presented as if they were the authors own (“plagiarism”). Proper acknowledgements to other works must be given (this includes material that is closely copied (near verbatim), summarized and/or paraphrased), quotation marks are used for verbatim copying of material, and permissions are secured for material that is copyrighted.
- Important note: the journal may use software to screen for plagiarism. In general, if the resulting similarity report shows that a submission has an overall similarity with previously published content of greater than 30%, it will be flagged for clarification.
- Consent to submit has been received from all co-authors and responsible authorities at the institute/organization where the work has been carried out before the work is submitted.
- Authors whose names appear on the submission have contributed sufficiently to the scientific work and therefore share collective responsibility and accountability for the results.
- Upon request authors should be prepared to send relevant documentation or data to verify the validity of the results. This could be in the form of raw data, samples, records, etc.
- If there is a suspicion of misconduct, the journal will carry out an investigation following the [COPE guidelines](#). If, after investigation, the allegation seems to raise valid concerns, the accused author will be contacted and given an opportunity to address the issue. If misconduct has been proven, this may result in the Editor-in-Chief’s implementation of the following measures, including, but not limited to:
 - If the article is still under consideration, it may be rejected and returned to the author.
 - If the article has already been published online, depending on the nature and severity of the infraction, either an erratum will be placed with the article or in severe cases complete retraction of the article will occur. The reason must be given in the published erratum or retraction note.
- The author’s institution may be informed.

I. Authorship Criteria & Changes

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.

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.

Changes of authorship or to the order of authors is not accepted after manuscript acceptance. Requests to add or delete authors at revision are a serious matter and may be considered only after receipt of written approval from all co-authors and detailed explanation about the role/deletion of the new/deleted author. The “Authorship Change” form can be requested from the Editorial Office. The decision to accept the change(s) rests with the journal’s Editor-in-Chief.

II. Contributors and Acknowledgements

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 “collaborators” or “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.

5a. DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST (in manuscript text, blinded for review)

Authors must disclose all relationships or interests that could influence or bias the work. Although an author may not feel there are conflicts, disclosure of relationships and interests affords a more transparent process, leading to an accurate and objective assessment of the work. Awareness of real or perceived conflicts of interests is a perspective to which the readers are entitled and is not meant to imply that a financial relationship with an organization that sponsored the research or compensation for consultancy work is inappropriate. Examples of potential conflicts of interests *that are directly or indirectly related to the research* may include (but not limited to) the following:

- Research grants from funding agencies (give the research funder and the grant number)
- Honoraria for speaking at symposia
- Financial support for attending symposia, financial support for educational programs, employment or consultation
- Support from a project sponsor
- Position on advisory board or board of directors or other type of management relationships
- Multiple affiliations

- Financial relationships, for example equity ownership or investment interest Intellectual property rights (e.g., patents, copyrights and royalties from such rights); holdings of spouse and/or children that may have financial interest in the work

In addition, interests beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research, or professional interests or personal beliefs that may influence your research.

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