

# **SURGICAL ENDOSCOPY**

## **Instructions for Authors**

### **Preamble**

Surgical Endoscopy invites high quality manuscripts in the field of minimally invasive surgery, diagnostic and interventional endoscopy, and other interventional techniques. Submitting authors are encouraged to read this document carefully, which provides important information on article types, required formats, documents to be submitted and the submission process.

### **1. Article types**

The following article types are considered for publication in Surgical Endoscopy:

- Randomized controlled trials (RCTs)
- Observational studies (cohort studies, case-control studies, case series<sup>1</sup>)
- Cross-sectional studies
- Technology papers/Innovation<sup>2</sup>
- Systematic reviews<sup>3</sup>
- Meta-analyses<sup>4</sup>
- Clinical practice guidelines<sup>5</sup>
- Dynamic manuscripts<sup>6</sup>

Surgical Endoscopy does not consider letters to the editor for publication. If you are writing a letter because you feel that authors of a paper have plagiarized, distorted or

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<sup>1</sup>Case series must report on a cohort of 10 or more patients. Surgical Endoscopy does not accept case reports.

<sup>2</sup>Technology papers/Innovation describe new technologies and their evaluation. Any such manuscripts must report data on the benefits, efficacy and/or safety of the technology, experimental or clinical.

<sup>3</sup>Systematic reviews must be based on exhaustive literature search on a pertinent topic where a meta-analysis would not be appropriate or feasible.

<sup>4</sup>Meta-synthesis studies may be pairwise meta-analyses, proportion meta-analyses, meta-regression analyses, network meta-analyses, or trial sequential analyses. The quality of these studies will be scrutinized by an ad hoc subject editor before potential peer review. GRADE assessment of the certainty of the evidence using an electronic platform (e.g., GRADEpro GDT) must accompany a meta-analysis.

<sup>5</sup>Clinical practice guidelines should be developed by recognized international or national organizations, and will be subject to quality assessment.

<sup>6</sup>Dynamic manuscripts are original articles enhanced by video(s).

embellished their work, or published the same work in more than one journal, or if there is any other issue of importance to be communicated to the Journal, please send your remarks to the Managing Editor, Lindsay MacMurray, at [surgendoscjournal@gmail.com](mailto:surgendoscjournal@gmail.com).

All manuscripts submitted to Surgical Endoscopy must be original, i.e., not published elsewhere, except in abstract form, and should not be under consideration for publication elsewhere.

Surgical Endoscopy will consider manuscripts prepared according to the instructions below.

## **2. Reporting standards**

For submitted manuscripts it is recommended that they comply with acceptable reporting standards, and a reporting checklist be submitted as supplementary file.

- STROBE or STROCCS 2021 for observational studies (cohort, case-control, or cross-sectional designs)
- RECORD, STROBE or STROCCS 2021 for database studies or studies of routinely collected health data
- CONSORT 2010 for reports of randomized controlled trials
- PRISMA 2020 for systematic reviews or meta-analyses of randomized controlled trials or observational studies
- CONSORT-AI or DECIDE-AI for studies on the use of artificial intelligence
- QUADAS-2 for diagnostic test accuracy studies
- AGREE-S or AGREE II for clinical practice guidelines
- ARRIVE 2.0 for animal pre-clinical studies

Appropriate extensions are to be used depending on the article type (e.g., *CONSORT 2010 statement: Extension to randomized pilot and feasibility trials.*)

For further guidance please visit [www.equator-network.org](http://www.equator-network.org).

## **3. Statistical instructions**

- The Materials and Methods section should provide information about the sample

size and statistical power calculations. Baseline demographic characteristics and co-morbidities of patients in comparative studies should be statistically compared and appropriately tabulated.

- For significance testing of outcomes, authors must provide point estimates of effect size (e.g., odds ratio, risk ratio, hazard ratio) and interval estimates (e.g., 95% confidence interval), both in the abstract and in the text. Authors are urged to differentiate between statistical significance and clinical significance, and discuss their findings in this context. We encourage authors to also provide absolute effect differences with confidence intervals, or “number needed to treat” figures.
- *P*-values shall be selectively used (for example, for significance testing of baseline demographic characteristics or co-morbidities, or comparison of continuous variables), however the importance of findings should not be solely based on *P*-values. For further information, please read the American Statistical Association Statement on Statistical Significance and *P*-Values (Wasserstein RL, Lazar NA (2016) *The ASA Statement on P-Values: Context, Process, and Purpose. Am Stat* 70: 129–133, DOI: [10.1080/00031305.2016.1154108](https://doi.org/10.1080/00031305.2016.1154108)).
- Time-to-event data must be illustrated in Kaplan-Meier curves.

#### **4. Study registration**

All trials must be registered in a public trials registry that is acceptable to the International Committee of Medical Journals Editors (ICMJE).

(<http://www.icmje.org/faq.pdf>).

We encourage authors to also register observational studies and diagnostic test accuracy studies in advance, in a study registry (e.g., [clinicaltrials.org](http://clinicaltrials.org), [researchregistry.com](http://researchregistry.com), [ISRCTN.com](http://isrctn.com)).

Systematic reviews must be registered in advance in a public systematic review registry such as PROSPERO (<https://www.crd.york.ac.uk/prospero/>), Research Registry ([researchregistry.com](http://researchregistry.com)), or other.

Submitted manuscripts must conform to the International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. All manuscripts that involve animal and/or human studies must specify that the relevant Ethics Committee or Institutional

Review Board provided or waived approval (including the full name and institution of the review committee and the approval number). All research manuscripts must specify whether study participants provided informed consent and the nature of the consent (written, verbal). Visit the ICMJE website for further guidance and information.

## **5. Manuscript preparation**

**Manuscripts that do not follow the instructions listed below will be returned for correction before being reviewed.**

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 are encouraged to enlist the help of colleagues who are proficient in scientific English or a language editing service.

Use 12-point Calibri, Arial, or Times New Roman. Avoid using typographical emphasis within the text, such as bold, italic or underline, except for exceptional circumstances when this is necessary for clarity. Type a single space at the end of each sentence. Subheadings using italic typographical emphasis may be used sparingly. Number pages at the bottom center of each page. Abbreviations should be generally avoided (except for units of measurement). When used, they should be explained the first time that they appear in the manuscript.

All manuscripts should be prepared as follows:

### **1. Title Page:**

- Article type
- Full title of manuscript. The title should be as brief as possible; e.g., “Impact of laparoscopic liver resection on liver regeneration”.
- A short running head of not more than 40 characters
- List of authors: The first and last names of each author with highest academic degree. Authors should fulfill the ICMJE authorship criteria

<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>. Please see Authorship Criteria in the Addendum.

- Author affiliations: The department and institutional affiliation for each author.
- The name, address, telephone and email of the author to whom correspondence should be addressed.
- Funding information specific to this paper. For each source of funding, both the research funder and the grant number (if available) should be given.

*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.*

## 2. Abstract and Keywords (on a separate sheet):

- Structured abstract of not more than 300 words stating Background, Methods, Results, and Conclusions
- Up to six keywords separated by semicolon

## 3. Text:

Text should be generally arranged in the order of Introduction, Materials and Methods, Results, Discussion, Acknowledgments, Disclosures, References and Figure legends. The position of figures and tables should be indicated in the text.

### · *Introduction*

Briefly discuss the problem and put it in the context of what is known so far, ideally citing a systematic review or meta-analysis on the topic, if available. State the aim/hypothesis within a question framework (e.g., patient, intervention, comparator, outcome).

### · *Materials and Methods*

Refer to the reporting guidelines that were used (e.g., CONSORT 2010 statement).

Provide the trial, observational study, or systematic review registration number. State the study design (RCT, prospective or retrospective cohort study, cross-sectional study, case series, etc.). It is important to differentiate between case-control studies (which are rare in the surgical literature) and cohort studies.

Report the methodology specific to the study design, patient population, sources of information and statistics. State if statistical expertise was available to the authors and who performed the statistical analyses. When needed, provide details on the methodology and/or the statistical analysis plan as supplementary file. State whether institutional review board approval and/or written consent was obtained, where necessary.

- *Results*

Report the most relevant outcomes accompanied by supporting documents (tables, figures and/or graphs). Please limit supporting documents to a necessary minimum and provide miscellaneous documents as Supplementary files.

- *Discussion*

Report the most important findings of the study, implications for clinical practice and implications for future research. A paragraph discussing study limitations is required. If necessary, compare the findings of the study with those of similar studies, along with possible explanations of discordant results.

Provide a study conclusion. The wording of the conclusion should be short and concise. The conclusion should be study specific for original studies (e.g., “Gasless endoscopic TAT was safe in a cohort of patients with thyroid diseases, with satisfactory surgical outcomes and cosmetic appearance.”) Conclusions of systematic reviews should be informative statements and reflect the certainty of the evidence (e.g., “Uninterrupted single antiplatelet therapy may increase the risk of PPB, but the evidence is very uncertain. The risk may be higher in delayed PPB.”); please see *Santesso A, Glenton C, Dahm P, et al. for the GRADE Working Group (2019) GRADE guidelines 26: informative statements to communicate the*

*findings of systematic reviews of interventions. J Clin Epidemiol 119: 126–135, DOI: 10.1016/j.jclinepi.2019.10.014* for further information.

#### 4. Acknowledgments:

Acknowledgments of any collaborators who have contributed to the study but do not qualify for authorship should appear in this section. Authors should have the consent of collaborators to have them acknowledged.

#### 5. Disclosures:

Disclosures are required for each author. Each statement must include the author's name and declare the conflict of interest, or "no conflict of interest". All potential benefits in any form from a commercial party related directly or indirectly to the subject of the manuscript or any of the authors must be reported. For each source of funds, both the funding organization (written in full) and the grant number (if any) should be given.

*Example: Dr. Smith, Prof. Jones and Mr. Williams have no conflicts of interest to disclose. Mr. Wilson reports speakers consultancy fees on behalf of ... . Dr. Brown has an equity interest in ... . Dr. Millers is on the speaker's bureau of ... .*

Please note that the manuscript will be returned to the corresponding author if the disclosure statement is not included in the manuscript text. Details provided in the disclosure statement must correspond with the information provided in the Conflict of Interest (COI) forms to be uploaded upon submission.

#### 6. References (on a separate sheet):

The author is responsible for the accuracy of the references. Citations in the text should be identified by numbers in brackets. For example: *Similar findings were reported by Blackwell et al. [5]* The in-text references and the reference list at the end of the manuscript should be in citation order. Only published works and/or already accepted manuscripts for publication can be included.

Please see the following recommended citation style:

- 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*

- Articles from electronic publications: Name(s) and initials of ALL author(s), year in parentheses, full title, journal name as abbreviated in PubMed. DOI number, and publication date.

With DOI number:

*Duffy PE, Awad ZT, Filipi CJ (2003) The laparoscopic reoperation of failed Heller myotomy. Surg Endosc, DOI: 10.1007/s00464-002-8570-y, May 7, 2003.*

Without DOI number:

*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.*

- Books: Name(s) and initials of ALL author(s), year in parentheses, title, edition, publisher, place of publication.

*Roy C (1988) Ultrasound of the abdomen (exercises in radiological diagnosis) Springer, Berlin*

- Multiauthor books: Name(s) and initials of ALL author(s), year in parentheses, title of the paper. In: name(s) and initials of all editor(s), title of book, publisher, places of publication, first and last page numbers.

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

- Multimedia Manuscripts:

*Holcomb III GW. (2003) Laparoscopic fundoplication in an infant. Surg Endosc, DOI: 10.1007/s 00464-003-6000-y17: 1319*

For authors using EndNote, Springer provides an output style that supports the formatting of in-text citations and reference list.

7. Figure legends (on a separate sheet):

List figure legends for each figure. Legends must be brief, self-sufficient explanations of the figures in no more than five lines. Remarks such as “For explanation, see text” should be avoided. Write out any abbreviations used.

## **6. Other files**

### **· Tables:**

Each table must be uploaded separately and should not be embedded in the text. 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 title. The table title should explain clearly and concisely the components of the table. Abbreviations should be explained in the footnote. 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 and included beneath the table body.

### **· Figures:**

All figures, whether photographs, graphs, or diagrams, should be numbered consecutively and cited within the text, and uploaded into Editorial Manager as individual figures separately from the text. Provide each figure as a single image file in either uncompressed TIFF, GIF, JPEG, or EPS format.

Figures should be limited to those essential for the text. The same results should be presented as either figures or tables, not as both. Color can be used without charge for the online version of the journal but will appear in the printed version of the journal at the author’s expense at USD \$1,150 per article. The corresponding author can purchase color for print during the “MyPublication” stage after the paper is accepted and exported to publisher. All figures submitted should allow for high quality reproduction. The publisher reserves the right to reduce or enlarge figures. Arrows, letters and numbers should be inserted professionally. Micrographs should have an internal magnification marker; the magnification should also be stated in the legend.

## **7. Dynamic Manuscripts**

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.

Requirements:

- The file resolution must be preferably 16:9 or alternatively 4:3.
- Video or video clips should not exceed 9 minutes total.
- A high-quality 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. File sharing platforms cannot be used.
- The video file must be playable on a Windows-based computer or MacBook.
- Do not use any music sound tracks.
- Avoid "fancy" video transitions.
- Annotation of anatomic structures is encouraged.

## **8. Required forms**

### **1. ICMJE Conflict of Interest (COI) Disclosure Form**

The corresponding author must submit a COI form for each individual author. Manuscripts submitted without all forms will be returned for corrections. The form can be downloaded from the [ICMJE page](#). Please note that, in addition to the COI form, the manuscript must contain a disclosure section, with the information corresponding to the COI form. Please see [Disclosures](#) for more details.

## 2. Permissions

If a figure or a table has previously appeared in copyrighted material, or if extensive material is quoted, the author must obtain written permission from the copyright holder (usually the publisher, not the author, of the original work) to reprint it. Full credit to the original publication must be included in the legend of the figure or footnote to the table. Provide all letters granting permission at the time of submission of the manuscript. The author is responsible for payment of applicable fees for reprinting previously published material. The use of photographs that identify patients requires a written release form from the patient (or guardian) to do so. Obtaining this release is the author's responsibility and a copy of the release must accompany the manuscript at the time of submission.

## 3. Copyright Transfer Statement

Copyright forms are handled online **after** the manuscript is accepted for publication. Please see the [MyPublication](#) section below for more information.

## 9. Language editing

If you would like to receive language editing by a scientific expert prior to manuscript submission, Springer recommends using Nature Research Editing Service. Nature Research Editing Service provides scientific editing and related services that raise the quality of manuscripts to the standard necessary for ease of peer review. For more information and a price quotation, please contact:

<http://authorservices.springernature.com/>

## 10. Online submission

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.

· *User Accounts*

Authors entering the Surgical Endoscopy Editorial Manager® site should use their existing account if they have one. When you have an existing account, 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, 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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Once you have logged into your account, Editorial Manager® 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.

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Article type selection: You will need to enter the manuscript type

Attach files: You will need to upload your manuscript (including the title page, abstract with keywords, main text, disclosures section, references and figure legends in a single Word document), tables, figures, any supplementary files, and ICMJE disclosure forms for each author. Please label figures in the respective field on the submission website. For review purposes, your text, table and figure file(s) will be converted into a PDF document so they can be viewed and printed with Adobe Acrobat Reader. The files in the PDF document will be presented in the order specified.

General information: You will need to enter the section or category related to your manuscript and to select a major and a minor classification from a list.

Comments: You will be prompted to enter any comments to the Editorial Office (optional). A short message on the importance of this work is desirable.

Manuscript data: You will be prompted to enter the full title and the abstract, and to provide authors' names, institutions, and email addresses. 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 e-mail.

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 editorial office:

Lindsay MacMurray

Editorial Office, Surgical Endoscopy

Email: [surgendoscjournal@gmail.com](mailto:surgendoscjournal@gmail.com)

## **11. Peer review**

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

## **12. After acceptance**

### *MyPublication*

Upon acceptance of your manuscript, the corresponding author will receive an email with a link directing them to an online workflow called MyPublication. MyPublication allows the corresponding author to easily manage all author-related tasks during the publishing process. Through MyPublication, the corresponding author will be asked to complete a series of author-related tasks including (1)

option to purchase offprints/reprints of the article, (2) option to purchase and produce color figures in the print issue, and (3) option to publish the article as Open Access via Springer's Open Choice program.

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1. Copyright Transfer Statement: The corresponding author (on behalf of all co-authors) will be asked to transfer copyright of the article to the Publisher (or grant the Publisher exclusive publication and dissemination rights). This will ensure the widest possible protection and dissemination of information under copyright laws. Articles published as Open Access via Springer's Open Choice program do not require transfer of copyright as the copyright remains with the author.
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### *Author Proofs*

After a manuscript is accepted, typeset, and processed through production, a proof of the article is made available to the corresponding author. The corresponding author is responsible for proofreading and to check for typesetting errors and the completeness and accuracy of the text, tables and figures on behalf of all the authors. Substantial changes in content, e.g., new results, corrected values, title and authorship, are not allowed without the approval of the Editors-in-Chief. **Please note that this is the only proof the corresponding author will receive.** The article will be published online after the author corrections are made. The online publication date is the official date of publication. The online version of the article is fully citable with the Digital Object Identifier (DOI). The selection of your article to appear in an issue is under the discretion of the Editor. The article can also be cited by issue and page numbers after it is assigned and published in an issue. **Once the article is published online, further changes can only be made in the form of an Erratum, which will be hyperlinked to the article.** Authors can track the progress of their article from the time of acceptance to print publication by creating a Springer account at <https://www.springer.com/my+springer?SGWID=4-1716000-25-653405-0>.

### **13. Addendum**

#### **1. Consensus Statement on Submission and Publication of Manuscripts**

*Surgical Endoscopy (2001) 15: 538–539*

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 4 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.
4. Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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

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.

## 2. Statement of the Surgery Journal Editors Group\*

### *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.*

#### References:

1. Yoon DY, Mansukhani NA, Stubbs VC, Helenowski IB, Woodruff TK, Kibbe MR (2014) Sex bias exists in basic science and translational surgical research. *Surgery* 156(3):508–516
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