JVS-Vascular Science

Aims and Scope

JVS-Vascular Science aims to be the premier international journal publishing “bench-to-bedside” experimental and translational research underlying modern medical, endovascular and surgical investigation and management of vascular diseases. JVS-Vascular Science is dedicated to the science and art of vascular medicine, radiology, surgery and endovascular interventions. It aims to improve the science underlying the evaluation and care of patients with aortic, arterial, venous and lymphatic disorders by publishing relevant papers that report important scientific advances, test new hypotheses, propose and define new treatments and address current controversies. To achieve the goal of bringing bench research to the bedside, the Journal will publish original laboratory and experimental clinical studies as well as review papers that relate to these aims. As the official publication of The Society for Vascular Surgery, the Journal will publish, after peer review, selected experimental and translational research papers presented at the annual meeting of this organization and affiliated vascular societies, as well as original articles from members and non-members.

Editorial Policies.

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A formal statistical review may be obtained to ensure that the study population was clearly defined, that the design of the study was suitable, that appropriate statistical methods were used, and that the subsequent conclusions were supported by the data and their analysis.

If two manuscripts of equal quality are received on the same subject, unless both can be accommodated in the Journal, priority in the review process will be given to the manuscript that was submitted first. The Editor will promptly contact the authors of the second manuscript to inform them of the problem and give them the option of submitting their manuscript to another journal. The Editors will convey the final decision on the disposition of the manuscript to the designated corresponding author along with the reasons for the decision and the complete or summarized comments from the reviewers.
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3. Final approval of the version to be published; AND
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- Reporting standards for endovascular aortic repair of aneurysms involving the renal-mesenteric arteries
  *J Vasc Surg 2020;1:4S-52S*

- The 2020 update of the CEAP classification system and reporting standards
  *J Vasc Surg Venous Lymphat Disord. 2020;8:342-352*

- Society for Vascular Surgery (SVS) and Society of Thoracic Surgeons (STS) reporting standards for type B aortic dissections.
  *J Vasc Surg 2020; 3:723-747*

*J Vasc Surg* 2016;64:227-8

Reporting standards for adverse events after medical device use in the peripheral vascular system.  
*J Vasc Surg* 2013;58:776-86

*J Vasc Surg* 2011;53:1679-95

Recommended standards for reports dealing with arteriovenous hemodialysis accesses.  
*J Vasc Surg* 2002;35:603-10

Reporting standards for endovascular aortic aneurysm repair.  
*J Vasc Surg* 2002;35:1048-60

Identifying and grading factors that modify the outcome of endovascular aortic aneurysm repair.  
*J Vasc Surg* 2002;35:1061-6

Venous severity scoring: An adjunct to venous outcome assessment.  
*J Vasc Surg* 2000;31:1307-12

Recommended standards for reports dealing with lower extremity ischemia: Revised version.  
*J Vasc Surg* 1997;26:517-38

Reporting standards in venous disease: an update.  

Standards in noninvasive cerebrovascular testing.  

Suggested standards for reporting on arterial aneurysms.  

Suggested standards for reports dealing with cerebrovascular disease.  
*J Vasc Surg* 1988;8:721-9

Reporting standards in venous disease.  
*J Vasc Surg* 1988;8:172-81

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Standards have been published that provide guidelines for reporting meta-analyses of the randomized controlled studies: See Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUORUM statement. Lancet 1999;354:1896-900.


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**Article Highlights.** Authors of Experimental Research submissions are required to include article highlights in the manuscript file. The highlights must appear just before the abstract and be formatted using this [template](https://example.com/template). Please do not include abbreviations in your article highlights.

**Abstract.** An abstract is required for all manuscripts except Vascular Science Images, Letters to the Editor, Invited Commentaries, and Editorials. Tables, figures, reference citations, and trademarked names should not appear in the abstract. Because many readers only have access to the abstract, it is essential that it contain numerical results and not simply summary conclusions.

**Unstructured:** Brief Reports, Evidence Summaries, Practice Management, and Vascular Research Technique manuscripts require short, unstructured abstracts. Include the abstract after the title page in the manuscript file. Though an unstructured abstract does not have section headings, it must describe what is unique and important about the paper, the primary concerns of the patient(s), the important clinical findings, and the main diagnoses and interventions in a clear and organized manner. The final sentence of the abstract should describe the outcomes and the "take-away" lesson.

**Structured:** Experimental Research, Education Corner and Review articles must include a structured abstract after the title page in the manuscript file. The abstract must clearly state the main factual points of the article. The abstract should be informative, not descriptive. Detailed results should be included in the abstract because many readers only have access to abstracts and not the entire article. A structured abstract will include combinations of the following headings that apply and are informative, as described in detail in previous publications:

- **Objective:** including a precise statement of the exact question(s) addressed by the study and, if appropriate, the hypothesis
- **Methods:** the basic study design and setting (i.e., community referral center, ambulatory or hospitalized patients), the patient/subject selection method and number, eligibility criteria, proportion withdrawn, and the exact treatment or interventions
- **Results:** main outcome measure(s), the main results should be stated with statistical significance
- **Conclusions:** only conclusions supported by the study and their clinical application may be stated


**Manuscript Body.** The usual sections for an experimental manuscript or brief report include Introduction, Methods, Results, Discussion, and Conclusion. Subheadings may be useful in the Methods and Results sections to help clarify the content in longer papers. Methods must be described in sufficient detail to allow others to reproduce the work. For established methods, appropriate references and a brief description are sufficient; but for new methods, appropriate details are required.
Please do not include statements that claim that this is the first time a procedure has been performed, reported, etc., as these claims are difficult to verify and may not be accurate.

For human studies, the following details are generally important: eligibility (inclusion and exclusion criteria), randomization methods, blinding methods, total consecutive patients enrolled, and number of exclusions or drop outs and reasons.

REFERENCES. References should be cited consecutively in the text by superscript Arabic numbers in the order in which they are first mentioned in the text, a table, or a figure. References should not be cited alphabetically. The format for references is described in detail in “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals” (http://www.icmje.org/icmje-recommendations.pdf).

Articles in Press. References to articles in press must include authors’ names, title of article, and name of journal. Include the online publication date if it is available.

Personal Communications and Unpublished Data are not to be Cited as References. Instead, indicate these sources in the text at the appropriate place and include the individual’s preferred given name, initials, surname, title, city, and year of communication. A note of approval from the source for the statement should be appended to the manuscript.

Authors. If there are six or fewer authors, list all; if seven or more, list only the first six, then et al.


Data References: Cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. This identifier will not appear in your published article.

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Formatting Other Submission Files

ILLUSTRATIONS (FIGURES, CHARTS, GRAPHS). Limit illustrations to those that amplify but do not duplicate the text. A reasonable number of line or halftone illustrations will be reproduced. You may not submit more than the maximum number of figures permitted for the selected article type. Please review the instructions for the specific article type before proceeding. Operative and pathology photographs should be in color. Figures and charts may be black and white unless sufficiently complex to require color. Original drawings or graphs should be prepared by computer software or by a professional artist. JVS-Vascular Science does not charge for the inclusion of color images.

For our staff to evaluate the quality of your images, each one must be submitted electronically via the Editorial Manager system as separate TIFF, JPEG, or EPS files. Submissions that include figures that are embedded in the text of the manuscript, or that include figures that are compiled in one file, will be returned to you for correction.
Each image must have a minimum resolution of 300 DPI at 3 inches wide. If an image includes text, it must be a minimum of 10-point font.

Cite each figure and figure panel in the manuscript text, including images that are intended to be “online-only” appendices. Number your figures consecutively in Arabic numerals according to the order that they are cited in the manuscript. (Example: Figure 1A, Figure 1B, Figure 2, Supplemental Figure 1, Supplemental Figure 2).

If a TIFF, JPEG or EPS image you uploaded appears very small in the submission PDF, it may be that the file contains a large area of white space surrounding the image. Please be sure to crop out the white space so that the reviewers can read your figures from the PDF.

Figures may be submitted as Microsoft Word or PowerPoint files if the image is sharp, all text is legible, and the figure spans at least 4 inches within the document.

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Life table graphs. Life-table graphs or survival curves should be presented as series of declining horizontal steps. When the standard error of the patency rate estimate is >10%, the curve should be truncated or else should be represented with a dotted line as a means of indicating lack of reliability of the estimate. An alternative way to present the data is to use 95% Confidence Intervals, adding vertical lines to the survival curve at relevant time-points. In addition, there should be an "n" for each group at the relevant time points along the x-axis. For point estimates at a particular time point, using Kaplan-Meier analysis with later events censored is preferable to using chi-square, which does not account for censoring. Because life table graphs are preferred for in-text inclusion, data tables should be submitted only for the online version of the manuscript if the authors desire to provide this level of detail. Differences between curves should be calculated using the log-rank test.

3D radiological data. You can enrich your online article by providing 3D radiological data in DICOM format. Radiological data will be visualized for readers using the interactive viewer embedded within your article, and will enable them to: browse through available radiological datasets; explore radiological data as 2D series, 2D orthogonal MPR, 3D volume rendering and 3D MIP; zoom, rotate and pan 3D reconstructions; cut through the volume; change opacity and threshold level; and download the data. Multiple datasets can be submitted. Each dataset will have to be zipped and uploaded to the online submission system via the ‘3D radiological data’ submission category. The recommended size of a single uncompressed dataset is 200 MB or less. Please provide a short informative description for each dataset by filling in the ‘Description’ field when uploading each ZIP file. Note: all datasets will be available for download from the online article on ScienceDirect. So please ensure that all DICOM files are anonymized prior to submission. For more information see: https://www.elsevier.com/books-and-journals/content-innovation/3d-radiological-data#instructions

FIGURE LEGENDS. Legends must be numbered and double spaced and uploaded as a separate Word document. Indicate original magnification and stain for photomicrographs.

VIDEOS. Videos that add to the understanding of the text are encouraged. All videos should be in MP4 format. The preferred codec is H264. Please do not submit videos that exceed 150 MB. Authors will be asked to resubmit modified files if necessary. Editing and formatting video is the author’s responsibility. As with all other manuscript files, videos must be the original unpublished work of the authors. By submitting video files, the authors grant the Journal permission to publish the files in full or in part in the JVS-Vascular Science in all formats and media now known or hereafter developed.
Author Summaries. Authors of Experimental and Review articles are encouraged to submit a 5-minute video summary of their manuscript. **Video Demonstrations:** Authors should consider adding narration or explanatory captioning to video demonstrations of new techniques and procedures.

**Editor Summary Videos:** The Editor highlights select articles from JVS-VS in an Editor Summary Video which appears on YouTube and JVSVS.ORG.

**Tables.** Tables should enhance, not duplicate, the text. Results should not be summarized in a table; use a graph instead. Number your tables consecutively in Roman numerals according to the order of citation in the text. All tables must be cited, including tables intended to be supplemental “online-only”. Example: (Table I, Table II, Supplemental Table I, Supplemental Table II.) Supplemental tables are counted in the table limit for each article type. Tables must be created in a Microsoft Word using 12 pt. Times New Roman font. Tables must be uploaded together in one Word document, with each table starting on a new page and including a legend for each table. Tables may not be embedded in manuscript document. **Manuscripts with tables that do not meet these requirements will be returned to the author.**

**Supplemental Tables.** The Editors expect that the authors will only submit tables that are essential to the manuscript; however, tables that are not required to understand the manuscript, but that explain the work in greater detail, should be online-only. For example, a table summarizing the articles used in a meta-analysis should be online-only. Also, patient risk factors can frequently be included as an online table.

**Abbreviations used in the tables** should be explained in a footnote; however, abbreviations that have been defined in the body of the text do not need to be spelled out or explained in the table. If a table or any data therein have been previously published, a footnote in the table must give full credit to the original source, and the original Publisher’s permission to reproduce the table must be provided.

**Visual Abstracts.** Authors are invited to include a visual abstract with their manuscript files. Visual abstracts must be created using the official JVS-Vascular Science Template. Please submit your visual abstract as a PowerPoint file to allow for additional editing during the review process. For more information about the purpose and elements of a visual abstract, please watch this short video.

**Revised Submissions.** Revised submissions must include all of the files required for a new submission, (updated manuscript file without editing marks, figures, tables, etc.) plus a redline manuscript and a completed reviewer response form.

**Redline Manuscript.** A redline manuscript is required for all revised submissions and must meet all of the formatting requirements of the non-redlined manuscript. The redline manuscript must include the abstract and title page. The redline manuscript must be created using “Track Changes” in Microsoft Word and must show every change that has been made in the revision. Manually highlighting, underlining or otherwise indicating the changes made is not enough. Once all the changes are shown, the redline must be saved as a PDF. This will ensure that the author will be able to cite the correct page and line numbers in the Reviewer Response form. Detailed instructions about how to create a redline document may be found here.
**Requirements for Specific Submission Types**

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**Article Type Descriptions**

**BRIEF REPORT.** Brief Reports are like Experimental Research articles and contain rigorously performed research but are more focused with a maximum of 5 figures and tables included in the article. The abstract can be unstructured, and the Clinical Relevance paragraph is still required.

**EXPERIMENTAL RESEARCH ARTICLES** contain full reports of rigorously performed experimental research that is directed by a specific, testable hypothesis; these articles may include those studies of human patients in which only samples of human blood or tissue are used and the results/conclusions are research oriented. Occasionally, Experimental articles will be considered for publication in *JVS-Venous and Lymphatic Disorders*; however, most Experimental manuscripts will be considered for publication in the *JVS – Vascular Science*.

**Clinical Relevance Paragraph.** For Experimental Research articles, the Journal requires a 100-word paragraph that describes the clinical relevance of the paper as it relates to its current or future clinical application. This paragraph will be included immediately below the conclusion section of the abstract of the article but will not be included in the abstract that is available on Medline. The purpose of this section is to encourage clinicians to read this work and to help them understand its significance.

**EDITORIALS.** The Editors may solicit an Editorial on an important manuscript or topic to emphasize or explain the significance and relevance of the work to a vascular disease specialty audience or to present different views to assist the readers in deciding on the application of the results and conclusions. The editorial should be objective and authoritative and should not exceed 1000 words in length. Even though Editorials are solicited, there is no prior commitment to publish them.

**EVIDENCE SUMMARY.** Articles in this section summarize the available evidence on an issue related to vascular research. There is a 2500-word limit of the published evidence, often in tabular form, relating to the subject. The goal of this section is to give the readers a focused discussion.
INVITED COMMENTARY. Upon acceptance of a manuscript, the Editor may request an expert commentary to accompany the published article. Authors who are invited to submit a commentary are asked to help explain how the study fits into the literature and whether it has implications for future research and/or clinical practice. Authors should provide a unique title for their commentary. Authors should not repeat data or results from the article, since the commentary and article will be published together. However, the first reference must be to the article the commentary is about. Proper citation of the related article improves the online discoverability of the commentary. Authors may cite a few additional references if necessary, but the commentary is intended to be a discussion of the current article, not a literature review. Invited authors should also be mindful that the authors of the related article will not be asked for a rebuttal. Please be tactful and professional when making critical comments.

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REVIEW ARTICLES. There are several categories of review article. Authors should include the type of review in the title of the manuscript. Please do not use any punctuation in the title. Each type of review has a specific goal and audience. Review Articles may be solicited by the Editors directly or in response to suggestions by authors and will be evaluated as independent submissions and subject to peer review. Illustrations, tables, and graphs are encouraged in all review articles.

Narrative Review. Traditional narrative reviews are mainly descriptive and do not involve a systematic search of the literature. They focus on a subset of studies, based on availability and an author’s selection. These reviews are often not comprehensive.

Systematic Review. Systematic reviews involve a comprehensive search strategy, reducing bias by analyzing all relevant studies on a topic. The Cochrane Collaboration (www.cochrane.org) is an example of an organization that produces systematic reviews. The PRISMA statement and checklist is recommended for an evidence-based minimum set of items for reporting in systematic reviews. The Institute of Medicine also produced standards for systematic reviews “Finding What Works in Health Care Standards for Systematic Reviews.”

Meta-analysis. A meta-analysis is a type of systematic review that combines either qualitative or quantitative data from multiple studies, using a statistical approach, to increase power and resolve uncertainty. Meta-analyses of comparative studies usually include randomized control trials, but evidence from well conducted observational studies can also be included in some meta-analyses. The PRISMA statement and checklist is recommended for an evidence-based minimum set of items for reporting in meta-analysis (http://www.prisma-statement.org)

Systematic review and meta-analysis. Systematic review and meta-analysis are often combined, or may be combined in a single document and are highly encouraged.

SPECIAL ARTICLE: This carefully selected group of articles includes Historical Vignettes, legal issues, ethical issues, personal reflections, opinion writings and other important topics that do not fit into a defined submission category. Special Articles must be important to the readers of JVS-VS. They can be invited articles or unsolicited submissions.

VASCULAR RESEARCH TECHNIQUE. Manuscripts for this section will be either invited papers from recognized experts or unsolicited manuscripts. These articles are practical and well-illustrated descriptions and technical tips for new or established research procedures. Authors are encouraged to submit a narrated video with the publication, summarizing the advantages and disadvantages of the procedure.
VASCULAR SCIENCE IMAGES. Submissions accepted for this section present interesting vascular science images and associated short educational summaries in a focused, case report format. Illustrations and text must be confined to one published page (350 words max, four illustrations or fewer: one for the cover and three that must fit in the right-hand column). Science Images may be featured on the cover of the JVS-VS. Please indicate which image should appear on the Journal cover in the in-text figure citation. The Editor may not select an image from your accepted manuscript for the cover; however, it is required that you designate one image as the cover image before submission. Previously, published images will not be considered for this section. Descriptions of images must be included in the text, since figure legends will not be published, and only key references should be provided (with a limit of five). Images must be of professional quality and meet the basic requirements for resolution specified in Illustrations (figures, charts, graphs).

Cover Image Format: Color illustrations are preferred for the cover. Cover images must not include arrows, or any other added graphics and, whenever possible, text should be cropped out. Appropriate images include radiographs, pathology, anatomy, operative findings, and other relevant clinical pictures. The images should illustrate features of vascular disease, including technical approaches. Images should possess both scientific and artistic merit.

Consent. The patient must agree to publish their case details and images before the author may submit their manuscript. A statement regarding this consent must be included in the text of the manuscript. The author is responsible for obtaining written consent for publication and archiving that file. To protect the patient(s’) privacy, the author SHOULD NOT submit the consent form to the Editorial Office. If a standard publication consent form is not available, this form may be used: Download.

Other Types of Publications

OBITUARIES. The Journal will publish obituaries for individuals who have been Editor-in-Chief or Senior Editor.

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Fees

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Role of the Publisher

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Updated August 2020

For further clarification, please contact the Editorial Office by sending an email to: jvacsurg@vascularsociety.org.