

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.

Peer Review Process. The Editors and reviewers, by providing prompt and authoritative review, aim to optimize the quality of the published papers. All submitted manuscripts are reviewed initially by the Editors or Associate Editors. A submission may be rejected outright if it does not have sufficient merit to warrant further review or deals with subject matter outside the scope of the Journal. Otherwise, manuscripts will be sent to at least one member of the Editorial Board and two or three additional reviewers. The identities of these reviewers are kept confidential. The Journal operates a single blind peer review process. The identities of the reviewers are kept confidential, though the reviewers can see the author names, affiliations, and conflicts of interest during the review process. Reviewers are asked to give the Editors a confidential opinion on the importance, originality, and scientific merit of the manuscript and rank its importance relative to what has already been published in the JVS journals and the medical literature, and to suggest changes that will improve the paper.

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.

If revisions are requested, the Editors expect the authors to revise the manuscript promptly and to indicate the changes that have been made and/or explain their difference of opinion with the reviewers. Detailed instructions can be found in the [Revised Submissions](#) section. The Editors will notify the reviewers of the final decision on the manuscript and, when appropriate to the review process, the comments of other reviewers.

Confidentiality. All documents and information provided for the purpose of peer review are kept entirely confidential. To prevent unauthorized access, manuscripts are stored in a secure manner. Reviewers may not share the manuscript with other colleagues. If a reviewer wishes to seek a colleague's opinion on the scientific merit of a manuscript, the Editors must be consulted first, and the colleague must adhere to the same standards of confidentiality. When the reviewer has completed their review, they are required to delete personal electronic manuscript files and destroy any printed copies of the document. Inquiries received by individual reviewers about a manuscript should be referred to the Editors.

Conflict of Interest in Peer Review. The decisions of the Editors must be fair and objective, and they must be seen to be impartial. Because the final decision on publication rests with the Editors, their decisions must not be influenced by the Society for Vascular Surgery®, the affiliated vascular societies, or representatives of companies, advertisers, government, or others who might have conflicts of interest. Reviewers are instructed to decline to review any manuscript applications with which they may have a conflict of interest and should avoid reviewing any manuscript if circumstances exist that could be viewed as affecting their impartiality. For example, a reviewer should not review a manuscript submitted by a close friend, individuals from his or her institution, or a scientist with whom the reviewer has had longstanding scientific or personal conflict. When the reviewer is uncertain as to whether a conflict exists, he or she is asked to inform the Editor of the circumstances and the Editor will make the final decision.

Authorship Criteria. To qualify for authorship in a Journal of Vascular Surgery Publication, each author must have made a significant contribution to the conception or completion of the manuscript and is willing to share the responsibility for the content of the paper. Specifically, authorship is limited to those who made a direct and substantial contribution to each of the four following areas:

1. Substantial contributions to the conception or design of the work; the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy of integrity of any part of the work are appropriately investigated and resolved.

These guidelines are based on the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (<http://www.icmje.org/icmje-recommendations.pdf>). Each of the authors will be required to read and approve the [Application for Publication](#) submitted by the corresponding author.

Corresponding Authors. It is the authors' responsibility to designate a **corresponding author** and a **post-publication corresponding author**. The same author may serve in both roles; however, no more than one author may be designated for each role. Please include the name(s) and contact information for the corresponding author and post-publication author on the title page and in the submission module.

CORRESPONDING AUTHOR. The corresponding author acts as the pre-publication spokesperson for the co-authors in all communications with the Editorial Office and the Publisher. The corresponding author must ensure that all co-authors have reviewed and agreed to the policies of JVS-VS and confirm that the authors agree to submit the manuscript to the Journal. The corresponding author is also responsible for ensuring that the co-authors have approved the manuscript files, disclosed conflicts of interest, and verified their contributions prior to submission and before each subsequent resubmission. The corresponding author is also responsible for uploading the manuscript files in Editorial Manager and accurately completing the required fields in the submission module. Once the paper has been submitted, the corresponding author is responsible for relaying the co-authors' responses to queries from the Editorial Office, receiving and relaying the results of the peer-review process to the co-authors, and working with the co-authors to revise and approve the manuscript before resubmitting it. Finally, the corresponding author must also relay

the co-authors' proof corrections once the manuscript is accepted. There may be only one corresponding author at a time, although the authors can switch the corresponding author role to an alternate author if needed.

POST-PUBLICATION CORRESPONDING AUTHOR. The post-publication corresponding author is responsible for communicating with readers once the submission is accepted. The name and contact information for this author will be included in a footnote on the first page of the published article.

Author List Changes. Authors should carefully consider the author list prior to completing the initial submission process. After initial submission, all requests for changes to the author byline (e.g., adding an author, removing an author, or changing the order of authors) should be made in writing for consideration by the Editors. The author change request should (a) state the new author list in full, (b) include the justification for the change(s), and (c) be signed by all authors, including those being added or removed, to indicate approval of the requested change(s).

NUMBER OF AUTHORS. There is no specific authorship limit, as long as each person contributed to the work in all four areas, as outlined in the [Authorship Criteria section](#). The Editors request that each author be carefully examined with respect to the authorship criteria listed above. Contributors who meet fewer than all 4 of authorship criteria may not be listed as authors but may be acknowledged in the following ways:

ACKNOWLEDGEMENT. If an individual has contributed to the work but does not meet all the requirements for authorship, he or she should be recognized in the final paragraph of the manuscript. Because acknowledgment may imply endorsement by individuals of a study's data and conclusions, the corresponding author must obtain written permission from all acknowledged individuals. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship, but should be acknowledged, include acquisition of funding; general supervision of a research group or general administrative support; writing assistance; technical editing; language editing; and proofreading.

COLLABORATOR GROUPS. For multicenter clinical trials and other large collaborative studies, there may be many collaborators who **do not** meet the authorship criteria, but who have made substantial contributions to the work. In this case, the collaborators should be assigned a group name such as Vascular Investigators. The group name should be listed after the names of the authors on the title page and the complete list of collaborators should be included at the end of the manuscript. The full name and affiliation of each collaborator must be provided, and when practical, the contribution(s) of each collaborator should be included. In the final published article, the author names will appear in the byline followed by "for the *collaborator group name*." The collaborators will appear at the end of the article, or if the list is very long, as an online only appendix.

When every person in a group of 40 or more **qualifies for authorship** and there is also a group name, the group name will appear in the byline and the individual members will be listed in a table near the beginning of the article. When preparing the manuscript for submission, the authors must include the group name on the title page and state that each member qualifies for authorship. The authors must upload a table with their manuscript files that includes each author's name, degree(s), institution/department/division, contributions and conflicts of interest. The authors must still review and submit the Application for Publication, but they may note in the contribution and conflict of interest sections that the information has been submitted in a separate table.

In general, the Journal will follow the norms described in the 10th Edition of the AMA Manual of Style for alternate collaborator/author recognition.

AUTHOR CONTRIBUTIONS. An Author Contribution Statement is published at the end of each Experimental Study. The information for this statement is submitted as part of the Application for Publication. The order of the authors' names is at the discretion of the coauthors who may wish to add a footnote explaining the order of authorship and/or author contributions. If two authors participated equally and would qualify for "first authorship" or "senior authorship", this can be indicated on the Application for Publication and will be published in a footnote to the article.

STATISTICAL ANALYSIS. For manuscripts that contain statistically-analyzed data, please identify the co-authors responsible for the statistical analysis in the "Author Contributions" section of the Application for Publication. Please include the names of individuals who provided statistical analysis, but who do not meet the criteria for authorship, in an acknowledgement paragraph at the end of the manuscript.

Conflicts of Interest. *JVS-Vascular Science* is committed to publishing high quality clinical research articles, reviews and reports free from commercial influence. The authors must indicate any conflict of interest or the lack thereof on the Application for Publication Form. The authors' university, institutional, and/or corporate affiliations must be acknowledged on the title page along with sources of funding. In addition, authors must disclose any commercial associations that might represent a conflict of interest with respect to the manuscript. If a company's product is mentioned in a manuscript or other article type (including Letters to the Editor and Editorials), all authors are expected to declare whether they have a consulting or employment arrangement or a royalty or stock agreement with the company.

A conflict of interest statement is published with each Experimental Research article (see Johnston KW Rutherford RB. Disclosure of competition of interest. *J Vasc Surg* 1999; 30:200-2). If a paper is accepted for publication, the authors will be asked to clarify and update their conflict of interest statements.

Failure to disclose a conflict of interest will be dealt with according to the following article paragraph: see Johnston KW, Rutherford RB. Failure to disclose competitive interest. *J Vasc Surg* 2000; 31:1306:

"If it is brought to the Editors' attention that an author may have failed to make an appropriate disclosure, the Editors will give the author the opportunity to explain. If a satisfactory explanation is not forthcoming, the Editors will bring the issue to the attention of the author's institution for clarification. If the oversight can be explained as an honest mistake, a simple notation of the error will be published. If there was either self-deception or a deliberate attempt to conceal a significant financial competitive interest, the Editors will conclude that this may represent an attempt to deceive and may be a violation of public and professional trust. The Editors may publish a notation that the paper may be unreliable because the author did not meet the standards of honest disclosure of competitive interests required by the *Journal*." In selected cases the manuscript will be withdrawn.

Ethics in Publishing. *JVS-Vascular Science* is committed to follow the highest standards in ethical publishing. The Editors adhere to the Committee on Publication Ethics (COPE) Code of Conduct, which can be found at <http://publicationethics.org/resources/code-conduct> and in the Ethical Guidelines for Journal Publishing and in Policies and Ethics, published by Elsevier Inc. (see www.elsevier.com/publishingethics and www.elsevier.com/journal-authors/ethics).

PLAGIARISM. Charges of academic dishonesty, including plagiarism, duplicate and redundant publication will be managed according to COPE Guidelines. Authors should be aware that if the Editors have concerns about the integrity of a submitted manuscript, the Editorial Office may contact the institution(s) of the author(s) to request an investigation.

SIMILARITY CHECK. Submitted manuscripts are subject to IThenticate [Similarity Check](#) screening. Authors may not reuse verbatim or rephrased text from their own previously published work or the work of others without proper attribution. While duplication in the methods section is acceptable and often preferred for accurate and reproducible study methods, authors must be sure to reference the original source of previously published methods.

It is the authors' responsibility to obtain written permission from the owner of the original work when using any idea, image, or table that does not belong to the author(s). Please be sure that you have properly cited each of the sources of information used to write your manuscript and that you have obtained permission to publish anything that belongs to another person or publisher.

Scientific Misconduct. Misconduct in science was defined by the National Academy of Sciences, National Academy of Engineering, and the Institute of Medicine in 1992 as fabrication (i.e., making up) of data or results, falsification (i.e., changing) of data or results, or plagiarism (i.e., unauthorized use of the words, data, or ideas of another person without giving appropriate credit) in proposing, performing, or reporting research. Misconduct in science does not include unintentional errors in the scientific method or in experimental design or data interpretation. In dealing with alleged scientific misconduct, the appropriate steps in the process include informing the authors of the allegations, requesting clarification, determining whether the misconduct did or did not occur, and, to the extent possible, establishing the intent, ascertaining whether there were mitigating factors, and making recommendations for appropriate action.

If a charge of scientific misconduct appears to be justified, it is the Editors' responsibility to refer the matter to the appropriate individual at the authors' university or institution where the work was done. The university or institution has the responsibility to investigate alleged scientific misconduct. If the charge of scientific misconduct is substantiated, the Journal will publish a retraction. The decision to issue a retraction generally must be made by the authors and/or the appropriate authorities at the university or institution who have access to the full details of the investigation. A published retraction will include the title of the original article, the same first author in the original paper, the reasons why the article is being retracted, and a bibliographic reference to the original paper. The retraction will be listed under a separate heading in the Table of Contents.

Consult "Responsible science: ensuring the integrity of the research process" for further information. Vol. 1. Washington: National Academy Press, 1992.

Institutional Review. Manuscripts that involve research conducted on human subjects must follow the principles outlined in the Declaration of Helsinki (<http://www.wma.net/en/30publications/10policies/b3>) and include a statement in the Methods section stating that the experimental protocol and informed consent were approved by their Institutional Review Board, and that all subjects gave informed consent. Manuscripts that report animal experiments must include a statement in the Methods section stating that the study was approved by the Institutional Review Board and that the animal care complied with the *Guide for the Care and Use of Laboratory Animals*, Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council. Washington: National Academy Press, 1996 (http://nap.edu/openbook.php?record_id=5140). The Editors reserve the right to reject a manuscript if the authors fail to make these statements in the manuscript or if, at the request of the Editor, they do not provide appropriate documentation that their studies had appropriate approval by their Institutional Review Board and that informed consent was obtained from each patient.

Clinical Trial Registration. In accordance with the International Committee of Medical Journal Editors (ICMJE), the Journal of Vascular Surgery Publications requires that prospective clinical trials be registered in a public trials registry at or before the time of first patient enrollment as a condition of consideration for publication. Relevant trials that began before July 1, 2007 must be registered prior to editorial review. Registration in any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) or in ClinicalTrials.gov is acceptable. Registration must be indicated by providing the unique study number assigned by the approved registry on the Application for Publication form.

A CLINICAL TRIAL is defined by the ICMJE as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome.

HEALTH-RELATED INTERVENTIONS are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

HEALTH OUTCOMES are any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Unregistered Trials. Authors of unregistered trials, or those with inadequate information in the registry, will be given an opportunity to explain the reason that they failed to comply with this requirement, but it is expected that

studies that fit the definition of a clinical trial be registered regardless of the country of origin since these rules are international.

For more information, see the [ICMJE policies](#) on Clinical Trial Registration.

Publication Consent. Publication consent is distinct and different than informed consent for a medical procedure or treatment. If your institution does not have a standard publication consent form, you may use the JVS Publication Consent [form](#). This form must bear the signature of the patient/volunteer, and in cases where the patient/volunteer is a minor or incapable of signing the consent form, the signature of either both living parents or guardians is required. To protect the patient(s') privacy, the authors are required to archive the completed consent form in compliance with the standards of their institution and produce it only at the request of the Editorial Office. The author **SHOULD NOT** upload the form with the manuscript files in Editorial Manager at the time of submission. Publication consent is required in the instances listed below.

IDENTIFIABLE PATIENTS. Special care must be taken to exclude photographs/images that contain identifiable individual characteristics such as a patient's face, case number, initials, etc. Written consent for the publication of photographs and other case details that could identify a patient must be obtained prior to manuscript submission.

VASCULAR SCIENCE IMAGES. Publication consent is required for all Vascular Science Images involving human patients. A statement regarding the patient(s') agreement to publish their case details and images must be included in the text. The authors must be able to provide publication consent forms if requested by the Editorial Office, but they **SHOULD NOT** upload them in Editorial Manager.

Ownership of an Article. Except for open-access articles with a Creative Commons Attribution-Non Commercial-No Derivs (CC BY-NC-ND) license, published manuscripts become the property of the Journal after they are accepted, which are copyrighted by the Society for Vascular Surgery. They may not be published or reproduced in whole or in part without the written permission of the author(s) and the *Publisher*. These requirements for submission of a manuscript are in accordance with "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (<http://www.icmje.org/icmje-recommendations.pdf>).

PERMISSION TO REPRODUCE PUBLISHED MATERIAL. Permission to reproduce material published in *JVS-Vascular Science* must be obtained from the Publisher online at <http://journals.elsevierhealth.com/periodicals/ymva/content/permission>. Authors will be consulted, whenever possible, regarding reproduction or republication of their material.

Editors' and Publisher's waiver of responsibility. Statements and opinions expressed in articles and communications are those of the author(s) and not necessarily those of the Editors or *Publisher*. The Editors and *Publisher* disclaim any responsibility or liability for such material. Neither the Editors nor the *Publisher* guarantee, warrant, or endorse any product or service advertised in the Journal of Vascular Surgery Publications, and they do not warrant any claim made by the manufacturer of such product or service.

Originality of Manuscript. The authors must certify that their article is original, has been written by the stated authors, has not been published previously, and is not under consideration for publication by another journal. If data have previously appeared on a public Web site, the authors must reference that publication in the manuscript and describe the previous publication on the Application for Publication. These and other warranties are attested to at the time of submission and when the Copyright Transfer form is signed.

The authors are required to produce the data on which the manuscript is based for examination by the Editors or their assignees, should they request it. The authors are responsible for keeping their original data and experimental notes on file for a reasonable period of time in case a question should arise about the manuscript after it has been published; retention for at least 3 years after publication is suggested. The authors should consider including a footnote in the manuscript indicating their willingness to make the original data available to other investigators through electronic media to permit alternative analysis and/or inclusion in a meta-analysis.

MAJOR UPDATES TO A PREVIOUSLY PUBLISHED STUDY. For a major update of the results of a previously published study, the authors must submit copies of the previous papers with their manuscript, so that the Editors can determine whether the new paper provides significant new information or statistical power to warrant publication. In general, major updates to a previously published study should increase the number of patients or samples by at least 50% or the reported mean follow up by at least 2 additional years.

PREVIOUS PRESENTATIONS AND ABSTRACTS. If the work has been presented previously at a meeting as an oral presentation or poster or has been published as an abstract, only a more detailed report will be considered for publication in the JVS journals. However, the authors are expected to submit the details of the previous presentations and provide the abstract if different from the submitted abstract. In general, manuscripts will not be considered if the work had been published previously in full-length conference proceedings, on public web-site or social media site, or as a book chapter.

PREPRINTS. A preprint is the authors' drafted manuscript prior to peer review. The editorial office does not consider preprint sharing to be prior publication. Authors who have shared their preprint online must provide a link to the preprint on the title page of the manuscript. Once the manuscript is accepted for publication in a *JVS-Vascular Science*, the author is encouraged to link from the preprint to their formal publication via its Digital Object Identifier (DOI).

MEDIA RELEASES. The Editors recognize that news organizations have the right to disseminate information that may have been obtained from a presentation at a scientific meeting or through direct discussions with the author. It is the author's responsibility to inform the Editors that the work has been reported previously by a journalist and explain the circumstances. In doing so, the authors should supply the Editors with the original media report. If the results of the study may potentially have a major impact on patient management, the authors can request the Editor's consideration of prompt review and publication. Once submitted to the *JVS-VS*, discussion of the contents of a manuscript with the media must be delayed until the review process is complete and the manuscript is posted at the Journal's Web site pending publication, unless the Editors provide prior approval. If the authors provide additional information to the media during the peer review process, the article may be rejected or withdrawn from publication. In some instances, the Editors may ask the authors to prepare a brief press release summarizing the manuscript. However, as with all papers, further discussion of the results with the media must be deferred until the acceptance and postings of the manuscript.

MULTIPLE PUBLICATION. A joint publication or secondary publication of a full-length paper in another journal may be considered if the manuscript contains important information that deserves to be disseminated to a significantly different readership than that of the Journal of Vascular Surgery Publication. The Editors may grant permission for secondary publication in another journal if the original report in the Journal of Vascular Surgery Publication is appropriately acknowledged and the secondary publication follows the initial publication in the *Journal*. Abstracts or full-length summaries of papers presented at meetings may be published simultaneously in another journal with permission of the Editors of both journals, providing an appropriate acknowledgment is made in each journal.

Instructions for Authors

Using our Online Submission Software. All new and revised manuscript files, required forms, and associated content must be submitted electronically through [Editorial Manager](#). Use of *Editorial Manager* requires an internet connection, a valid email address, Adobe Acrobat Reader ([free download](#)), and Microsoft Word 2003 - 2010. Authors must create an Editorial Manager user profile before beginning the submission process. Manuscripts that do not meet all submission requirements will be returned to the author for correction.

CLASSIFICATIONS. During the submission process, authors are asked to select 1-6 terms to classify the content of their manuscript. These classification terms allow the Editor to select the most qualified reviewers to evaluate each submission. Authors are encouraged to review the list of classifications prior to beginning the submission process to ensure that they select the most appropriate ones: [View Classification List](#).

Electronic Forms Required for Submission

APPLICATION FOR PUBLICATION. This form is required for all submissions except Invited Commentaries and Editorials. This form must be completed by the corresponding author and reviewed and approved by each author. The information collected on this form is provided to reviewers and Editors assigned to review the manuscript. A Conflict of Interest Statement will be published with each accepted Experimental Research article based on the information provided on this form. Authors are required to specify their contributions and meet the requirements for authorship. [Download.](#)

PUBLICATION CONSENT FORM (IF APPLICABLE). This form is required if your manuscript includes data which might reveal the identity of one of more patients. It also must be completed for ALL Vascular Image submissions. If your institution has a standard form to obtain publication consent, that form may be used in place of this document. Consent forms SHOULD NOT be submitted with your manuscript files but must be available upon request by the Editorial Office. A statement regarding the patient(s)' publication consent MUST be included in the text of your manuscript. [Download.](#)

REVIEWER RESPONSE FORM. This form is required for all revised submissions. [Download.](#)

Text Formatting Instructions. All text files must be prepared using: Microsoft Word, double spaced with Times New Roman 12-point font. Authors should consult the American Medical Association's *Manual of Style (AMA Manual of Style: A Guide for Authors and Editors.* Iverson C, Christiansen S, Flanagan A, et al. 10th ed. New York: Oxford University Press, 2007) (AMA-10).

GRAMMAR. Manuscripts must conform to standard English usage and are subject to editing in conformance with the policies of the Journals. Authors are encouraged to have their work professionally edited prior to submission and may use [Elsevier Language Services](#) for this purpose. If a paper is submitted with significant errors in grammar or syntax, it may be rejected or returned for correction prior to editorial review.

DRUGS AND DEVICES. Generic drug names from the United States Adopted Name (USAN) should be used. Proprietary drug names may be cited in parentheses. Generic equipment names should be used whenever possible, and the proprietary name of the equipment must be cited in parentheses after the proprietary name. Cite the manufacturer and the city, state, and country of manufacture.

UNITS OF MEASURE. Measurements of height and weight should be stated in metric units. Hematologic and clinical chemistry measurements can be stated in System International (SI) units or non-SI units.

ABBREVIATIONS. Only standard abbreviations should be used; avoid unusual or coined abbreviations. The first time **any** abbreviation is used, it should be included in parentheses after the words it replaces. Abbreviations should not be used in the title or abstract.

Guidelines for Reporting on Vascular Science. Manuscripts should conform to applicable guidelines for reporting on vascular surgery. Authors must include a paragraph placing the manuscript into an appropriate perspective with the most recent clinical practice guidelines if a relevant guideline exists from any society or group. The following have been developed by the Document Oversight Committee and accepted by the Society for Vascular Surgery:

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](#)

Reporting standards of the Society for Vascular Surgery for thoracic outlet syndrome.

[J Vasc Surg 2016;3:23-35](#)

Reporting standards of the Society for Vascular Surgery for endovascular treatment of chronic lower extremity peripheral artery disease.

[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](#)

Reporting standards for carotid interventions from the Society for Vascular Surgery.

[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.

[J Vasc Surg 1995;21:635-45](#)

Standards in noninvasive cerebrovascular testing.

[J Vasc Surg 1992;15:495-503](#)

Suggested standards for reporting on arterial aneurysms.

[J Vasc Surg 1991;13:452-8](#)

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](#)

Sex in Research. Authors are required to report the sex of patients, animals, tissues and cells studied. Authors must declare how this information was ascertained, i.e. self-reported, administrative data, or genetic evaluation. Studies that research one sex must include a statement explaining why the study did not include both sexes. For more information, please see the [editorial](#):

Gloviczki P, Lawrence PF. Reporting sex as a biologic variable in research published in the Journal of Vascular Surgery Publications. J Vasc Surg Venous Lymphat Disord 2019;7:7

Research Formats. Authors should use the appropriate guidelines when writing any health research manuscript. Format reporting guidelines are available on the [EQUATOR Network Web site](#), which also provides guidance on selecting a relevant [guideline](#). Meeting these basic reporting standards will improve the value of your

manuscript and facilitate the peer review process. The following guidelines are endorsed by the Journal of Vascular Surgery Publications:

[CONSORT](#): Randomized Controlled Trials

[STROBE](#): Observational Studies

[PRISMA](#): Meta-Analyses and Systematic Reviews

[ARRIVE](#): Animal Research: Reporting of In Vivo Experiments

Full details are available at <http://www.consort-statement.org/>. This article provides a checklist of the items that should be included in the report of the methods, results and discussion and the suggested details of a flow diagram that provides information on patient flow through the study. [See Reporting Standards](#).

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.

Reporting standards have been published that provide guidelines for observational studies: See Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis of Observational Studies in Epidemiology [MOOSE] group. *JAMA* 2000;283:2008-12.

Preparing Your Manuscript File. The manuscript file for most submissions includes a title page, article highlights, abstract, manuscript body and references. Detailed instructions for how to format the manuscript file are described below. Tables, figures, forms and supplemental materials are submitted as separate files and should not be embedded in the manuscript file. Please see the Article Type for specific word limits and requirements.

TITLE PAGE. A complete title page is required for all submissions and must appear at the beginning of the manuscript file. The title page must include:

Manuscript Title. Must be concise and accurately reflect the content of the manuscript. Must be declarative, stating the topic and results when possible, rather than posing a question. Correct formatting will aid researchers in locating your article on *Medline* once it has been published. Please make sure that your title:

IS NOT in the form of a question.

DOES NOT include "The First..." since these statements can not always be verified.

DOES NOT include a colon or any other punctuation to make it two parts.

DOES NOT Restate the article type: i.e. Experimental Research, etc.,

****UNLESS** it is a Systematic Review, Meta-analysis, Clinical Practice Guidelines, Reporting Standards or a Randomized Controlled Trial.

DOES NOT State the type of statistical analysis, i.e. Multivariate Analysis.

DOES NOT include the names of the authors, your institution, or the number of patients.

Authors. Complete author names, degrees, corresponding institutions, departments, and divisions, in the order that they should appear in the final published article

Byline can include non-Latin characters for author names, as long as the characters can be encoded in Unicode (e.g., Chinese, Japanese, Korean, Arabic). These characters can only be used for author names, not author affiliations or titles. Non-Latin characters should be enclosed in parentheses after the transliterated version, e.g. "Zhe Li (李喆), Xueyan Li (李雪燕), Shanshan Nai (能姗姗), Qizhi Geng (耿奇志), Ji Liao (廖蓟), Xingzhi Xu (许兴智) and Jing Li (李静)."

Corresponding Author(s). Please include the name(s), mailing address, phone number and email address for the **corresponding author** and **post-publication corresponding author** on the title page. See section on [Corresponding Authors](#) for more information.

Presentation Information (if applicable). Example: This study was presented in the plenary International Forum at the 2014 Vascular Annual Meeting of the Society for Vascular Surgery, Boston, Mass, June 5-7, 2014.

***Sponsoring Societies.** The author will also have the opportunity to indicate whether the manuscript was presented at a sponsoring society's annual meeting in the submission module. Doing so will allow the Editorial Office to report to the society about manuscript submission and acceptance rates, link the paper with a related society discussion, and add a society banner to the final published paper.

Keywords. Authors may use any five terms they choose to help readers identify this work. They may use the U.S. National Library of Medicine's [MeSH Tools for Finding Keywords](#) to generate these keywords.

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](#). 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

Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardiner MJ. More informative abstracts revisited. *Ann Intern Med* 1990;113:69-76

Ad Hoc Working Group for Critical Appraisal of the Medical Literature. A proposal for more informative abstracts of clinical articles. *Ann Intern Med* 1987;106:598-604

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.

Format for Journal Articles: Josa M, Khuri SF, Braunwald NS, VanCisin MF, Spencer MP, Evans DA, et al. Delayed sternal closure: an improved method of dealing with complications after cardiopulmonary bypass. *J Thorac Cardiovasc Surg* 1986;91:598-603.

Format for Books: Berger HJ, Zaret BL, Cohen LS. Cardiovascular nuclear medicine. In: Goldberger E, editor. *Textbook of clinical cardiology*. 1st ed. St Louis: CV Mosby; 1982. p. 326-45

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.

Verify Accuracy. The accuracy of the references, including spelling of references in foreign languages, is the responsibility of the authors and is crucial so that they can be linked to the original citation in the Web version. Authors should be certain that all references use the standard abbreviated journal names according to *Index Medicus*. This is imperative to ensure linking of references in the online version of the *Journal*. References that do not use the standard abbreviated journal names will not link.

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.

Elsevier Illustration Services: <http://webshop.elsevier.com/illustrationservices/index.cfm>

Previously published images. If a figure has been previously published, the legend must give full credit to the original source, and a letter from the original source giving permission to reproduce the figure must be uploaded with the submission. Submissions with previously published images that are not accompanied by an original written permission document will be returned to the author.

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 *JSVS.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

SUBMISSION TYPE	ABSTRACT STRUCTURE	ABSTRACT (WORDS)	BODY (WORDS)	FIGURES AND/OR TABLES	REFERENCES	OPEN-ACCESS PUBLICATION FEE (USD)
BRIEF REPORT	UNSTRUCTURED	200	2500	5	25	1000
EXPERIMENTAL RESEARCH	Structured	250-400	4500	10	50	2800 SVS Member: 1400 USD
EDITORIAL	None	None	1000	0	10	None
EVIDENCE SUMMARY	Unstructured	150	1500	10	50	1000
INVITED COMMENTARY	None	None	500	0	10	None
VASCULAR RESEARCH TECHNIQUE	Unstructured	150	2000	4	10	1000
LETTER TO THE EDITOR	None	None	500	1	10	None
REVIEW ARTICLE	Structured	250-400	3500-5000	10	75-125	2800 SVS Member: 1400 USD
SPECIAL ARTICLE	None	Editor will determine upon invitation. Fees may apply.				
VASCULAR SCIENCE IMAGE	None	None	350	4	5	1000

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.

LETTERS TO THE EDITOR/RESPONSES. Readers are encouraged to submit letters to the Editor regarding recently published *JVS-VS* articles. The title of a letter should express the main question or opinion of the authors. Letters should address the Editor, not the author, and include the original article as the first reference. Letters should not exceed 500 words and five references. One illustration or table may be included if it amplifies a recent *JVS-VS* article by extending or clarifying the original manuscript content, or by presenting an opposing interpretation of the results or conclusions. Letters may also be used to submit brief original observations or opinions, although authors may not submit case reports in letter format. The authors of the original article may be provided with an opportunity to respond in a Letter to the Editor. If the authors respond in a timely fashion, both the Letter to the Editor and the authors' response will be published together.

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.

LEADERS IN VASCULAR SCIENCE. This section will highlight the leaders of vascular research with a one-page review of the leader's career, as well as a photograph and video, if available. Articles for this section will be solicited by the Editors.

Fees

REQUIRED OPEN-ACCESS FEE. Authors will be notified of an accept decision and at the same time required to pay an Author Processing Fee of 2800 USD (1400 for SVS Members) for a full-length Experimental Research or Review article and 1000 USD for a shorter Evidence Summary, Vascular Research Technique, or Vascular Science Image, excluding taxes. A fee may apply for Invited Special Articles, depending on the length. See the [Requirements for Specific Submission Types](#) for fees based on article type. Following payment, all manuscripts published in this journal will be made universally available at no further charge through ScienceDirect, www.sciencedirect.com, and through the Journal's own website, www.jvsvs.org. Copyrights for the published article will remain the property of the authors. The open-access publication fee is collected by the *Publisher* and will have no bearing on the peer review or acceptance process.

After Manuscript Acceptance

Role of the Publisher

PRE-PROOF. The pre-proof for most article types will appear online approximately 2 weeks after acceptance. The pre-proof is a fully citable version of the manuscript prior to proofreading and formatting. Pre-proofs allow the fastest

possible publication and are indexed by Medline. These articles can be cited using the date of access and their unique DOI (Digital Object Identifier) number. Additional changes in the article may be needed and these will be included in the final version of the manuscript.

COPYRIGHT TRANSFER FORMS. The Publisher will email the corresponding author a **Copyright Transfer Form** within 5 weeks of manuscript acceptance. Please email jvascsurg@vascularsociety.org if you do not receive the form. By completing this form, the authors transfer, assign, or convey all copyright ownership of their manuscript to the Society for Vascular Surgery. Hence, manuscripts accepted for publication become the permanent property of the Society and may not be published elsewhere by the authors without written permission. To avoid publication delays, please return the copyright transfer form to the Publisher's office without delay. Copies of the copyright document will be kept indefinitely. The Publisher is responsible for sending and receiving Copyright Transfer Forms. Please do **not** send completed Copyright Transfer Forms to the Editorial Office.

Manuscripts written by employees of the federal government during the course of their official duties may not be copyrightable. If the author falls under this designation, it should be appropriately noted in the Copyright Transfer form.

Subsequent to acceptance for publication, if the authors withdraw their manuscript, the Journal may make appropriate charges to cover the production costs incurred.

FORMATTED, COPYEDITED ARTICLE PROOF. Approximately 10 weeks from acceptance, the publisher will email the corresponding author the formatted, copyedited article proof for final approval. The corresponding author is responsible for discussing the proof with the co-authors and submitting proof corrections to the Publisher within 1-week. By approving the proof, the authors accept responsibility for the changes made in their manuscript by the copyeditor. The formatted article proof will replace the pre-proof online.

PUBLICATION FORMAT. *JVS-VS* is an open-access publication. Fees for open-access are collected by the *Publisher* and will have no bearing on the peer review or acceptance process. [See Fees](#). Learn more about Elsevier's pricing policy: <http://www.elsevier.com/openaccesspricing>

Open-Access. Articles are freely available to both subscribers and the wider public with permitted reuse. An open-access publication fee is payable by authors or their research funder. Permitted reuse is defined by the following Creative Commons user license:

Creative Commons Attribution-Non Commercial-No Derivs (CC BY-NC-ND). Lets others distribute and copy the article, and to include in a collective work (such as an anthology) for non-commercial purposes, as long as they credit the author(s) and provided they do not alter or modify the article.

SEQUENCE OF PUBLICATION. In general, manuscripts are published in the order they are received, providing that the Journal receives revisions in a timely fashion. Under unusual circumstances, a paper may be assigned priority for early publication if, in the view of the Editors, it contains important new information that should be brought to the attention of the readers immediately.

SELF-ARCHIVE. Authors may self-archive their manuscripts immediately and enable public access from their institution's repository after an **embargo period of 12 months**. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications.

REPRINTS. The *Publisher* is responsible for reprints. As a courtesy, the authors of articles published in the *JVS-VS* will have the option to request a single e-offprint at no cost. The e-offprint is an electronic link that allows free access to the full-length article. The e-offprint link may be shared with up to 25 colleagues. An individual may make a single photocopy of a published article for his or her personal use, but multiple copies cannot be made without the written permission of the Journal or from the Copyright Clearance Center at copyright.com.

CORRECTION OF ERRORS. As part of the scientific process, errors may be discovered after publication that require clarification, correction, or retraction of the paper. The Editor will handle errors on an individual basis after discussion with the authors.

APPEALS POLICY. The decisions of the Editors must be considered final. Rejected manuscripts will not be reconsidered for publication unless there is sufficient cause to merit re-review by our Editor and reviewers. There may be sufficient cause for re-review if the author inadvertently declined to transfer a manuscript to an alternate JVS Journal which led to immediate rejection or if another clerical error was made by either the author or the Editorial Office which led to rejection. Re-review may also be appropriate if the authors added critical new data that substantially changed the manuscript. Appeals should be directed to the editorial office and will be reviewed by the Editor-in-Chief. The Editor-in-Chief will make the final determination regarding the appeal.

Updated August 2020

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