

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.

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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.

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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.

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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.

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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.

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

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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](#)

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](#)

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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

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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.

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.

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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

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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.

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SUBMISSION TYPE	ABSTRACT STRUCTURE	ABSTRACT (WORDS)	BODY (WORDS)	FIGURES AND/OR TABLES	REFERENCES	OPEN-ACCESS PUBLICATION FEE (USD)
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EXPERIMENTAL RESEARCH	Structured	250-400	4500	10	50	2800 SVS Member: 2240 USD
EDITORIAL	None	None	1000	0	10	None
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INVITED COMMENTARY	None	None	500	0	10	None
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Updated January 2023

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