



INSTRUCTION FOR AUTHORS

Thank you for your interest in *Art of Surgery* (AOS). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for formality revision before undergoing peer review. We are looking forward to your submission.

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1. ABOUT THE JOURNAL

Art of Surgery (ISSN 2523-6954; Art Surg; AOS; <http://aos.amegroups.com/>) is an internationally peer reviewed journal for medical students, residents, fellows and attendings in the field of surgery, and scientists and researchers in the biomedical field who wish to transform surgical education, practice and research.

Mission: To better serve our patients via educating and training the next generation of surgeons and promote innovative research.

Vision:

1. Surgical education and training should be more efficient and cost-effective.

2. Master surgeons/educators' experiences should be inherited and be propagated.
3. Networking master surgeons will catalyze the leap forward in surgical field.
4. Influential researches should be published in a time manner and be easily accessible.

2. MANUSCRIPT CATEGORIES

(1) Keynote Lecture

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: no maximum, but 8 in total should be sufficient.

Description: A Keynote Lecture is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. In addition to a PowerPoint video presentation, a written component, in the form of a mini-review or editorial, is also required. The preferred file format of the written component is a Microsoft Word document. As for the PowerPoint presentation, please export the PowerPoint as a movie file and check that the narration synchronizes with the slides presented.

(2) Masters of Surgery

Word limit: 3,000 words maximum excluding references, tables and figures.

Abstract: not required.

References: no maximum.

Figures/tables: no maximum, but 8 in total should be sufficient.

Description: Masters of Surgery is an article type describes specific operative procedures, including narrated videos provided by renowned surgeons. The submitted videos of each article must have a maximal limit of twenty minutes in duration and it must be accompanied by descriptive text. The text should include four subheadings – Introduction, Case Presentation, Surgical Techniques, and Discussion. The main section on Surgical Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. Patients must not be identifiable in these videos. If required, additional video editing by the authors, including the insertion of a voice-over, may also be requested by the AOS Editorial Office.

The authors should provide a statement to confirm that the patient has given written informed consent for the article to be published. See "Informed Consent" for details.

(3) Original Article

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, with sub-headers (Background, Methods, Results and Conclusions).

References: no maximum.

Figures/ tables: no maximum, but 8 in total should be sufficient.

Description: Reporting results of current research in either basic or clinical science. Original article should entail a section describing the contribution of each author made

to the manuscript. See section "Author contributions" for details. Meta-analysis will be categorized into this type.

(4) Review Article

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Reviews are comprehensive analyses of specific topics. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review article should entail a section describing the contribution of each author made to the manuscript. See section "Author contributions" for details.

(5) Short Communication

Word limit: 3,500 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: maximum 3 in total.

Description: A small-scale study that includes important new information may be published as a short communication.

(6) Perspective

Word limit: 3,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of subheaders)

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial positions or papers of the same topic advocating opposite opinions will be published as Perspectives. Most perspective articles will be solicited by the editors. However, we also welcome timely, unsolicited perspective articles.

(7) Letter to the Editor

Word limit: 1,000 words maximum excluding references, tables and figures.

Abstract: not required.

References: 10 maximum.

Figures/tables: maximum 1 in total.

Description: Letters on content published in the Journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.

(8) Editorial

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: not required.

References: 25 maximum.

Figures/Tables: maximum 2 in total.

Description: Editorial is written by recognized leader(s) in the field. It is generally solicited by the (Deputy) Editor(s)-in-Chief.

(9) Commentary

Word limit: 1,500 words maximum excluding references, tables and figures.

Abstract: not required.

References: 20 maximum, including the article discussed.

Figures/tables: maximum 2 in total.

Description: Commentary, upon Editor's invitation, discusses a paper or report or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentary may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

(10) Viewpoint

Word limit: 1,200 words maximum excluding references, tables and figures.

Abstract: not required.

References: 10 maximum.

Figures/tables: maximum 1 in total.

Description: Viewpoints may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors.

(11) Meeting Report

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 350 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/ tables: no maximum, but 8 in total should be

sufficient.

Description: Reports of symposia and conferences about surgery. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

(12) Brief Report

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 8 maximum in total.

Description: A short report on new and interesting observations concerning surgery that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

(13) Clinical Guideline

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Guidelines need to be the product of a large group of individuals who are recognised authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(14) Technical Innovation

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: maximum 10 in total.

Description: Technical Innovation articles should present

a new experimental or improved method, test, procedure or instrument. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

(15) Case Report

Word limit: 2,500 words maximum excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: 20 maximum.

Figures/ tables: maximum 8 in total.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes. The text should be arranged as follows: Introduction, Case Report, Discussion. Only cases of exceptional interest and novelty are considered.

The authors should provide a statement to confirm that the patient has given written informed consent for the article to be published. See "Informed Consent" for details.

(16) Educational Case Report

Word limit: 2,500 words maximum excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).

References: 20 maximum.

Figures/ tables: maximum 8 in total.

Description: Discussion about a unique case that is difficult to be diagnosed. The text should be a dialogue to vividly show the discussion process during diagnosis.

The authors should provide a statement to confirm that the patient has given written informed consent for the article to be published. See "Informed Consent" for details.

(17) Experiences in Patients Management

Word limit: 1,500 words maximum excluding references, tables and figures.

Abstract: not required.

References: 20 maximum.

Figures/ tables: maximum 4 in total.

Description: Experiences in patients management in hospitals, institutions or organizations.

(18) Tips and Tricks

Word limit: 1,500 words maximum excluding references, tables and figures.

Abstract: not required.

References: 20 maximum.

Figures/ tables: maximum 4 in total.

Description: Tips and Tricks article should present a or some special tips and tricks during procedure that will get a better result.

(19) Resident Corner

Word limit: 500 words maximum excluding references, tables and figures.

Abstract: not required.

References: 5 maximum.

Figures/ tables: maximum 4 in total.

Description: Resident Corner aims to use videos/animations to help residents learn basic surgical anatomy, imaging studies, fundamental surgical techniques/skills. One or two sentences to describe the video content and its purpose are needed but specific description of the surgical steps is unnecessary.

(20) Picture of the Month

Word limit: 500 words maximum excluding references, tables and figures.

Abstract: not required.

References: no maximum.

Figures/tables: no maximum, but 8 in total should be sufficient.

Description: The main purpose is to present rare cases in clinical medicine. Provoke discussion about diagnosis, staging, treatment and follow-up plan. Author need to present 1-5 multiple questions to lead the discussion. Authors and contributors may accumulate all the cases provided and summarize the discussion and reach the consensus in order to guide clinical practice for rare disease. The authors should provide a statement to confirm that the patient has given written informed consent for the article to be published. See "Informed Consent" for details.

3. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures.

Title Page

The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones.

Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. A short running title (less than 60 characters) should also be provided.

In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the systematic review/meta-analysis, original article and review article, the information of author contribution is needed.

Abstract and Keywords

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results and conclusions. Do not use reference, table or figure in the abstract. It must be factual and comprehensive. The structured abstract should state the background, methods, results, and conclusions. The use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. The abstract of a systematic review/meta-analysis, original article and review article should be structured into four paragraphs with sub-headers of background, methods, results and conclusions. The abstracts for all other manuscript types should be unstructured.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

Text

Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, viewpoint, commentary and others do not have those clear sections, they can be written in several sections with their own headers according to the topic.

Author Contributions

This section is only required for systematic review/meta-analysis, original and review article. It describes the contribution of each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. 4) Agreement to be accountable for all aspects of the work in ensuring that questions that related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Author should meet conditions 1, 2, 3, and 4, and all who meet the four criteria should be indentified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”). Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The “Author Contributions” section should be completed as follow:

- (1) Conception and design:
- (2) Administrative support:
- (3) Provision of study material or patients:
- (4) Collection and assembly of data:
- (5) Data analysis and interpretation:
- (6) Manuscript writing: All authors.
- (7) Final approval of manuscript: All authors.

Note: 1. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2. Contribution is not required when there is only one author.

Acknowledgments

- a. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairman who provided only general support. Financial and material support should also be acknowledged.
- b. Funding: Details of all funding sources for the work in question should be included in the Acknowledgment section.

The following rules should be followed:

The sentence should begin: “This work supported by...”;

The full official funding agency name should be given, i.e. “National Institutes of Health”, not “NIH” (full RIN-

approved list of UK funding agencies)

Grant numbers should be given in brackets as follows: “[grant number XXX]”. Multiple grant numbers should be separated by a comma as follows: “[grant numbers XXX, YYY]”;

Agencies should be separated by a semi-colon (plus “and” before the last funding agency).

Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number “to [author initials]”;

An example is given here: “This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789]”.

c. When there is nobody or funding to be acknowledged, please describe as “None”.

Footnote

- a. Conflicts of Interest: See section “Conflicts of Interest” for details.
- b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good quality data across countries over the sample period”. When there is no financial disclose, this section should be removed.

References

In the text, references should be cited using Arabic numerals in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “heart failure (29,30)”. If cited in tables or figure legends, number according to the first identification of the table or figure in the text.

In the reference list, cite the names of all authors when there are three or fewer; when three or more, list the first three followed by et al. Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

The format of reference sees as follow.

❖ Journal article

e.g.: Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

- ◆ Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

e.g.: Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI: 10.1111/j.1442-2042.2009.02314.x

◆ Book

e.g.: Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

◆ Chapter in a Book

e.g.: Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

Tables

Tables should be self-contained and complement, but not duplicate information contained in the text. All tables should be numbered consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

If tables have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials during paper submission. Plus, when a manuscript is accepted for publication, please provide us with the tables in tabular form which is convenient for copyediting and typesetting.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered consecutively in the order of reference in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials. Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173

mm).

Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

Text sizing: in figures Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

Figure legends: Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Appendix

The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article's reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online”.

Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements

for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>.

Author name: Each author's given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam-Webster's Collegiate Dictionary.

Units: All measurements must be given in SI or SI- derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>.

Abbreviations: Must be used sparingly – only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

5. REVIEW PROCESS

Manuscripts are assigned sequentially to Science Editors. An Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Science Editor's comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may

expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast-track decisions' will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

All journals Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. When contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between authors and readers. If extensive alterations are required, the manuscript will be returned to the author for revision.

6. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Edinburgh 2000), available at: <http://www.wma.net/en/30publications/10policies/b3/>. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate

to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

7. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for **case report, original/research articles and visualized surgery**. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section: "Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal." The statement should be included in the footnote. If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the 'Consent' section of the manuscript should be amended accordingly. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

8. POLICIES ON CONFLICT OF INTEREST

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the

most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>). Conflict of interest would be included in the FOOTNOTE section.

(1) Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

(2) Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- ◆ Authors' conflicts of interest; and

- ◆ Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- ◆ Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict interest section as the following format: "The author has no conflicts of interest to declare." or "The authors have no conflicts of interest to declare."

9. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet- based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or

closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (3) the Australian Clinical Trials Registry (<http://www.actr.org.au>); (4) the Chinese Clinical Trials Register (<http://www.chictr.org>); and (5) the Clinical Trials Registry - India (<http://www.ctri.in>).

10. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

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