

## Instruction for Authors

The AME Surgical Journal (ASJ; AME Surg J; asj.amegroups.com) is an open access, peer-reviewed electronic journal focused on the advancement of surgical science and practice. It aims to provide an international platform for surgeons of various specialties to share, to learn, and to discuss the latest advancement and state-of-the-art research in surgery, promoting research and practice within its various specialties, for the ultimate goal of benefiting patients worldwide.

Topics to be covered by this journal include, but are not limited to: Cardiothoracic Surgery, Colorectal Surgery, Gland Surgery, HBP Surgery, ENT Surgery, Orthopedic Surgery, Urologic Surgery, Pediatric Surgery, Plastic Surgery, Surgical Oncology, Surgical Education, Experimental Surgery and Minimal Invasive Surgery.

Published articles include Invited Articles and Submitted Papers, e-Comments on all published articles, and Editorials in all surgical research and practice. Surgical videos are highly encouraged. Besides regular issues of the Journal, articles in defined areas will be collected and published in Themed Collections. The entire submission is managed through OJS system, an electronic system to provide an efficient way and ensure a rapid turn around of papers submitted for publication.

The journal website includes all articles, and contains additional material, featuring advanced visual material (images and videos). Each video published will be archived and highlighted in ASVIDE, a surgical video database owned by AME Publishing Company: [www.asvide.com](http://www.asvide.com).

Permission to reproduce any existing material, whether online or in print, must be obtained from the Publisher prior to submission.

Conflict of interest: The Editor requires authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted article. All sources of funding for work should be acknowledged in a footnote on the title page, as should all institutional affiliations of the

authors (including corporate appointments). Other kinds of associations, such as consultancies, stock ownership or other equity interests or patent licensing arrangements should be disclosed to the Editor in the cover letter at the time of submission. If no conflict of interest exists, please state this on the title page and in the cover letter. The Editor reserves the right to reject manuscripts that do not comply with the above-mentioned requirements.

Video content: ASJ has defined a standard presentation for the streaming videos used on the site - MP4. This is to give a consistent presentation across the site and assure rapid video streaming online. It is understood that many authors will have difficulties preparing their videos according to our required specification. Although ASJ does not offer a video pre-editing service, our staff will be happy to provide technical assistance if requested.

Honorary Editor-in-Chief:

Anthony P Yim, MA(Cantab), MA, DM(Oxon), FRCS(Eng, Edin, Glasg)

Editor-in-Chief:

Zhigang Cao

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### 1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

ASJ accepts articles in the categories below. Video clips should focus on vital/novel information pertaining to surgical technique. Routine parts of the procedure such as standard incisions, cannulations, etc. may be omitted. The requirements for each submission category are as follows:

#### (1) ORIGINAL ARTICLE

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

Abstract: Structured. 450 words maximum.

References: No maximum.

Figures/tables: No maximum, but 8 figures should be

sufficient.

Videos: 3 maximum.

\*Playback time of each video should be no more than 15 min.

Description: Originality and clinical impact are essential for acceptance of Original Articles.

The goal of such an article is to present original basic science or clinical research findings in the field of surgery. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Original articles should entail a section describing the contribution of each author to the manuscript. See section “Authors’ Contribution” for details. Meta-analysis will be categorized into this type.

\* When concerning experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). Furthermore, authors also need to confirm that patients have given their consent for the publication. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section as: “Written informed consent was obtained from any and all patients for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

\* When concerning experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

## **(2) REVIEW ARTICLE**

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

Abstract: Unstructured. 300 words maximum.

References: No maximum.

Figures/tables: Minimum 1 image or figure.

Videos: 3 maximum

\*Playback time of each video should be no more than 10 min.

Description: Reviews are comprehensive analyses of specific topics. ASJ emphasizes that an acceptable Review Article should not be a ‘book chapter’ generally covering a topic, but should be a focused application of the literature to address a relevant clinical issue. Normally, reviews are requested upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles

will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author to the manuscript. See section “ Authors’ contribution’ for details.

## **(3) CASE REPORT**

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

Abstract: Unstructured. 250 words maximum.

References: 20 maximum.

Figures/tables: 8 maximum in total.

Videos: 3 maximum

\*Playback time of each video should be no more than 15 min.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in the surgical fields. The text should be arranged as follows: Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls, Discussion.

Case Report follows the CARE guidelines (<http://www.care-statement.org>) for reporting standards. The CARE checklist (<https://data.care-statement.org/wp-content/uploads/2019/03/CARE-checklist-English-2013.pdf>) should be provided as an additional file. Submissions received without these elements will be returned to the authors as incomplete. The checklist will not be used as a tool for judging the suitability of manuscripts for publication, but it is intended as an aid to authors to entirely and transparently let reviewers and readers know what authors did and found. The authors should provide a statement at the end of the main text to confirm that the patient has given their consent. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from any and all patients for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal.”

If the patient is deceased, informed consent for publication must be sought from the next of kin. If the patient is a minor, or unable to provide consent, informed 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.

Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify for

publication in this category, the Editor may ask authors to shorten manuscripts and rewrite as other article types.

#### **(4) SURGICAL TECHNIQUE**

Authors: 5 maximum

Abstract: 200 words maximum

Text: 2000 words maximum

References: 20 maximum

Figures and Tables (combined): 10 maximum

Videos: 5 maximum

\*Playback time of each video should be no more than 15 min.

Description: Such an article is focused on introducing an original surgical procedure or idea, and should aim at teaching others how to perform that procedure. The sections should contain the following parts: Abstract, Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls.

Surgical Technique follows the CARE guidelines (<http://www.care-statement.org>) for reporting standards. The CARE checklist (<https://data.care-statement.org/wp-content/uploads/2019/03/CARE-checklist-English-2013.pdf>) should be provided as an additional file. Submissions received without these elements will be returned to the authors as incomplete. The checklist will not be used as a tool for judging the suitability of manuscripts for publication, but it is intended as an aid to authors to entirely and transparently let reviewers and readers know what authors did and found.

#### **(5) CLINICAL GUIDELINES**

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

Abstract: Unstructured. 450 words maximum.

References: No maximum.

Figures/tables: Minimum 1 image or figure.

Description: Guidelines will be published only if they are the product of a large group of individuals who are recognized authorities in their field.

#### **(6) EDITORIAL**

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

Authors: 5 (Max)

Abstract: Not required

References: 25 (Max), including the article discussed

Figures and Tables (combined): 2 (Max)

Videos\*: 2 (Max)

\*Playback time of each video should be no more than 5 min.

Description: Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.

#### **(7) EDITORIAL COMMENTARY**

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

Authors: 5 (Max)

Abstract: Not required

References: 25 (Max), including the article discussed

Figures and Tables (combined): 2 (Max)

Description: The Editors will invite an expert in the field to discuss a paper or report recently published or a special event having taken place or in the near future to provide a commentary on the importance of the publication or event, outlining its strengths and weaknesses. It should underscore the relevance with regard to the audience of the Journal.

#### **(8) LETTER TO THE EDITOR**

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

Abstract: Not required.

References: 10 maximum.

Figures/tables: 1 maximum in total.

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

## **2. PREPARATION OF THE TEXT**

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:

Title page

Abstract

Keywords

Main text (see Content Specifications section above)

Tables

Legends

References

Figures

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be British or American, but consistent

throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 times in the text should not be abbreviated

### Title page

The title page should include:

- 1) A brief and descriptive title of the article (no abbreviations allowed);
- 2) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
- 3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
- 4) The contribution made by each author should be briefly stated in the Authors' Contributions section (See "Authors' Contributions" in detail);
- 5) Footnote section: Conflicts of Interest (See specific statement in the following Policy of Conflict of Interest);
- 6) Acknowledgments (All sources of funding for the work should be included in this section).

### Abstract

The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Article Type	Word Limit of the Abstract (Max.)
Original Article	450
Review Article	300
Brief Report	250
Case Report	250
Surgical Technique	200
Clinical Guideline	450

### Keywords

Following the Abstract, 3-5 keywords should be given.

### Main text

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. ASJ strongly discourages lengthy text descriptions. Authors are urged to use videos and figures to explain their points, as much as possible. The text should be considered as the matrix which cites and binds the multimedia components

together. IMPORTANT: supporting description concerning the multimedia objects should be contained within the Legends only and NOT repeated in the text. The company name, city and country of any commercial material must be included at first mention within parentheses in the text.

If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

### Tables

Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom even if already defined in the text. Each Table should be on a separate page. The word Table should always be written with a capital "T".

### Legends

Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be the most recent.

Personal communications, or unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., "cancer-related mortality (19)"; "adenocarcinoma (29,30)"]. If cited in Table 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 more than three, 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, Table or Figure must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

### **Journals**

- [1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. *Eur J Cardiothorac Surg* 2012; 41:248-255.

### **Books**

- [2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. *Cardiac Surgery*, WB Saunders, 2003:11-17.

### **Multi-author books**

- [3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac function. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. *Interstitial, connective tissue and lymphatics*, London: Portland Press, 1995:271-282.

### **Online publications**

- [4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children. *Multimed Man Cardiothorac Surg* doi: 10.1510/mmcts.2008.003160.

or

- [5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. *CTSNet* [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

## **3. PREPARATION OF FIGURES AND VIDEOS**

### **Figures**

Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality. The word Figure should be written with a capital "F". The abbreviation "Fig" or "Fig." is allowed.

Specifications: .tiff or .jpg files; resolution: 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

### **Videos**

ASJ will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov., avi., and mww. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editors-in-chief reserves the

rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: <http://asj.amegroups.com/pages/view/submit-multimedia-files>.

Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality: resolution no less than 1280x720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

Text in video: All text notes, explanations or descriptions in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Moreover, the information of patients should be erased from the video.

Video legends: Legends for the video files should be provided. The video files should be number consecutively in chronological order of appearance in the text.

## **4. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS**

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies as appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgments as stipulated by the particular institutions. Please note that obtaining copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totalling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

## **5. ELECTRONIC SUBMISSIONS**

All articles are now submitted electronically, and the entire review process is electronic. The electronic format is through the OJS system.

New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us ([asj@amegroups.com](mailto:asj@amegroups.com)), and we will help solve the problem. Please make sure the publication ethics (<http://asj.amegroups.com/public/addition/asj/asj-publication-ethics.pdf>) are followed strictly before your submission.

Please note that change of author information (except for grammatical errors) and retraction of manuscript are not allowed after the manuscript is accepted.

Submit via <http://asj.amegroups.com/login?source=%2Fauthor%2Fsubmit>

Complete the online submission form carefully and upload the following items as specified:

- 1). Cover letter: a submission letter to the Editor must be included in the 'cover letter box'.
- 2). Text (including title page, main text and Tables (Tables must be typed; Tables should not be inserted as images) plus any embedded artwork - optional) combined into ONE word processor file (.doc) - upload as 'Manuscript file' (filename eg. text.doc).
- 3). Artwork: .jpg or .tif files prepared according to the afore-mentioned specifications. One file per Figures - upload as 'Image files' (filename eg. Figure 1). Figures with composite parts A, B, C... should be mounted into one image/one electronic file.
- 4). Videos: Uploading large files (up to 200 MB) is possible if you have a good reliable Internet connection, but it will take time - upload as 'Multimedia file' at: <http://www.amepc.org/index/author/submitMultimediaFiles>. Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service or online system.

## 6. COPYRIGHTS AND LICENCE

Upon receipt of accepted manuscripts, authors will be required to complete an online copyright licence to publish form. Please note that by submitting an article for publication you confirm that you are the corresponding/submitting author and that ASJ Publications may retain your email address for the purpose of communicating with you about the article. You agree to notify the editorial office of ASJ immediately if your details change. If your article is accepted for publication the editorial office will contact you using the email address you have used in the registration process. Please note that ASJ does not retain copies of rejected articles.

Work submitted for publication must be original, previously unpublished, and not under consideration for publication elsewhere. If previously published Figures, Tables, or parts of text are to be included, the copyright-holder's permission must have been obtained prior to submission. For more information on how to obtain permissions, please consult Rights and Permissions.

## 7. 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: Either British or American spelling can be used, but has to be consistent. 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.

## 8. 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/e/policy/b3.htm>. The ASJ 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 subjects 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.

## **9. CLINICAL TRIALS REGISTRY**

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must be registered 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 the latter should meet 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](http://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>

## **11. 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 reports, original/research articles and visualized surgery. The statement should be included in the text and the footnote.

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).

## **12. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST FORM**

### **(1) Authors' responsibility**

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree that the copyright of the manuscript after acceptance will be transferred to AME Publishing Company, and 5) they have obtained all necessary permissions to publish any Figures or Tables in the manuscript, and assure that the authors will pay for Article Processing Charges (APC).

### **(2) 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>). Nonetheless, they have to be mentioned.

### **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, or if they believe this is not the case, they should provide their financial or personal relationship and then mention that they have no conflict of interest in direct relationship to the contents of the publication.

#### **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 agree not to publish or make public any data or ideas contained in the work they are or have reviewed before publication.

#### **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 their conflict of interest clearly; if there is no conflict of interest, write The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

## **13. AUTHOR CONTRIBUTIONS**

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution 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. Authors should meet conditions 1, 2, and 3. 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:

- (I) Conception and design:
- (II) Administrative support:
- (III) Provision of study materials or patients:
- (IV) Collection and assembly of data:
- (V) Data analysis and interpretation:
- (VI) Manuscript writing: All authors
- (VII) Final approval of manuscript: All authors

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

## **14. ACKNOWLEDGMENTS**

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring

the work, or assisting in the research on which the work is based.

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 chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate 'Acknowledgements' section as 'None'.

ASJ policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

#### **Footnote**

- a. Conflicts of Interest: See section "Conflict 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, authors should also indicate "Financial Disclose" section as "None".
- c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

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