

SURGERY

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When a manuscript is received by SURGERY that has at least one author who is also one of the Editors-in-Chief of the Journal, or is from one of the Editors-in-Chiefs institutions, that Editor will recuse himself from any editorial responsibilities for the manuscript. In addition, individuals who have potential conflicts of interest with any manuscript sent to them for review are asked to recuse themselves from serving as peer reviewers.

The Journal invites concise, original articles of new matter in the broad field of clinical and experimental surgery as well as surgical organization and history. We are especially interested in articles on surgical education and the academia of global medicine.

Emphasis for acceptance includes conciseness and clarity of presentation as well as appropriateness of English usage.

All authors must strictly observe the rules against dual publication.

Original Communications. These manuscripts should represent original research, either clinical or basic science. Consideration for publication is based on originality, scientific content, and appropriate analysis. Emphasis should be placed on novel and new information.

Brief Clinical Reports, Case Reports, and Images in Surgery. Manuscripts for these sections should be limited strictly to no more than four, double-spaced manuscript pages with up to five references maximum. The articles may include one or two pertinent illustrations maximum but no abstract. For Images in SURGERY submissions, a maximum of two images is allowed. Manuscripts with more than two images will not be considered for review. Please note, SURGERY rarely publishes case reports and the ones published should be either of timely relevance or of significant educational value. The Journal is very selective (perhaps one or two per year) in choosing a case report for publication and often when the case report is not suitable for SURGERY, we will offer the author(s) a service where we can transfer it directly to an ELSEVIER, open-access journal for case reports called THE INTERNATIONAL JOURNAL OF SURGERY CASE REPORTS, but that journal will then evaluate the case report for potential publication; we stress that there is no obligation for the authors to have their work transferred to this journal.

Editorials. Editorials should be concise and brief (not to exceed 1000 words, except under unusual circumstances) and should express the personal opinion of the author. An editorial should contain a minimum (four or fewer) of references, if any. Editorial material to be considered by the Editors may include not only timely subjects of clinical interest, but also material of general interest to the surgical community, including topics of social significance. Most editorials are “invited” or “solicited” by the Editors; i.e., the Editors have asked a specific person to write an editorial. Unsolicited editorials will be considered, but will be screened by the Editors.

Letters to the Editors. The Editors invite comments in the form of letters that express differences of opinion or supporting views of previously published editorials or recently published papers in SURGERY. Each letter must not exceed 500 words, should

be typed with double spacing, and must include complete references limited to seven or fewer. The editorial board reserves the rights to accept, reject, edit for understanding and grammar, or excerpt letters without changing the views expressed by the writer. No anonymous correspondence will be published; therefore each author should include his or her complete address. Please do not use the letters to the editor as an avenue for a case report or small clinical series.

Clinical Reviews: SURGERY does not often publish simple review papers based solely on a literature review. On occasion, the Editors will solicit a clinical review on a specific topic. Exceptions include formal true systematic reviews (not just review articles), which are well-executed and either relevant or timely; however, these will be reviewed critically. When submitting a meta-analysis or systematic review, please provide a paragraph in the discussion explaining how these data can be used clinically to the benefit of the patient rather than just describing the findings. SURGERY is receiving numerous submissions as meta-analyses and systematic reviews that do not address truly relevant or important clinical problems or explore questions that have no clinical relevance; such a focus on clinical importance and how these reviews may change treatment will be foremost in the editorial decisions made concerning publication. In addition, while we understand the amount of work that goes into a formal meta-analysis of systematic review, if there is not enough clinical material published to support the review and your conclusion is that the question you asked originally cannot be answered at this time, please do NOT submit such a metaanalysis or systematic review, because it will not be accepted for publication. In addition, please follow PRISMA guidelines for preparation of the manuscript.

Societal Papers. Manuscripts submitted as part of the annual meetings of the Society of University Surgeons (SUS), Central Surgical Association (CSA), or American Association of Endocrine Surgeons (AAES) have other, somewhat different guidelines because of space limitations. Societal manuscripts should have an abstract of no more than 200 words, no more than 10 double-spaced text pages, no more than 25 references, and no more than a total of 10 tables and figures combined. The title page should also include the meeting name, location, and dates. The option does exist for additional tables, figures, or text when deemed necessary and appropriate by the Editors, to be included in the electronically published version that, however, would not appear in the printed version. Such additional material must be designated clearly as "For the online version of the article, not to be included in the print version."

Hypothesis Section. This section hopes to challenge "established" concepts and postulate novel ways of thinking about problems in the hopes of changing surgical tradition when appropriate. We will review and critique these submissions carefully. We anticipate few acceptances and irregular appearance, if and only when a good idea surfaces. Working with Alden Harken, who will serve as the managing editor of this section, we have established the following criteria for submission. Please note: All submitted manuscripts in this Hypothesis section must follow the outline described; those manuscripts that do not follow this outline will be returned. (1) The Hypothesis (typically also the title of the manuscript) must lead off the introduction of the manuscript and will be typed **IN BOLD**, and (2) the idea should be presented succinctly, with the upper limit of 10 double-spaced typed pages with no more than 12 references.

Please review the previously published hypothesis submission (SURGERY 155:974-976) to be certain that your submission follows the strict outline that we require. Any submissions that do not follow this outline will be returned.

Reprints. Individual reprints of an article may be obtained directly from the author.

Book reviews. SURGERY does not publish book reviews. The Peer Review Process: Usually at least three (and often more) referees are asked to review each article. Acceptance for publi-

cation is based on originality, significance, and scientific merit; these manuscripts should further the knowledge and practice of surgery. Revisions may be made to add clarity and understanding without altering the meaning and to follow an overall editorial approach by SURGERY.

Manuscripts describing research involving human subjects must document both IRB approval or exemption and that informed consent was obtained from patients who served as subjects of the investigation. A statement about HIPAA compliance is also necessary for human studies from the United States and other countries in which the protection of patient information by obtaining patient consent is required by law. In the event that either the Editors or referees question the propriety of the human investigation with respect to the risk to the subjects or to the means of obtaining informed consent, SURGERY may request more detailed information about the safeguards employed and the procedures used to obtain consent. Minutes of the local human experimentation committees or Institutional Review Boards that reviewed and approved the research may also be requested.

For animal and all human experiments, the sex used must be indicated. If both males and females were used, the number from each sex must be indicated, and it must be indicated whether the sex was considered a factor in the statistical analysis of the data. If only one sex was used the rationale for using only one sex must be indicated. For cell culture experiments, the sex from which primary cell cultures or tissues were obtained must be indicated. The authors are also encouraged to include sex of cell lines. If cells or tissues from both sexes were used without regard to sex, this should be indicated.

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