Instructions to Authors

The Journal of Visualized Surgery (ISSN 2221-2965; J Vis Surg; JOVS; jovs.amegroups.com) is an international peer-reviewed journal focused on Visualized Surgery. It publishes Invited Articles and Submitted Papers on Visualized Surgical Procedures, e-Comments on all published articles, and Editorials in the all surgical sub-specialties. Besides regular issues of the Journal, articles in defined areas will be collected and published in Themed Collections.

The aim of JOVS is to promote the development of Visualized Surgery around the world by providing a professional platform for the sharing of experience in Visualized Surgery between peers so that all patients may benefit. Hence, the focus will be on instructional and educational video clips, photos, schematics of Visualized Surgical procedures, rather than lengthy text.

Topics to be covered include, but are not limited to: Cardiothoracic Surgery, Colorectal Surgery, Gland Surgery, HBP Surgery, ENT Surgery, Orthopedic Surgery, Urosurgery, Pediatric Surgery, Plastic Surgery, and Minimal Invasive Surgery.

Permission to reproduce any kind of 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 covering letter at the time of submission. If no conflict of interest exists, please state this on the title page and in the covering letter. The Editor reserves the right to reject manuscripts that do not comply with the above-mentioned requirements.

Video content: JOVS has by necessity defined a standard presentation for the streaming video 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 to our required specification. Although JOVS does not offer a video pre-editing service, staff will be happy to provide technical assistance if requested.

Editors-in-Chief:
Alan Dart Loon Sihoe, MBBChir, MA (Cantab), FRCSEd (CTh), FCSHK, FHKAM (Surgery), FCCP
Yupei Zhao, MD

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1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

JOVS accepts articles in the categories below. Except CORRESPONDENCE, all types of article are required to include SURGICAL VIDEO. 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: 5,000 words (Max) including abstract but excluding references, tables and figures
Abstract: Structured. 450 words (Max)
References: No maximum.
Figures/tables: No maximum, but 10 figures should be
sufficient.

**Videos**: Required
*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

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

Such an article is to present original basic science or clinical research findings by the authors in the field of visualized 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 the patient has 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 the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal.”

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

**(2) REVIEW ARTICLE**

**Word limit**: 4,000 words (Max) including abstract but excluding references, tables and figures  
**Abstract**: Unstructured. 300 words (Max)  
**References**: No maximum  
**Figures/tables**: Minimum 1 image or figure  
**Videos**: Required  
*Playback time of all videos should be no more than 10 min - to be distributed amongst the videos as authors see fit.

**Description**: Reviews are comprehensive analyses of specific topics. JOVS emphasizes that an acceptable Review Article should not be a ‘book chapter’ generally covering a topic, but should be a focused application of literature to address a relevant clinical issue. They are submitted 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 (Max) excluding references, tables and figures  
**Abstract**: Unstructured. 250 words (Max)  
**References**: 20 (Max)  
**Figures/tables**: 8 (Max) in total  
**Videos**: Required  
*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

**Description**: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in visualized surgery covering all fields. The article structure is required as following:

- Abstract
- Introduction
- Patient selection and workup
- Pre-operative preparation
- Equipment preference card
- Procedure
- Role of team members+
- Post-operative management
- Tips, Tricks and Pitfalls
- Conclusion

+ JOVS strongly recommends that authors include at least one member of each specialty/discipline in the multi-disciplinary team (e.g. surgeon, trainees, anesthetists, physicians of all specialties, nurses, physiotherapists, other allied health professionals, etc).

The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods.
are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors.

The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. 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 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.”

If the patient has passed away, informed 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, 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, Editors may ask authors to shorten manuscripts and rewrite as other article types.

(4) 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)

Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

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

(6) LETTER TO THE EDITOR

Word limit: 1,000 words (Max) excluding references, tables and figures

Abstract: Not required

References: 10 (Max)

Figures/tables: 1 (Max) in total

Description: Letters on content published in JOVS 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.

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 or 4 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.

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. JOVS strongly discourages lengthy text descriptions. Authors are instead urged to use videos and figures to explain their points. 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. Each Table should be on a separate page.

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 not older than 5 years.

Personal communications, and 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); “denocarcinoma (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 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, tables or figures 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

Books

Multi-author books

*Online publications*


or


### 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.

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

**Videos**

JOVS will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://jovs.amegroups.com/pages/view/submit-multimedia-files.

Please note that all videos published in JOVS will be included in the AME Surgical Video Database (ASVIDE, http://www.asvide.com) and each video will have a unique link. When the article is published, the video will be cited as a figure with the video link (for example, Figure 2 in this article: http://jovs.amegroups.com/article/view/27717/html).

*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. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

*Text in video:* All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, 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 numbered consecutively in the order of reference 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 where 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 total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well designed and functions very well with minimal difficulties.

New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us (jovs@amepc.org), and we will help solve the problem. Please make sure the publication ethics (http://www.amepc.org/public/system/jovs/jovs-publication-ethics.pdf) are followed strictly before your submission.
Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.


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 figure - 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](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 as you know.

**6. COPYRIGHT**

All rights of the submitted article is to be transferred and assigned to AME Publishing Company, for sole right to print, publish, distribute and sell in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company (permissions@amegroups.com) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in case of the authors asking permission to reuse the materials (figure, tables) for non-commercial purposes.

**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/](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](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 in accordance with the Helsinki Declaration as revised in 2013, available at: [http://www.wma.net/en/30publications/10policies/b3/%20index.html](http://www.wma.net/en/30publications/10policies/b3/%20index.html). 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).

◆ For studies in the following categories:

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:
• Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.

◆ For other categories:

Retrospective and ambispective cohort studies: In these studies, the patients’ exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.
• For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.

The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient’s personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial
• No statement on medical ethics is required.

Case report and visualized surgery:
• No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
• Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.
• For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.
• If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients
are chosen for the analysis.
If the study has a prospective design:
• Authors must state whether their study had been
  approved by an institutional review board (IRB) (if yes,
  please provide the number of approval document). For a
  multi-center study, IRB approval must be obtained from
  each center.
• Also, the authors should state whether the study outcomes
  will affect the future management of the patients.
• The authors must state whether all the subjects have
  signed the informed consent forms before they enter the
  study, no matter whether they enter the final analysis.
  For subjects under 18 years of age or those with limited
  capacity for civil conduct, the authors must state whether
  their caregivers had signed the informed consent forms.
If the study is based on a previously available specimen
bank, the authors must:
• State whether the specimen bank had been approved by
  the IRB upon its establishment;
• State whether all the subjects had signed the informed
  consent forms during the establishment of the bank
  (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors
re-examines the currently available data from different
perspectives.
• The authors need to state whether the previous studies had
  been approved by the local medical ethics committee(s)
• Also, it is important to state whether all the subjects had
  signed the informed consent forms in the previous studies.
For more information on statement of ethics, please feel
free to consult our editorial staff.

9. 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
statement should be included in 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).

10. 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
AME publishing company, to get a licence to publish the
accepted article when the manuscript is accepted, and 5)
they have obtained all necessary permissions to publish any
figures or tables in the manuscript.

(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).

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 of 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.

11. 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’.

JOVS 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.

12. 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.

13. PROOFS

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