

# GLAND SURGERY

## INSTRUCTIONS FOR AUTHORS

Thank you for your interest in *Gland Surgery* (GS). The following instructions for authors are drafted according to CODE OF CONDUCT AND BEST PRACTICE GUIDELINES FOR JOURNAL EDITORS (1), COPE (Committee on Publication Ethics). Please consult the 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 technical revision before undergoing peer review. We are looking forward to your submission.

### TABLE OF CONTENT

1. ABOUT THE JOURNAL
2. MANUSCRIPT CATEGORIES
3. STRUCTURE OF THE MANUSCRIPT
4. ETHICAL CONSIDERATIONS
5. INFORMED CONSENT
6. POLICIES ON CONFLICT OF INTEREST
7. CLINICAL TRIALS REGISTRY
8. RANDOMIZED CONTROLLED TRIALS
9. COPYRIGHT
10. STYLE OF THE MANUSCRIPT
11. SUPPORTING INFORMATION
12. SUBMISSION OF MANUSCRIPTS
13. REVIEW PROCESS
14. PROOFS
15. OFFPRINTS
16. NO PUBLICATION FEES
17. TRACKING MANUSCRIPTS
18. EPUB AHEAD OF PRINT (ACCEPTED ARTICLES)
19. GS ONLINE

## 1. ABOUT THE JOURNAL

*Gland Surgery* (Gland Surg; Print ISSN 2227-684X; Online ISSN 2227-8575) publishes articles that describe new findings in the field of translational research in gland surgery, provides current and practical information on diagnosis, prevention and clinical investigations of gland surgery. Specific areas of interest include, but not limited to, multimodality therapy, biomarkers, imaging, biology, pathology, and technical advances related to gland disease (breast, thyroid, digestive gland, *et al.*). Contributions pertinent to gland surgery are also included from related fields such as nutrition, public health, human genetics, basic sciences, education, sociology, and nursing. The aim of the Journal is to provide a forum for the dissemination of original research articles as well as review articles in all areas related to gland disease. It is an international, peer-reviewed journal with a focus on cutting-edge findings in this rapidly changing field, while providing practical up-to-date information on diagnosis, prevention, and treatment of gland disease. The journal features a distinguished editorial board, which brings together a team of highly experienced specialists in gland disease treatment and research. The diverse experience of the board members allows our editorial panel to lend their expertise to a broad spectrum of gland disease subjects. The entire submission and review process are managed through OJS system, an electronic system, which provides an efficient way and ensures a rapid turnaround of papers submitted for publication. It has been indexed in PubMed/PubMed Central since June 2014.

**Editors-in-Chief:** Emad Kandil, MD, FACS, FACE  
Xi-ru Li, MD  
Zhiming Wang, MD, PhD

**Frequency:** Bio-monthly

**Print ISSN** 2227-684X

**Online ISSN** 2227-8575

**Journal Abbreviation:** Gland Surg

**Publisher:** AME Publishing Company

## 2. MANUSCRIPT CATEGORIES

### Systematic Reviews and Meta-analysis

A comprehensive, scholarly, balanced, systematic review of evidence-based literature including all findings; these are not opinion submissions. Submissions should be state-of-the-art science confined mostly to the best available evidence. All meta-analyses of randomized trials must adhere to the guidelines outlined in the PRISMA statement, designed to improve manuscript quality. Authors must include a suitable PRISMA flow chart in their submission. Further advice on suitability is available from the Editorial Office.

GS will consider for publication Cochrane review articles that have been substantially shortened and rewritten for a audience, but such submissions must state this on the title page of the manuscript, and copies of the original article must be sent to the Editorial Office for consideration. You must also apply for permission from the Cochrane Library – further information on how to do this is available in the Cochrane Manual. Submissions must relate to important clinical subjects and be accompanied by author analysis leading to conclusions. The review must be no more than 6000 words, excluding title page, abstract, tables, figures, figure legends, and references. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: **Background, Methods, Results and Conclusions.**

Systematic Reviews and Meta-analysis should entail a section describing the contribution each author made to the manuscript. See section “Authors’ Contribution” for details.

### Original Articles

Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: **Background, Methods, Results and Conclusions.** The text is limited to 5000 words excluding the title page, abstract, references, figures, figure legends, and tables. Descriptions of the following points are critically evaluated.

Original article should entail a section describing the contribution each author made to the manuscript. See section “Authors’ Contribution” for details.

### Review Articles

Reviews are comprehensive analyses of specific topics. 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.

The text is limited to 6000 words excluding the title page, abstract, references, figures, figure legends, and tables. Abstracts are limited to 300 words.

Review Article should entail a section describing the contribution each author made to the manuscript. See section “Authors’ Contribution” for details.

### In reports of prospective clinical trials:

- The study rationale, trial design, and number of cases
- Approval of local ethical committees and informed consent by patients
- Precise data presentation and justifiable conclusions

For reports of randomized controlled trials, authors should refer to the CONSORT statement ([www.consort-statement.org](http://www.consort-statement.org)). In reports of retrospective clinical observations:

- Selection criteria of cases
- Efforts to eliminate possible biases in retrospective analysis
- Justifiable conclusions

**In reports of basic research:**

- Clinical impact of the study

**Research Highlights**

Research Highlights are ‘digest’ of the best/most interesting research findings that have been recently published in the field of hepatobiliary surgery and nutrition. They are usually solicited by editors and written by outstanding experts.

The text is limited to 1500 words. No abstracts are required.

**Perspectives**

Word limit: 3000 words maximum including abstract but excluding references, tables and figures.

Abstract: Unstructured. 300 words maximum.

References: no maximum.

Description: Perspectives can be more personal, forward-looking or speculative, compared with reviews of a scientific topic. A paper presenting controversial positions or papers of the same topic advocate opposite sides will be published as Perspectives. Most of Perspectives will be solicited by the editors; however, we also welcome timely, unsolicited Perspectives. Proposals for perspectives may be submitted; however, in this case authors should send an outline of the proposed article prior to submission.

**Editorial**

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

Abstract: Not required.

References: 25 maximum.

Figures/tables: 2 maximum.

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

**Commentary**

Word Limit: 1500 words maximum excluding references, tables and figures.

Abstract: Not required.

References: 20 maximum, including the article discussed.

Figures/tables: 2 maximum.

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.

**Viewpoint**

Word limit: 1200 words maximum excluding references, tables and figures.

Abstract: Not required.

References: 10 maximum.

Figures/tables: Only one table or figure.

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.

**Correspondence**

Word limit: 1000 words maximum excluding references, tables and figures.

Abstract: Not required.

References: Not more than 10.

Figures/tables: Only one table or figure.

Description: Correspondence 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.

**Surgical Techniques**

“Surgical Techniques” is a featured section that publishes illustrated articles. These articles must include four subheadings – Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. 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. If required, our medical illustrator may be made available, however, there will be additional costs associated with the use of this service.

**Visualized Surgery**

“Visualized Surgery” is a featured section that publishes

narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative 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. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the GS reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

#### **Technical Notes**

Technical notes should present a novel or improved technique, investigation or procedure. The article must describe a demonstrable advance on what is currently available.

The text is limited to 2500 words including abstract, but excluding references, tables and figures. Photos, drawings and videos are encouraged.

#### **Case Reports**

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: 8 maximum.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in Stem Cell. The text should be arranged as follows: Introduction, Case Presentation, Discussion.

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 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.

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 Letters to the Editor.

### **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. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

#### **Title Page**

The title page should contain: a) the title of the article; b) authors’ names with institutional affiliations; c) corresponding author’s name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 60 characters including spaces.

#### **Abstract and Keywords**

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract of original article, review article, systematic review and meta-analysis article should include the following subheadings: Background, Methods, Results and Conclusions. 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 use of abbreviations and acronyms should be limited and general statements (e.g. “the significance of the results is discussed”) should be avoided. 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)(2).

#### **Text**

Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf ), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper

with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and double-spacing throughout. Number pages consecutively, beginning with the title page.

### **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. 4) Agreement to be 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. Authors should meet conditions 1, 2, 3, and 4, and all who meet the four criteria should be identified 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 materials 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.

### **Acknowledgements**

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 chairperson 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 was 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 xxxx]’ Multiple grant numbers should be separated by a comma as follows: ‘[grant numbers xxxx, yyyy]’;

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: Please refer to POLICIES ON CONFLICT OF INTEREST for detailed description.

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**

The Vancouver system of referencing should be used (3). In the text, references should be cited using Arabic numerals in parentheses in the order in which they appear. 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 four or more, list the first three followed by et al. Do not use *ibid.* or *op cit.* 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 (4). Authors are responsible for the accuracy of the references.

### **Tables**

Tables should be self-contained and complement (but not duplicate) information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate

columns. 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 from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

### Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

**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 1000 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 GS.

**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.

### 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.

### Videos

GS will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwm. 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://gs.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. 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. 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>. 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.

## 5. 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).

## 6. 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>).

### 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.

### 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.

### 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.

### 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.

### 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.”

## 7. 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:

- accessible to the public at no charge;
- searchable by standard, electronic (Internet- based) methods;
- open to all prospective registrants free of charge or at minimal cost;
- validates registered information;
- identifies trials with a unique number; and
- 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: ‘the registry sponsored by the United States National Library of Medicine (6); the International Standard Randomized Controlled Trial Number Registry (7);

- the Australian Clinical Trials Registry (8); the Chinese Clinical Trials Register (9); and the Clinical Trials Registry - India (10).

## 8. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement (11).

## 9. 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.

## 10. 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’ (12).

### Author name

Each author’s given name should be followed by his/her surname. Capitalize each letter of the surname. A hyphen could be used in surname according to the rule in the Author’s 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 GS uses US spelling and authors should therefore follow the latest edition of the *Merriam–Webster’s Collegiate Dictionary*.

### Units

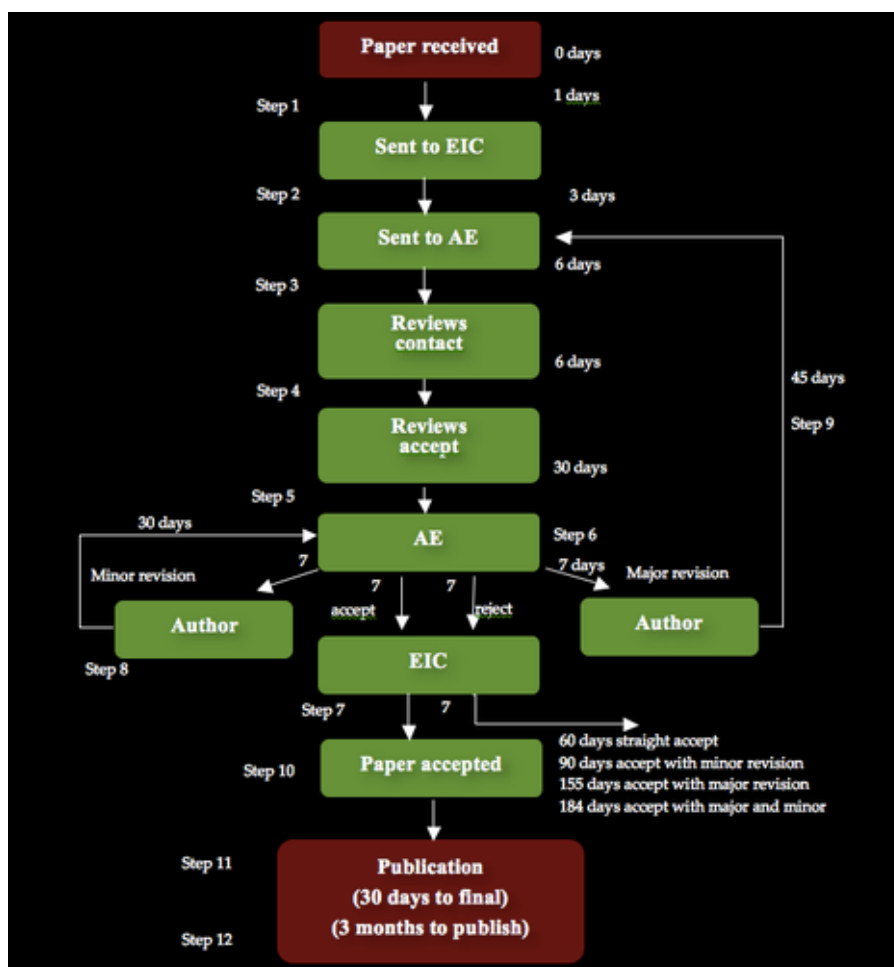
All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website (13).

### 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.

## 11. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They are hosted via a link on Synergy but do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB, although video files may be larger.

## 12. SUBMISSION OF MANUSCRIPTS

Please make sure the publication ethics 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.

### General Requirements

All articles submitted to the GS must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- ◇ Submissions must be double-spaced.
- ◇ All margins should be at least 30 mm.
- ◇ All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
- ◇ Do not use Enter at the end of lines within a paragraph.
- ◇ Turn the hyphenation option off; include only those hyphens that are *essential* to the meaning.
- ◇ Specify any special characters used to represent non-keyboard characters.
- ◇ Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for (Greek beta).

- ◇ Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high resolution figures (at least 300 dpi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

### **Cover Letter**

Papers are accepted for publication in GS based on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter. The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified (12).

### **13. REVIEW PROCESS**

Manuscripts are assigned sequentially to Science Editors. The 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 six 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 'fasttrack decisions' will normally occur within one week of receipt of the manuscript.

Authors may recommend preferred reviewers by providing the Editor-in-Chief with the names, addresses and

email addresses of up to three suitably qualified individuals of international standing but 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. Where 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 author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

### **14. PROOFS**

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html>. This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

### **15. OFFPRINTS**

Minimum orders of 100 offprints will be provided upon request, at the author's expense. If you have queries about offprints please email [editor@glandsurgery.org](mailto:editor@glandsurgery.org).

### **16. NO PUBLICATION FEES**

There is no fee involved throughout the publication

process. The acceptance of the article is based on the merit of quality of the manuscripts.

### **17. TRACKING MANUSCRIPTS**

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

### **18. EPUB AHEAD OF PRINT (ACCEPTED ARTICLES)**

GS offers Accepted Articles service for selected articles. Accepted Articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, rather than having to wait for the next scheduled print issue. Accepted Articles have been fully reviewed and approved for publication, but has yet to undergo copy-editing and proof correction. They are therefore given a Digital Object Identifier (DOI) (15), which allows the article to be cited and tracked before it is allocated to an issue. After print publication, the DOI remains valid and can continue to be used to cite and access the article.

### **19. GS ONLINE**

For more information, visit the journal home page at: <http://gs.amegroups.com/>.

### **Reference**

1. CODE OF CONDUCT AND BEST PRACTICE GUIDELINES FOR JOURNAL EDITORS, [http://publicationethics.org/files/Code\\_of\\_conduct\\_for\\_journal\\_editors.pdf](http://publicationethics.org/files/Code_of_conduct_for_journal_editors.pdf)
2. US National Library of Medicine's Medical Subject Headings (MeSH), <http://www.nlm.nih.gov/mesh/meshhome.html>.
3. The Vancouver system of referencing, <https://www.library.uq.edu.au/training/citation/vancouv.pdf>
4. PubMed Central: <http://www.pubmedcentral.nih.gov/>
5. The Declaration of Helsinki (as revised in Edinburgh 2000), <http://www.wma.net/e/policy/b3.htm>.
6. The United States National Library of Medicine, [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
7. The International Standard Randomized Controlled Trial Number Registry, <http://www.controlled-trials.com>
8. The Australian Clinical Trials Registry, <http://www.actr.org.au>
9. The Chinese Clinical Trials Register, <http://www.chictr.org>
10. The Clinical Trials Registry - India, <http://www.ctri.in>
11. The CONSORT Statement, <http://www.consortstatement.org>
12. The International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', <http://www.ICMJE.org/>.
13. the Bureau International des Poids et Mesures (BIPM) website, <http://www.bipm.fr>
14. the GS publication ethics, <http://gs.amegroups.com/public/system/gs/GS-Publication-Ethics.pdf>
15. Digital Object Identifier (DOI), <http://www.doi.org/faq.html>

Updated on May 30, 2016