

# AUTHOR GUIDELINES

&

# INSTRUCTIONS



## Archives of Surgical Research



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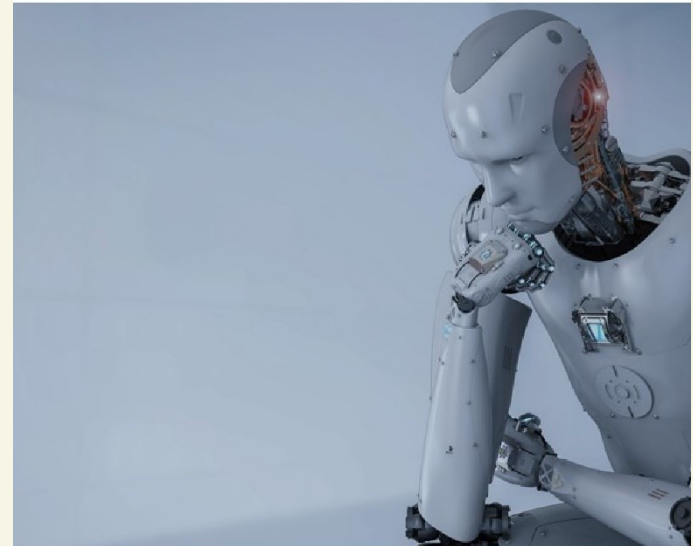


**Archives of Surgical Research (ASR) ASR ISSN: 2709-684X (Print), 2709-6858 (Online)** is dedicated to the local, national, and global advancement of surgical research, education and clinical practice. It aims to promote continued development in surgery through the dissemination of knowledge, ideas and good practice across surgical specialties. ASR provides readers with critically peer-reviewed, carefully selected and edited, and up-to-date publications about advancements in all surgery specialties.

The journal aims to uphold the highest standards at the cutting-edge of research, provide a focus for evidence-based medicine through the publication of review articles and special issues, and give the findings context through the publication of editorials, commentaries and letters from the surgical community. We encourage enforcement of reporting guidelines and encourage the registration of all research involving human participants in a publicly accessible research registry.

As a journal covering all surgical specialties, ASR aims to facilitate the transfer of important ideas and thought systems between and across specialties. Hence, ASR will help prevent the trend of increasing sub-specialization which leads to 'tunnel-vision' and the unfortunate concealment of important surgical advances within specific specialties.

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Editorial Office ASR: 537-S, Imperial Garden Homes, Paragon City, Barki Road, Lahore

## I. **DOWNLOADABLE DOCUMENTS AND FORMS (FROM THE JOURNAL WEBSITE)**

- ASR-Letter of Undertaking (WORD FORMAT) (PDF FORMAT)
- ASR-Ethical Compliance Undertaking (WORD FORMAT) (PDF FORMAT)
- ASR-Reviewer Suggestion Form (WORD FORMAT) (PDF FORMAT)
- ASR-Consent Form of Case Reports (WORD FORMAT) (PDF FORMAT)
- ASR-Peer Reviewer Proforma (WORD FORMAT) (PDF FORMAT)
- ASR-Manuscript Submission Checklist (WORD FORMAT) (PDF FORMAT)
- ASR-Disclosure Form (WORD FORMAT) (PDF FORMAT)
- ASR-Title Page Sample (WORD FORMAT)

Authors are required to follow [ICMJE Guidelines](#) for reporting research work. Before submitting, kindly ensure that the following aspects are present. Please also review journal policies listed below in website especially about Ethical Publishing, Professional Misconduct about Scientific Reporting, Plagiarism, and Peer Review Process etc. before writing a manuscript.

For the correspondence author:

- E-mail address
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Manuscript: The Manuscript files should be prepared in a manner to facilitate double blind peer review process. The title page containing author and institutional information should be submitted separately from the body of the manuscript. The manuscript should include:

- Cover Letter
- Title Page
- Article Body Text
- All figures (with relevant captions)
- All tables (including titles, description, references)
- Ensure all figure and table citations in the text match the files provided

- Supplemental files, if applicable
- Letter of Undertaking
- Ethical Compliance Undertaking
- Reviewer Suggestion Form (One Reviewer should preferably from outside Pakistan)
- Plagiarism Check Report (Optional)
- Relevant Consent Forms
- IRB Approval Letter
- Disclosure Form
- Proof of Submission of Article Processing Charges (APC) Contact Support Person

## 2. SUBMISSION CHECKLIST

**(HIGH LEVEL OF COMPLIANCE IS REQUIRED; THE ARTICLES NOT IN COMPLIANCE WOULD BE RETURNED)**

The authors must comply with these important checklist items prior to submitting their manuscript for publication as the non-compliant manuscripts would be returned without review: -

- |   |   |
|---|---|
| 1. Manuscripts should be prepared following Uniform requirements for manuscripts submitted to Biomedical Journals as approved by the International Committee of Medical Journal Editors ( <a href="http://www.icmje.org">www.icmje.org</a> ). The manuscript handling is done through Committee on Publication Ethics (COPE) guidelines.  |       |
| 2. The submission file is in Open Office, Microsoft Word, or RTF document file format. The text is single-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses); and all illustrations, figures, and tables are placed within the text at the appropriate points, rather than at the end.  |       |
| 3. All original manuscripts should have Abstract in structured format up to 350 words. It should mention Objective, Methodology, Results, Conclusions and appropriate Key Words.  |       |
| 4. Please strictly follow the author guidelines for writing your manuscript. Non-compliant manuscripts would be returned without review without any exception. Referencing should be done through Mendeley, Endnote or any other such referencing software. In text citation should be in form superscript. The manuscripts with improper citation would be returned without review. A sample manuscript submission file may be downloaded from this website.   |       |
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| 6. Title page should contain title of the write-up, Name of the author/co-authors, their qualifications, designation & institutions they are affiliated with and mailing address for future correspondence, E-mail address, Phone, Cell Phone number besides a short running title of the manuscript. Don't type the name of the author/s on other pages in the manuscript except the title page to ensure the double blinding of the review process.   |   |
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| 10. All randomized control trials should be prepared according to CONSORT Guidelines. All Clinical Trials submitted for publication must be registered in a registry e.g. <a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a> . Provide registration number.  |   |
| 11. Disclosure regarding source of funding and conflict of interest if any besides approval of the study from respective Ethics Committee/Institution Review Board.   |   |
| 12. Manuscript must be submitted along with IRB/Ethics Committee Approval letter.   |   |
| 13. Case Reports should be submitted along with Consent Form wherever applicable.   |   |

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Date \_\_\_\_\_

Manuscript Title: \_\_\_\_\_

\_\_\_\_\_

Further Considerations:

- Manuscript has been checked for correct spelling and grammar
- All Reporting Guidelines have been met
- All references mentioned in the Reference List are cited in the text, and vice versa
- All figures and tables are cited in text
- Permission for use of copyrighted material from other sources has been obtained
- A conflict of interest statement is provided, even if the authors have no conflicting interests to declare
- All research and clinical trials are registered in a public registry
- Journal policies detailed in this guide have been reviewed
- Referees and reviewers suggested by author(s) comply with journal policies as well.

### **3. BEFORE INITIATING SUBMISSION PROCEDURE**

#### **Ethical Confines**

The work detailed in the manuscript must be approved by the appropriate ethical committees related to the institution(s) in which it was performed, including verification that all subjects involved gave informed consent. Records of written consent must be kept by the author. Studies involving experiments with animals must follow institution guidelines for the care of animal subjects. Any identification markers of patients and volunteers – including names, initials, and hospital numbers – must NOT be used.

#### **Declaration of Interest**

All authors must disclose financial and personal relationships with individuals or organizations that could potentially introduce bias to their article. Examples of possible conflicting interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications or registrations, and grants or other funding. If there are no interests to declare, then please: 'Declaration of interest: none'. This summary statement will be published if the article is accepted.

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Verify that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis), that it is not being considered for publication anywhere else, that its publication is approved by all authors, and by the responsible authorities/institutions where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form without the written consent of the copyright-holder. Verify that the work is original – all manuscripts are checked for plagiarism, and if found to be plagiarized above a certain degree, the author is liable to be blacklisted.

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Inclusive language acknowledges diversity, conveys respect, is sensitive to differences, and promotes equality of opportunity. Content must not imply that one individual is superior to another on the basis of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition. Authors should ensure that writing is free from bias, stereotypes, slang, and references to dominant culture. Avoid using markers of identification – including age, gender, race, ethnicity, culture, sexual orientation, disability or health when referring to subjects unless absolutely necessary. Always use the gender-neutral 'they' when referring to singular subjects unless the gender of the subject has particular influence on the research matter.

#### **Authorship and Author Rights**

Manuscripts by multiple authors must be signed by all the authors and contain details of contribution of every individual author. All authors must fulfill criteria for authorship. Authorship credit should be based on:

- Significant contribution to formation or design of study, procurement of data, or analysis and interpretation of data (Acquisition of funding, collection of data, or general supervision of the research group alone does not justify authorship)
- Drafting the article or revising it analytically
- Final approval of the version to be published
- Agreement to be responsible for all aspects of the work, and ensuring that the accuracy or integrity of any part of the work is maintained.

If a large, multi-center group has conducted the work, the group should identify the individuals who accept responsibility for the manuscript. These individuals should fully meet the criteria for authorship defined above and complete journal-specific author and conflict of interest disclosures. When submitting a group author manuscript, the corresponding author should clearly indicate the preferred citation and should clearly identify all individual authors as well as the group name. Other members of the group should be listed in the acknowledgements. In case of suspicion of gift authorship the journal

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## **Registration of Research and Clinical Trials**

All types of research studies and clinical trials involving human participants should be preferably registered prior to submission, and proof of registration must be provided. Unregistered trials and studies may not be published.

### **Role of Funding Source**

The funding source must be disclosed along with their degree of involvement with the research matter, if any, in the design, collection, analysis or interpretation of data; in the writing of the article, or in the decision to submit the article for publication. If the funding source had no involvement, then this should be stated. Any authors found guilty of scientific misconduct will be blacklisted from future publications.

## **4. PREPARATION**

### *Reviewing Process*

This journal is reviewed using a *double blind* method through OJS. The following categories the journal will accept, out of guest editorials, original articles, review articles, case reports, clinical updates, short communications, book reviews, case studies, clinical notes, Continuation of Medical Education (CME), obituaries, letters, Knowledge-Attitude-Practice (KAP) studies, routine surveys and cross sectional studies. The authors are required to suggest potential referees for the review process. The journal however would have to discretion to get the article reviewed by the suggested faculty or not.

### **Reporting Guidelines**

Compliance with the relevant reporting guideline is mandatory for submission of the following guidelines:

1. Submit a completed checklist, indicating the page numbers where compliance to the guidelines was ensured.
2. Mention in the 'Methods' section that the research is being reported in line with the relevant guideline, which should be named and cited.

### *Randomized Controlled Trials*

All randomized controlled trials submitted for publication in Archives of Surgical Research must include a completed Consolidated Standards of Reporting Trials (CONSORT) flow-chart and ensure that all features of the CONSORT checklist are present. A copy of the CONSORT checklist must be uploaded in supplemental material. Refer to the CONSORT statement website [here](#).

### *Systematic Reviews*

Systematic reviews are to be reported in accordance to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Guidelines and must include the flow-chart as a figure and the checklist as a supplemental material. Please download a PRISMA Flowchart and a PRISMA Checklist [here](#). To aid and improve the methodological quality of your article, include an AMSTAR 2 checklist as well, which is available [here](#).

### *Cohort, Case-control and Cross-sectional studies*

Cohort, Case-control and Cross-sectional studies must be compliant with the STROCCS criteria (Strengthening the reporting of cohort studies in surgery), which is available [here](#). Cite the following paper: Agha RA, Abdall-Razak A, Crossley E, Dowlut N, Iosifidis C, Mathew G, for the STROCCS Group. STROCCS 2019 Guideline: Strengthening The Reporting Of Cohort Studies in Surgery. Each study type has its own checklist which must be uploaded as supplemental material.

### *Diagnostic, Quality Improvement and Qualitative studies*

Diagnostic studies should be reported according to the STARD statement criteria (Standards for the Reporting of Diagnostic Accuracy studies). The [flow-chart](#) should be a figure and [checklist](#) should be uploaded as supplementary material. Quality Improvement studies must comply with the Standards for Quality Improvement Reporting Excellence (SQUIRE) criteria, which is available [here](#). Qualitative studies require the Consolidated criteria for Reporting Qualitative Research (COREQ) checklist, available [here](#).

### *Health Economic Evaluation*

Health Economic Evaluation studies should conform to the CHEERS statement, available [here](#).

### *Tumour Marker Prognostic Study*

Tumor Marker Prognostic studies should be reported according to the REMARK criteria.

### *Before and After Studies*

Before and After studies measure specific characteristics of a population or group of individuals after an event or intervention, compare them with those characteristics before the event or intervention, then measure the effects of the event or intervention. These studies should conform to the [STROCCS](#) statement.

### *Experimental Animal Studies*



Animal studies must be reported according to the ARRIVE guidelines (Animals in Research: Reporting In Vivo Experiments) and must include the checklist as supplemental material. An example of a completed checklist can be found [here](#). The institutional protocol number must be included at the end of the abstract.

#### *Qualitative Surveys*

Qualitative Surveys should be reported according to the criteria detailed in the [SRQR Guidelines](#). Guidelines for synthesis of qualitative research can be found [here](#). Guidelines for interviews and focus groups are available [here](#).

#### *Case Series*

Ensure that the case series is compliant with the [PROCESS Guidelines](#) and submit a completed PROCESS checklist. State that the work has been reported in line with the PROCESS criteria and cite the following paper: Riaz A. Agha, Mimi R. Borrelli, Reem Farwana, Kiron Koshy, Alex Fowler, Dennis P. Orgill, for the PROCESS Group. The PROCESS 2018 Statement: Updating Consensus Preferred Reporting Of CasE Series in Surgery (PROCESS) Guidelines.

### **Article Structure**

#### *Title Page*

The title page should give the title in capital letters and a shorter running title. Avoid abbreviations and formulae if possible. In addition, the title page should also include:

- Correctly spelled names of all authors, and their affiliation addresses where the actual work was done. Include the e-mail address of each author.
- Signpost clearly the correspondence author who will maintain contact at all steps of reviewing and publication, and post-publication, and answer any questions about the research. All information must be updated in case of any changes.
- Present/permanent address of every author.
- The source of funding of the research.
- The number of figures and tables, the total word count and the total number of pages of the manuscript.
- A sample Title Page has been uploaded on this page above.

#### *Abstract*

All original articles must accompany a structured abstract of up to 250-350 words. It should state aims of the study, methodology and materials used, results obtained, and conclusions reached. Specify how the sample selection of study subjects or experimental animals was carried out, specify the observational and analytical methods, and give specific data and its statistical significance, where possible. Highlight novel and significant aspects of the study. Avoid references, but if necessary, cite the author(s) and year(s). Avoid non-standard or uncommon abbreviations, but if necessary they must be defined at their first mention in the abstract. This page should constitute of the abstract and keywords only.

#### *Keywords*

Right after the abstract, provide a maximum of 6 keywords, using British spelling. Avoid general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Only abbreviations firmly established in the field may be appropriate. These keywords will be used to aid the indexing process of the journal.

#### *Introduction*

Outline the aims of the work and provide sufficient background information, avoiding a lengthy literature review or a summary of the results.

#### *Methodology*

Provide adequate details to allow the research to be reproduced by an independent researcher. If experimental apparatus is used, the manufacturer's name and address should be included in parentheses. Methods that have previously been published should be summarized, and signposted by a reference. If quoting directly from a previously published method, use quotation marks and cite the source. Any alterations to existing methods should also be described. If a drug is used, its common name, dose and route of administration must be included. For patients, age and sex with mean age  $\pm$  standard deviation must be given where relevant to the data. Statistical methods employed for comparisons of data sets must be mentioned and any computer programs used for calculations must be specified.

#### *Results*

Results should be clear and succinct. They must be presented in the form of text, tables and illustrations. The content of the tables should not be repeated in the text; the tables should be numbered and identified and referenced to as their number. A conclusion that either supports or negates the hypothesis should be included. If the data is inconclusive, that should also be noted.

#### *Discussions*

This should emphasize present findings of the research, and the differences and similarities with prior work done in the field by other researchers. Data must not be repeated in the discussion, and lengthy citations and reviews must be avoided. Highlight the original and central aspects of the study and the conclusions that they lead to.

#### *References*

Please make sure that Mendley or some other software is used for referencing. The articles without compliance in this area would be sent back. **American Medical Association (AMA Referencing Style) should be used.** References should

be typed in sequential numbers in superscript for in-text citations, and numbered sequentially in the Reference List provided at the end. Maximum references for original article should not exceed 40; they should not exceed 10 for case reports, and 80 for reviews. Authors should ensure that locally published studies are given precedence. Add DOI number of documents where it is available.

References from books should include author, title, publisher, and year of publication. Example:

Das JC. *Power System Harmonics and Passive Filter Designs*. John Wiley & Sons, Inc; 2015.

For articles in journals, the authors, title of article, name of journal, year of publication, and an article identifier and page range (where available) must be included. See the following example:

Zhu Z, Hoffman JE. Condensed-matter physics: Catching relativistic electrons. *Nature*. 2014;513(7518):319-320.

Websites that are blogs and subject to changes by the author must be used as sparingly as possible, and when included, the author's name, the title, the name of website, date of publication, date on which the website was accessed, and a link to the website must all be included. Example:

Andrew E. After Years Of Conflict, Huge Project Could Help Scientists Decipher The Brain. IFLScience. Published June 18, 2015. Accessed October 30, 2018. <https://www.iflscience.com/brain/after-years-conflict-huge-project-could-help-scientists-decipher-brain/>

For government reports, technical reports, and scientific reports, if the report number is unavailable, then cite the report as a book. For reports it is usually not individual people that are credited as authors, but a governmental department or agency. Include the name of the agency, the title of the report, the publisher, and the year of publication. An example is as follows:

Government Accountability Office. *The Manager, the Government, and the Accounting Profession*. U.S. Government Printing Office; 1968.

References to Ph.D. dissertations, Master's theses or Bachelor theses follow the format outlined below, and must include author, title, publication detail if applicable, and year of publication.

Campbell AJ. History transformed: Sengoku Daimyo in Japanese popular media. Published online 2012.

For newspaper articles, citation must include the author, title, name of newspaper, full date and page number. The example is as follows:

Kinsley M. Paid Leave Counts as Progress. *New York Times*. May 27, 2017:SR3

Avoid referencing personal communications and unpublished observations, but they must be presented in parentheses in the text if included, and not in the list of references in the appendix. A research article may not be cited as "Under Publication" or "In Press" unless it has been accepted for publication. In such a case, the name of the journal must be given.

#### Acknowledgements

All contributors who do not meet the criteria for authorship should be credited in this section. It should include persons who provided technical help, writing assistance and general support or supervision. Financial and material assistance must also be credited. Persons who have added to the material but do not justify authorship can be listed as "clinical investigators", "participating investigators", "scientific advisors", "reviewers", or "data collectors."

## 5. FURTHER CONSIDERATIONS

### *World Limits*

Maximum length of the original manuscript should not exceed 4000 words including title page, table and references. For review articles, the maximum word count is 3500, however considering the demand of the subject it can be up to 8000 words. Maximum number of tables & illustrations should not exceed 5. Short reports of cases, clinical experience, drug trials and their adverse effects can be submitted. Maximum length of these case reports should not exceed 800 words, 5 maximum number of references, and 2 table or illustrations. For letters, maximum words are 600 with 5 references. Extra charges will be applicable for lengthy manuscripts.

### *Units, Abbreviations and Formulae*

Système Internationale (SI) units should be used, with the traditional equivalent in parentheses where appropriate. Avoid non-standard or uncommon abbreviations, but if necessary they must be defined at their first mention. Submit math equations as editable text. Add simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. Variables are to be written in italics. Powers of e should be denoted by exp. Any equations that have been presented separately from the text (if referred to explicitly) must be numbered consecutively.

### *Artwork*

Make sure to use uniform lettering and sizing of original artwork. For original illustrations, use Arial, Courier, Times New Roman, Symbol, or a font that looks similar. Number the illustrations according to their order in the text with a logical naming convention for the artwork files. Provide captions to illustrations separately. Size the illustrations close to the desired dimensions of the published version, avoiding any files that are disproportionately large. Submit each illustration as a separate file. If the electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply in the native document format without alterations or conversions. If the application used is not part of Microsoft



Office, convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS (or PDF): Vector drawings, make sure to embed fonts.
- TIFF (or JPEG): Color or gray-scale photographs (halftones); ensure a minimum of 300 dpi.
- TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings; ensure a minimum of 1000 dpi.
- TIFF (or JPEG): For combinations of bitmapped line/half-tone (color or gray-scale), ensure a minimum of 500 dpi.

Do not supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors. Do not supply files that are too low in resolution. Ensure that each illustration has a separate caption that is not attached to the figure. A caption should comprise of a short title and a brief description of the illustration. Avoid text in the illustrations themselves but explain the symbols and abbreviations used.

#### *Tables*

Submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or separately at the end in an appendix. Number tables consecutively according to their sequence in the text and present any table notes below the table body. Keep the use of tables to a minimum and ensure that the data included in them is not repeated in results described elsewhere in the article. Avoid using vertical rules and shading in table cells.

#### *Supplementary Material, Research Data, and Video*

Supplementary material such as applications, images, and sound clips, can be published with the article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Submit this material with the manuscript and supply a concise, descriptive caption for each file. If you want share data that supports your research publication, where appropriate, interlink the data with the article. Research data refers to the results of experimentation that validate research results. To enable reproducibility and data reuse, share the software, code, models, algorithms, protocols, methods and other useful materials related to the project. If you have made your research data available in a public data repository, link the dataset directly into your article. To enable transparency, we require you to state the availability of data in your submission if your data is unavailable to access or unsuitable to post. Authors who wish to submit video files with their article are encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed, or separately at the end. Keep the file in one of the recommended file formats with a preferred maximum size of 150 MB per file, 1 GB in total.

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#### *Proofreading*

Final version of the article is sent to corresponding author for proof reading before publication. In case of changes, corrections should be sent to the editor by email.

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While the actual signed consent forms need not be sent to the journal, all manuscripts reporting the results of experiments involving human subjects should include a statement confirming that informed consent was obtained from each subject or subject's guardian, after the experimental protocol is approved by relevant institutional body or ethics committee.

#### *Letter of Undertaking*

Manuscripts must be accompanied by letter of undertaking signed by all the authors

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One printed copy will be sent to the correspondence author. Authors can order additional copies at the rate of cost. Payment for additional copies should be sent in with the publication charges.

## Submission

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## 8. PUBLISHING ETHICS

Archives of Surgical Research follows the [COPE Core Practices](#) and [ICMJE's Recommendations to conduct, report, edit and publish Scholarly Work in Medical Journals](#), and expected an ethical behavior from authors, reviewers and editors to follow guidelines. We also follow the [Principles of Transparency](#) circulated through WAME.

### Allegations of Misconduct

Archives of Surgical Research (ASR) defines research & publication misconduct as follows:

- Plagiarism: the practice of taking someone else's work or ideas and passing them off as one's own.
- Citation manipulation: a problem when references do not contribute to the scholarly content of the article, and are included solely to increase citations.
- Data falsification/fabrication : intentional misrepresentation of research results
- Conflict of interest: a conflict of interest exists when a manuscript's or journal's author, editor, reviewer have a financial or personal relationship that may influence their intentions or bias.
- Redundant publication : when a published work (or substantial sections from a published work) is/are published more than once (in the same or another language) without adequate acknowledgment of the source/cross-referencing/justification (<https://publicationethics.org/category/keywords/redundant-publication>)

Any allegations of misconduct brought to the journal's attention will be dealt with immediately and seriously. ASR will not accept articles that violate research & publication ethics, any manuscript not in compliance will be rejected.

ASR utilizes Turnitin to assess all submitted manuscripts, a plagiarism percentage upwards of 24% is unacceptable and articles not in accordance with this rule will be rejected.

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In case of suspected data falsification/fabrication, respective authors will be asked to clarify and explain their methods. Failure to do so will result in:

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2. communication of the authors' misconduct will be made to relevant institutions and regulatory bodies

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If authors wish to file a complaint or appeal against an editorial decision, they are encouraged to email: [editorial@archivessr.com](mailto:editorial@archivessr.com), with the subject heading mentioning "COMPLAINT" or "APPEAL". We have dedicated Ombudsperson for handling such appeals.

Furthermore, Archives of Surgical Research (ASR) consults [COPE guidelines](#) if a reviewer is suspected of appropriating or mismanaging author material and may refer such cases to COPE if required.

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To Improve transparency, we encourage use of and link to international standard reporting guidelines such as those listed in the EQUATOR Network. We encourage pre-registration of clinical trials (and other study designs) in an online clinical study database before data are collected (eg, ClinicalTrials.gov). We encourage journal pre-registration and peer review of study protocols before data are collected (eg, as promoted by the Center for Open Science).

We have [system of scrutiny](#) to find such data manipulations, if found may result in:

1. Rejection of their submitted manuscript
2. Communication of the authors' misconduct will be made to relevant institutions and regulatory bodies
3. Black-listing of the authors from ASR for all future submissions

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In case of suspicion of image manipulation in a manuscript, [COPE flowchart](#) will be followed.

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Archives of Surgical Research (ASR) follows [COPE guidelines](#) for ethical oversight, wherever applicable. ASR has its own consent form for case reports, which is mandatory along with the submission of the manuscript. The consent form is adapted from [BMJ Case Reports](#) and is in line with [COPE guidelines](#). To determine whether a study requires ethical approval or not, ASR looks to [COPE guidelines](#).

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Articles would be published with statements or supporting documents declaring:

Authors' conflicts of interest

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[Principles of Transparency and Best Practice in Scholarly Publishing](#) are followed as per ICMJE guidelines. This Journal strives to adhere to the *Principles of Transparency and Best Practice in Scholarly Publishing* which could be found in the **DOAJ** Web site completely,

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We follow ICMJE recommendations on the manuscript handling. The practice of peer review is to ensure that only good science is published. It is an objective process at the heart of good scholarly publishing and is carried out by all reputable scientific journals. Our referees play a vital role in maintaining the high standards Review Policy and all manuscripts are peer reviewed following the procedure outlined below:

### Initial manuscript evaluation

The Editor first evaluates all manuscripts. It is rare, but it is possible for an exceptional manuscript to be accepted at this stage. Manuscripts rejected at this stage are insufficiently original, have serious scientific flaws, have poor grammar or English language, or are outside the aims and scope of the journal. Those that meet the minimum criteria are normally passed on to at least 2 experts for review. Most of the submitted manuscripts are reviewed except few invited or editorial content.

### Type of Peer Review

Policy employs double blind reviewing, where both the referee and author remain anonymous throughout the process.

### How the Referee is selected

Whenever possible, referees are matched to the paper according to their expertise and our database is constantly being updated. The referee is selected both from the editorial team and outside and depending on the author suggestions.

### Referee Reports

Referees are asked to evaluate whether the manuscript: - Is original - Is methodologically sound - Follows appropriate ethical guidelines - Has results which are clearly presented and support the conclusions - Correctly references previous relevant work. This is a systematic process and works on the well-designed Peer Review Proforma. The confidentiality of the peer review is ensured. Reviewers are encouraged to report conflict of interest, ethical misconduct etc.



Language correction is not part of the peer review process, but referees may, if so wish, suggest corrections to the manuscript.

How long does the review process take?

The time required for the review process is dependent on the response of the referees. Should the referee's reports contradict one another or a report is unnecessarily delayed, a further expert opinion will be sought. The Editor's decision will be sent to the author with recommendations made by the referees, which usually includes verbatim comments by the referees. Revised manuscripts might be returned to the initial referees who may then request another revision of a manuscript.

Final Report

A final decision to accept or reject the manuscript will be sent to the author along with any recommendations made by the referees, and may include verbatim comments by the referees.

Editor's Decision is Final

Referees advise the editor, who is responsible for the final decision to accept or reject the article.

Conflict of Interest

All reviewers and editors have to declare any potential conflicts of interest if any. We follow COPE and ICMJE guidelines in this regard.

### **Editorial and Peer Review Processes Generally Follow these Steps:**

We follow and request from authors, reviewers and editors the "ICJME Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals". Editorial reviewer policy is independent of any financial, academic or any other interest.

- When an article is submitted to Archives of Surgical Research, Editor makes the first check of submitted articles (structure, plagiarism, scientific quality).
- Article may be rejected, sent back for structural revision, or sent to at least two reviewers for peer review.
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- Post-publication review and peer review is encouraged and is managed through letter to the editors.

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We follow ICMJE and [COPE Guidelines](#) for appropriate consenting. Patient's privacy should not be breached without taking consent. In written descriptions there should not be any specifications regarding patients including names, hospital numbers, photographs or pedigrees unless the information is needed for scientific purposes and the patient allows for publication with written informed consent. It should be disclosed by authors to the patients that any identifiable material could be available on the Internet or in printed form after publication. Patient consent ought to be written and archived with the journal, the authors, or both, as settled by local rules and regulations. Applicable laws vary from territory to territory, and journals should make their own policies with legal guidance. Since a journal that archives the consent will be aware of patient identity, some journals may decide that patient confidentiality is better guarded by having the author archive the consent and instead providing the journal with a written statement that attests that they have received and archived written patient consent.

Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of

anonymity. If identifying characteristics are de-identified, authors should provide assurance, and editors should so note, that such changes do not distort scientific meaning.

The requirement for informed consent should be included in the journal's instructions for authors. When informed consent has been obtained, it should be indicated in the published article.

- International Committee of Medical Journal Editors ("Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals")

## 12. GUIDELINE FOR REVIEWERS

Peer review in all its forms plays an important role in ensuring the integrity of the scholarly record. The process depends to a large extent on trust, and requires that everyone involved behaves responsibly and ethically. Peer reviewers play a central and critical part in the peer-review process, but too often come to the role without any guidance and unaware of their ethical obligations.

Archives of Surgical Research follows [COPE Guidelines](#) for educating the reviewers for the review process.

## 13. ETHICAL EDITING FOR EDITORS

Becoming an editor of Archives of Surgical Research is an exciting but daunting task, especially if you are working alone without day to day contact with editorial colleagues. This [short guide](#) aims to summarize key issues and to provide links to relevant pages of the COPE website as well as those of other organizations. We encourage the editorial team to consult COPE and ICMJE resources frequently for their training and handling of the manuscript and various editorial issues.

## 14. GUIDELINES FOR JOURNAL MANAGEMENT

We believe that Archives of Surgical Research serves as an important part of the scientific literature. Hence, its management should be of the highest quality and ethically sound. We follow [COPE Guidelines](#) to manage the top hierarchy in terms of conflicts of interest and ethical considerations. We also following [COPE Guidelines](#) for maintaining relationship of journal management to the Pakistan Endocrine & Thyroid Surgeons Association to ensure editorial independence. The journal editorial teams meets periodically at least biannually. The editorial team is independent of the society and is managed by a transparent process two yearly as per the ethical confines suggested by COPE, ICMJE and local guidelines.

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