Instructions for Authors

General Information

Vascular Specialist International (Vasc Specialist Int) is a peer-reviewed open-access international journal published every quarter at the end of March, June, September, and December in both online and printed versions. It includes original research articles, review articles, case reports, and technical notes in the field of vascular specialties. The journal is open to all research related to the peripheral vasculature and lymphatic system, including vascular surgery, endovascular intervention, hybrid surgery, vascular medicine, angiology, basic research, diagnostic imaging, functional outcomes, and rehabilitation, among others.

Vasc Specialist Int adheres completely to guidelines and best practices published by professional organizations, including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf) from ICMJE and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA; http://doaj.org/bestpractice). The journal reserves the right to reject any manuscript that does not meet the standards for publication.

Submission to Vasc Specialist Int proceeds totally online via the web submission system for this journal (http://www.vsijournal.org/submission). You need to register before logging into the online system, and once logged in, the system will lead you through the submission process step-by-step. Once the uploading is done, the system automatically generates an electronic (PDF) proof, which is then used for reviewing. All correspondence, including the editor’s decision and request for revisions, will be done by e-mail. If you have any difficulties with the submission process, please contact us at our Editorial Office.

Research and Publication Ethics

1) Disclosure of conflict of interest
Conflict of interest has become a prominent issue in medical journal publications. All authors are required to report potential conflicts of interest that could inappropriately influence the author’s work. This includes any financial (employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications, travel grants) or other relationships (academic or even personal) with commercial entities whose products or services are related to the subject matter in the manuscript, or sociopolitical issues that can cause conflict. Such conflicts should be disclosed at the end of the manuscript, and the editor may use such information as a reference for editorial decisions.

2) Statements of human and animal rights, informed consent, and Institutional Review Board approval
All research submitted to the journal must be conducted with high ethical norms. These include protection of human and animal rights, confidentiality and written informed consent. For human investigations, the principles outlined in the Declaration of Helsinki (https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/) should be followed and approval from the institutional review board (with approval number) should be obtained. A written informed consent must be obtained from all subjects involved and should be indicated in the submitted article. Patient anonymity must be preserved and confidential information should not be published. If identifying information is essential for scientific purposes, authors must provide a signed statement from the patient granting approval for the publication of identifying materials, including photographs.

For studies involving clinical trials, the trial should be registered in a public database prior to enrollment of the first patient, such as the registration sites of the National Library of Medicine (http://www.clinicaltrials.gov) or the Korean National Institute of Health (http://cris.nih.go.kr/cris/index.jsp).

For experiments on animal subjects, the author should state that the use of animals was approved by the Institutional Animal Ethical Committee or equivalent, and that the animal care complied with the Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, Commission on Life Sciences, National Research Council (http://www.nap.edu/catalog/12910/guide-for-the-care-and-use-of-laboratory-animals-eighth)).

3) Data sharing policy
This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors” (https://doi.org/10.3346/jkms.2017.32.7.1051). As of July 1, 2018 manuscripts submitted to ICMJE journals that report the results of interventional clinical trials must contain a data sharing statement as described below. Clinical trials that begin enrolling participants on or after January 1, 2019 must include a data sharing plan in the trial’s registration. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record. All of the authors of research articles that deal with interventional clinical trials must submit data sharing plan. Based on the degree of sharing plan, authors should deposit their data after deidentification and report the DOI of the data and the registered site.
4) Originality and publication ethics
All manuscripts should be original in nature and must not have been published previously or be under consideration for publication in other scientific journals at the time of submission. All manuscripts should follow the publication ethics at all times. These include plagiarism, data fabrication or falsification, citation manipulation, improper authorship contribution, duplicate submissions and redundant submissions. All submitted manuscripts are inspected by Similarity Check powered by iThenticate (https://www.crossref.org/services/similarity-check/), a plagiarism-screening tool. If a too high a degree of similarity score is found, the Editorial Board will do a more profound content screening. Any infringements of publication ethics are subject to immediate rejection (at the time of submission) or withdrawal (for already published articles).

5) Authorship
Improper authorship may apply if any of the authors have not made a substantial contribution to one of the nine core contributions (concept and design, analysis and interpretation, data collection, writing the article, critical revision of the article, final approval of the article, statistical analysis, obtained funding, overall responsibility).

6) Secondary publication
It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals by International Committee of Medical Journal Editors (ICMJE), available from http://www.icmje.org/. These are:

The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).

The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.

The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.

The secondary version faithfully reflects the data and interpretations of the primary version.

The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere—for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”—and the secondary version cites the primary reference.

The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations as “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

7) Process to manage the research and publication misconduct
When the Journal faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (http://publicationethics.org/resources/flowcharts). The Editorial Board will discuss the suspected cases and reach a decision. Any manuscripts that do not follow the guidelines for research and publication ethics are subject to sanctions, which are to be decided by the editorial board, and may include restriction from future submissions to the journal. If any editor is involved in an article as an author or has any conflict of interest, he or she is excluded in the process of peer review and decision—making of acceptance. If the editor-in-chief is involved, an associate editor replace the role and make the final decision of acceptance.

For other policies of research and publication ethics not stated above, the journal follows the policies established by the Good Publication Practice Guidelines for Medical Journals from the Korean Association of Medical Journal Editors (http://www.kamje.or.kr) or the guidelines regarding research and publication ethics from either the International Committee of Medical Journal Editors (http://www.icmje.org) or the Committee on Publication Ethics (http://publicationethics.org/resources/international-standards-for-editors-and-authors).

Manuscript Preparation

1) Style and language
Every manuscript should be written in English. Abbreviations should be fully described at first appearance in the text and should be described in parentheses. After that the abbreviation can be used instead of the full term. The first letter of a name, place and a proper noun should be typed in capital letters. Numbers should be in Arabic numerals. All units of measure should be in SI units and temperatures in degrees Celsius (°C). Species name and name of a gene should be typed in italic characters. The word of a Latin origin such as et al., in vivo, etc. needs not to be typed in italic characters.

2) File Formats
The preferred file formats for the manuscript are .doc or .docx, although other text formats are also acceptable. The manuscripts must be double-spaced in A4 (210x297 mm) sized paper with at least 2.5 cm margins and font size 12 pt. Preferred font styles are Times New Roman, Arial, Courier and Helvetica. All pages should be numbered consecutively using Arabic numbers at the
bottom of each page, and line numbers should be inserted on
the left hand side for all pages of the manuscript.

3) Type of manuscript

(1) Original articles

Original articles should contain the results of clinical,
translational or basic research and should be sufficiently well
documented to be acceptable to critical readers. Abstracts should
be in structured format with a word limit of 250 words for
original articles. The length of the manuscript should not exceed
4,000 words, not counting the abstract, references, tables, and
legends to figures and illustrations, if possible, and references
should not exceed 30. Original articles should be arranged in the
following order: Title Page, Abstract, Introduction, Materials and
Methods, Results, Discussion, Conclusion, Conflict of Interest,
Acknowledgments (if necessary), Funding, ORCID, References,
Figure legends, Figures (including video clips), and Tables.

(2) Case reports and technical notes

The main text of a case report is composed of 3 sections:
introduction, case, and discussion. The main text of a technical
note is composed of 4 sections; introduction, technique,
discussion, and conclusion. The total number of references for a
case report is recommended to be equal to or less than 20. The
word count for the main text of a case report should be equal to
or less than 3,000.

(3) Review articles

Review articles are solicited by the Editor and should not be
submitted without prior approval. The format of the abstract
and manuscript may be structured or unstructured. Review
articles will also enter the standard peer review process. The
length of the manuscript should not exceed 5,000 words and
references should not exceed 100.

(4) Editorials

An editorial is usually invited by the Editorial Board. It provides
the brief review of the articles in the journal and comment on
the recent development and events in the field of vascular
specialists. Editorials also may deal with a change in the journal’s style and format and communication with an outside
organization or professional. Also, a variety of topics shall be
dealt by the Editorial Board. Divisions in the body of an editorial
are not required. The total number of references is recommended
to be equal to or less than 10. The word count of the main text
should be equal to or less than 1,500.

(5) Letters to the editor

Any opinion or inquiry on a paper published can be addressed
to the editor. Title, author, affiliation, main text and the
references are the required sections. The total number of references is recommended to be equal to or less than 10. The
word count of main text should be equal to or less than 1,500. If
accepted, the ‘author reply’ of the paper being discussed could
be published at the same time as the letter.

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\(^1\)Maximum number of word count is exclusive of the abstract, references, tables, and figure legends.

4) Organization of manuscript

(1) Title page

The title page should include the type of manuscript, the
full title of the article, the full name of all authors and their
respective affiliations, a running title (should not exceed 12
words), and the contact details of the corresponding author. The
affiliations should include the city and country of location, and
for different affiliations between authors, superscript Arabic
numbers without parenthesis should be placed behind each
author’s name and before the affiliation for identification. The
contact details of the corresponding author should include the
name of the institution, mailing address, telephone and fax
numbers, e-mail address, and ORCID. Previous presentations in
scientific meetings can also be mentioned, including the place
and date the presentation took place.

(2) Abstract

A structured abstract should be organized with the following
subheadings: Purpose, Materials and Methods, Results,
Conclusion (each subheading should start in a new line). Between three to five key words should be listed at the end
of the abstract and the use of terminology indexed in MeSH
(Medical Subject Headings) is strongly recommended (https://
meshb.nlm.nih.gov/search).

(3) Introduction

Introduction should clearly state the background information
and the purpose for performing the study.

(4) Materials and Methods

Methodology should have sufficient scientific basis and should
be described with sufficient detail to allow others to reproduce
the work. For names of devices, reagents or drugs used, the
name and location (city and nation) of the manufacturer should be given in parenthesis. When reporting experiments with human or animal subjects, the authors should indicate whether they received approval from the institutional ethics review board. If the study includes the humans or animal subjects, authors should describe the approval for the study from the appropriate ethics committee with respective approval number. See the “Research and Publication Ethics” section for more information.

Statistics should be described very meticulously. If the reviewers want to analyze the data to confirm the results, the raw data may be provided to the Editorial Office. Computer programs used for the statistical analysis should be stated with the name, manufacturer and the software version. Statistical results are encouraged to provide measurement error or uncertainty such as confidence intervals besides providing P-values.

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer).

(5) Results
All data suiting the purpose of the study should be described objectively and logically. It should be described logically according to the Methods section. Tables and figures are recommended to present the results more rapidly and easily. Do not duplicate the content of a table or a figure with in the Results section. Briefly describe the core results related to the conclusion in the text when data are provided in tables or in figures. In the Results section, audio or video files are also welcomed. Supplementary results can be placed in the Appendix.

(6) Discussion
Discussion should describe only the subjects pertinent to the purpose or hypothesis of the present study and emphasize any new or important observations. It is important to deduce the conclusion from the results while avoiding statements not described in the Methods or the Results sections. Comparison with other literatures including arguments, justification and accuracy issues should be included. Please do not repeatedly mention the results of previous relevant studies, but mention any differences or concordances. Emphasize the core findings and the conclusions drawn from them with the best available evidence. At the last part of the Discussion section, describe the limitations of the study, and any future research plans.

(7) Conclusion
Conclusion should be linked with the purpose of the study and new hypotheses or recommendations may be stated when warranted. Unqualified statements and conclusions not supported by the obtained data should be avoided.

(8) Conflict of Interest
Any potential conflict of interest that may influence the results or the conclusion derived from the study should be disclosed. If the authors have nothing to disclose, please state: “No potential conflict of interest relevant to this article was reported.”

(9) Acknowledgements
Please acknowledge anyone who has contributed significantly, but is not eligible for authorship in the study. Any sources of financial support should also be included. Any persons that contributed to the study or the manuscript, but not meeting the requirements of an authorship could be placed here. For mentioning any persons or any organizations in this section, there should be a written permission from them.

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Funding to the research should be provided. Providing a FundRef ID is recommended including the name of the funding agency, country and if available, the number of the grant provided by the funding agency. If the funding agency does not have a FundRef ID, please ask that agency to contact the FundRef registry (e-mail: fundref.registry@crossref.org).

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(12) Author contribution
To qualify for authorship, all contributors must meet at least one of the nine core contributions (concept and design, analysis and interpretation, data collection, writing the article, critical revision of the article, final approval of the article, statistical analysis, obtained funding, overall responsibility).

(13) References
Reference numbers should be cited in the text using Arabic numbers in parenthesis either after the last name of an author or before a period/comma. References should be listed in the order they are cited in the text. When listing authors’ names, the last name should be written first followed by the initials of the other given names. For six or fewer authors, all author names should be included in the references, while for more than six authors, only the first six authors are listed followed by ‘et al.’. The journal title should be abbreviated according to the NLM Catalog: Journals referenced in the NCBI databases (https://www.ncbi.nlm.nih.gov/nlmcatalog/journals). The number of references should not exceed 30 for original articles and 20 for case reports/technical notes.
Examples:
- Journal Article
Diagnosis and treatment of lower extremity deep vein thrombosis:

- Entire Book
Kim SJ, Min SK. Vascular access for hemodialysis. 1st ed. Seoul:
Biomedi Book; 2012.

- Chapter in a Book
Cho JS, Makaroun MS. Endovascular treatment of thoracic and
thoracoabdominal aneurysms. In: Cronenwett JL, Johnston
KW, editors. Rutherford's vascular surgery. 7th ed. Philadelphia:

- Webpage
American Medical Association: helping doctors help patients.
[Internet]. Chicago: American Medical Association; C 1995-2011

Reference styles not described above should follow Citing
Medicine; The NLM Style Guide for Authors, Editors, and

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No more than 7 figures and tables should accompany the
manuscript for articles. Tables should be numbered in the order
in which they are cited in the text. Table citation in the text
should be done in parenthesis before a period/comma, e.g., ‘~ is
shown (Table 1)’. Tables should be embedded in the manuscript
file and each table should start in a separate page, with a concise
and explanatory title on the top of each table. Only the first letter
of the title should be in capitals, with no punctuation marks
at the end. Tables should be configured not to include borders
(horizontal and vertical rows) inside the table. Any abbreviations
used should be defined below the table as a footnote. If symbols
are to be used, they should follow the order a, b, c, d, e, f and the
significance of each symbol should be stated below the table as a
footnote.

(15) Figure preparation
The preferred file formats for figures are .tif or .eps, although
other formats including .ppt, .jpg, .gif, .pdf are acceptable. Each
figure should be uploaded as a separate file with a minimum
resolution of 300 dpi (dots per inch). Figures should be numbered
in the order in which they are cited in the text and figure citation
in the text should be done in parenthesis before a period/comma,
e.g., ‘~ is good (Fig. 1)’. For figures with multiple panels, use
uppercase letters after each figure number, e.g., Fig. 1A, Fig.
1B. Figure legends should be provided separately, embedded in
the manuscript file. Each figure legend should have a short title
and full explanation of the figure. For microscope figures, the
staining method and power of magnification should be stated in
the legends, and scale bars should be embedded in the figures.

Appendix
If any materials are not enough to be included in the main text
such as questionnaires, they can be listed in the Appendix.

Supplemental files
Any supplemental files, including methodology, video clips or
appendices that may improve the understanding of the readers
or reviewers should be uploaded separately through the online
submission system.

5) Manuscript checklist
We have provided a manuscript checklist to help you prepare
your materials for submission and to make the online submission
process as straightforward as possible (http://www.vsijournal.
org/file/checklist.pdf). Manuscripts that do not meet these
requirements will be returned to the author without review.

Peer Review and Publication Process
1) Screening before review
If the manuscript does not fit the aims and scope of the
Journal or does not adhere to the Instructions to authors,
it may be returned to the author immediately after receipt
without a review. Some articles may need English editing to
meet the standards of an international journal, which may not
only delay the publication process, but also be an important
reason for rejection. Therefore authors who are less fluent with
English writing are strongly advised to have their manuscripts
proofread by English-editing companies to improve the quality
of the journal and increase the probability of acceptance.

2) Peer review process
The journal adheres to a double-blind review policy, where
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reviewers, and the reviewers’ identities are kept confidential.
All manuscripts are reviewed by at least three reviewers
appointed by the editor-in chief and shall be informed of one
of the following decisions: Accept, Major revisions, Minor
revisions, Reject. The review period is 2 weeks. Usually the first
decision is made within a week after completion of the review.

3) Submission of Revised Manuscripts
Manuscripts which need either major or minor revisions
should be resubmitted through the online submission system.
Any revisions (if applicable) should be resubmitted within 4
weeks for reconsideration of publication at Vasc Specialist Int.
Authors should indicate the changes made in the document
by either using the “Track changes” function (preferred) in
Microsoft Word (for .doc or .docx files) or by crossing a straight
line for deleted phrases (strikethrough) and highlighting the
new phrases in red color. The reviewers’ comments should also be addressed specifically on a point-by-point basis.

4) After acceptance
If the manuscript is finally accepted, the proofreading will be sent to the corresponding author after professional manuscript editing and/or English proofreading. Proofreading should be performed again for any misspellings or errors by the authors.

5) Feedback after publication
If the authors or readers find any errors, or contents that should be revised, it can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum or a retraction. If there are any revisions to the article, there will be a CrossMark description to announce the final draft. If there is a reader’s opinion on the published article with the form of Letter to the editor, it will be forwarded to the authors. The authors can reply to the reader’s letter. Letter to the editor and the author’s reply may be also published.

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Archiving Policy

Full text of Vascular Specialist International (Vasc Specialist Int) has been archived in PubMed Central (PMC) from the 1st volume, 2014. According to the deposit policy (self-archiving policy) of Sherpa/ Romeo (http://www.sherpa.ac.uk/), authors cannot archive pre-print (i.e. pre-refereeing), but they can archive post-print (i.e. final draft post-refereeing). Authors can archive publisher’s version/PDF. Vasc Specialist Int provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central.

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