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

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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.

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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/10.3334/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).

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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.

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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.
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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.

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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. should be described in parentheses. After that the abbreviation should be fully described at first appearance in the text and should follow the journal’s style and format and communication with an outside organization or professional. Also, a variety of topics shall be reviewed.

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 (210×297 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.
(6) Invited Commentary
Invited commentaries are solicited by the Editor and should not be submitted without prior approval. The contents include expert opinions on a paper published. The abstract is not required. The length of the manuscript should not exceed 1,500 words and references should not exceed 10.

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Rapid communications covers a wide variety of topics of current important issues on vascular surgery. Unsolicited submissions could be considered. The abstract is not required. The length of the manuscript should not exceed 1,500 words and references should not exceed 10.

(8) Image of vascular surgery
Image of vascular surgery is intended to share interesting and impressive vascular surgery-related images that have not been submitted or published elsewhere. The Descriptions of images should not exceed 330 words, and maximum 4 figures and 5 references are acceptable. Images must be of professional quality and meet the basic requirements for resolution specified in Figure preparation.

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*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, positions, 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.

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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).

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

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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.

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All data suit 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
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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.

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Examples:
- Journal Article

- Entire Book

- Chapter in a Book

- Webpage

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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.

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