

## Instructions for Authors

Thank you for your interest in the *Journal of Spine Surgery* (JSS). Please consult the following 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. All papers in the JSS are published Open Access without any charges. We are looking forward to your submission.

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#### 1. About the Journal

The *Journal of Spine Surgery* (JSS, J Spine Surg, Print ISSN: 2414-469X; Online ISSN: 2414-4630) is a quarterly peer-reviewed publication, dedicated to the field of spine surgery, science and clinical outcomes. The primary objective of JSS is to provide critical analysis and a comprehensive overview of contemporary topics within the field of spine surgery. The second objective of the JSS is to facilitate and stimulate the discussion and sharing of pertinent clinical information amongst surgeons and physicians concerned with the surgical treatment of spinal disorders. The aim of the Journal is to provide a forum for the dissemination of progresses in all areas related to spinal disorders and

surgical techniques worldwide.

#### 2. Manuscript Categories

##### Original Studies

JSS will consider original scientific reports of clinical research, including randomized controlled trials, prospective studies, retrospective studies, and institutional or multi-institutional reports, and basic science research. 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. Meta-analysis will be categorized into this type.

##### Guidelines

Guidelines need to be the product of a large group of individuals who are recognised authorities in their field. A non-structured abstract is limited to 450 words. The text is limited to 6,000 words including abstract but excluding references, tables and figures.

##### 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.

### **Evidence Update**

A JSS Evidence Update manuscript identifies and describes recent systematic reviews and high impact randomized controlled trials or registry publications, appraise their quality and highlight strengths and weaknesses. Evidence Update articles will be intended for busy clinicians and decision-makers and can be used for answering questions about the effects of specific interventions, whether such questions arise from practice or when making policy. Text is limited to 1000 words.

### **Review Articles**

The manuscript should cover an established but controversial area of multidisciplinary spine care with the goal of updating and consolidating knowledge and the conceptual framework.

The text is limited to 6000 words excluding the title page, abstract, references, figures, figure legends, and tables. Unstructured abstracts are limited to 300 words. It should include a minimum of 50 references with 20-30 pages of double-spaced text, 3-5 explanatory tables, and appropriate artwork.

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

### **Mini Reviews**

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: Unstructured, 450 words maximum.

References: No maximum.

Figures/tables: 6 maximum in total.

Description: Mini Reviews are shorter reviews of topics that may be controversial or unresolved. 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.

### **Editorials**

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.

### **Correspondences**

Word limit: 1,000 words maximum excluding references, tables and figures. Abstract: Not required.

References: 10 maximum.

Figures/tables: 1 maximum in total. Description: Correspondence on 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. Correspondence is also referred to as Letter to the Editor.

### **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.

### **3. Structure of Manuscripts**

The length of manuscripts must strictly 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) disclosure, (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 permitted and any such material should be incorporated into the text as parenthetical matter.

#### **Title page**

The title page should contain (i) the title of the manuscript. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the corresponding author. The present address of any author, if different from that where the work was carried out, should also be supplied. 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. The title should be short, informative and contain the major key words so that readers and online users will identify the article easily in online search. Do not use abbreviations in the title. A short running title (less than 60 characters) must also be provided.

#### **Abstract and keywords**

The length of all abstracts is limited to 300 words, and should be either structured or non-structured according to the Submission Guidelines for the specific categories. 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, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

#### **Text**

Authors should follow the recommended headings to standardize article structures. This will ensure consistent formats and styles between articles, as well as improving ease of readability. Suggested discussion points are also provided in the Guidelines.

#### **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. In the text, references should be cited using superscript Arabic numerals 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 six or fewer; when seven or more, list the first three followed by et al. Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. 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 title above. Titles should be concise but comprehensive - the table, title and footnotes must be understandable without reference to the text. 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, and must also be referenced in the table footnote.

### 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, and must also be referenced in the figure legend.

- 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 JSS.
- 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 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.

Figures which are deemed of unsatisfactory quality for publication at the discretion of the Editorial Office will be returned to the author for amendment.

### Videos

JSS 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://jss.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 1280x720,

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 number consecutively in the order of reference in the text.

### Supplementary Files

JSS accepts supplementary files that will enhance the content of your research and manuscript, to be published in online version only. This may be in the form of movies, animation sequences, additional images, sound clips, and more. Authors must submit the material along with the article, and acceptance will be at the discretion of the Editors-in-Chief. Supplementary material must follow the above set-out criteria, or otherwise be concisely described as per a succinct caption. For more information, please contact the JSS Editorial Office.

### 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 I trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) 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: (1) the registry sponsored by the United States National Library of Medicine ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)); (2) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (3) the Australian Clinical Trials Registry (<http://www.actr.org.au>); (4) the Chinese Clinical Trials Register (<http://www.chictr.org>); and (5) the Clinical Trials Registry - India (<http://www.ctri.in>).

## **8. Randomized Controlled Trials**

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

## 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 Manuscripts

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>.

### 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 JSS uses US spelling and authors should therefore follow the latest edition of the Merriam-Webster's Collegiate Dictionary.

### Units

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

(BIPM) website at: <http://www.bipm.fr>

## 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 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 video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to an item listed as 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 be accompanied by 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

### General Requirements

All articles submitted to the JSS 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 JSS 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.

## **13. Review Process**

The reviewers' evaluations and Associate Editor's comments are compiled by the Editor-in-Chief for disposition and transmission to the authors. A decision is usually made within four weeks of submission 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 the decision; major revisions

within four weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide proof of 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 external review if the Editor-in-Chief and the Associate Editor find it inappropriate for publication in the JSS. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast-track decisions' will normally occur within one week of receipt of the manuscript.

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