JVIR Instructions for Authors

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ABOUT JVIR AND INSTRUCTIONS FOR AUTHORS

The Journal of Vascular and Interventional Radiology (JVIR) is devoted to the timely publication of peer-reviewed clinical and laboratory studies in the field of vascular and interventional radiology. JVIR is the official journal of the Society of Interventional Radiology (SIR). Statements made in published articles are the responsibility of the authors and not that of JVIR or SIR.

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 Questions related to submissions or reviews should be addressed to JVIR Publications Coordinator at JVIR@SIRweb.org.

Questions related to editorial issues should be addressed to JVIR Journal Manager at ecoler@sirweb.org.

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Sources


Committee on Publication Ethics (COPE). Dual publication. Available from: www.publicationethics.org/cases

Committee on Publication Ethics (COPE). Suspected redundant publication in a submitted manuscript (flowchart). Available from:


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JVIR’S POSITION

Submission of material without citation of the self-same material information elsewhere and without permission from the copyright holder is a violation of ethical publishing norms. This principle extends to dual or multiple submissions (that is, submission of material to a journal when the same material is already under consideration by another/other journal[s]). This is especially true when there is “evidence that authors have sought to hide redundancy, eg, by changing title, authors’ order, or not referring to previous papers” (COPE). JVIR prohibits these practices. Accordingly, JVIR has an Exclusive Submission Policy, whereby all authors are required to certify that their submission neither has been, nor will be, submitted elsewhere under the same or different title(s).

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JVIR understands that duplicate publication is permissible under certain circumstances (eg, publication in a foreign language, for a completely different audience, or in a special commemorative edition) as long as credit is given to the previous publication and permission to reprint is granted by the copyright holder. If the author considers publication in the future, the editorial office should be notified. For more details on special cases when duplicate publication is permitted, see Elsevier’s policy: duplicate publications under Sources above.

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Duplicated information ranges from duplication of content—reuse of the same subjects, datasets, or findings—to duplication of article structure, wording of headings, figures, tables, references, and the order in which they are listed.

Articles can be virtually redundant if any of the methods listed below or similar ones are used:

- Additions of paragraphs or of new sections, such as Keywords, Objectives, Accreditation, Credits, and so forth in one article but not another
- Changes to wording or phrasing, such as use of medical jargon, replacement of words or phrases with synonyms or synonymous expressions (eg, “intervention” in one place but “procedure” in another; “in addition” in one place but “furthermore” in another, etc.)
- Changes to grammar, such as change of verb tense, aspect, or voice; change from singular to plural or vice versa; or use of different sentence structure; for instance:
  
  **X also tends to frequently** occur with left-sided access.
  
  versus
  
  **There is also an increased predilection for X to** occur with left-sided access.
• Adding/dropping words; for instance:

  The high incidence of X with Y may be related to the large caliber of . . .

  versus

  This may be related to the large caliber of . . .

• Minor changes to conclusions
• Adjustments in wording to fit word count

ETHICAL CONDUCT OF STUDIES

It is the author’s responsibility to ensure that patient anonymity is carefully protected. Authors from U.S. institutions must comply with all regulations of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

If an Institutional Review Board (IRB) exists at the institution(s) in which any study involving human subjects is conducted, the investigators must obtain prior IRB approval. This requirement applies to prospective and retrospective studies (including technical notes and case reports) that involve any direct interaction with patients OR evaluation or review of private information (eg, imaging studies or chart reviews). See Valji K. IRB Approval—Who Needs It? J Vasc Interv Radiol 2002; 13:225-226.

If the IRB at the participating institution does not require approval for the type of research being performed, a statement to this effect must be included in the manuscript. If no IRB existed at the time the study was initiated, the authors must include a statement in the manuscript to this effect, as well as a second statement that the principles of the Declaration of Helsinki www.nihtraining.com/ohsrsite/guidelines/helsinki.html were followed. If a manuscript reports on the emergent use of a material or device not approved by the U.S. Food and Drug Administration or accepted as standard practice, the authors must state that they obtained informed consent from the patient (when feasible) and reported the case to the local IRB within one week of the event. This procedure is only valid for a single patient.

Manuscripts reporting research involving animals must include a statement that either the protocol was approved by an institutional animal care board or that the animal care complied with the “Principles of Laboratory Care” (formulated by the National Society for Medical Research) or the “Guide for the Care and Use of Laboratory Animals” (National Institutes of Health).

AUTHORSHIP

Any person listed as a manuscript author should have made substantive intellectual contributions to the study as established by the International Committee of Medical Journal Editors (ICMJE, www.icmje.org). All authors should meet each of the following conditions with regard to the manuscript: (1) substantial contributions to conception and design, or 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.

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REPORTING STANDARDS

In order to ensure consistency in reporting the results of clinical research, the Society of Interventional Radiology has developed a number of reporting standards documents that authors should follow when submitting manuscripts for consideration. Adherence to relevant reporting standards will be taken into account in the review process. Alternatively, go to the [www.jvir.org](http://www.jvir.org) home page, and select Reporting Standards from the Collections menu on the top. Alternatively, go to [www.jvir.org/content/reporting](http://www.jvir.org/content/reporting).

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CONSORT CRITERIA

As of October 1, 2009, authors are asked to upload the CONSORT criteria and checklist when submitting a manuscript. *JVIR* formally endorses the CONSORT (Consolidated Standards of Reporting Trials) Statement. The CONSORT Statement contains criteria developed to improve the quality of published reports of randomized clinical trials. The current criteria consist of a 22-item checklist that pertains to the various sections of a report of a clinical trial (Title, Abstract, Introduction, Materials and Methods, Results, and Discussion). The CONSORT criteria have been adopted by many leading medical journals as a template for reporting randomized clinical
trials. JVir encourages clinical investigators to familiarize themselves with the criteria, voluntarily follow these guidelines when reporting randomized clinical trials, and follow them as closely as possible for non-randomized trials. As of October 1, when submitting a manuscript reporting a randomized controlled trial, authors are strongly encouraged to upload the CONSORT criteria checklist and flow diagram and to attach the completed checklist to their submission. Initially these elements will not be mandatory. The updated checklist is available at www.consort-statement.org/consort-statement/overview0/.

Although the criteria apply strictly to randomized controlled trials, authors of other types of submissions may find the criteria helpful in the development of a strong manuscript. For more information on the CONSORT Statement, please visit www.consort-statement.org/home/. In addition to viewing the checklist and flow diagram, please also read the CONSORT Explanation and Elaboration document found on the Web site, which explains and illustrates the principles underlying the CONSORT Statement.

To cite the CONSORT Statement, do not refer to the CONSORT Statement Web site. Use instead any of the journal article citations provided on www.consort-statement.org/consort-statement/citing-consort/.

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TYPES OF SUBMISSIONS

JVIR publishes several types of articles, each of which has a distinct format:

- **Audio Slides.** The journal encourages authors to create an AudioSlides presentation with their published article. AudioSlides are brief, webinar-style presentations that are shown next to the online article on ScienceDirect. This gives authors the opportunity to summarize their research in their own words and to help readers understand what the paper is about. More information and examples are available at http://www.elsevier.com/audioslides. Authors of this journal will automatically receive an invitation e-mail to create an AudioSlides presentation after acceptance of their paper.

  **NOTE:** Unlike regular submissions, AudioSlides are not reviewed before posting. Accordingly, the Editor reserves the right to remove posted slides if he deems them unacceptable.

- **Brief Reports** include descriptions of a new or modified interventional procedure or device and small clinical studies or case reports. A brief, one-paragraph abstract (fewer than 100 words) should be included. In general, limit the paper to six pages of text, 15 references, and no more than eight figure parts.

- **Clinical Studies and Laboratory Investigations** are the central focus of the journal and are based on original clinical or experimental studies. The complete format is described under the Manuscript Format and Structure section.

- **Data References.** JVIR encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your reference list. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset]
immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

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Example


• Editors’ Research Highlights. Authors of Clinical Studies and Laboratory Investigations now have the option of submitting proposed highlights of their research. These highlights should consist of 3-5 concise “take-home” points conveying core findings and conclusions. Note, however, that the Editors may edit your highlights for grammar or scientific message, rewrite them, or add their own perspectives on the value of your research. Hence, the inclusion of the word “Editors’” in the title of this feature. Note also that not all Clinical Studies or Laboratory Investigations will carry this feature—only studies deemed major during the editorial review.

If you decide to propose your own highlights, please submit them in a separate editable file as part of the online manuscript submission. Please use “Research Highlights” in your file name.

• Extreme IR. Interventional Radiology has led the vanguard in resolving unexpected clinical problems with innovative solutions, dealing with unanticipated procedural dilemmas, responding to unusual clinical needs or creating entirely new branches of therapy. Extreme IR articles are intended to highlight this aspect of interventional radiologic and endovascular therapies. This manuscript category was inspired by the popular Extreme IR course inaugurated by the Editor (ZH), and repeatedly held at the annual scientific meeting of the society of interventional radiology. Submissions should describe a single case in which extraordinary measures were taken, planned or unanticipated, extraordinary findings or complications were encountered, resulting in unusual measures, etc. The submissions are intended to be very concise and contain no references. High quality pictures (and illustrations if needed) are essential. These images should clearly ‘tell the story.’ Six or 7 pictures maximum are allowed. Text should not exceed 250 words, as the entire submission must not exceed 2 printed pages, once laid out.

• Visual Synopsis. Authors have the option to include a visual synopsis (graphical abstract), in which results are presented visually. The visual synopsis should summarize the contents of the article in a concise, pictorial form. Visual synopses should be submitted as a separate file at submission. See http://www.elsevier.com/graphicalabstracts for examples of visual synopses/graphical abstracts. Image size: Please provide an image with a minimum of 531 x 1328 pixels (h x w) or proportionally more. The image should be readable at a size of 5 x 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS
Office files. If desired, authors can make use of Elsevier’s Illustration and Enhancement service to ensure the best presentation of their images and in accordance with all technical requirements: [http://webshop.elsevier.com/illustrationservices/ImagePolishing/gap/requestForm.cfm](http://webshop.elsevier.com/illustrationservices/ImagePolishing/gap/requestForm.cfm).

Alternatively, authors can submit a scanned file of a manually drawn synopsis.

- **Images in IR** consist of one to four images demonstrating a unique anatomic finding, an unusual diagnosis, or innovative intervention that exemplifies interventional radiologic therapies. The manuscript should include a title that will fit one line of printed text (45–50 characters—not words—including spaces). The accompanying explanatory text, which should not exceed 150 words, should include the description of the figures, relevant findings, background, and clinical information. Although separate figure legends are no longer necessary, the images should have captions. Unlike the explanatory text, a caption is a statement identifying the image (eg, “Type III anastomosis in a 41-year-old woman”). No references should be submitted. For technical submission requirements, see Submission Requirements for Figures under Manuscript Submission.

- **In Memoriam** pieces are dedicated to recently deceased personalities of the IR community. Please limit the manuscript to 650–675 words, which roughly correspond to one printed page.

- **Invited Book Reviews** are invited by the Book Review Editor. The Editor will not accept unsolicited book reviews. Specific instructions are provided at the time of invitation. However, manuscripts are no longer submitted directly to the Book Review Editor. Instead, they should be submitted through the through the JVIR online submission system at [http://ees.elsevier.com/jvir](http://ees.elsevier.com/jvir). You will either need to already have an EES account or create one.

- **Letters to the Editor** can be used to offer commentary on any material published in JVIR, such as new or modified techniques and individual studies and cases. Letters may also be used to convey material of more general interest to the interventional radiology community. On occasion, the Editor may offer such space for submitted case reports that do not receive high enough priority for publication as such. Letters should be no longer than three pages with no more than four references. A maximum of 6 figures will be accepted. Letters to the Editor are accepted for publication at the discretion of the Editor and may be copyedited for content and length. Letters that relate to a published article will be published pending response from the original article’s author.

- **Review Articles** are generally invited by the Editor. Specific instructions are provided at the time of invitation. The Editor will accept unsolicited review articles.

- **Video Articles** illustrate specific aspects of procedures, anatomy, technical aspects, new or less widely-used techniques that will be of particular and timely interest to the readership of JVIR. Interested authors are encouraged to discuss their potential projects or ideas directly with Dr. Haskal, the JVIR Editor by direct email or through the JVIR inbox, [jvir@sirweb.org](mailto:jvir@sirweb.org). Video file specs can be found at [this site](http://ees.elsevier.com/jvir/). Acceptable formats include: MP4, MOV, MPG or AVI formats. Maximum files size is 50 MB. The video file should be uploaded as any other file to [http://ees.elsevier.com/jvir/](http://ees.elsevier.com/jvir/). The video file should be accompanied by a 50–100-word abstract in a separate file.

- **Virtual Microscope.** The journal encourages authors to supplement in-article microscopic images with corresponding high-resolution versions for use with our Virtual Microscope viewer, a web-based viewer that enables users to view microscopic images at the highest
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**BLINDING YOUR MANUSCRIPT**

To ensure blinded peer-review, no direct references to the author(s), institution(s) of origin, previous work/publications should be made anywhere in the abstract, text, figure captions/legends, tables, footnotes, list of references, appendixes, or file names. You will be able to unblind the blinded information after your article is accepted for publication. For review purposes, avoid wording such as:

- In our study on ____ (3), we indicated that . . .
- Our report on ____ (4) demonstrated that . . .
- We hypothesized that . . . (16)
- The majority of the biopsies were performed by two of the investigators ( O.T.D, R. I. Y.) at the Baylor University Medical Center, Dallas, Texas, and by one investigator (M. J. Fu) at the Dolby Clinical Foundation, New, Orleans, Louisiana.

Instead, consider wording such as:

- Previous studies on _____ (3), indicate that . . .
- A report on _____ (4) demonstrated that . . .
- It was hypothesized that . . . (16)
- The majority of the biopsies were performed by three of the investigators.

**Other tips:**

- Do not include anywhere geographical clues, such as the name of the city where your institution is located.
- Do not include any funding-related information, including the name of your project/grant.
- Do not include acknowledgments.
- Do not include any information allowing the reader to identify the patient’s either by name or by physical characteristics; conceal the patient’s faces in figures, and omit any information regarding the individuals involved in a procedure or the location where the procedure was performed.
- Do not include references to previous drafts of your paper or related presentations.

**MANUSCRIPT FORMAT AND STRUCTURE**

The preferred word processing program is Microsoft Word. Manuscripts must be written with 12 point font, double-spaced throughout (including tables, references, and figure legends), and have at least 1-inch (3-cm) margins. The text should be ragged right (no right justification). Embedded instructions (eg, italics, underlines, boldface) should not be used or should be kept to a minimum. Do not use coding for centering. Insert only one space after punctuation marks. Sequential page
numbering should begin with the text. The order of sections in clinical studies and laboratory investigations is: Abstract, Text, References, Tables, and Figure Legends.

TITLE PAGE

Include a title page as a separate document. List all author affiliations, any conflicts of interest and financial disclosures, (see Conflict of Interest above) and whether the material was presented at an SIR Annual Scientific Meeting. Also, please list any acknowledgments.

- Acknowledgments: On the title page, list any significant contributors to the conduct of the study or preparation of the manuscript other than your co-authors. Authors are responsible for obtaining permission from persons acknowledged for support that is other than technical, secretarial, or financial.

TEXT

- Abstract: The abstract for original clinical and laboratory investigations should be no longer than 250 words and should include Purpose, Materials and Methods, Results, and Conclusion. For brief reports and review articles, the abstract is a short (fewer than 100 words) unstructured paragraph. Remember that many readers will only come to know the authors’ work through the abstract. Actual data (with statistical significance) should be included in the Results. The conclusions should be drawn directly from the results of the study. Note that the conclusion will be used as a summary statement of your work in the printed Table of Contents.

- Introduction: Provide a brief summary (usually less than one page) of background material to set the stage for your paper. This section should end with a succinct statement of the purpose of your study.

- Materials and Methods: Describe the nature of the subjects, methods of selection, materials (including manufacturers’ names and locations: city and state or country), and all procedures. The characteristics of study group(s) (such as sex distribution, mean age, underlying medical problems) should be included in this section. References should be made to established methods that have been published. New or substantially modified methods should be described, supported with rationale, and critically evaluated for real and potential limitations. This section should conclude with a description (and references and names of computer software packages, when appropriate) of all statistical methods used to analyze the data.

If you write a prospective sponsored study, please make clear in this section who designed the study, who gathered the data, who analyzed the data, who vouches for the data and the analysis, who wrote the paper, and who decided to publish the paper. Please state as well whether there were any agreements concerning confidentiality of the data between the sponsor and the authors or the institutions named in the credit lines, and upload a copy of your study protocol with your manuscript.

Also indicate who wrote the first draft of your manuscript. If it was not one of the authors, please name the person(s) and who paid them. If any writing assistance other than copy editing was provided, please name the person(s) and indicate who paid them.

- Results: Report of data and observations should be in logical sequence in the text, tables, and illustrations. Data given in tables should not be repeated in the text. Complex reports may require
subheadings in this section.

• **Discussion:** Consider new and important aspects of the study and conclusions that can be drawn directly from your data. Include implications of findings, and relate observations to other relevant studies. Include a separate paragraph that outlines the limitations of your study. Avoid claiming priority, alluding to work that has not been completed, or making unqualified statements not supported by your data. Recommendations, when appropriate, should be made.

• **References**

  **Text Citations:** Number the references in the order in which they appear in the text (including references in tables at the site where they are mentioned in the text). Reference numbers appear on line within parentheses (not bracketed, not superscripted). With the exception of review articles, no more than 35 to 40 references should be cited. Make sure the number used for the reference cited in the text matches the number of the respective reference in the references list. Note: Unpublished data are not cited in the reference list but cited parenthetically in the text.

  **References List | Free Reference Style:** *JVIR* no longer requires authors to use a strict style for reference formatting at submission. References can be in any style or format as long as the style is consistent. However, each reference must include the author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter, and the pagination. Use of DOI is highly encouraged. *JVIR*’s reference style will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

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- Is the person/institution/organization who wrote the paper mentioned in the Methods section of the manuscript?
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STATISTICAL INFORMATION

Is statistical information expressed appropriately? Is the word “significant” reserved only for material that has been statistically tested?

SUPPLEMENTARY MATERIALS FOR ONLINE-ONLY PUBLICATION

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  process (including abstract, main text, references, and table/figure legends)
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**File storage size (approximate)**
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\(^1\) This term covers both half tones and line art, but not tabulated text.

\(^2\) **Halftones**: any digitally generated image characterized by gradations of shading, thus photographs, transparencies, but also any line-drawn illustration that contains gradient tones from light to dark.
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**Basic parameters**

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- Bitmap: 3 MB

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