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Strive to limit the number of statistical tests performed, especially on subgroups. If you cannot avoid multiple comparisons, then use an appropriate adjustment to avoid a 'type 1' (false-positive) error. Results of statistical tests should be reported by stating the value of the test statistic (t), the number of degrees of freedom (df) and the P value to two decimal places, e.g. t = 1.34, 16 df, P = 0.20.

Where possible, the results of the primary analysis should be reported using confidence intervals instead of, or in addition to, P values. Do not use statistical tests to compare the baseline characteristics of study groups, but rather use adjusted analyses to investigate the effect of such imbalances.
When reporting results involving small cohorts (<100 cases), avoid using decimal points (i.e. round up to nearest number) and report P-values with a maximum of three decimal places (e.g. 45 mm, P = 0.012). Proportions involving small cohorts should be reported as ratios (e.g. 2/15).

**Interpretation**
Statistical significance should not be confused with clinical relevance. Use confidence intervals to assess clinical relevance, especially when interpreting a ‘negative’ finding. Do not place undue emphasis on secondary analyses, especially when they were suggested by an inspection of the data.

**Short reports**
Short reports / case reports should now be submitted to EJVES Short Reports - this is a new open access journal launched by the ESVS as a companion to EJVES and is dedicated to publishing short reports, technical notes and videos of surgical techniques. The journal will be submitted to PubMed Central for indexing. Authors are expected to pay a fee for publication, which is USD500 and ESVS members can take up a 50% discount and pay only USD250. You can submit articles to EJVES Short Reports here: http://ees.elsevier.com/ejvssr.

The print edition of the EJVES will only ever consider publishing a case report if there is a valuable educational message. Such reports may describe a rare or novel pathology (that has not been published before) or present an important technical innovation or modification (that has not been published before). Other potentially acceptable contents might include innovative technical instructions for particularly important established surgical or interventional approaches ('technical notes') and evidence-based guidance on important and specific clinical questions ('best evidence topics' in the form of systematic mini-reviews) both of which should be aimed at sharing renowned expertise in a particular field with the community.

Submitted short reports must contain a clear and convincing educational message and, upon submission, authors will be asked to declare exactly what new or innovative learning points are covered and why they merit publication. The assigned Associate Editor will then decide whether the manuscript is relevant enough to undergo external peer review or whether it should be rejected as it does not meet inclusion criteria or submitted to EJVES Short Reports where there is the space to publish short reports. The rejection rate for EJVES itself is expected to be extremely high due to a lack of space for these papers and the decision on whether to accept or reject a manuscript is final. Accordingly, please read the following instructions carefully before submitting your paper in order to avoid disappointment.

Short (case) reports should not exceed 750 words (excluding the abstract which should be < 100 words) and should be constructed according to the criteria described below:
- Please use double line spacing with automated line and page numbering, but avoid other kinds of automatic formatting.
- Front page with exact word counts of the structured abstract (maximum 100) and the text (maximum 750, excluding legends and references). Every submission should include an answer to the following question before the abstract: **What unique educational message is provided and why is it relevant?** Title page with authors’ (maximum 4) information and 3-6 keywords.
- Structured abstract (maximum 100 words) using the following headings:
  - **Novel pathologies** or **technical innovations**: Introduction – report – conclusion;
  - **Technical notes**: Introduction – technical summary – conclusion;
  - **Best evidence topics**: Clinical question – search method – results – conclusion.
- Paper including structured text body, references (maximum 5), tables (maximum 2) and legends for figures (maximum 2). The main text should follow the following format:
  - **Novel pathologies** or **technical innovations**: Introduction – Report – Discussion – Conclusion;
  - **Technical notes**: Introduction – Surgical Technique – Discussion (highlighting advantages, important considerations, pitfalls and limitations) – Conclusion;
  - **Best evidence topics**: Introduction – Clinical scenario and clinical question (which must be specific and answerable) – Search method – Results – Discussion (including limitations of the EBM query) – Conclusion.
- Figures, each in a separate file.

Each manuscript will undergo preliminary assessment by an Associate Editor. If it is not felt to be innovative enough, it will be rejected. Otherwise it will go out to peer review. For 'best evidence topics', a running list of potentially interesting clinical questions is being held at the editorial office for your consideration, and consultation with the editorial office prior to production of the paper is advised.
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