



EUROPEAN JOURNAL OF VASCULAR AND ENDOVASCULAR SURGERY

The Official Journal of the [European Society for Vascular Surgery](http://www.esvs.org)

AUTHOR INFORMATION PACK

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DESCRIPTION

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The *European Journal of Vascular and Endovascular Surgery* is aimed primarily at vascular surgeons dealing with patients with **arterial, venous** and **lymphatic diseases**. Contributions are included on the diagnosis, investigation and management of these **vascular disorders**. Papers that consider the technical aspects of **vascular surgery** are encouraged, and the journal includes invited state-of-the-art articles.

Reflecting the increasing importance of **endovascular** techniques in the management of vascular diseases and the value of closer collaboration between the vascular surgeon and the vascular radiologist, the journal has now extended its scope to encompass the growing number of contributions from this exciting field. Articles describing endovascular method and their critical evaluation are included, as well as reports on the emerging technology associated with this field.

Contributions are also included from such associated specialities as angiology, diabetology, rehabilitation and other fundamental sciences, provided these relate to the management of vascular patients.

The [European Society For Vascular Surgery](http://www.esvs.org) was founded and inaugurated on May 6, 1987 in London. The objectives of the Society are to relieve sickness and to preserve and protect health by advancing for the public benefit the science and art and research into vascular disease including vascular surgery. For more information visit <http://www.esvs.org>.

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Additional information

Design

Authors should set out clearly the objectives of the study and state whether the study was retrospective or prospective. Randomised trials must include the items included in the CONSORT statement (see 'Randomised Controlled Trials', above).

Presentation

Wherever possible a graphical presentation should be used to illustrate the main findings of a study. Base the graph on data points unless the sample sizes are very large. When plotting life tables always indicate the numbers of individuals at risk at the various times of follow-up. Avoid the use of 'error bars' showing 1 standard deviation or standard error.

The use of a mean and standard deviation (SD) to describe a distribution is only appropriate when the distribution is known to be normal. For non-parametric data, the median is a better measure of the centre of the distribution and the range or interquartile range (IQR), a better measure of spread. Avoid spurious precision; percentages should generally be given as integers.

Analysis

There should be a clear description of which methods were used, and any analyses not in common usage should be supported by references. In general, 'non-parametric' analyses should be used, e.g. the Mann-Whitney test for comparing two groups and the Wilcoxon test for comparing the changes to a group.

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

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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.

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- 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;
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