

### ABOUT THE JOURNAL

*Journal of ISAKOS (JISAKOS)* is an official journal of the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine. The journal publishes high-quality peer-reviewed review articles from the international community of orthopaedic surgeons and sports medicine physicians.

The journal covers important topics that serve to engage and advance the knowledge and treatment of musculoskeletal diseases and disorders among specialists and other interested health professionals.

Key fields of interest include:

- Orthopaedic sports medicine
- Sports traumatology
- Arthroscopy
- Open and arthroscopic knee surgery
- Degenerative joint disease
- Arthroplasty
- Foot and ankle
- Hip
- Elbow and wrist
- Sports injury rehabilitation
- Team coverage

The journal aims to provide rapid publication of research through its continuous online publication model. Submissions should be made through the journal's [online submission system](#). Articles should not be under review or under consideration by any other journal when submitted to *JISAKOS*.

### GENERAL ARTICLE FORMAT

#### ARTICLE TYPES

There are five different article types, i.e. Original Article, Current-Concepts Review, Systematic Review, State-of-the-Art Review and The Classic. Each has its specific instructions which are outlined below. State-of-the-Art reviews, Current Concepts reviews and The Classic are by invitation only. Suggestions for these types can be sent to the Editor in Chief.

#### ORIGINAL ARTICLE

*JISAKOS* publishes original research on surgical and/or non-surgical interventions, diagnostic procedures, rehabilitation, prevention and other

topics in the journal's key fields of interest.

An original article is about 3,000 words long (excluding abstract, figure captions, tables and references) and includes up to 50 references. The maximum number of tables and/or figures is six.

Additional data may be presented as supplementary information, which will be published online at the time of on-line publication.

#### Title

The title should contain a conclusive statement on the primary finding of the study, expressing the most important finding of this study according to the author.

#### Abstract (structured)

The abstract is up to 350 words. It contains as headings Objectives, Methods, Results, Conclusion and the level of evidence according to table 1 (end of this document).

A text box, titled "What are the new findings", should follow the abstract and contains 3-4 bullet points summarizing the new findings.

#### Main body

The paper contains the sections Introduction, Methods, Results, Discussion and Conclusion. A short introduction suffices if the rationale of the study is obvious, i.e. it may be as short as 3 short paragraphs if that addresses "Why the study was performed". An extensive literature review will not be accepted. The use of subheadings in the methods, results and discussion is encouraged, thereby itemizing different aspects of each respective section.

#### CURRENT-CONCEPTS REVIEW

A Current Concepts Review is invited by the Editor-in-Chief with input from the Editorial Board.

A Current-Concepts review addresses a single issue of an intervention or a diagnostic procedure for a certain condition. It contains statements of *current* knowledge, practice and recent evidence, with references to relevant papers as well as detailed descriptions

of surgical techniques, patient management strategies, and/or diagnostic methods as appropriate.

At the end of the Current-Concepts Review, authors conclude on the current best practice based on the best available evidence and describe what is required for better supporting the technical choices in the future.

A paper should be about 3,000 words (excluding abstract, figure captions, tables and references) and include up to 50 references. It should include an unstructured abstract of no more than 350 words. The number of tables and figures is limited to eight.

#### Title

The title should contain the topic addressed followed by ": current concepts".

A Current-Concepts article must include the following:

#### Abstract (unstructured)

Clinical problem statement, current diagnostic and therapeutic methods, available evidence and current unsolved issues. The abstract should be complete, concise and attractive to read.

#### Introduction

- Outline of the clinical problem
- References to previous reviews, state-of-the-art and/or current concepts articles
- The topic covered by this article

#### Body

- Include informative subheadings to separate different subtopics
- Figures illustrating (special) diagnostic procedures and/or surgical techniques or other interventions with explanatory text are preferred over text-only descriptions.

#### Discussion

- Summarise the major issues and solutions
- Discuss the current (lack of) evidence
- If applicable, describe alternative approaches with references to relevant publications
- Discuss the future perspectives

### **Additional Material**

The on-line version of the Current-Concepts article may contain supplemental material, like descriptions, photos and materials detailing the specific procedures as described in the article.

### **Mandatory Text Boxes**

Include two text boxes:

1. **Title:** "Current Concepts"

#### **Contents**

This box contains bullet points containing the enumeration of the current concepts as described in the article

2. **Title:** "Future perspectives"

#### **Contents**

Describe future perspectives on the topic of the article. Elaborate on the research that is required to reach the formulated goals.

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### **SYSTEMATIC REVIEW**

JISAKOS publishes systematic reviews on surgical and/or non-surgical interventions in the journal's key fields of interest. Quality reporting is important to JISAKOS and a systematic review must follow the [PRISMA guidelines](#). While systematic reviews will be invited by the Editor-in-Chief with input from the Editorial Board, a manuscript can also be submitted without invitation.

Generally, systematic reviews are 4,000 words (excluding abstract, figure captions, tables and references) and will have 75-100 references. Authors should attempt to synthesise results either quantitatively or qualitatively.

#### **Title**

The title should contain a conclusive statement on the primary finding of the review followed by either "a systematic review" or "a meta-analysis".

#### **Abstract (structured)**

##### **Importance**

- Include one or two sentences describing the clinical question or issue and its importance in clinical practice or public health.

##### **Aim or Objective**

- State the precise primary objective of the review. Indicate whether the

review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

#### **Evidence Review**

- Describe the information sources used, including summary of the search strategies, years searched, and other sources of material, such as subsequent reference searches of retrieved articles. Methods used for quality assessment and inclusion of identified articles should be explained. Describe the methods of qualitative and quantitative analysis of the data retrieved from the articles.

#### **Findings**

- The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.

#### **Conclusions and Relevance**

- The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge.

#### **Level of Evidence**

- Add the level of evidence according to table 1 (end of this document).

#### **Bullet points**

Immediately following the abstract add a text box containing two sets of bullet points.

1. **Title:** "What is already known"

##### **Contents**

One or two single sentence bullet points to summarize what is already known about the subject before this review commenced and what has necessitated this review.

2. **Title:** "What are the new findings"

##### **Contents**

Two to four bullet points summarizing what the new findings are based on the results of the review or meta-analysis.'

Be clear and specific in formulating the bullet points. The total maximum number of bullet points is six.

#### **Headers**

The body of the manuscript should contain the headers Introduction, Methods, Results, Discussion and Conclusion.

#### **PRISMA guidelines**

The review should be conducted according to the [PRISMA guidelines](#)

#### **Checklist**

For the introduction, methods, results and discussion use the [PRISMA checklist](#) as a reference.

#### **Flow diagram**

Include a flow diagram according to the PRISMA guidelines depicting the flow of information through the different phases of a systematic review. It maps out the number of records identified, included and excluded, and the reasons for exclusions. [The PRISMA document](#) can be used for this. The flow diagram should be submitted in editable format (Microsoft Word, Visio or PowerPoint).

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### **STATE-OF-THE-ART REVIEW**

A State-of-the-Art Review is invited by the Editor-in-Chief with input from the Editorial Board. It is generally written by a three-author team, with authors drawn from three major regions of the world, to ensure a truly global perspective. The author team can be supplemented by a fourth author that assists in drafting the manuscript

A State-of-the-Art review contains statements of *current* knowledge, practice and evidence, with references to relevant and recent papers as well as detailed descriptions of surgical techniques, patient management strategies, and/or diagnostic methods as appropriate.

At the end of each State-of-the-Art Review, authors describe the *future perspectives* on the development of diagnosis and treatment, given the *best available evidence*. Authors then elaborate on the basic and applied research required and provide a statement on where the field will be three to five years.

Papers should be about 6,000 words (excluding abstract, figure captions, tables, text boxes and references) and include up to 100 references. Papers should include an unstructured abstract of no more than 350 words. You should include as many illustrative boxes and tables as necessary. Boxes are not cited within text, but tables are cited. Boxes can include pearls and pitfalls and any other information that is important to call attention to the reader. Likewise, authors are encouraged to include as many figures as necessary to convey the article's topic.

### **Title**

The title should contain the topic followed by “: state of the art”.

All State-of-the-Art articles must include the following:

### **Abstract (Unstructured)**

- Clinical problem statement, current diagnostic and therapeutic methods, geographic variations, available evidence, current unsolved issues, future perspectives
- The abstract should be complete, concise and attractive to read

### **Introduction**

- Outline of the clinical problem, and the societal impact
- References to previous reviews, state-of-the-art or current concepts articles
- Topics covered by this article
- Key information on the topic represented in a figure or table

### **Body**

- Informative subheadings to separate different topics and subtopics
- Topic or subtopics that require particular attention can be supplemented by a text box. A text box should be read and understood without referring to the main body of text
- Figures illustrating (special) diagnostic procedures and/or surgical techniques with explanatory text are preferred over text-only descriptions.
- Attention should be paid to geographical differences and the

(possible) explanations for these. This can be done in a separate section

### **Mandatory Text Boxes**

1. **Title:** “Key articles”\*

#### **Contents**

A list of the ten key articles representing the historic evolution on the topic as identified by the authors.

2. **Title:** “Validated outcome measures and classifications”\*

#### **Contents**

Validated outcome measures that apply to the topics described in the article. Indicate the ones that are ISAKOS approved or preferred by the authors.

3. **Title:** “Key issues of patient selection”

#### **Contents**

Key issues for the particular treatment(s)

4. **Title:** “Essential and/or typical features of [the medical device(s) and/or imaging device(s) and/or measurement device(s) and/or diagnostic/surgical procedures]”

#### **Contents**

If applicable, describe the essential and/or typical features of the medical devices (tools, implants, biomaterial etc.), imaging and measurement devices and/or diagnostic/surgical procedures that are applied. Include the criteria for the selection of these. Additionally, the rationale for the diversity of medical devices and diagnostic procedures should be addressed

5. **Title:** “Tips & tricks”\*

#### **Contents**

Tips and tricks on the main surgical, diagnostic, and/or rehabilitation procedures described in the article

6. **Title:** “Major pitfalls of [topic(s)]”

#### **Contents**

The major pitfalls of the techniques and/or procedures described in the article

\* Box title can be supplemented by additional explanatory text, as for

example the topic covered by the information in the box.

### **Future Perspectives (Conclusion)**

- Recap the best available evidence and describe future perspectives on the development of diagnosis and treatment. Elaborate on the basic and applied research that is required. Include information on where the field will be in three to five years
- Include a *text box, table or figure* to highlight the future perspectives, such that it can be read and understood without reading the main body of text.

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### **THE CLASSIC**

The Classic takes a historical approach to a major concept or technique, with abundant references to the literature. This article type puts classic ideas into current perspective, whether they are now central to orthopaedics or have receded into lesser utility. This article is approximately 4,500-5,000 words in length and includes maximally 100 references.

The Classic describes the content of the article, with reference to the original source, thus integrating summary, text samples, figures or tables of the original article in consideration of the historic perspective, and the impact of the article on the course of history.

The classic articles must include the following:

### **Title**

The title constructed as follows: Review of [Family name(s) of original author(s)] on [title or summary of title or title highlights]

### **Abstract**

The abstract starts with “This classic discusses the original publication [Original Reference] on [one- to two-line summary of The Classic]”, followed by a summary of the introduction and consideration

### Body of the Article

#### Introduction

- Description of the classic article and the rationale for selecting this as The Classic topic

- Text box containing a summary of the classic (maximum 350 words)

#### Consideration

- Historic perspective
- Scientific and societal impact
- Current evidence as related to the original article
- The lesson(s) learned

#### Optional Text Boxes

- Add text boxes containing the summary of any personal communications like an interview, comments and/or quote(s) from the original (co)author(s) or other individuals. These text boxes should be short and contain no more than 300 words.

#### Editor's Note

- At the discretion of the Editor-in-Chief, at the end of the article an additional box with the Editor's note will be added. This can be a comment from the Editor-in-Chief or a comment from a member of the Editorial Board. This will be done after acceptance of the manuscript.

### SUPPLEMENTS

JISAKOS will consider publishing supplements to regular issues. Supplement proposals should be submitted to the Editorial Office.

### MANUSCRIPT PREPARATION

#### GENERAL

Manuscripts must be written in English (British spelling). The entire text should be double-spaced, including references. Multiple-part papers are discouraged. Although this arrangement is sometimes necessary, authors will often be asked to collapse multiple papers into a single manuscript.

In short, authors should adhere to the following principles:

- Use direct, active-voice sentences
- Limit prepositional phrases
- Limit use of the verb "to be."
- Avoid noun forms of verbs (nominalizations)

- Limit noun strings (nouns modifying nouns)
- Put new and important information toward the end of sentences

#### COVER LETTER

Your cover letter should inform the Editor of any special considerations regarding your submission, including but not limited to:

- Details of related papers by the same author(s) already published or under consideration for publication
- Details of previous reviews of the submitted article
- IRB board approval statement if applicable

Copies of related papers, previous Editors' and reviewers' comments, and responses to those comments can be submitted using the File Designation "Supplementary file for Editors only". Editors encourage authors to submit previous communications to expedite the review process.

#### NIH EMPLOYEES

Manuscripts authored or co-authored by one or more NIH employee must be submitted with a completed and signed NIH Publishing Agreement and Manuscript Cover Sheet according to [NIH's Employee Procedures](#).

#### TITLE PAGE

The title page must contain the following information:

- Title of the article
- Full name, postal address, e-mail and telephone number of the corresponding author
- Full name, department, institution, city and country of all co-authors
- Up to five keywords relevant to your manuscript
- Word count, excluding title page, abstract, references, figures, tables and text boxes.

Authors who normally write their names in non-Latin characters may include their names in their native writing system in parentheses immediately following a transliterated version. For example, Jingbing Xue (薛晶冰). Any non-Latin languages that can be represented in Unicode characters will be accepted.

#### MANUSCRIPT FORMAT

The manuscript must be submitted as a Word document. A PDF will not be accepted.

The manuscript should be presented in the following order:

- Title page
- Abstract (Note: references should not be included in abstracts)
- Main text separated under appropriate headings and subheadings using the following hierarchy: **BOLD CAPS**, **bold lower case**, plain text, *italics*
- Tables should be in Word format and placed in the main text where the table is first cited. Tables must be cited in the main text in numerical order.
- Acknowledgments, Competing Interests, Funding and all other required statements
- References

Images must be uploaded as separate files (view further details under the Figures/illustrations section). All images must be cited within the main text in numerical order and legends should be provided at the end of the manuscript.

Appendices should be uploaded using the File Designation "Supplementary File" and cited in the main text. Please remove any hidden text headers or footers from your file before submission.

#### STYLE

Abbreviations and symbols must be standard. SI units should be used throughout, except for blood pressure values, which should be reported in mm Hg and temperatures which should be expressed in degrees Celsius. Drugs should be described using the approved generic name. Where a proprietary (brand) name is used, it should begin with a capital letter. Acronyms should be used sparingly and fully explained when first used.

#### LANGUAGE POLISHING SERVICE

If you are not a native English speaker, we recommend that you have your manuscript edited by a native speaker prior to submission. Professional editing will improve the grammar, spelling and punctuation of your manuscript, enabling reviewers and editors to

concentrate on the scientific content of the paper. Click [here](#) for more information.

### FIGURES/ILLUSTRATIONS/LEGENDS

Images must be uploaded as separate files. All images must be cited within the main text in numerical order. A legend must be supplied for each figure and include sufficient detail to be intelligible without reference to the text, defining all symbols and essential information, such as scale bar dimensions. Legends should be provided at the end of the manuscript.

Figures should be the smallest size that will convey the essential scientific information, and sized to 1 column (maximum width 8.5 cm), 1.5 columns (maximum width 11.6 cm) or 2 columns (maximum width 17.6 cm). All illustrations documenting results must include a bar to indicate the scale

Colour figures should be in RGB format and supplied at a minimum of 300 dpi. For Figures in vector-based format, all fonts should be converted to outlines and saved as EPS (Encapsulated PostScript) to ensure that they are reproduced correctly.

### FILE TYPES

Figures should be submitted in TIFF or EPS format\*. JPEG files are acceptable in some cases. A minimum resolution of 300 dpi is required, except for line art, which should be 1200 dpi. Histograms should be presented in a simple, two-dimensional format, with no background grid.

\* Flow diagrams for Systematic Reviews should be in editable format only (Microsoft Word, Visio or PowerPoint).

Ensure that the figure files are labelled with the correct File Designation of "Mono Image" for black and white figures and "Colour Image" for colour figures. Figures are checked using automated quality control and if they are below the minimum standard you will be alerted and asked to resupply them.

Please ensure that any specific patient/hospital details are removed or blacked out (e.g. X-rays, MRI scans, etc). Figures that use a black bar to obscure a patient's identity are NOT

accepted and the standard is not to show a patient's face at all.

### TABLES

Tables should be in Word format and placed in the main text where the table is first cited. Tables must be cited in the main text in numerical order. Please note that tables embedded as Excel files within the manuscript are NOT accepted. Tables in Excel should be copied and pasted into the manuscript Word file.

Tables should be self-explanatory, and the data they contain must not be duplicated in the text or figures. Any tables submitted that are longer/larger than 2 pages will be published as online-only supplementary material.

Each table should be double-spaced. Multiple-part tables (A and B sections with separate "subtitles") should be avoided when possible, especially when there are two [different] sets [or types] of column headings. Use of colour or shading, bold or italic fonts, or lines to highlight information is discouraged. Indentation of text and, sometimes, additional space between lines is preferred. Tables with colour or shading in the table body may need to be processed as an illustration (graphic).

### MULTIMEDIA FILES

You may submit multimedia files to enhance your article. Multimedia will be accepted only when they are needed to defend the article's conclusions and 2) could not be presented adequately in the text, a table, or a figure. The editors will ask authors to remove non-essential multimedia.

Video files are preferred in .WMF or .AVI format, but can also be supplied as .FLV, .Mov, and .MP4. When submitting, please ensure you upload them using the File Designation "Supplementary File – Video". For each video submitted, authors should provide a preview image, screen capture, or poster frame that best captures the main point

### REFERENCES

Authors are responsible for the accuracy of cited references, and these

should be checked before the manuscript is submitted.

### CITING IN THE TEXT

References must be numbered sequentially as they appear in the text. References cited in figures or tables (or in their legends and footnotes) should be numbered according to the place in the text where that table or figure is first cited. Reference numbers in the text should be inserted immediately after punctuation (with no word spacing).

Where more than one reference is cited, these should be separated by a comma, for example, [1, 4, 39]. For sequences of consecutive numbers, provide the first and last number of the sequence separated by a hyphen, for example, [22-25]. References provided in this format are translated during the production process to superscript type and act as hyperlinks from the text to the quoted references in electronic forms of the article.

### PREPARING THE REFERENCE LIST

References must be numbered consecutively in the order in which they are mentioned in the text. Only papers published or in press should be included in the reference list. Personal communications or unpublished data must be cited in parentheses in the text with the name(s) of the source(s) and the year. Authors should request permission from the source to cite unpublished data.

*JISAKOS* uses a slightly modified version of Vancouver referencing style (see example below). The style template is available via [EndNote](#). Please make sure that the References are double-spaced and no (automatic) listing formats are used like, for example, bullets or numbers.

### JISAKOS REFERENCE STYLE

List the names and initials of all authors if there are six or fewer; otherwise list the first three and add "et al". Use one space only between words up to the year and then no spaces. The journal title should be in italic and abbreviated according to the style of Medline. If the journal is not listed in Medline then it should be written out in full.

### Example references

#### Journal article

<sup>13</sup> Koziol-McLain J, Brand D, Morgan D, et al. Measuring injury risk factors: question reliability in a statewide sample. *Inj Prev* 2000;6:148–50.

#### Chapter in book

<sup>14</sup> Nagin D. General deterrence: a review of the empirical evidence. In: Blumstein A, Cohen J, Nagin D, eds. *Deterrence and Incapacitation: Estimating the Effects of Criminal Sanctions on Crime Rates*. Washington, DC: National Academy of Sciences 1978:95–139.

#### Book

<sup>15</sup> Howland J. *Preventing Automobile Injury: New Findings From Evaluative Research*. Dover, MA: Auburn House Publishing Company 1988:163–96.

#### Abstract/Supplement

<sup>16</sup> Roxburgh J, Cooke RA, Deverall P, et al. Haemodynamic function of the carbomedics bileaflet prosthesis [abstract]. *Br Heart J* 1995;73(Suppl 2):P37.

#### Electronic citations

Websites are referenced with their URL and access date, and as much other information as is available. Access date is important as websites can be updated and URLs change. The "date accessed" can be later than the acceptance date of the paper, and it can be just the month accessed.

#### Electronic journal articles

SS. Factors in the emergency of infectious diseases. *Emerg Infect Dis* 1995 Jan-Mar;1(1).  
[www.cdc.gov/nciod/EID/vol1no1/morse.htm](http://www.cdc.gov/nciod/EID/vol1no1/morse.htm) (accessed 5 Jun 1998).

#### Electronic letters

Bloggs J. Title of letter. Journal name Online [eLetter] Date of publication. url eg: Krishnamoorthy KM, Dash PK. Novel approach to transseptal puncture. *Heart* Online [eLetter] 18 September 2001.  
<http://heart.bmj.com/cgi/eletters/86/5/e11#EL1>

#### DIGITAL OBJECT IDENTIFIER (DOI)

A DOI is a unique string created to identify a piece of intellectual property in an online environment and is particularly useful for articles that are

published online before appearing in print (and, therefore, have not yet been assigned the traditional volume, issue and page number references). The DOI is a permanent identifier of all versions of an article, whether raw manuscript or edited proof, online or in print. Thus, the DOI should ideally be included in the citation even if you want to cite a print version of an article.

#### How to cite articles with a DOI before they have appeared in print

1. Alwick K, Vronken M, de Mos T, et al. Cardiac risk factors: prospective cohort study. *Ann Rheum Dis* Published Online First: 5 February 2004.  
doi:10.1136/ard.2003.001234

#### How to cite articles with a DOI once they have appeared in print

1. Vole P, Smith H, Brown N, et al. Treatments for malaria: randomised controlled trial. *Ann Rheum Dis* 2003;327:765–8  
doi:10.1136/ard.2003.001234  
[published Online First: 5 February 2002].

**PLEASE NOTE: RESPONSIBILITY FOR THE ACCURACY AND COMPLETENESS OF REFERENCES RESTS ENTIRELY WITH THE AUTHOR.**

#### PERMISSIONS

It is the author's responsibility to secure all permissions prior to publication.

- **Material from other source:** Any written or illustrative material that has been or will be published elsewhere must be duly acknowledged and accompanied by the written consent of the copyright holder (this may be the publisher rather than the author). This includes your own previously published material if you are not the copyright holder.
- **Reproducing material published by BMJ:** Permissions requests should be made online. Please visit the webpage of the article that you wish to reproduce, click on the 'Request permissions' link the right-hand menu and complete the online form.

#### ONLINE ONLY SUPPLEMENTARY MATERIAL

Additional figures and tables, methodology, raw data, etc., may be published online only as supplementary material. If your paper exceeds the

word count you should consider if any parts of the article could be published online only. Please note that these files will not be copyedited or typeset and will be published as supplied. Therefore, PDF files are preferred. All supplementary files should be uploaded using the File Designation "Supplementary File". Please ensure that any supplementary files are cited within the main text of the article.

Reviewers and editors will not evaluate supplemental material when deciding whether a manuscript is acceptable for publication. Reviewers will be instructed to consider each submission as a self-contained review. No references to supplemental material may appear in the manuscript text.

Published articles may optionally include a URL for an external web site that holds supplemental material, together with a brief description of the contents of the supplemental material. Authors will have the opportunity to provide an optional URL and description on the online submission form for an invited revision.

#### STATISTICS

Statistical analyses must explain the methods used.

#### RESEARCH REPORTING GUIDELINES

Authors are encouraged to use the relevant research reporting guidelines for the study type provided by the EQUATOR Network. This will ensure that you provide enough information for editors, peer reviewers and readers to understand how the research was performed and to judge whether the findings are likely to be reliable.

The key reporting guidelines for systematic reviews and meta-analyses are PRISMA guidelines and MOOSE guidelines

#### PRE-SUBMISSION CHECKLIST

In order to reduce the chance of your manuscript being returned to you, please check:

- **Author information:** Have you provided details of all of your co-authors? Is the information that you have entered into ScholarOne the same as the information on the manuscript title page?

- **Manuscript length and formatting:** Have you checked that your manuscript does not exceed the word count, number of tables and/or figures, and number of references? Have you provided your abstract in an unstructured format?
- **Tables:** Have you embedded any tables into the main text? Have they been cited in the text? Have you provided appropriate table legends? Have you uploaded any lengthy tables as supplementary files for online publication?
- **Figures:** Have you uploaded any figures separately from the text? Have they been supplied in an acceptable format and are they of sufficient quality? Are they suitable for black and white reproduction (unless you intend to pay any required fees for colour printing)? Have the files been labelled appropriately? Have the figures been cited in the text? Have you provided appropriate figure legends?
- **References:** Have all of the references been cited in the text and listed correctly?
- **Supplementary files and appendices:** Have you supplied these in an acceptable format? Have they been cited in the main text?
- **Statements:** Have you included the necessary statements relating to contributorship, competing interests, data sharing and ethical approval?
- **Permissions:** Have you obtained from the copyright holder to use any previously published material? Has the source been acknowledged?
- **Revised manuscripts:** Have you supplied both a marked copy and a clean copy of your manuscript? Have you provided a point by point response to the reviewer and editor comments?

Information required for all authors:

- Manuscript files in the appropriate format, including a cover letter and title page
- Details of any co-authors (name, institution, city, country and email address)
- Word count, number of figures, number of tables, number of references and number of supplementary files for online only publication

- Competing interest statement
- Contributorship statement

Additional information that may be required:

- Name of the research funder(s)
- ORCID number(s) for all authors
- Names of any collaborators
- Patient consent form
- Research reporting checklist (or a reason why one has not been provided)
- Data sharing statement
- Permission from the copyright holder to use previously published material
- Title of an alternate BMJ journal to which your manuscript can be automatically submitted if rejected from your first choice journal

### EDITORIAL POLICIES

#### AUTHORSHIP

Authorship implies responsibility and accountability for published work.

Authors should adhere to the [ICMJE authorship recommendations](#).

Authors should have confidence in the integrity of the contributions of their co-authors. Any individuals listed as co-authors on a manuscript will receive email confirmation of the manuscript submission. Lead authors should ensure that all co-authors fulfil the criteria of authorship and that no authors have been excluded.

- **Acknowledging contributors:** All contributors who do not meet the criteria for authorship should be listed in the Acknowledgements section within the main text. Financial and material support should also be acknowledged. Please ensure that anyone acknowledged has granted permission to be listed.
- **Group authorship:** If there are a very large number of authors we may suggest that the authors form a group whose name will appear in the article byline. MEDLINE will list the names of individual group members who are authors or collaborators.
- **Contributorship statement:** A contributorship statement is mandatory for manuscript submission and should outline who has contributed what to the planning, conduct, and reporting of the work described in the article.

This should include both authors and contributors (persons who have contributed materially to the paper but whose contributions do not justify authorship).

- **Alteration to authorship:** Any change in authors after initial submission must be approved by all authors. This applies to additions, deletions, a change of order to the authors' names or a change to the attribution of contributions. Authors may be contacted to confirm the alteration.
- **Deceased authors:** Deceased persons deemed appropriate as authors should be included with a death dagger (†) next to the author's name, and a footnote stating that the author is deceased and giving the date of their death e.g. †Deceased 10 October 2015

#### COMPETING INTERESTS

A competing interest is anything that interferes with, or could reasonably be perceived as interfering with, the full and objective presentation or publication of articles submitted to *JISAKOS*.

A competing interest exists when professional judgment concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal relationship). Competing interests can be financial or non-financial, professional or personal. Competing interests can arise in relationship to an organization or another person. Examples of competing interests include the following: board membership, consultancy, employment, expert testimony grants (including pending), contract research, lectures/other education events, speakers' bureaus, patents (planned, pending or issued), receipt of equipment or supplies, royalties, stock/stock options/other forms of ownership, other personal or professional relationships that may influence or appear to influence. There is nothing inherently unethical about a competing interest, but it must be acknowledged and openly stated.

Declaring potential competing interests is a requirement and is integral to the

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**Table 1.** Definitions of the level of evidence. (Adapted from Sauaia et al. J Trauma Acute Care Surg. 2012; 72(6): 1484-1490).

	Clinical study	Prognostic and epidemiological study	Diagnostic test or criterion	Systematic review & meta-analysis
<b>Level I</b>	Randomized controlled trial with no negative criteria*	Prospective† study with large effect‡ and no negative criteria*	Testing of previously developed diagnostic criteria in consecutive patients (all compared to "gold" standard) and no negative criteria*	Systematic Review or meta-analysis of predominantly <b>level I</b> studies and no negative criteria§ for the systematic review/meta-analysis
<b>Level II</b>	<ul style="list-style-type: none"> <li>• Randomized controlled trial with significant difference and only one negative criterion*</li> <li>• Prospective† comparative study without negative criteria*</li> <li>• Prospective/retrospective† study with large effect‡ and only one negative criterion*</li> </ul>	<ul style="list-style-type: none"> <li>• Prospective† study with less than large effect‡ and no negative criteria*</li> <li>• Untreated controls from randomized controlled trial</li> </ul>	Development of diagnostic criteria on consecutive patients (all compared to "gold" standard) and only one negative criterion*	Systematic review/meta-analysis or predominantly <b>level II</b> studies and no negative criteria§ for the systematic review/meta-analysis
<b>Level III</b>	<ul style="list-style-type: none"> <li>• Case-control study without negative criteria*</li> <li>• Prospective† comparative study with only one negative criterion*</li> <li>• Retrospective† comparative study without negative criteria*</li> </ul>	<ul style="list-style-type: none"> <li>• Case-control study without negative criteria*</li> <li>• Prospective/retrospective† study with up to two negative criteria*</li> </ul>	Non-consecutive patients (without consistently applied "gold" standard) with up to two negative criteria*	Systematic review/meta-analysis with up to two negative criteria§
<b>Level IV</b>	Prospective/retrospective† study using historical controls or having more than one negative criterion*	Prospective/retrospective† study with up to three negative criteria*	Case-control study with no negative criteria* or other designs with up to three negative criteria	Systematic review/meta-analysis with more than two negative criteria§
<b>Level V</b>	<ul style="list-style-type: none"> <li>• Case series</li> <li>• Studies with quality worse than level IV</li> </ul>	<ul style="list-style-type: none"> <li>• Case series</li> <li>• Studies with quality worse than level IV</li> </ul>	No or poor "gold" standard	

\* Negative criteria decreasing level of evidence include: (1) <80% follow up; (2) >20% missing data or missing data not at random without proper use of missing data statistical techniques; (3) limited control of confounding (e.g., mortality comparisons with inadequate risk adjustment); (4) more than minimal bias (selection bias, publication bias, report bias, etc.); (5) heterogeneous populations (e.g., instructions with distinct protocols/patient volume, conditions caused by distinct pathogenic mechanisms); and (6) for RCT only, no blinding or improper randomization; (7) inadequate statistical power: this only applies to studies NOT finding statistical differences and it is defined as power <80% for declaring "failure to detect a significant difference" or power <90% for declaring "bio-equivalence or non-inferiority or

comparative effectiveness" or Receiver Operating Characteristic curve <80% or both sensitivity and specificity <80%.

† Prospective versus retrospective: studies with data collected to answer predefined questions are prospective; studies with data collected for questions unrelated to the original question for which the data were gathered are retrospective.

‡ Large effect is defined as: (1) study with large RR (>5 or <0.2), about condition of low-to-moderate morbidity/mortality and (2) study with moderate-to-large RR (2-5 or 0.2-0.5) about condition of high morbidity/mortality.

§ Negative criteria for SR/MS (decreases level of evidence): (1) no or

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