

Vascular Medicine

Impact Factor: 3.3

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Submission guidelines



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NOTE: Editorials, images, patient information pages, and Editor's Choice articles are published as open access automatically. All other manuscripts will become open access 2 years after publication."

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Preparing your manuscript for submission

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's [Aims and Scope](#) to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

1. Article types

Original Research

Original research articles include prospective and retrospective studies as well as meta-analyses. The journal publishes translational and clinical research relevant to vascular medicine. NOTE: Authors must follow standard reporting guidelines according to study type (i.e., CONSORT, STROBE, etc.).

- Approximately 2000-4000 words total (inclusive of entire main document)
- Structured abstract with 3-5 keywords
- Include clinical trial registration number or Prospero ID (for meta-analyses) at end of abstract, if applicable

Review Articles

Review articles include narrative summary reviews and systematic reviews as well as Core Curriculum in Vascular Medicine review articles.

NOTE: Meta-analyses should be submitted as original research articles and structured according to PRISMA guidelines.

- Approximately 4000-7000 words total (inclusive of entire main document)
- Unstructured abstract with 3-5 keywords
- At least 1 summary table or figure
- PRISMA guidelines should be followed for systematic reviews and meta-analysis (see note above).
- Core Curriculum reviews are generally invited by the editors, and there are some specific formatting requirements. Authors who wish to write a core curriculum review should contact the editorial office.

Research Letters

Research letters communicate original research findings in the format of a letter.

- Approximately 500-800 words (inclusive of entire main document)
- No abstract or keywords
- No headings or subheadings
- Up to 10 references
- One table or figure
- One additional table or figure may be included as supplemental material (online only)

Images in Vascular Medicine

NOTE: Cases with corresponding clinical photographs, radiographic or ultrasound images, and/or histopathology are preferred. Image submissions are reviewed by the Editor in Chief and Image Section editor.

- Approximately 400 words (inclusive of entire main document) describing the images; no separate captions allowed.
- No abstract or keywords
- Up to 5 references (minimum of 2)
- Maximum of four images, with no more than 4 panels per image
- Refer to each image as a Panel A, B, C, etc.
- For multi-panel images, use Panel A-1, A-2, etc.
- Panel labels should NOT be part of the image itself.

Case Reports

NOTE: Only novel and previously unreported clinical findings and/or highly innovative approaches to patient management will be considered for publication as a case report. For case reports that do not meet these criteria but have high quality images, the journal encourages authors to submit as images in vascular medicine section. Please note that the journal publishes approximately one case report per year.

- Approximately 800-1000 words (inclusive of entire document) describing the case(s) according to CARE guidelines
- Maximum of 10 references
- Maximum of four images with no more than four panels per image

Vascular Disease Patient Information Page

Vascular disease patient information pages are written in simple language for patients and non-specialists to understand. Available patient pages are curated on the SVM website in alphabetical order at <https://www.vascularmed.org/patient-information-pages-vmj/>

NOTE: These submissions are generally solicited by the patient page section editors. Authors who wish to propose a topic should contact the editorial office.

Letter to the Editor

Letters to the Editor include correspondence regarding an article published in the journal (with an appropriate citation) and should be 250-400 words. Letters should clearly state a question or comment for the authors to address in a formal response. The Letter to the Editor format is not meant to be used as a mechanism for editorial commentary.

Focused Issue Submissions

Vascular Medicine designates a special topic for a focused issue every year. Follow guidelines above for the appropriate article type, but select “focused issue” when

submitting your article online and mention the appropriate article type in your cover letter.

2. Editorial Policies

Standard Reporting guidelines

Your manuscript **must** follow the relevant [EQUATOR Network reporting guidelines](#), depending on the type of study. The [EQUATOR wizard](#) can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#).

Clinical Trial Policy

The journal conforms to the [ICMJE requirement](#) that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrollment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included in the abstract and methods.

In addition, reports of clinical trials should include a data sharing statement as described in the [ICMJE's policy](#).

Authorship Policy

Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.

The list of authors should include all those who can legitimately claim authorship. This is all those who:

- Made a substantial contribution to the concept and design, acquisition of data or analysis and interpretation of data, AND
- Drafted the article or revised it critically for important intellectual content, AND
- Approved the version to be published; AND
- 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 the conditions of all of the points above. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

When a large, multicentre group has conducted the work, the group should identify

the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section.

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The first author, corresponding author (if different), and senior author are strongly encouraged to link their ORCID profile to their author account. It is free to create an ORCID account if you do not have one at <https://orcid.org/>

Disclosure Policy

Vascular Medicine requires all authors to disclose all relevant sources of financial support and potential conflicting interests.

In addition, disclosures for the Editorial leadership team, which includes the Editor in Chief, Associate/ Assistant Editors, Statistical Editor, Section Editors, and Managing Editor, are updated annually and earlier in the case of any changes. These disclosures are kept on file and used to manage potential conflicts of interest.

Research Ethics and Patient Consent Policy

All studies involving animal and/or humans must state in the methods section that the relevant Ethics Committee or Institutional Review Board (IRB) approved the study or provided an exemption.

Authors are also required to state in the methods section if written or verbal informed consent was obtained from study participants in accordance with the IRB.

Patients have a right to privacy that should not be infringed without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be included in written descriptions, photographs, and pedigrees unless the

information is essential for scientific purposes and the patient (or legal representative) gives consent for publication.

Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#)

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Changes to the author list should be avoided. If there is a change after the manuscript has been submitted, i.e., added or removed author or revised order during revision, then an explanation and approval from all authors must be documented on the cover letter.

Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

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The affiliations should represent where each author worked when the research was conducted. If an author has moved, the new affiliation can be labelled as "Current" Or "Present."

Contact information for the corresponding author should also be included. Only one corresponding author may be designated to serve as the primary contact on behalf of all coauthors.

Disclosures for the authors (sources of support and conflicting interests) may be included on the title page or at the end of the main manuscript.

Abstract

For original research articles, the abstract format should be a structured paragraph with headings for the introduction or background, methods, results, and conclusion, and should be up to 250 words in length. Reports of clinical trials should include the trial registry number. Reports of meta-analyses should include the PROSPERO registry number.

For review articles, the abstract format should be a single summary paragraph with no subheadings. Please note that abstracts are not required for research letters, editorials, images, and patient information pages.

This journal accepts visual abstracts as supplemental material. For more information on how to prepare a visual abstract, [please see this page](#).

Keywords

Review articles, letters, editorials, and patient information pages should include a minimum of three keywords. Authors must choose at least two terms from the [VMJ Core Keyword List](#) before selecting their own unique terms.

The preferred format for the main text is Word (doc or docx). The text should be double-spaced throughout and with a minimum of 3 cm or 0.75 in for left and right hand margins and 5 cm or 1 in at head and foot. Font size should be standard 12 point. Please do not include line numbers or page numbers. The main document should include (in this order):

- Title page (with authors and affiliations)
- Abstract and keywords
- Main text (i.e., Background, Methods, Results, Discussion, Conclusion)
- Acknowledgments
- Data availability statement (required for clinical trials)
- Disclosures (financial and conflicting interests)
- References
- Tables
- Figure Legends

Key points to remember when preparing the manuscript:

- The manuscript must be prepared according to the relevant standard reporting guidelines, depending on the article type. The manuscript length should be within the limits as stated in the guidelines above for the chosen article type.
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Statistics

Care should be taken that all statistical methods are appropriate, and that it is clear which methods were used for which analyses. Any statistical methods not in common use should be supported by references or described in detail. Results of statistical tests should be reported as well as the p values; where possible, confidence intervals should also be reported.

Report exact p values rather than categories, such as $p < 0.05$ or $p < 0.01$. Report the p value with two significant digits (e.g., $p = 0.023$, $p = 0.58$). If the p value is very close to 1, report it as $p > 0.99$ rather than 1.00. Report OR, RR, HR, and their CIs with 2 significant decimal points.

Tables

Tables should be numbered as Table 1, 2, 3, etc. The tables should immediately follow the list of References. Tables should be in an editable format (i.e., word or excel). An explanatory title and footnote (as appropriate) should be included with each table.

Be sure to include the appropriate units, explain how the data are presented (i.e., “data are presented as mean \pm SD or n (%)”), define all abbreviations, and explain any other symbols within the footnotes below each table.

Scientific measurements should be given in SI units, but blood pressure should be expressed in mmHg, hemoglobin as g/dL, creatinine, blood glucose, and lipid parameters as mg/dL.

Excessively long tables (i.e., ≥ 3 pages) will need to be placed in supplemental material. The Editors may request that some tables are moved to a supplemental appendix. Supplemental tables should be numbered as Table S1, S2, S3, etc. The title and any footnotes should be included with each supplemental table.

Artwork, Figures, and Other Graphics

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Figures should be numbered as Figure 1, 2, 3 (or 1A, 1B, etc.), and each figure should be mentioned in the text in numerical order. For Images in Vascular Medicine, the images should be labelled as Panel A, B, C (or A-1, A-2, etc). All patient identification information as well as time/date stamps on imaging studies should be removed.

Figure Legends: Figure legends should be listed on a separate page at the very end of the manuscript. Include a short title for the figure, and explain/define all markers (e.g.,

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Color figures: Figures should be in grayscale unless color is necessary. The cost of color printing may be billed to the author or funder.

Microscopic images: Describe the antibody or stain used, magnification, and include a scale/calibration bar. Add arrows or arrowheads to indicate relevant findings.

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Acknowledgments

If you are including an Acknowledgements section, this will be published at the end of your article. The Acknowledgments section should include all contributors who do not meet the criteria for authorship.

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All authors must disclose all relevant potential conflicting interests. For guidance on conflict of interest statements, see our [policy on conflicting interest declarations](#) and the [ICMJE recommendations](#). If no conflict exists, your statement should read: ‘The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article’.

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- References should include authors' last names and initials, article title, journal, year, volume, and page range or article ID.
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- For books, include the authors, chapter title, book title, book editors, publisher, year, and page range.
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Important Journal Style Points

1. In general, follow American Medical Association (AMA) Manual of Style for language, punctuation, and format.
2. Use patient-first language throughout the manuscript (e.g., “patients with peripheral artery disease”, not “peripheral artery disease patients”).
3. Check for correct use of racial/ethnic and gender terms (see AMA guidance).
4. All tables, figures, references, and supplemental material should be called out in numerical order and appear in order.
5. Abbreviations should be kept to a minimum and must be clearly defined when used for the first time in the abstract, main text, and each table or figure. Avoid using uncommon abbreviations.
6. For numbers, all numbers under 10 should be spelled out except when attached to a unit of quantity (e.g. 1 mm or 3 months), and numbers of 10 or more should be written as digits except at the beginning of a sentence.
7. Scientific measurements should be given in SI units, but blood pressure should be expressed in mmHg, hemoglobin as g/dL, creatinine, blood glucose, and lipid parameters as mg/dL.
8. For statistics, report exact p values rather than significant categories, such as $p < 0.05$ or $p < 0.01$. Report the p value with two significant digits (e.g., $p = 0.023$, $p = 0.58$). If the p value is very close to 1, report it as $p > 0.99$ rather than 1.00. Report OR, RR, HR, and their CIs with 2 significant decimal points.
9. Generic names should be used for drugs. Authors should be aware of national differences in drug names and availability and give alternative names or drugs in the text.
10. For brand name drugs, equipment, and software, include the manufacturer's name and location.

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Peer review policy

The following summary describes the peer review process for this journal:
Identity transparency: Single-anonymized

Reviewer interacts with: Editor and Associate Editors

Review information published: None

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Vascular Medicine's handle is @VMJ_SVM.

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CQ Library

Elevating debate

Sage Data

Uncovering insight

Sage Business Cases

Shaping futures

Sage Campus

Unleashing potential

Sage Knowledge

Multimedia learning resources

Sage Research Methods

Supercharging research

Sage Video

Streaming knowledge

Technology from Sage

Library digital services

