

## Contents

Instructions for Authors.....	3
<b>Online Manuscript Submission</b> .....	3
Manuscript Peer Review Process.....	3
<b>General Manuscript Formatting</b> .....	3
<b>Authors' Information:</b> .....	7
<b>Permissions:</b> .....	8
<b>Article Types:</b> .....	8
<b>Revisions:</b> .....	9
<b>Publication Fees:</b> .....	9
Author's Checklist:.....	10
<b>Title page:</b> .....	10
<b>Abstract:</b> .....	10
<b>Introduction:</b> .....	10
<b>Methodology:</b> .....	10
<b>Results:</b> .....	10
<b>Discussion:</b> .....	10
<b>Conclusion:</b> .....	10
<b>References:</b> .....	10
Publication Ethics Policies:.....	11
Editorial Policies:.....	11
Affiliations:.....	11
Authorship and Authors' Contributions:.....	11
Appeals and complaints:.....	11
Acknowledgement:.....	12
Citation:.....	12
Copyright Statement:.....	12
Disclosures:.....	12
Statement of Ethics:.....	13
Conflict of interest:.....	13
Conflicts include:.....	13
Corrections, expression of concerns, and retractions.....	13
Human and Animal Rights:.....	14



Consent for publication:.....	14
Confidentiality: .....	14
Data Falsification/fabrication: .....	14
Desk rejection policy:.....	15
Duplicate submission/publications:.....	15
Funding:.....	15
Images and figures: .....	15
Misconduct: .....	15
Editor, Reviewer, Author Publication Ethics:.....	15
I) Editor's Duties .....	15
II) Reviewers' duties.....	16
III) Authors' duties .....	16
Peer review process: .....	17
Plagiarism:.....	17
Preprint policy: .....	17
Standards of reporting:.....	18
Use of third-party material: .....	18
Digital Archiving:.....	18

## Instructions for Authors

### Online Manuscript Submission

The ASJ uses an electronic submission system. Authors may submit their articles by simply registering, logging in and uploading their manuscripts through our website ([www.advancespinej.org](http://www.advancespinej.org)). On the front page, click the "Register" link to input your demographics and set up your account and then click on save. After your registration is complete, a notice will be sent to your email address indicating your username and password. Use this information to login to the system and submit your manuscript. Follow the prompts to complete your submission according to ASJ guidelines listed in these instructions. You are welcome to contact the ASJ Editorial Office (click on contact us) if you have any problems or questions. Adherence to the guidelines is essential, and faulty manuscripts will be returned to authors for correction before peer-review.

### Manuscript Peer Review Process

Full length articles (Clinical Studies and Basic Science papers), Technics and innovations, Review Articles and Case Studies are peer-reviewed. The chief editor is the first-look editor for all manuscripts, evaluating text and general submission format. The chief editor makes sure all manuscripts meet ASJ's guidelines as prescribed in these author instructions. Once a manuscript has been initially evaluated, the chief editor will assign a set of at least two appropriately chosen peer reviewers to evaluate and make comments on the manuscript. The invited reviewers are knowledgeable about the field of study being discussed, and as such can comment on the research and any subsequent conclusion made. The editorial board of the ASJ guarantees that there will be an initial response for the authors within six weeks from the date of manuscript submission. For all manuscripts the ASJ is a double-blind journal. Great care is taken not to reveal the identity of the reviewers or the author(s). The editor in chief has final say about the fate of all manuscripts. If the editors feel the manuscript could be eligible for publication following author revision, the submission will be sent back to the corresponding author. The corresponding author should consider making any changes suggested by the reviewers and editors and return the research back to the editorial office. The chief editor will again send the manuscript out for a second round of reviews.

### General Manuscript Formatting

The following components are required:

- Abstract
- Keywords
- Full manuscript document (blinded - no author names, headers, acknowledgements), including title, abstract, keywords, manuscript body text, abbreviation list, figures' and legends
- Tables (optional)
- Figures (optional)
- Supplementary files (optional)

#### 1. **Title Page:**

A title page (separate from manuscript, will not be sent for reviewers) with all authors contact data, affiliations, ORCID, corresponding author's full contact information, table of authorship contributions, and running head title. *All these data are mandatory.*

#### 2. **Cover Letter:**

Manuscripts may be accompanied by a cover letter, to include information on the manuscript's prior publication or previous rejection by another journal. It is also meant to give the author(s) the chance to speak to the originality of the work being presented, as well as any other information the author(s) wish to convey to the editorial office staff and Editor in Chief. If the paper has been rejected previously by another journal, the author(s) should describe specifically how it has been improved since being rejected. The First or corresponding author of a manuscript should confirm that he/she "had full access to all the

data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis as well as the decision to submit for publication." A separate cover letter, called a "**Revision Notes**" file, is required for revised manuscripts, and must respond to all comments made by the reviewers and editors. Even if the authors decide not to alter a part of the manuscript based on a particular revision request, a response should be included for such comment.

### 3. **Style:**

The ASJ can accept text files in most standard word processing formats, but a single-spaced Microsoft Word file is preferred. The body of the manuscripts must be supplied blind (no author names, headers, acknowledgements, imbedded comments) keyed. Authors should not attempt to determine the visual presentation of the article. All design considerations regarding typeface, page layout, artwork, etc. will be handled by the publisher; *do not use any special formatting*. All text should be flush left and font size 12, with one-inch (moderate) margins. Do not indent paragraphs with double hard return between paragraphs and between list items. Do not use hard returns within a paragraph or list item. Tabs should not be used, except in tables, where they should be used to align columns. Do not use your word processor's hyphenation capabilities.

### 4. **Abstracts:**

A structured abstract must be included with all article types and must use the following subheadings in the order shown:

- 1) Background Data:
- 2) Purpose:
- 3) Study Design:
- 4) Patients and Methods: Patient Sample, Outcome Measures
- 5) Results:
- 6) Conclusion:

### 5. **Graphics and Figures:**

#### ***Digital Artwork Preparation***

##### ***General Guidelines:***

The ASJ can publish all figures in full color at no cost to the authors. All lateral radiograph images must be left facing. It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels. Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter. Save each figure in a separate file. Do not embed your labels/titles in the figures. ***Figures must not be embedded within or attached to the manuscript; they are submitted separately, one at a time, under FIGURES.*** Do not compress files. All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF or JPEG format. Line art should be 1,200 dpi in EPS or TIFF format. It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then must be enlarged, its resolution (dpi) and clarity will decrease.

Lower resolutions (less than 300 dpi) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. However, figures created in Microsoft Word or Excel (charts, graphs, etc.) can be presented in Word without concern for resolution or size. Figures should be consecutively numbered (Arabic) as they appear in the text and accompanied by legends.

Please be sure that your figures are the appropriate format, size and resolution before uploading them to your submission. The Editor in Chief reserves the right to withdraw a

previously accepted manuscript if the author cannot produce high-quality figures in a timely manner to accompany the text. Figures that have been previously published must be submitted with a letter of permission to be reprinted from the original publisher.

**Black-and-White Art:**

Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. *ASJ* will only accept digital artwork. If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white. For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

**Color Art:**

All color artworks should be saved in CMYK, not RGB.

**Art Labels:**

Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process. Use 1-point (or thicker) rules and leader lines. Capitalize the first word of each label and all proper nouns. Consider using all capital if you need a higher level of labels. Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text. Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

6. **List of Abbreviations:**

Restrict abbreviations to those that are commonly used and understood. Avoid abbreviations that have meaning only with the context of the specific manuscript. Acronyms, initialisms and other abbreviations should be first defined and then remain consistent throughout the manuscript. Any reference in the text to manufacturers or commercial products or equipment must include the manufacturer's name and location in brackets. A complete list of all relevant abbreviations in the manuscript arranged alphabetically arranged must appear within the main manuscript file immediately before the references' list. Abbreviations use should be in accordance with the standard, familiar, internationally known terms.

7. **Figure Legends:**

The Legend must appear within the main manuscript, immediately following the list of abbreviations and/or references' list. For multipart figures, please send an unlabeled as well as a labelled versions and use clear uppercase letters to label. Legends should be 1.5-spaced, numbered corresponding to the Figures. When symbols, arrows, numbers, or letters are used for identification, each should be explained clearly in the Legend. For microphotographs, internal scale marks should be defined, and the method of staining given.

8. **Tables:**

All Tables should be typed, 1.5-spaced and be numbered consecutively with descriptive titles. Do not place table titles and descriptions on your Figure Captions page, or any other separate legend page. All abbreviations used must be defined in footnotes at the bottom of the Table. Acknowledgement of previously published material should be given in a footnote to the Table, and the source should be included in the Reference list. Footnotes should be ordered as they appear in the Table with superscript Arabic numerals.

**Please note** editable files are required for processing in production. If your manuscript contains any non-editable files (such as PDFs) you will be required to re-submit an editable file if your manuscript is accepted.

## 9. **References:**

References must follow the **Elsevier Vancouver style** and be numbered consecutively in order of first appearance in the text and should be given in a separate list. In-Text citation should not be superscripted and in-line with text in Arabic Numerals in Square brackets. When quoting from other sources, give a reference number after the author's name or at the end of the quotation. Personal communications, proceedings, and unpublished data should be mentioned in the text in parentheses rather than included in the Reference list. Authors are welcome to use different reference manager programs when possible. Authors are responsible for the accuracy and completeness of References. **References from journals should include the first six authors.** If there are more than six authors, list the first six, followed by "et al", the full title of the article, the name of the journal abbreviated according to Index Medicus, year of publication, volume number, and inclusive page numbers. Reference style (**Elsevier Vancouver reference style**) and punctuation must follow the styles as shown in the following examples.

### **Examples:**

#### **Journal Article:**

Lemen R, Jones JG, Cowan G, Schultz AA, Kent RT, Whiting M. A mechanism of pulmonary artery perforation by Swan-Ganz catheters. *N Engl J Med* 1975;292:212–14.  
Paivio A, Jansen B, Becker LJ. Comparisons through the mind's eye. *Cognition* 1975;37:635–47.

Weikert S, Freyer D, Weih M, Isaev N, Busch C, Schultze J, et al. Rapid Ca<sup>2+</sup>-dependent NO production from central nervous system cells in culture measured by NO-nitrite/ozone chemoluminescence. *Brain Res* 1997;748:1–11.

#### **Journal Article by DOI:**

Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. *Dig J Mol Med*; doi:10.1007/s801090000086.

#### **Journal Supplement Article:**

Frumin AM, Nussbaum J, Esposito M. Functional asplenia: demonstration of splenic activity by bone marrow scan. *Blood* 1979;59 (Suppl. 5) 1:S26-32.

#### **Book and chapter in book:**

Jefferson G. The Invasive Adenomas of the Anterior Pituitary. Springfield, IL: Charles C Thomas, 1995; p. 56–60. Bloodworth JMB Jr, Kovacs K, Horvath E. Light and electron microscopy of pituitary tumors, in Linfoot JA, editor. *Recent Advances in the Diagnosis and Treatment of Pituitary Tumors*. New York: Raven Press; 1979. p. 141–59.

#### **Paper Presented at a Conference:**

Thompson S. The role of physical therapeutic measures in the management of the cerebral palsied child. Paper presented at: 33rd Annual Meeting of the American Academy for Cerebral Palsy and Developmental Medicine. 9–13 September 1979; San Francisco, CA.

#### **Website:**

Pharmaceutical Research and Manufacturers of America. Principles on Conduct of Clinical Trials and Communication of Clinical Trial Results, <http://www.phrma.org/files/Clinical%20Trials.pdf>; 2002.

## **Article in Press:**

Chassin MR, Kosecoff J, Soloman DH. How coronary angiography is used. JAMA, in press.

## **What should be cited?**

Only articles, clinical trial registration records and abstracts that have been published or are in press or are available through public e-print/preprint servers, may be cited. Unpublished abstracts, unpublished data and personal communications should not be included in the reference list but may be included in the text and referred to as “unpublished observations” or “personal communications” giving the names of the involved researchers. Obtaining permission to quote personal communications and unpublished data from the cited colleagues is the responsibility of the author. Footnotes are not allowed, but endnotes are permitted. Journal abbreviations follow Index Medicus/MEDLINE. Any in press articles cited within the references and necessary for the reviewers’ assessment of the manuscript should be made available if requested by the editorial office.

## **Authors’ Information:**

### **Corresponding Author**

The corresponding author will be responsible for all questions about the manuscript and for reprint requests. Only one author can be designated as “corresponding author.” The title holds no special authority or responsibility regarding content and is rather an administrative designation for the editorial office to have consistent communication with the team of authors. The first/principle author does not need to be designated as the corresponding author. Select an author who will be located at the same address for an extended period and can respond to post-publication correspondence. However corresponding author must supply affiliation, ORCID, and contact data of other authors.

### **Information Required**

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

Provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must match what appears on your manuscript. Please ensure you have included all the required statements and declarations and uploaded any additional supplementary files.

### **ORCID**

As part of ASJ commitment to ensuring an ethical, transparent and fair peer review process we are supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a unique and persistent digital identifier that distinguishes researchers from every other researcher, even those who share the same name, and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities, ensuring that their work is recognized.

The collection of ORCID IDs from corresponding authors is now part of the submission process of our journal. If you already have an ORCID ID, you will be asked to submit it during the online submission process. If you do not already have an ORCID ID, please visit ORCID homepage to learn more.

## Permissions:

Authors are responsible for obtaining permission from copyright holders for reproducing any illustrations, tables, figures, or lengthy quotations previously published elsewhere.

## Article Types:

- **Clinical Studies (full-length articles):**

Clinical studies are previously unpublished manuscripts that include clinical investigations, clinical observations, and clinically relevant trials. Abstracts for Clinical Studies are required to have all six (6) structured subheadings: background context, purpose, design (patient sample, outcome measures), methods, results, and conclusions.

- **Basic Science Papers:**

Basic science papers are previously unpublished manuscripts that include laboratory work in areas ranging from basic lab work, cadaver studies, cellular mechanisms, molecular biology, growth factor work, preclinical animal studies and novel imaging (as related to the basic sciences rather than clinical imaging). Structured abstract is required.

- **Technics and innovations Reports:**

The manuscript should deal with newer material of interest. The text length may vary from 10-25 1.5-spaced pages and should include a minimum of 15 references. Ample illustrations (radiographs, photographs and original art) should be used to clearly show the devices/equipment, technique and pictorial evidence. Structured Abstract is required.

- **Review Articles:**

The manuscript should cover an established but controversial area of multidisciplinary spine care with the goal of updating and consolidating knowledge and the conceptual framework. Reviews are a feature of the journal that may include, but are not limited to, the following types of articles; systematic and substantial syntheses of specific research areas, evaluations of progress in specified areas, and critical assessments with respect to issues, within the scope of ASJ. It should include a minimum of 50 references with 20-30 pages of 1.5 spaced text, 3-5 explanatory tables and appropriate artwork. Structured Abstract is required.

- **Case Reports:**

The manuscript should report on a specific case or series of related cases of interest, with limited references to the literature. Text length should be relatively brief (8-10 pages of 1.5-spaced pages). Illustrations (radiographs, photographs) should be included. A structured Abstract is required.

- **Special Features:**

Authors are encouraged to submit material for publication in any of the following special features sections of the ASJ. All should follow the general format of instructions to authors provided above.

- **Letters to the Editor (correspondence)** – These are strongly encouraged to foster open dialogue between our readers, authors and editors. These should be addressed “To the Editor” and submitted with the understanding that the material may be shortened or otherwise edited. Letters should be kept to 500 words. Letters that address material previously published in The ASJ may be followed by responses from the author of the work being discussed and/or the Editor. All reasonable efforts will be made to ensure the original manuscript authors are given an opportunity to reply to any comments expressed about their work. Replies to letters to the editor must also be less than 500 words.





- **Commentaries**

- These are solicited pieces, the material for which would reference current topics in spine care, or a concurrently published article. Unlike Letters to the Editor, these pieces will typically be about 1500 words (excluding tables, figures and references) and provide more in-depth discussion on the research in the accompanied manuscript or a topic suggested by the Executive Editorial Board. These manuscripts are composed as stand-alone articles, with appropriate tables, figures and references (limited to 30).

- **Book and Media Reviews**

- Reviews of books and other instructional material, including clinical web sites, blogs and other web content, may be submitted unsolicited or assigned. Any content submitted for review should be sent to editor.

### Revisions:

Revisions should be submitted to the ASJ Editorial Board as soon as possible. **The standing deadline is 14 days.** It is the corresponding author's responsibility to request more time if necessary, and to keep the editorial office abreast of the manuscript's progress. A response to reviewer letter is mandatory and should cover and explain in details the authors' response to each of the reviewers' concerns. All revisions should be highlighted in different font color to facilitates the process of manuscript review. If after three months we do not hear from the corresponding author, the submission in question will be scheduled for deletion from the system. A final disposition of "withdrawn" will be given to the manuscript.

### Publication Fees:

The Egyptian Spine Association is fully sponsoring the publication of the Advanced Spine Journal. **The ASJ charges no publication or submission fee for accepted manuscripts.** A 150 USD will be charged by the journal as an article processing charge (APC) after acceptance of the manuscript.

## Author's Checklist:

### Title page:

- Is the research original, novel and important to the field?
- Has the appropriate structure and language been used?
- Has your authorship credit been based on the criteria established by the International Committee of Medical Journal Editors?

### Abstract:

- Does it summarize all the study?
- Does it include 6 subtitles?
- Is it 250-450 words length?

### Introduction:

- Does it really introduce and put into perspective what follows?
- Is it clear and well organized?
- Is it appropriate size (max one page of 1.5 space)?
- Does it clarify the purpose of the study?

### Methodology:

- Are the methods clear and organized?
- Is the patient's sample and all epidemiological data determined?
- Are the outcome parameters identified and mentioned clearly?

### Results:

- Does result explain what demonstrated in methods?
- Have you presented your data in chronological order (pre & post)?
- Does your data presented in a proper way of tables, images and graphs?
- Did you assess completeness of legends, headers and axis labels?

### Discussion:

- Did you start with a paragraph summarizes your study and your results?
- Did you use similar previous study to support your study?
- Did you highlight study limitations and points of strength?
- Did you make explanations for new or odd data in your study?
- Did you suggest further work in the future?

### Conclusion:

- Does it contain the key finding(s) of the study?
- Avoid unjustified claims and generalizations
- Remove redundancies and summaries

### References:

- Did you follow Elsevier Vancouver reference style?
- Are your reference complete and updated, least 20% should belong to the last 5 years?
- Is your reference cited in text number(s) in square brackets in line with the text?
- Did you number the references (numbers in square brackets) in the list in the order in which they appear in the text?
- Do your references include the first six authors followed by "et al", if more than six?
- Did you follow the name of the journal by year of publication; volume number (issue number); and inclusive page numbers?

## Publication Ethics Policies:

### Editorial Policies:

Advanced Spine Journal (ASJ) follows the ethical considerations of the [Committee on Publication Ethics \(COPE\)](#) and ratifies the [International Committee of Medical Journal Editors \(ICMJE\)](#) recommendations for the handling, Reporting, editing, and Publication of Academic and Scholarly effort in Medical Journals. ASJ also endorses the [Good Publication Practice 3 \(GPP3\)](#) instructions and guidelines related to submission and authorship of manuscripts. All Authors should read and agree upon ASJ publication's instructions and conform to the policies of the journal.

### Affiliations:

Authors must report relevant affiliation to contribute where the research was approved, supported, and/or conducted. They must report their current affiliation for non-research articles. If an author moved to another institution before publishing the article, he must report affiliation where the work was conducted, while the current affiliation and contact data reported in the acknowledgement.

### Authorship and Authors' Contributions:

Authorship credit should be based on criteria established by the International Committee of Medical Journal Editors. Each author should have made the following contributions towards the completion of the manuscript:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published.

This is an example for the role of each author, a mandatory component of the title page.

Authors	Role
	<ol style="list-style-type: none"><li>1) Conception and design of study</li><li>2) Acquisition of data</li><li>3) Analysis and/or interpretation of data</li><li>4) Drafting the manuscript</li><li>5) Revising the manuscript critically for important intellectual content</li><li>6) Approval of the version of the manuscript to be published (the names of all authors must be listed)</li></ol>

### Appeals and complaints:

The editor in chief is responsible to investigate complaints, appeals or concerns related to authorship issues, the process of peer review or complaints issued after publications. The investigation process involves data collection from all relevant parties, then actions proposed must be in line with the academic ethical principles mentioned by [Committee on Publication Ethics \(COPE\)](#). Articles in press can be halted during the review process until a final decision taken by the editor in chief, then all parties must be notified. The most senior member of the editorial board must lead the investigation if the editor in chief is involved with complaint.

## **Acknowledgement:**

Any person/s who participated in the conduction of the article, but their contribution does not qualify as an author should be mentioned in the acknowledgement. Any organization/institution that provided any form of support in the form of funding and/or other resources should be mentioned in the acknowledgement. Authors are responsible for notifying and obtain permission from those they identify in the acknowledgement section.

## **Citation:**

Research and non-research articles must cite relevant, timely, and verified literature (per-reviewed where appropriate) to support any claims reported in the article. Authors must avoid excessive and inappropriate self-citation or prearrangements among authors to inappropriately cite each other's work. This can be considered a form of misconduct called "citation manipulation". Please refer to the COPE guidance on citation manipulation. Authors of non-research articles (review/opinion/others) must ensure that citations are relevant and provide a fair and balanced view of the current state of the research on the topic.

## **Copyright Statement:**

Submitted manuscripts must represent original research not previously published nor being considered for publication elsewhere. The editors combat plagiarism, double publication, and scientific misconduct with the software CrossCheck powered by iThenticate. Your manuscript may be subject to an investigation and retraction if plagiarism is suspected.

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## **Disclosures:**

It is required that a list of disclosures from every named author is submitted alongside the manuscript. In it, each author should identify any financial or non-financial conflicts relevant to the article. If no conflicts exist, please state so in this section. ASJ will only accept the ICMJE Disclosure Form.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

All authors must fill out the ICMJE Disclosure Form and submit it with their manuscript. This form can be downloaded at <http://www.icmje.org/conflicts-of-interest/>. Each form must be uploaded as separate

files.

### **Statement of Ethics:**

The publication of an article in a peer-reviewed journal is an essential building block in the development of a coherent and respected network of knowledge. It is a direct reflection of the quality of the work of the authors and their institutes. Peer-reviewed articles support and embody the scientific method. It is therefore important to agree upon standards of expected ethical behavior for all parties involved in the act of publishing: the author, the journal editor, the peer reviewer, and the publisher.

This journal adheres to the ethical standards described by the Committee on Publication Ethics and the International Committee of Medical Journal Editors. Authors are expected to adhere to these standards. All manuscripts reporting data from studies involving human, or human tissue or animal participants must; Include formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity, Include the name of the ethics committee that approved the study and the committee's reference number if appropriate, All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

### **Conflict of interest:**

Conflict of interest (COIs) or competing interests can occur when issues outside research affect objectivity or neutrality of the work or its evaluation. Potential COIs must be declared to allow informed decisions. In most instances, declaration of COIs will not prevent the article from being published nor prevent some from reviewing an article.

**The ASJ** requires all authors to declare any conflict of interest in relation to their work. Authors are required to disclose all sources of institutional, private, and corporate financial support for their study. If no funding has been available other than that of the author's institution, this should be specified upon submission. Donors of materials (for free or at a discount from current rates) should be named in the source of funding and their location included.

Authors are also required to disclose any other potential conflict of interest. Editors and reviewers are also required to declare any conflict of interest and will be excluded from the peer review process if a conflict of interest exists and matters.

### **Conflicts include:**

- Financial: funding, goods, and service received or expected by authors related to the work, patent, ownership, stock ownership, consultancies, speaker's fee, provision of study materials by their manufacturer for free or at a discount from current rates.
- Affiliation: being a member, employed, advisory board of an organization related to the work.
- Personal: friends, family, relationships, etc.
- Academic: competitors.

### **Corrections, expression of concerns, and retractions**

Post publications corrections may be made with the authorization of the editor in chief who must ensure that changes are done according to Committee on Publication Ethics (COPE). Editor decide the magnitude of corrections. Minors are made directly to the original article, where in case of majors the original version remain unchanged, and the corrected version will also be published. Both versions will be linked to each other and a statement indicating the reason of major change will also be published. When necessary, retraction of articles will be done according to COPE retraction guidelines.

## **Human and Animal Rights:**

**The ASJ** encourages authors submitting manuscripts reporting from a clinical trial to register the trials registries and bear a clinical trial registration number and name of the trial. Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki. If a study has been granted an exemption from requiring ethics approval, this should also be detailed in the manuscript.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

If there is suspicion that the work has not taken place within an appropriate ethical framework, Editors may reject the manuscript, and/or contact the author(s)' ethics committee. On rare occasions, if the Editor has serious concerns about the ethics of a study, the manuscript may be rejected on ethical grounds, even if approval from an ethics committee has been obtained.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT statement (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001; 134:657-662, also available at <http://www.nlm.nih.gov/mesh/meshhome.html>

Authors reporting the use of a new procedure or tool in a clinical setting, for example as a technical advance or case report, must give a clear justification in the manuscript for why the new procedure or tool was deemed more appropriate than usual clinical practice.

## **Consent for publication:**

For all articles that include any details or images relating to an individual a written informed consent for publication must be obtained from that person or parent or legal guardian if person under 18 years old. A copy of the document must be submitted to the ASJ Editorial Office. All investigations on human subjects must include a statement that the subject gave informed consent. The article should include clearly a statement that a written informed consent for publication was obtained. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized or an eye bar should be used. A consent of publication of their details in a way they will be freely available the internet must be under (<https://creativecommons.org/licenses/by-nc-sa/4.0/>) If the person has died, a consent must be obtained from their next of skin. [Here](#) is a sample patient permission form/statement of consent.

## **Confidentiality:**

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### **I) Editor's Duties**

#### **i) Publications Decisions:**

The editorial board decided which of the manuscripts submitted to the ASJ must be accepted. Editorial board members refer to reviewers' recommendations in making decisions guided by legal requirements of libel, copyright infringement, and plagiarism. Editorial board decisions are affected by the origins of manuscript including race. Ethnicity, nationality, political beliefs, religion of the authors.

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The ASJ encourages reviewers to comment on ethical issues and possible misconduct raised by submissions and to be alert to redundant publication and plagiarism. Comments of reviewers must be forwarded to authors in their entirety unless they contain libelous or offensive remarks. Contributions of reviewers who consistently produce discourteous, poor quality, or late reviews.

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