

# *Surgical Case Reports*

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### 1. Aims and Scope

### 2. Manuscript Types

*Surgical Case Reports* welcomes the following article types.

#### 2-1. Case Reports

Case reports should be relevant to practical and scientific aspects of surgery and be presented as concisely as possible.

Common cases are welcome, as long as they are educationally valuable and provide new learning opportunities for our readership.

#### 2-2. Letters to the Editor

A substantial re-analysis of a previously published article in *Surgical Case Reports* or in another journal. An article that may not cover 'standard research' but that is of general interest to the broad readership of *Surgical Case Reports*. A brief report of cases or research findings adequate for the journal's scope and of particular interest to the community.

The Letter to the Editor for *Surgical Case Reports* should start with "To the Editor", and contain the body of the article of not longer than 500 words which may be broken into subsections with short, informative headings. No Abstract is necessary.

Letters to the Editor may be edited for clarity or length and may be subject to peer review at the editors' discretion. Short reports of research work will be peer reviewed.

### 3. Journal Policies

## Surgical Case Reports Instructions to Authors

*Surgical Case Reports* upholds the highest standards in scholarly publishing and welcomes manuscript submissions from members and non-members of the Japan Surgical Society based anywhere in the world.

Before submitting a manuscript to the journal, authors must ensure that they have read and complied with the journal's policies. The journal reserves the right to reject without review, or retract, any manuscript that the Editor-in-Chief believes may not comply with these policies.

The responsibilities of the journal's authors, editors, reviewers and publisher regarding research and publication ethics are described in full below.

Submission of a manuscript to the journal implies that all authors: have approved it, warrant it is factual, have agreed to its submission, and have the right to publish it.

Publication charge applies for each article accepted for publication in *Surgical Case Reports* (see '5-1. Publication Charge').

### 3-1. Originality

Submission to the journal implies that the manuscript is original work, has not been previously published (in part or in whole, in any language), is not in press, and is not under consideration for publication elsewhere.

The journal uses Crossref's Similarity Check plagiarism software to screen manuscripts for unoriginal content. By submitting a manuscript to the journal, authors agree to this screening. Any manuscript with an unacceptable level of unoriginal material may be rejected or retracted at the Editor-in-Chiefs' discretion.

Authors must inform the editors if any related manuscripts are under consideration, in press or published elsewhere. The availability of a manuscript on a publicly accessible preprint server does not constitute prior publication (see '3-12. Preprints').

If authors choose to submit their manuscript elsewhere before a final decision has been made on its suitability for publication in the journal, they should first withdraw it from the journal.

### 3-2. Research ethics

Authors of manuscripts describing research involving human participants, human materials or human data, must demonstrate that the work was carried out in accordance with the principles embodied in the [Declaration of Helsinki](#), its revisions, and any guidelines approved by authors' institutions.

## Surgical Case Reports Instructions to Authors

Even for case reports, if invasive procedures or interventions were performed for research purposes, or if comparative studies or statistical analyses were conducted, these principles/guidelines apply regardless of the number of cases involved. In such situations, approval from the ethics committee is required.

A statement detailing this, including the name of the ethics committee and the reference number where appropriate, must appear in all manuscripts reporting such research.

Where relevant, the authors must include a statement in their manuscript that describes the procedures for obtaining informed consent from participants regarding participation in the research and publication of the research.

Authors of manuscripts describing experiments involving animals or materials derived from animals must demonstrate that the work was carried out in accordance with the guidelines approved by the authors' institution(s).

Authors will be expected to have obtained ethics committee approval and informed patient consent for any experimental use of a novel procedure or tool where a clear clinical advantage based on clinical need was not apparent before treatment.

Manuscripts may be rejected if the Editor considers that the research has not been carried out within an appropriate ethical framework. In rare cases, the Editor may contact the ethics committee for further information.

### **3-3. Clinical trial registration**

The journal adheres to the ICMJE policy on [Clinical Trials Registration](#), which recommends that all clinical trials are registered in a public trials registry at or before the time of first patient enrollment as a condition of consideration for publication. Manuscripts describing clinical trials must include the registration number of the trial and the name of the trial registry.

The journal accepts registration in the following registries:

- <https://www.clinicaltrials.gov/> (ClinicalTrials.gov)
- <https://anzctr.org.au/> (ANZCTR)
- <https://www.isrctn.com/> (ISRCTN Registry)
- <https://www.umin.ac.jp/ctr/> (UMIN Clinical Trials Registry)

### **3-4. Reporting guidelines**

The journal requires authors to follow the EQUATOR Network's [Reporting Guidelines](#) for health research. Study types include, but are not limited to, randomized trials, observational studies, systematic reviews, case reports, qualitative research, diagnostic and prognostic studies, economic evaluations, animal pre-clinical studies and study protocols.

### **3-5. Availability of data and materials**

Authors must disclose the source of publicly available data and materials, such as public repositories or commercial manufacturers, by including accession numbers or company details in the "Availability of data and material" section of their manuscript. If you do not wish to share your data, please state that data will not be shared, and state the reason.

Authors may make their own data and materials available in Supplementary Material, or by linking from their manuscript to relevant community-recognized public databases or digital repositories. All data sets must be made available in full to the editors and reviewers during the peer review process, and must be made publicly available by the date of publication. Authors commit to preserving their data sets for at least three years from the date of publication in the journal.

The journal encourages authors to grant reasonable requests from colleagues to share any data, materials and experimental protocols described in their manuscript.

### **3-6. Authorship**

Submission to the journal implies that all authors have seen and approved the author list. Changes to the author list after manuscript submission – such as the insertion or removal of author names, or a rearrangement of author order – must be approved by all authors and the editor. Changes of authorship by adding or deleting authors, and/or changes in corresponding author, and/or changes in the sequence of authors are not permitted after acceptance of a manuscript.

Authors are encouraged to consider the International Committee of Medical Journal Editors (ICMJE) Recommendations on 'Defining the Role of Authors and Contributors'. The ICMJE recommends that authorship is based on four criteria: making a substantial contribution to the conception or design of the work, or the acquisition, analysis or interpretation of data for the work; drafting the manuscript or revising it critically for important intellectual content; approving the final version of the manuscript for publication; and agreeing to be held accountable for all aspects of the work.

Any contributor who has met all four criteria should be an author on the manuscript. Contributors who do not meet all four criteria should not be authors of the manuscript but may be included in the Acknowledgements section instead.

Given that Artificial Intelligence (AI) tools such as Large Language Models (LLMs) and various openly available services cannot meet the requirements above, they cannot be listed as an author of a manuscript.

### **3-7. Data falsification, data fabrication and image integrity**

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Authors must not falsify or fabricate data. Authors may digitally manipulate or process images, but only if the adjustments are kept to a minimum, are applied to the entire image, meet community standards, and are clearly described in the manuscript. All images in a manuscript must accurately reflect the original data on which they are based. Authors must not move, remove, add or enhance individual parts of an image. The editors reserve the right to request original, unprocessed images from the authors. Failure to provide requested images may result in a manuscript being rejected or retracted.

### **3-8. Reproducing copyrighted material**

If a manuscript includes material that is not under the authors' own copyright, the authors must obtain permission from the copyright holder(s) to reproduce it.

If a manuscript includes previously published material, the authors must obtain permission from the copyright owners and the publisher of the original work to reproduce it. The authors must cite the original work in their manuscript.

Copies of all reproduction permissions must be included with the manuscript when it is first submitted.

### **3-9. Author conflicts of interest**

In the interests of transparency, the journal requires all authors to declare any competing or conflicts of interest in relation to their submitted manuscript. A conflict of interest exists when there are actual, perceived or potential circumstances that could influence an author's ability to conduct or report research impartially. Potential conflicts include (but are not limited to) competing commercial or financial interests, commercial affiliations, consulting roles, or ownership of stock or equity. Manuscripts must be compliant with the [ICMJE standards](#) on this matter.

Authors should list all funding sources for their work in the Funding section of their manuscript.

### **3-10. Confidentiality**

The journal maintains the confidentiality of all unpublished manuscripts. By submitting their manuscript to the journal, the authors warrant that they will keep all correspondence about their manuscript (from the Editorial Office, editors and reviewers) strictly confidential.

### **3-11. Use of Artificial Intelligence (AI) tools**

As per [COPE guidance](#), authors must disclose and fully describe any use of generative or non-generative artificial intelligence (AI) tools (also known as Large Language Models or LLMs) in a suitable part of the manuscript. This includes, but is not limited to, using AI tools to collect or analyse data, produce or amend images or graphics used in the

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manuscript, or write all or part of the manuscript. Authors must describe which tools they used and how the tools were used. In general, the use of generative AI tools is allowed only where that use is an integral part of the research design or methods. Other use will be reviewed on a case-by-case basis. In all cases, authors remain responsible for all the content of their submitted manuscript.

Authors should be aware that there are ongoing concerns about the copyright status of any AI-generated content. Authors must adhere to the instructions in the 'Reproducing copyrighted material' section of this document and comply with relevant statutory and other copyright laws.

It is acceptable to use non-generative AI tools to improve the readability of a manuscript, such as through spelling and grammar checking.

Reviewers and Editors must not upload unpublished manuscripts to any AI tool or service. Doing so would breach privacy and confidentiality provisions, as described elsewhere in this document. There are also potential copyright issues if unpublished material is uploaded to a third-party service.

### **3-12. Preprints**

To support the wide dissemination of research, the journal encourages authors to post their research manuscripts on community-recognized preprint servers, either before or alongside submission to the journal. This policy applies only to the original version of a manuscript that describes primary research. Any version of a manuscript that has been revised in response to reviewers' comments, accepted for publication or published in the journal should not be posted on a preprint server. Instead, forward links to the published manuscript may be posted on the preprint server.

Authors should retain copyright in their work when posting to a preprint server.

### **3-13. Scooping**

When assessing the novelty of a manuscript submitted to the journal, the editors will not be influenced by other manuscripts that are posted on community-recognized preprint servers after the date of submission to the journal (or after the date of posting on a preprint server, if the manuscript is submitted to the journal within 4 months).

### **3-14. Self-archiving (Green Open Access) policy**

Self-archiving, also known as Green Open Access, enables authors to deposit a copy of their manuscript in an online repository. The journal encourages authors to upload their article to an institutional or public repository immediately after publication in the journal.

### **3-15. Long-term digital archiving**

J-STAGE preserves its full digital library, including the journal, with Portico in a dark archive (see <https://www.portico.org/publishers/jstage/>). In the event that the material becomes unavailable at J-STAGE, it will be released and made available by Portico.

### **4. Peer Review**

Surgical Case Reports operates a single-blind peer-review system, where the reviewers are aware of the names and affiliations of the authors, but the reviewer reports provided to authors are anonymous.

#### **4-1. Editorial and peer review process**

Publication of research articles by Surgical Case Reports is dependent primarily on their scientific validity and coherence as judged by our external expert editors and/or peer reviewers, who will also assess whether the writing is comprehensible and whether the work represents a useful contribution to the field. Submitted manuscripts will generally be reviewed by two to three experts who will be asked to evaluate whether the manuscript is scientifically sound and coherent, whether it duplicates already published work, and whether or not the manuscript is sufficiently clear for publication. Reviewers will also be asked to indicate how interesting and significant the research is. The Editors will reach a decision based on these reports and, where necessary, they will consult with members of the Editorial Board.

#### **4-2. Reviewer selection, timing and suggestions**

Reviewers are selected based on their expertise in the field, reputation, recommendation by others, and/or previous experience as peer reviewers for the journal. Reviewers are asked to submit their first review within 2 weeks of accepting the invitation to review. Reviewers who anticipate any delays should inform the Editorial Office as soon as possible.

When submitting a manuscript to the journal, authors may suggest reviewers that they would like included in or excluded from the peer review process. The relevant Editorial Board member may consider these suggestions but is under no obligation to follow them. The selection, invitation and assignment of peer reviewers is at the Editor in Chief's sole discretion.

#### **4-3. Acceptance criteria**

If a manuscript satisfies the journal's requirements and represents a significant contribution to the published literature, the Editorial Board member may recommend acceptance for publication in the journal.

Articles in the journal must be:

- *technically rigorous*

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- *original and educationally valuable*
- *important to the field*
- *within the subject area of the journal's scope*
- *well-constructed and written*
- *of high interest to the journal's audience*

If a manuscript does not meet the journal's requirements for acceptance or revision, the Editorial Board member may recommend rejection.

### **4-4. Editorial independence**

Japan Surgical Society (JSS) has granted the journal's Editorial Board complete and sole responsibility for all editorial decisions. JSS will not become involved in editorial decisions, except in cases of a fundamental breakdown of process.

Editorial decisions are based only on a manuscript's scientific merit and are kept completely separate from the journal's other interests. The authors' ability to pay any publication charges has no bearing on whether a manuscript is accepted for publication in the journal.

### **4-5. Appeals**

Authors who believe that an editorial decision has been made in error may lodge an appeal with the Editorial Office. Appeals are only considered if the authors provide detailed evidence of a misunderstanding or mistake by a reviewer or editor. Appeals are considered carefully by the Editor-in-Chief, whose decision is final. The guidelines of the [Committee on Publication Ethics](#) (COPE) are followed where and when relevant.

### **4-6. Confidentiality in peer review**

The journal maintains the confidentiality of all unpublished manuscripts. Editors and reviewers will not:

1. disclose a reviewer's identity unless the reviewer makes a reasonable request for such disclosure
2. discuss the manuscript or its contents with anyone not directly involved with the manuscript or its peer review
3. use any data or information from the manuscript in their own work or publications
4. use information obtained from the peer review process to provide an advantage to themselves or anyone else, or to disadvantage any individual or organization.

In addition, reviewers will not reveal their identity to any of the authors of the manuscript or involve anyone else in the review (for example, a post-doc or PhD student) without first receiving permission from the Editor.

### **4-7. Editor and reviewer conflicts of interest in peer review**



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A conflict of interest exists when there are actual, perceived or potential circumstances that could influence an editor or reviewer's ability to act impartially when assessing a manuscript. Such circumstances might include having a personal or professional relationship with an author, working on the same topic or in direct competition with an author, having a financial stake in the work or its publication, or having seen previous versions of the manuscript.

Reviewers and members of the journal's Editorial Board undertake to declare any conflicts of interest when handling manuscripts. An editor or reviewer who declares a conflict of interest is unassigned from the manuscript in question and is replaced by a new editor or reviewer.

The Editor-in-Chief and Editorial Board members try to avoid conflicts of interest when inviting reviewers, but it is not always possible to identify potential bias.

### **4-8. Errata and retractions**

The journal recognizes the importance of maintaining the integrity of published literature.

A published article that contains an error may be corrected through the publication of an Erratum. Errata describe errors that significantly affect the scientific integrity of a publication, the reputation of the authors, or the journal itself. Authors who wish to correct a published article should contact the editor who handled their manuscript or the Editorial Office with full details of the error(s) and their requested changes. In cases where co-authors disagree over a correction, the Editor-in-Chief may consult the Editorial Board or external peer reviewers for advice. If a Correction is published, any dissenting authors will be noted in the text.

A published article that contains invalid or unreliable results or conclusions, has been published elsewhere, or has infringed codes of conduct (covering research or publication ethics) may be retracted. Individuals who believe that a published article should be retracted are encouraged to contact the journal's Editorial Office with full details of their concerns. The Editor-in-Chief will investigate further and contact the authors of the published article for their response. In cases where co-authors disagree over a retraction, the Editor-in-Chief may consult the Editorial Board or external peer reviewers for advice. If a Retraction is published, any dissenting authors will be noted in the text.

The decision to publish Errata or Retractions is made at the sole discretion of the Editor-in-Chief.

### **4-9. Editors as authors in the journal**

Any member of the journal's Editorial Board, including the Editor-in-Chief who is an author on a submitted manuscript is excluded from the peer review process. Within the

## Surgical Case Reports Instructions to Authors

journal's online manuscript submission and tracking system, they will be able to see their manuscript as an author but not as an editor, thereby maintaining the confidentiality of peer review.

A manuscript authored by an editor of the journal is subject to the same high standards of peer review and editorial decision making as any manuscript considered by the journal.

### 4-10. Responding to potential ethical breaches

The journal will respond to allegations of ethical breaches by following its own policies and, where possible, the guidelines of [COPE](#).

## 5. Copyright, Open Access and Fees

All articles in Surgical Case Reports are published under the Creative Commons CC BY 4.0 ([Attribution 4.0 International](#)). This license allows users to share and adapt an article, even commercially, as long as appropriate credit is given.

Copyright on any open access article in Surgical Case Reports is retained by the author(s). Authors grant the Japan Surgical Society a license to publish the article and identify itself as the original publisher. A Licence to Publish form is available [here](#). All authors of the manuscript should be listed in this form and the corresponding author should upload this to the submission system along with the manuscript files.

Some funding bodies require articles funded by them to be published under a specific Creative Commons license. Before submitting your work to the journal, check with the relevant funding bodies to ensure that you comply with any mandates.

### 5-1. Publication Charge

Authors who publish open access in Surgical Case Reports are required to pay a publication charge described in Table 1 below.

Table 1

Membership	Publication fee
Member of JSS	30,000JPY (tax excluded)
Non-member of JSS	95,000JPY (tax excluded)

Color art is free of charge for online publication. Color reprints charges are also not levied.

### 5-2. Waiver policy

Waivers for publication charges are provided automatically when the corresponding author is from a ["Group A" Research4Life](#) country. In cases of demonstrated financial hardship, the journal will consider a pre-submission application for a waiver from any

## **Surgical Case Reports Instructions to Authors**

corresponding author to the Editorial Office. Applications cannot be made after the peer review process has begun.

The ability of an author to pay the publication charge does not influence editorial decisions. To avoid any possibility of undue influence, Editors involved with the decision-making process for articles are not involved in any deliberations on waivers.

### **6. Manuscript Submission**

All manuscripts must be submitted via the journal's online submission system, Editorial Manager at <https://www.editorialmanager.com/scrj/>.

The manuscript text should be submitted in Microsoft Word, and include Title page, Abstract, Main text, Declarations, References, Figure legends, and Tables with each title. Figures must NOT be embedded within the manuscript file.

If included in the submission, each set of materials listed below must be cited appropriately in the manuscript text. A title for each Table, Figure or Video must be included.

- 1) Text (Title page, Abstract - Legends): MS Word
- 2) Tables: MS Word, Excel, PowerPoint (saving as an image is not a valid format)
- 3) Figures: JPEG, TIF, PNG, PowerPoint
- 4) Video: AVI, MP4, MPEG

If you encounter any problems with online submission, please contact the Editorial Office as per the details in the Contact section.

### **7. Manuscript Preparation**

#### **7-1. Style**

The manuscripts should be typed double-spaced throughout with 12-point type face, formatted for A4 paper leaving margins of at least 2.5 cm (1 inch).

Line and page numbers must be indicated.

#### **7-2. English standards**

Manuscripts should be written in clear, grammatically correct English. Authors whose native language is not English are encouraged to have their manuscript checked by a native English speaker or by an editing service prior to submission. If a manuscript is not clear due to poor English, it may be rejected without undergoing peer review. A concise style avoiding unnecessary jargon is preferred.

#### **7-3. Cover Letter**

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A cover letter that includes the following information.

An explanation of why your manuscript should be published in Surgical Case Reports

An explanation of any issues relating to journal policies.

A declaration of any potential competing interests.

Confirmation that the content of the manuscript has not been published, or submitted for publication elsewhere.

### 7-4. Title page

The title page should comprise the following.

- 1) A concise but informative title. Only the first letter of each word should be capitalized, except for conjunctions, articles, or prepositions unless the first word of the title.
- 2) Authors' full names and ORCID ID (if they have), without academic qualifications
- 3) Full names of the department(s) and institution(s) in which the research was undertaken, together with the location (city, state, and nation). Use superscript numbers to indicate authors from different institutions.
- 4) Three to ten informative keywords (or short phrases), based on the Index Medicus or similar.
- 5) Corresponding author's name, full address, telephone and e-mail address. Only one corresponding author is permitted.

### 7-5. Title

The title should be concise and informative; it should describe the content of the article briefly but clearly and is important for search purposes by third-party services. Do not use abbreviations in the title, except those used generally in related fields and avoid formulae where possible.

### 7-6. Authors and affiliations

Provide the full names of the author(s). In addition, provide the full names and addresses of institutions (including laboratory, department, institute and/or university, city, state and country). When authors belong to different institutions, their respective addresses should be indicated by superscript numbers. When authors have new addresses, they should be given in a footnote and should be indicated by superscript symbols (such as \* and \*\*).

### 7-7. Keywords

Three to ten keywords representing the main content of the article.

### 7-8. Units

SI or SI-derived units should be used. More information on SI units is available at the [Bureau International des Poids et Mesures \(BIPM\) website](#).

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- 1) Length: m
- 2) Mass: kg
- 3) Time: s
- 4) Temperature: °C

### **7-9. Method of stating the names of devices**

For all equipment and products mentioned in the text, include the model name/number, the manufacturer and its location (city, state, country) in parentheses in the text. For statistical software, specify the version, manufacturer, and manufacturer's location.

### **7-10. Abstract**

For Case Reports:

The abstract should not exceed 350 words. Please minimize the use of abbreviations and do not cite references in the abstract. The abstract must include the following separate sections:

Introduction: why the case should be reported and its novelty

Case presentation: a brief description of the patient's clinical and demographic details, the diagnosis, any interventions and the outcomes

Conclusions: a brief summary of the clinical impact or potential implications of the case report

For Letters to the Editor:

The abstract should briefly summarize the aim, findings or purpose of the article. Please minimize the use of abbreviations and do not cite references in the abstract.

### **7-11. Abbreviations**

Each abbreviation should be defined in parentheses together with its non-abbreviated term when it first appears in the text (except in the Title and Abstract) and legends of each figure and table.

A list of abbreviations should be provided between Abstract and 'Introduction' section of the manuscript.

### **7-12. Main text**

For Case Reports:

#### *Introduction*

The Introduction section should explain the background to the case report or study, its aims, a summary of the existing literature.

#### *Case presentation*

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This section should include a description of the patient's relevant demographic details, medical history, symptoms and signs, treatment or intervention, outcomes and any other significant details.

### *Discussion (optional)*

Author may add this section to discuss the implications of the outcomes from the case, any practical issues involved or any other issues not covered in other sections.

### *Conclusions*

This should state clearly the main conclusions and include an explanation of their relevance or importance to the field.

### *Funding*

All sources of funding for the research reported should be declared. The role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript should be declared.

### *Authors' contributions*

The individual contributions of authors to the manuscript should be specified in this section.

### *Acknowledgements*

Please acknowledge anyone who contributed towards the article who does not meet the criteria for authorship including anyone who provided professional writing services or materials.

Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements section.

### *Authors' information*

You may choose to use this section to include any relevant information about the author(s) that may aid the reader's interpretation of the article, and understand the standpoint of the author(s). This may include details about the authors' qualifications, current positions they hold at institutions or societies, or any other relevant background information. Please refer to authors using their initials. Note this section should not be used to describe any competing interests.

### *Endnotes*

Endnotes should be designated within the text using a superscript lowercase letter and all notes (along with their corresponding letter) should be included in the Endnotes section. Please format this section in a paragraph rather than a list.

### *Availability of data and materials*

For Case Reports:

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"The dataset(s) supporting the conclusions of this article is(are) available in the [repository name] repository, [unique persistent identifier and hyperlink to dataset(s) in http:// format]."

The following format is required when data are included as additional files:

"The dataset(s) supporting the conclusions of this article is(are) included within the article (and its additional file(s))."

For Letters to the Editor:

This should contain the body of the article, and may also be broken into subsections with short, informative headings.

### 7-13. Declarations

#### *Ethics approval and consent to participate*

Manuscripts reporting studies involving human participants, human data or human tissue must:

include a statement on ethics approval and consent (even where the need for approval was waived)

include the name of the ethics committee that approved the study and the committee's reference number if appropriate

Studies involving animals must include a statement on ethics approval.

If your manuscript does not report on or involve the use of any animal or human data or tissue, this section is not applicable to your submission. Please state "Not applicable" in this section.

#### *Consent for publication*

If your manuscript contains any individual person's data in any form, consent to publish must be obtained from that person, or in the case of children, their parent or legal guardian. All presentations of case reports must have consent to publish.

If your manuscript does not contain any individual persons data, please state "Not applicable" in this section.

#### *Competing interests*

All financial and non-financial competing interests must be declared in this section. A competing interests form is available here. All authors of the manuscript should complete this form and return it to the corresponding author, who should upload these to the submission system along with the manuscript files.

If you are unsure whether you or any of your co-authors have a competing interest please contact the Editorial Office.

### 7-14. References

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Number references consecutively in the order cited in the text, not alphabetically. Identify references in text, tables, and legends by superscript Arabic numerals in square brackets on the line.

Examples:

- Ames et al. <sup>[1]</sup> reported...
- Negotiation research spans many disciplines <sup>[3]</sup>.
- This result was later contradicted by Becker and Seligman <sup>[5]</sup>.
- This effect has been widely studied <sup>[1-3, 7]</sup>.

The list of references should only include works that are cited in the text and that have been published or accepted for publication. Accuracy of reference data is the author's responsibility. Personal communications and unpublished data should be cited in parentheses in the text. If such a citation is from someone other than the authors, a letter should be submitted in which the direct quotation is given with the author's signature.

Provide inclusive page numbers for all references. In citation of articles list the first three authors only, and add "et al" if there are four or more authors. Journal titles should be abbreviated according to Index Medicus. For papers written in Japanese, follow the style of example 2. If such a paper has an English abstract, see example 3. For papers cited only by DOI, see example 4. For online materials, write the details in this order: name of webmaster, page title, URL, last access date, see example 7.

Examples:

1. Mulford DK, Dawson AE. Atypia in fine-needle aspiration cytology of nonpalpable and palpable mammographically detected breast lesions. *Acta Cytol.* 1994; 38:9-17.
2. Nakajima T. Tabular analysis of 10 000 cases of gastric cancer in the Cancer Institute Hospital (in Japanese). *Gan to Kagakuryoho (Jpn J Cancer Chemother).* 1994; 21:1813-97.
3. Imada T, Takehana T, Rino Y, et al. Indications for pylorus-preserving gastrectomy for early gastric cancer (in Japanese with English abstract). *Nihon Syokakigeka Gakkaizasshi (Jpn J Gastroenterol Surg).* 1995; 28:2248-55.
4. Mitchell AJ, Vaze A, Rao S. Clinical diagnosis of depression in primary care: a meta-analysis. *Lancet.* 2009; doi: 10.1016/S0140-6736(09)60879-5.
5. Watanabe H, Jass JR, Sobin LH. Histopathological typing of oesophageal and gastric tumours, 2nd ed. Berlin Heidelberg New York: Springer; 1990. p. 23.
6. Wyatt JJ. *Helicobacter pylori*, duodenitis and duodenal ulceration. In: Rathbone BJ, Heatley RV, editors. *Helicobacter pylori and gastroduodenal disease.* 2nd ed. Oxford: Blackwell; 1992. p. 140-9.
7. Doe J. Title of subordinate document. In: The dictionary of substances and their effects. Royal Society of Chemistry. 1999. [http://www.rsc.org/dose/title of subordinate document](http://www.rsc.org/dose/title%20of%20subordinate%20document). Accessed 15 Jan 1999.

## 7-15. Tables



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Tables should be numbered and cited in the text in sequence using Arabic numerals (i.e. Table 1, Table 2 etc.).

All tables should be placed at the end of the main manuscript file or can be submitted as a separate file. Please cite and indicate where the table should appear at the relevant location in the text file so that the table can be added in the correct place during production.

Larger datasets, or tables too wide for A4 can be uploaded as additional files. Please see "Electronic Supplementary Material" section for more information.

Tabular data provided as additional files can be uploaded as an Excel spreadsheet (.xls) or comma separated values (.csv). Please use the standard file extensions.

Table titles (max 15 words) should be included above the table, and legends (max 300 words) should be included underneath the table.

Tables should not be embedded as figures or spreadsheet files, but should be formatted using 'Table object' function in Word/Excel/PowerPoint.

Color and shading may not be used. Parts of the table can be highlighted using superscript, numbering, lettering, symbols or bold text, the meaning of which should be explained in a table legend.

Commas should not be used to indicate numerical values.

### **7-16. Figures**

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