

# Instructions to authors

Vasa

Vasa – European Journal of Vascular Medicine – publishes original research articles, case reports and reviews on vascular biology, epidemiology, prevention, diagnosis, medical treatment and interventions for diseases of the arterial circulation, in the field of phlebology and lymphology including the microcirculation, except the cardiac circulation. All papers must not have been published elsewhere nor be under consideration for publication elsewhere. All original papers, reviews, case reports, and letters to the Editor must be in English. Acceptance of the paper by editors automatically transfers the copyright to the publishers in accordance with existing copyright laws.

## Preparation of the manuscript

**Ethics of investigation on human subjects:** In manuscripts describing research on humans, the authors should include a statement that the protocol was reviewed and approved by the appropriate ethical committee. Only systematic review articles will be considered. Reviews and meta-analyses should follow the PRISMA Statement (<http://www.prisma-statement.org/>). Randomised trials should follow the CONSORT Statement (<http://www.consort-statement.org/>) and observational studies the STROBE Statement (<https://www.strobe-statement.org/>).

The Editorial Manager automatically creates a title page; hence, it does not need to be included. The maximum length per article in the different categories is defined as follows:

### Editorial

max. 1,500 words and 15 references

### Review

max. 7,000 words and 75 references

### Original communications

max. 4,000 words and 30 references

### Letter to the editor

max. 600 words and 5 references

### Summary

The summary should contain a maximum of 300 words. For original contributions, it should be structured (Background, Patients and methods, Results, Conclusions).

### Main body

There is a maximum of 12 authors. The first given names are written out in full. Further co-workers like participating clinics or board members are mentioned in the text before the references. The paper itself should be structured according to international standards and contain the following sections: Introduction, Material and methods or Patients and methods, Results, Discussion, Limitations, Conclusions, if necessary with sub-headings. There are no colons in the title, but dashes.

Frequently used abbreviations should be written out upon first mentioning, followed by the proper abbreviation in parentheses.

### Word count

The total word count must be indicated in the main body document. Tables should be numbered sequentially in Roman numerals. Figures should be submitted in reproducible form (unscreened originals, black-and-white glossies, laser printouts of graphs, slides) and numbered sequentially in Arabic numbers. The figure legends should be added on a separate sheet. The abbreviations in the tables and figures must all be explained in the corresponding legend. There are colons as equal signs and semicolons as separators, a point is set after the legends. Only a total of 6 figures and tables are allowed, these must also be mentioned in the text.

### Electronic supplementary material

Electronic supplementary material (ESM) may be submitted. This material (further tables, figures, audio and video files, etc.) will be published online only and with free access. The ESM material has its own numbering, detached from the pictures in the text. The last chapter of the text describes the ESM. Each individual material is explained there in one sentence.

Please ensure that any ESM submitted with the article are in compliance with the EU General Data Protection Regulation (GDPR).

## References

The reference list should be submitted as a separate document and should conform to the Vancouver Style (see examples). References are numbered consecutively in the order in which they are first mentioned. Each reference is listed once only, with the number in square brackets.

Only up to six authors of each reference can be listed, the rest must be abbreviated by "et al.". References in the text should be put in square brackets, except when authors are mentioned for stylistic reasons. The journal names should be abbreviated in accordance with the List of Journals in the Index Medicus. The DOI number appears only if the paper has not yet been printed.

### Examples

- Murphy MP, Lawson JH, Rapp BM, Dalsing MC, Klein J, Wilson MG, et al. Autologous bone marrow mononuclear cell therapy is safe and promotes amputation-free survival in patients with critical limb ischemia. *J Vasc Surg.* 2011;53:1565–74.
- Wester T, Jorgensen JJ, Strandén E, Sandbaek G, Tjonnfjord G, Bay D, et al. Treatment with autologous bone marrow mononuclear cells in patients with critical lower limb ischaemia. A pilot study. *Scand J Surg.* 2008;97:56–62.
- Benoit E, O'Donnell TF, Iafrati MD, Asher E, Bandyk DF, Hallett JW, et al. The role of amputation as an outcome measure in cellular therapy for critical limb ischemia: implications for clinical trial design. *J Transl Med.* 2011;9:165.
- Barc P, Skora J, Pupka A, Turkiewicz D, Dorobisz AT, Gargarek J, et al. Bone-marrow cells in therapy of critical limb ischemia of lower extremities – our own experience. *Acta Angiologica.* 2006;12:155–66.

The correspondence address must be entered directly into the system (Editorial Manager) and encompass academic title and complete address, including international country abbreviation and e-mail address.

Body text, tables and references are to be entered only at the appropriate places in the EM, not at the same time as a complete manuscript in the body text.

The galley proof will be sent to the corresponding author. Changes of content or style should be made only in exceptional cases. Correction costs exceeding 5 % of the typesetting costs will be invoiced to the author(s).

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- When submitting a review article the journal prefers a systematic review rather than a narrative one. Please refer to the PRISMA guidelines (<http://www.prisma-statement.org/>).
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