Acta Anaesthesiologica Belgica

Information and guidance for authors on the preparation and submission of manuscripts to the *Acta Anaesthesiologica Belgica*.

These instructions comply with those formulated by the International Committee of Medical Journal Editors (ICMJE). For further details, authors should consult the following article: International Committee of Medical Journal Editors. "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" *New Engl J Med* 1997, **336**:309–315. The complete document appears at http://www.icmje.org. Manuscripts that do not comply with these Instructions cannot be considered for publication and will be sent back to the authors.

1. Aims and Scope

The Acta Anaesthesiologica Belgica (AAB) publishes high quality scientific contributions in the field of anesthesiology, critical emergency medicine, intensive care medicine, perioperative medicine and algology (both acute and chronic pain management). Submitted manuscripts are welcome in the form of original studies, narrative or systematic reviews, letters to the Editor or editorials, either spontaneously or by invitation. Case reports are only published as a letter to the Editor after thorough discussion when they are highly original and have the potential of helping clinicians with unusual cases. The journal is the official link between the Belgian Society of Anaesthesiology, Resuscitation, Perioperative Medicine and Pain management (BeSARPP) and practitioners. Therefore, it publishes also special articles related to guidelines that are endorsed by the BeSARPP, or letters/editorials dealing with professional issues. Each year the AAB publishes 4 regular issues. Additionally, the AAB publishes annually one supplementary issue containing the master theses of the graduating residents in Anaesthesia and Intensive Care.

Each submitted paper, including invited papers, are submitted to a **peer-review process**. Upon submission, the editorial assistant will check for **compliance with the editorial guidelines.** Only, if the paper is compliant, the Editor-in-Chief (EiC) and the two Deputy EiC will perform an initial triage and either reject the paper or allow the paper to be peer-reviewed. The paper is then assigned to a **handling editor**. The editor invites **reviewers** that are renowned experts in the domain of the topic of the paper. The reviewers are asked to give

an unbiased opinion on the paper regarding its scientific content, accuracy of analyses, originality, importance in the field of anesthesiology, compliance with ethics, and accuracy of conclusions driven from the results. Their comments and suggestions should be clearly justified. Each reviewer is also asked to give an overall appreciation of the manuscript, which can be 'accept as is', 'accept pending minor revision', 'revise and reconsider', 'reject'. The handling editor then makes a first **decision** on the paper, when at least 2 reviewers have provided their review. Everything is made to provide a first decision within two months after initial submission. Submission of a **revision** of the paper is possible when the editor's decision is 'accept pending minor revision', or 'revise and reconsider'. When submitting a revision, the authors should include a **point-by-point reply** to all the points raised by the reviewers and these points should also be addressed and highlighted in the revised manuscript. The revision then goes through a second review process. There is no limit on the number of possible reviews. When the decision is **'reject – resubmission possible'**, the authors are allowed to submit a completely revised version of their paper, as a new submission. The review process then restarts from 0. When the decision is **'reject'**, no resubmission is permitted, with no possibility of appeal. However, in case of conflict, the Editor-in-chief of the journal can always be contacted. He/she is the final authority in making a decision about a submitted manuscript.

2. Administration

Redundant or duplicate publication, and preprints

We ask you to confirm that your paper has not been published in its current form or a substantially similar form (in print or electronically, including on a web site), that it has not been accepted for publication elsewhere, and that it is not under consideration by another publication/journal. Previously published illustrations can be used if formal permission has been obtained. The AAB requires you to send us copies of permission to reproduce material (such as illustrations) from the copyright holder. Articles cannot be published without these permissions.

Patient consent forms

The protection of a patient's right to privacy is essential. Please collect and keep copies of patients' consent forms on which patients or other subjects of your experiments clearly grant

permission for the publication of photographs or other material that might identify them. If the consent form for your research did not specifically include this, please obtain it or remove the identifying material. A statement to the effect that such consent had been obtained must be included in the 'Methods' section of your paper. If necessary, the Editors may request a copy of any consent forms.

Ethics committee approval

All articles dealing with original human or animal data must include a statement on ethics approval at the beginning of the Methods section. This paragraph must contain the following information: the name and address of the ethics committee responsible; the protocol number that was attributed by this ethics committee; the name of the Chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics committee.

In addition and as stated above, for studies conducted on human participants you must state clearly in the text that you obtained written informed consent from the study participants; please also look at the latest version of the Declaration of Helsinki. Similarly, for experiments involving animals you must state the care of animal and licensing guidelines under which the study was performed and report these in accordance with the ARRIVE (Animals in Research: Reporting In Vivo Experiments) statement. If ethics clearance was not necessary, or if there was any deviation from these standard ethical requests, please state why it was not required.

Please note that the editors may ask you to provide evidence of ethical approval. If you have approval from a National Drug Agency (or similar) please state this and provide details, this can be particularly useful when discussing the use of unlicensed drugs. The editors will not accept studies where the authors themselves have decided whether their study did or did not require ethical approval. For instance, if patient consent was not necessary according to national legislation, it must be stated in the text that a competent ethics committee decided that informed consent was not necessary (waiver) and the details of this approval must be provided as stated above.

Trial registration

The AAB requires authors to prospectively register the protocol of any interventional trial (interventional studies include randomised and non-randomised trials on humans). This is a

mandatory requirement for subsequent publication in the Journal. The date of start of enrolment of patients must be stated in the Results section.

Acceptable registries are:

www.anzctr.org.au
www.clinicaltrials.gov
www.ISRCTN.org
www.umin.ac.jp/ctr/index/htm
www.trialregister.nl
https://eudract.ema.europa.eu/
and those listed at: http://www.who.int/ictrp/network/primary/en/index.html

Adherence to international guidelines on adequate data reporting

The Acta Anaesthesiologica Belgica adheres to the guidelines on adequate data reporting that were established by The Enhancing the QUAlity and Transparency Of health Research (EQUATOR) network (http://www.equator-network.org/home/).

Authorship

We ask all authors to confirm that they have read and approved the paper. Second, we ask all authors to confirm that they have met the criteria for authorship as established by the ICMJE, believe that the paper represents honest work, and are able to verify and testify on the validity of the results reported.

All persons designated as authors should qualify for authorship and only those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Authorship credit should be based only on:

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

4. 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.

Conditions 1, 2, 3 and 4 must all be met. Acquisition of funding, the collection of data or general supervision of the research group, by themselves, do not justify authorship. All others who contributed to the work but do not meet the criteria for authorship should be named in the Acknowledgements section. If your submitted manuscript contains numerous authors, the first author should provide justification for including them. If we have reason to believe that authors do not meet ICMJE authorship requirements, the Journal reserves the right to reject the manuscript.

In instances where a submitted manuscript has numerous authors where they do not meet the four ICMJE requirements, we recommend that the author group form a research consortium, committee or study group for inclusion in the author list rather than detailing all individual authors. These names will be acknowledged as collaborator names for the MEDLINE citation but not associated with authorship.

Plagiarism Checking

All manuscripts received by the AAB are checked for plagiarism. The Editors may also choose to run a similarity report at any other point during the review process or post-publication. When minor plagiarism is detected, the manuscript will be sent back to the authors for revision and ask them to disclose all sources correctly. If major plagiarism is detected, the manuscript will be rejected. The decision of the Editor-in-Chief is final. When authors re-use portions of their previously published work, they can quote from portions of these works with proper citations, but large portions of text, even quoted and cited, can infringe on copyright and would not fall under copyright exceptions or fair use guidelines.

Funding and Conflicts of Interest (COI)

The manuscript should acknowledge any source of funding and potential conflicts of interest in a separate paragraph at the end of the paper before the bibliography. Other acknowledgements such as contributions from non co-authors should be stated here as well. Potential conflicts of interest should also be stated upon submission of the paper on the

submission website. Potential conflicts of interest include any financial relationship of the authors or their relatives with commercial entities.

Data sharing policy

Authors should state in the paragraph dealing with Funding and COI whether they agree on sharing data reported in their study, and provide information on the conditions to obtain them and how to do so.

3. Article types

3.1. Papers submitted to the Acta Anaesthesiologica Belgica are subject to **peer review** and, after acceptance, to further editorial revision. After publication, the paper becomes subject to the journals copyright. Permission to republish must then be obtained from the AAB.

3.2. Submitted work must conform to the **EQUATOR** Network guidelines (Enhancing the QUAlity and Transparency Of health Research; http://www.equator-network.org/).

3.2.1. Randomized trials should follow the **CONSORT** (Consolidated Standards of Reporting Trials) guidelines and provide a CONSORT checklist, as well as a CONSORT flow diagram upon submission (http://www.consort-statement.org/downloads).

3.2.2. Observational studies should conform to the STROBE guidelines and provide a **STROBE** checklist upon submission (Strengthening The Reporting of Observational studies in Epidemiology; http://www.strobe-statement.org/index.php?id=available-checklists).

3.2.3. For systematic reviews, **PRISMA** (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines can be found at http://www.prisma-statement.org/PRISMAStatement/Default.aspx, and a PRISMA checklist and flow diagram should accompany each paper.

3.2.4. Systematic reviews and meta-analyses of observational should follow the **MOOSE** guidelines (https://).

3.2.5. The **ARRIVE** checklist (ARRIVE guidelines, https://www.arriveguidelines.org/resources) is requested for animal studies.

Flow diagrams can be submitted as part of the paper. Checklists and flow diagrams may be submitted as additional files and do not have to be inserted into the submitted paper. The additional files are made available electronically on a dedicated part of the AAB website once the paper has been published. The file names must be mentioned in the paper and the corresponding links will be inserted at the moment of publishing.

4. Invited work: editorials and review articles.

   Editorials are usually commissioned. Editorials discuss issues that are not directly related to published material. Editorials should be up to 1500 words long with no more than 15 references. Editorials do not have an abstract. Please include a title page giving all authors' names, addresses, email addresses, phone and fax numbers, as well as an Acknowledgement statement (see paragraph: Acknowledgements) and signed copyright forms.

   Conventional, non-systematic (narrative) reviews are usually commissioned. Maximum length of reviews is 4000 words. Please provide an unstructured abstract (max. 250 words). Please include a title page giving the author's name, address, email address, phone and fax numbers, as well as an Acknowledgement statement (see paragraph: Acknowledgements) and signed copyright forms.

5. Manuscript submission

   5.1. All manuscripts should be submitted online using the **submission website** of the AAB (www.edmgr.com/aab). Printed copies or manuscripts sent by email are no longer accepted. Manuscripts that are not in concordance with **the guidelines** will be returned to the authors until they comply with the submission requirements. In that case, the review process will be delayed.

6. Preparation of manuscripts

   6.1. The manuscript should be submitted to the dedicated website (www.edmgr.com/aab/). All manuscripts should be written in English (**United States orthography and grammar**), double-spaced typing with a wide margin, using a 12 points usual font. The title page should indicate the title of the paper, the last name(s), the initials of

first names, degrees and full affiliation(s) of the author(s). A separate paragraph should contain the name, initial of first names, full address, and email address of the author to which correspondence should be directed. The title page should also contain a short running title (see below). Contributors should retain a copy in order to check proofs and in case of loss. The title page should be uploaded separately from the main text of the manuscript to allow blind review. The main text of the manuscript should not contain any element allowing identification of the authors.

6.2. Cover letter: a **cover letter** is required for any submission and must clearly mention that all listed authors significantly contributed and approved the content of the manuscript and that it has not been published or submitted for publication elsewhere in print or electronically.

6.3. A research manuscript usually contains the following sections:

Title page (to be uploaded separately)
Abstract
Keywords (MeSH terms, https://meshb.nlm.nih.gov/search)
Introduction
Methods
Results
Discussion
Acknowledgements
List of references
Tables, headed by a legend
Illustrations
Legends of the illustrations

The structure of review papers (invited or systematic) and editorials may substantially differ from the above. However, the title page, summary, keywords, acknowledgements and list or references are mandatory.

Submitted Mastertheses should follow the above described guidelines and structure depending on whether they are research articles or reviews.

6.3.1. Title page

There should be a separate title page, containing the title of the paper, the last name(s) and initials of first names, degrees and full affiliation(s) of the author(s) correctly identified using superscript symbols. This should be followed by a separate paragraph with name, initial of first names, full address, and email address of the author to which correspondence should be directed. The title page should be referred to as page 1 of the paper. A **short running title** with less than 50 characters (spaces included) should also be on this page. Any presentation of (all or part of) the submitted work elsewhere, or as communication at any kind of meeting should also be mentioned in the title page. Please upload the title page separately from the main text of the manuscript to make blind review possible.

Internal Review Board approval should be clearly mentioned as well as the obtainment of written informed consent in a separate paragraph on the title page and in the methods section. This should contain the name and address of the responsible ethics committee, the internal reference attributed by this ethics committee, the name of the Chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics committee. Start and end date of inclusion of patients into the study should be mentioned, as well as proper registration into a public Clinical Trial repository and/or National Drug Agency in case of prospective interventional clinical study, with reference number, should be indicated at the same places. Please note that trial registration must be done prospectively.

6.3.2. Abstract

All submitted manuscripts should contain a **summary**, except for letters to the Editor. The summary will be printed at the beginning of the paper. It should be on a separate sheet, in the form of a single paragraph which gives a succinct account of the problem, the methods, results and conclusions in less than 300 words. It may be used by abstracting databases. The abstract should be **structured**, with the following subtitles: **background**, **objectives**, **design** (type of study) **and setting** (type of institution(s) where the study was performed), **methods**, **main outcome measures**, **results**,

conclusions, and **trial registration**. The abstract of narrative review papers does not need to be structured.

6.3.3. Keywords

A list of 3 to 5 **keywords** should be added immediately after the summary. They should comply with the nomenclature of MeSH (https://meshb.nlm.nih.gov/search).

6.3.4. Introduction

The **introduction** should give a concise account of the background of the problem and the object of the investigation. Previous work should be quoted only if it has a direct bearing on the present problem.

6.3.5. Methods

The **methods** section must be described in sufficient detail to allow the experiments to be fully reproduced. Any modification of previously published methods should be described, including the reference. If the methods are commonly used, only a reference to the original source is sufficient.

When applicable, **statistical methods** should be clearly described in a separate paragraph. Types of tests used to perform comparisons should be clearly identified and appropriately linked to the concerned data. A priori power calculation, chosen alpha threshold and sample size calculation should be detailed. When applicable, the statistical method used for checking normality of distributions should be clearly indicated.

Internal Review Board approval should be clearly mentioned as well as the achievement of written informed consent in a separate paragraph on the title page and in the methods section. This should contain the name and address of the responsible ethics committee, the internal reference attributed by this ethics committee, the name of the Chairperson of the ethics committee (or the person who approved the protocol) and the date of approval by the ethics committee. Start and end date of inclusion of

patients into the study should be mentioned, as well as proper registration into a public Clinical Trial repository and/or National Drug Agency in case of prospective interventional clinical study, with reference number, should be indicated at the same places. Please note that trial registration must be done prior to the start of the study.

6.3.6. Results

Description of experimental **results**, while concise, should permit repetition of the experiments by others and be as comprehensive as possible. Data should not be repeated unnecessarily in text, tables and figures. Significance should be given as values of probability. Results of statistical testing should be reported in detail, and not limited to the P value only. Used tests should be clearly identified. Details on statistical testing must not necessarily appear in the text, but may be provided in the tables or figures that illustrate the results.

Attention should be paid to not reporting unnecessary decimals. In most of cases, values to two decimals are enough.

The desired positions of tables and figures may be indicated by written instructions enclosed within lines and brackets, for example:

6.3.7. Discussion

The **discussion** should not merely recapitulate the experimental results, but should present their interpretation against the background of existing knowledge and literature. It should include a statement of any assumptions on which conclusions are based. Those conclusions should be left at the end of the section. Any weakness(es) of the study should also be discussed here. The Discussion section is not the place to make statements about previously published data and background information, which should be placed in the introduction section. References to previously published work should only be made when they are of value to the discussion.

6.3.8. Acknowledgements and potential conflicts of interest

Acknowledgements should be brief, and should include the references to sources of support and/or sources of not commercially freely available drugs. Sources of funding

should also be clearly mentioned here as well as individuals who contributed to the manuscript but are not co-authors.

Any **potential conflict of interest** of any author of the manuscript with regard to the content of it should be mentioned, including honoraria, grants, and commercial interest from and into any commercial entity.

A statement on data sharing should also be placed here (see above).

6.3.9. References

A list of references should be placed at the end of the paper. The references should be ordered as follows:

Number references consecutively in the order in which they are first mentioned in the text. Identify references in the text, tables and legends using superscripted Arabic numerals that are placed after the punctuation. References cited only in tables or in legends to figures should be numbered in accordance with the sequence established by the first identification in the text of the particular table or illustration.

Use the Vancouver reference system as adopted by the U.S. National Library of Medicine ensuring that all journal titles conform to Index Medicus approved abbreviations. If in doubt, look up the reference list of a recent paper published in the *European Journal of Anaesthesiology*.

Avoid citing abstracts unless from a MEDLINE or EMBASE indexed journal. Unpublished observations and personal communications should not be used as references, although references to written (not verbal) communications may be inserted (in parentheses) in the text. Manuscripts that have been accepted but not yet published (e.g. Epub ahead of print) should be included in the list, followed by (in press). Information from manuscripts not yet accepted may be cited only in the text as (unpublished observations). Authors should verify references against the original documents before submitting the article.

Electronic or online references should be cited in the reference list only if the material referenced is a specific article (e.g. a paper published in a web-based journal); see below for correct style. Less specific references (e.g. the web pages of societies,

organisations and university departments) should not appear in the references; instead the URL should be cited in full in the text.

Authors must confirm that the details of these references are accurate and complete. In the full list of references give the names and initials of all authors. If there are more than six, cite only the first three names followed by et al. The authors' names are followed by the title of the article: the title of the journal (italics) abbreviated according to the style of Index Medicus: the year of publication: the volume number (in bold): the first and last page numbers in full followed by a full stop. Titles of books should be followed by the town and country of publication, the publisher, the year and inclusive page numbers. See the following examples:

Journal articles

Pollard BJ, Bryan A, Bennett D et al. Recovery after oral surgery with halothane, enflurane, isoflurane or propofol anaesthesia. *Br J Anaesth* 1994; **72**:559–566.

Books

Korttila K. Recovery period and discharge. In: White P, ed. *Outpatient Anaesthesia*. New York, USA: Churchill Livingstone Inc, 1990: 369–395.

Chapter in a book

Pessayre D, Feldmann G, Haouzi D, Fau D, Moreau A, Neumann M. Hepatocyte apoptosis triggered by natural substances (cytokines, other endogenous molecules and foreign toxins). In Cameron RG, Feuer G (editors): *Apoptosis and its Modulation by Drugs. Handbook of Experimental Pharmacology.* Berlin: Springer-Verlag; 2000, pp. 59-108.

Electronic articles

Margolis PA, Stevens R, Bordley WC, Stuart J. From concept to application: the impact of a community-wide intervention to improve the delivery of preventive services to children. Pediatrics [online serial] 2001; 108:e42. http://www.pediatrics.org/cgi/content/full/108/3/e42 [accessed 20 September 2001].

The title of the journal should be abbreviated in accordance with the Cumulative Index Medicus. If the number of authors exceeds 7, the first 6 should be indicated. The last author of the series should be preceded by “and”, and followed by “, et al.”. If the number of authors is less than or equals 7, the last author should be preceded by “and”.

6.3.10. Drugs

When a **drug** is first mentioned it should be given the generic or official name followed in parentheses by the chemical formula only if the structure is not well known, and by the capitalized proprietary name.

6.3.11. Tables

All **tables** should be on separate sheets and be capable, with their captions, of interpretation without reference to the text. They should be numbered consecutively with Arabic numerals. Units in which results are expressed should be given in brackets at the top of each column, and not repeated on each line of the table. Each table should be accompanied by a concise legend.

6.3.12. Illustrations

To ensure quality, **pictures and graphs** should be submitted as high resolution image files. They should be clearly numbered in the order of their appearance in the text. Figures should not be inserted in the text, but appear on separate pages (one for each figure) at the end of the manuscript. A section assembling legends of those illustrations should be placed at the end of the manuscript.

6.4. General information

The submitted text has to be presented by the author in correct **scientific English** (United States orthography and grammar).

Authors should pay attention to not using unnecessary or unusual **abbreviations**. Each abbreviation should be defined when first appearing in the text [e.g. $ETCO_2$ (end-tidal

carbon dioxide partial pressure)], and full spelling should be avoided thereafter. The use of abbreviations should remain consistent throughout the paper.

Units should be those of the International Metric System. When other types of units are used, conversion into the International Metric System should be provided. Composed units should use exponent notation, without any sign between the different units (e.g. mg Kg^{-1} h^{-1}).

6.5. Proofs

After acceptance of a paper for publication, pdf **proofs** of the manuscript are sent to the corresponding author within a few weeks. These proofs should be carefully read, and any requested corrections should be returned to the Editorial Office within 5 days of receipt.