

SLS EDITORIAL POLICY, GUIDELINES & ETHICAL PROCEDURES

SUBMISSION GUIDELINES

MANUSCRIPT SUBMISSION

Please review the complete Guidelines for Authors before submitting.

Manuscripts that do not adhere to the Guidelines may be rejected or returned to the author for correction before going through the review process. Authors must also follow the JSLs Ethical Policies and Procedures. Completion of the copyright transfer agreement is required in order to have your manuscript reviewed.

Submit articles for JSLs online at www.editorialmanager.com/JSLs

SUBMISSION CHECKLIST

- Copyright transfer agreement signed by all authors
- Authors' contact information with corresponding author indicated
- Authorship Contribution Form signed by all authors and co-authors
- Figures are 300 dpi image files
- Elements of the manuscript include:
 - Title Page
 - Author Information Page
 - Acknowledgments
 - Statement of Disclosure
 - Abstract
 - Key Words
 - Text (including figure legends and tables if applicable)
 - References

MANUSCRIPT FORMAT

- All manuscripts must be typewritten in English with American spelling and submitted in an editable Microsoft Word OR rich text format document (PDFs and other document types are not acceptable.)
- Authors whose primary language is not English should have their papers checked for linguistic accuracy by a person skilled in the English language and medical terminology.
- For style, consult the American Medical Association Manual of Style⁷ and/or the ICMJE Recommendations.¹
- Manuscripts may have unlimited pages and color figures.
- Do not include a running header or footer.
- Be concise and avoid medical jargon. Keep abbreviations and acronyms within the text to a minimum and spell them out, in parentheses, when first used.
- Use Système International (SI) measurements only.
- Use generic names for drugs.
- Text should avoid sexual and racial bias and should use gender inclusive language when possible.
- All persons listed as authors must meet the criteria for authorship outlined in the American Medical Association Manual of Style⁷ and/or ICMJE Recommendations.¹

Authorship requires the following:

- Substantial contributions to the conception or design of the work; or acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that

questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.¹

All persons listed as authors must meet the criteria for authorship outlined in the American Medical Association Manual of Style⁷ and/or ICMJE Recommendations.¹

Title Page

Please include the following:

- Title with no more than 100 characters. Do not use abbreviations. Avoid acronyms.
- Date on which the manuscript was submitted.
- Word count for the text, exclusive of the title, abstract, references, tables, figures, and illustrations.
- Do not include authors' names, institution, or contact information on the Title Page. This information should only appear on the Authors' Information page.

Authors' Information Page

Please include the following:

- Full name(s) of author(s).
- Highest academic degree(s) of author(s). Do not include US fellowship designations or honorary designations.
- Affiliation(s). Include only the department, institution name, city, state, and country.
- Address, e-mail address, telephone number, and fax number for all authors. Designate one author as the corresponding author.

Disclosure of Conflicts of Interest and Sources of Financial Support

([See JSLs EthJSLsical Policies and Procedures](#))

Acknowledgments

Acknowledge only those from whom permission to acknowledge has been obtained. For individuals, include their full names and highest academic degrees.

Structured Abstract and Key Words

Please see the section respective of the Article Type you seek to submit for further details of what the Structured Abstract and Key Words must conform to. The abstract should not exceed 250 words and should not include abbreviations, acronyms, footnotes, or references.

ARTICLE TYPES

Research Articles

A research article is a detailed account of a scientific research activity written by the scientist(s) who performed the study. It is a primary resource. The basic elements of a research article are:

- Title
- Abstract
- Introduction
- Methodology
- Results
- Discussion/Conclusions
- References/Bibliography

Abstract:

Original research abstract sections:

- Background and Objectives
- Methods
- Results

- Conclusion (or Discussion)
- Key Words (from the standard Index Medicus MeSH terminology)

Introduction: Typically, the Introduction should include a brief review of the relevant literature to establish the need for the project. The research objectives and hypotheses should be explicitly stated. The author(s) should address the following questions:

- What issue is being addressed in the research?
- Why is the issue important?
- How will the field benefit from having addressed the issue?

Materials and Methods: The methods should be described in sufficient detail so readers can understand how the research was performed. For experimental investigation of human or animal subjects, state in the "Methods" section that an appropriate institutional review board (IRB) approved the project. Do not include the IRB identification number. This information can appear in the Authors' Information page. For those investigators who do not have formal ethics review committees, follow the principles outlined in the Declaration of Helsinki⁸ and state so in the manuscript. For investigation of human subjects, state the manner in which informed consent was obtained.

Results: Results should be presented in a coherent fashion and should be specifically tied to the objectives and methods described earlier in the manuscript.

Discussion: The discussion section should:

- Reiterate the principal findings of the research
- Comment on any methodological weaknesses of the study
- Discuss the importance and/or implications of the findings

Conclusion: The conclusion section should not contain any deductions or inferences that are not specifically supported by the data reported in the study,

although reasonable speculations and implications for further research, when identified as such, may be appropriate.

References:

Authors are responsible for bibliographic accuracy. References must be verified by the author against the original resources. Number the references in the order they are first mentioned. **Cite, by Arabic number, all references in the text. Do not use reference software such as Endnote.** Format references according to the *AMA Manual of Style* or the *ICMJE*

Recommendations.¹ Review articles may use up to 100 references. Use no more than 30 references for other articles. **Improperly referenced manuscripts will be returned to the author for correction.**

All references must be accurately cited and up to date at the time of submission to *JSLS*. Accessibility refers to the ability of a reader to retrieve the original source material using a unique identifier such as a DOI, ISBN, ISRC, etc. Authors can only reference primary and secondary sources in their work. Authors are required to capture and include in their references all information associated with the source to meet accessibility requirements. For example, if you cite a published article, ensure that the reference contains the DOI number. If you are citing a web page, please follow the *AMA Manual of Style* for citation. Wikipedia is a tertiary source of information and not an appropriate reference source.

Abbreviate journal names as indicated in Index Medicus. **List all journal authors when there are 6 or fewer. For journal references with 7 or more authors, list the first 3 and add "et al."** For printed articles that are a part of larger works, **include the first and last page number of the referenced article or chapter.**

Manuscripts submitted, but not yet accepted for publication, can be noted as “unpublished data” in the text. However, do not include in the references any manuscripts that are in preparation, manuscripts submitted for publication but not yet accepted, or unpublished papers or observations. For articles in press, give the journal name and, if possible, the volume number and year followed by “in press.” For books in press, give the publishing company and, if possible, the year of publication.

Example Journal Reference: Kavic MS. Three dimensional ultrasound. Surg Endosc. 1996;10:74-76.

Xu AA, Zhu JF, Zhang D. Development of a measurement system for laparoendoscopic single-site surgery: reliability and repeatability of digital image correlation for measurement of surface deformations in SILS port. *JSLS*. 2014;July-Sept 18(3):e2014.00267. DOI: 10.4293/ *JSLS*.2014.00267.

Example Book Reference: Zinsser W. On Writing Well. 4th ed. New York, NY: Harper Collins; 1990.

Example Book Chapter Reference: Kavic MS. Infections in laparoscopic surgery. In: Wetter P, Kavic MS, Levinson CJ, et al., eds. *Prevention and Management of Laparoendoscopic Surgical Complications*. Miami, FL: Society of Laparoscopic & Robotic Surgeons, Inc; 2005:97-108.

Example Website Reference: (For journals and books published online, include the URL and the date on which the materials were accessed in addition to information in the examples above. For website references, include the name of the organization if no author is listed.) Society of Laparoscopic & Robotic Surgeons. ORReady - It's the Outcome. Available at: <http://www.SLS.org/outcome>. Accessed September 18, 2014.

Example Preprint Reference: Babichev SA, Ries J, Lvovsky AI. Quantum scissors: teleportation of single-mode optical states by means of a nonlocal single photon. Preprint at <http://arxiv.org/abs/quant-ph/0208066> (2002).

Statistical Analysis

JSLs follows the New England Journal of Medicine's guidelines for statistical analysis. For more information, please

see: <https://www.nejm.org/doi/full/10.1056/NEJMe1906559>

Tables

Tables must be concise and self-explanatory. Reading the text should not be necessary for comprehension of the tables. Tables should not duplicate data provided in the text. **Type** tables at the end of the manuscript using tab stops (not spaces) or the Microsoft Word table feature. Image files are not acceptable. Title each table, cite each table in the text, and number each table consecutively with Arabic numerals. All abbreviations used in the table must be spelled out in a footnote to the table.

Figure Legends and Figures

Figure Legends

All photos, illustrations, and graphs must have figure legends of no more than 40 words. Legends must be typed at the end of the text. Each figure must be cited within the text (e.g., Figure 1, Figure 2a, Figure 2b). The figure legends must be numbered to match. Figure files must be named and printed figures labeled with the figure number. A descriptive label must appear beneath each figure and photograph.

FIGURES (*Photographs, Charts, Illustrations, Diagnostic Images including Frames from Video*)

Figures should be professionally drawn, photographed, or computer generated and submitted in high-quality, camera-ready form with good resolution.

Therefore, all artwork must have enough clarity and contrast to be

reproduced in black and white. Identifying patient information must be cropped out or blocked out of the figures. Written permission to publish the image must be provided if the patient might be identified. Cite every figure within the text, and number each figure consecutively according to the order in which it has been cited in the text. The editor reserves the right to limit the number of figures or to reduce or enlarge figures.

Chart and graph axes and columns should be labeled; use a sans serif font. Any patterns that are used must be distinct from one another in black and white even if the figure is reduced in size. Rules (lines) must be thick enough to reproduce at 0.25 points when the image is scaled to a width of 3.5 inches.

X-ray films, scans, and other diagnostic images as well as photomicrographs must be submitted as photographs. Photomicrographs should have internal scale markers.

Figures

- Upload files with a **resolution of at least 300 dpi**. Line art should have a resolution of at least 1200 dpi.
- Do not copy figures directly from Web pages. GIF files and low-resolution JPEG files are unacceptable.
- Upload a separate file for each figure. Do not embed figures of any kind within the body of the text.
- Use a common sans serif font to create flow charts and to label charts and graphs.
- Export **charts, graphs, and digitally drawn illustrations** as high-resolution image files (e.g., TIFF, EPS, Press Quality PDF). Indicate the software and version that was used to create the figure (e.g., Illustrator 9.0).
- Take **photos** at the highest resolution possible (high/fine) and upload copies of images in their original file format.
- **Scan figures** as 300 dpi TIFF files.

- For color images, artwork should be at 24-bit color depth, in CMYK (Cyan, Magenta, Yellow, Black).

Review Articles

A review article surveys and summarizes previously published scientific studies or information. In general, a review article summarizes the current state of knowledge in the field rather than reporting new findings or advances. Authors of review articles should explain why the topic of the manuscript is important to the field. Scholarly review articles should be well referenced and should avoid anecdotal reports and personal opinions. The main arguments or points must proceed logically and coherently, and the manuscript must conclude with a discussion of recommendations and/or implications for the field.

Abstract:

Review article abstract sections:

- Background
- Database
- Conclusion (or Discussion)
- Key Words (from the standard Index Medicus MeSH terminology)

Methodologies or Method Article

Methodology articles should present new advances in method, test, or procedure relevant to systematic review and evidence synthesis. The method described may be completely new or offer a better version of an existing method.

Case Report

A case report is a detailed report of the symptoms, signs, diagnosis, treatment, and follow-up of an individual patient. Case reports may contain a demographic

profile of the patient, but usually describe an unusual or novel occurrence. Some case reports also contain a literature review of other reported cases. Case reports are professional narratives that provide feedback on clinical practice guidelines and offer a framework for early signals of effectiveness, adverse events, and cost. Authors of case reports should state the purpose/importance of the report, include all notable parts of the case presentation, describe how the case was assessed and managed, and include the outcome of the case. How the case can contribute to the literature/future patient care should be discussed.

Case report/Operative Technique Abstract sections:

- Introduction
- Case Description/Technique Description
- Discussion
- Key Words (from the standard Index Medicus MeSH terminology)

Letters to the Editor

The editor invites brief letters that comment on articles published in the journal. The letters should not exceed 500 words in length and should not contain any figures or tables. Up to three references may be listed. The letter must identify the paper by naming the authors and title of the article in the text of the letter. No letter will be published more than 6 months after the publication of the article to which it refers.

Special Communications

Special communication articles are manuscripts that describe an important issue in clinical medicine, clinical surgery, medical research, medical education, technology, health policy, or public health. These submissions must be presented in a scholarly, thorough, well-referenced, systematic and evidence-based manner.

Editorial Policy References

1. International Committee of Medical Journal Editors (ICMJE). ICMJE Recommendations. Available at: <http://www.icmje.org/recommndations/>.
2. The CONSORT statement. Available at: <http://www.consort-statement.org/consort-2010>.
3. Committee on Publication Ethics (COPE) Code of Conduct and Best Practice Guidelines for Journal Editors. [Publicationethics.org/resources/code-conduct](http://publicationethics.org/resources/code-conduct)
4. Ethics Resource Center (ERC). Available at: ethics.org.
5. Winker MA, Flanagan A, Chi-Lum B, et al. Guidelines for medical and health information sites on the internet. JAMA 2000;283:1600-1606.
6. World Association of Medical Editors (WAME) Publication Ethics Policies for Medical Journals. <http://www.wame.org/about/recommendations-on-publication-ethics-policie>
7. Iverson C, Christiansen S, Flanagan A, et al. AMA Manual of Style. A Guide for Authors and Editors. 10th ed. New York, NY: Oxford University Press; 2007.
8. 64th World Medical Association General Assembly. WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects. October 2013. Available at: <http://www.wma.net/en/30publications/10policies/b3/>

ETHICAL PROCEDURES

Authorship

The Editors of *JSLS, Journal of the Society of Laparoscopic & Robotic Surgeons* and *CRSLS, MIS Case Reports from the Society of Laparoscopic & Robotic Surgeons* follow the guidance of the American Medical Association Manual of

Style and/or the ICMJE Recommendations, and expect each author to have made an important scientific contribution to the study and to be thoroughly familiar with the original data. The Editors also expect each author to have read the complete manuscript and to take responsibility for the content and completeness of the manuscript and to understand that if the paper, or part of the paper, is found to be faulty or fraudulent, they share responsibility with the coauthors. All authors must sign the form that warrants that they are the author(s) and the sole owner(s) of the work; that the work is original and has not been published elsewhere in print or electronic format; that the work is not considered for publication by another journal; that the work has been seen and approved by all authors; that the work has not been previously transferred, assigned, or otherwise encumbered; and that the author(s) have full power to grant such rights. In addition, the author(s) grant to the Society of Laparoscopic & Robotic Surgeons (SLS) the right to edit, revise, abridge, condense, and translate the work.

Authorship is based on the following criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All persons listed as authors must meet the criteria for authorship outlined in the American Medical Association Manual of Style² and/or the ICMJE Recommendations.¹

Author Responsibilities

Nonhuman artificial intelligence, language models, machine learning, or similar technologies do not qualify for authorship. If these models or tools are used to create content or assist with writing or manuscript preparation, authors must take responsibility for the integrity of the content generated by these tools.

Authors should report the use of artificial intelligence, language models, machine learning, or similar technologies to create content or assist with writing or editing of manuscripts in the Acknowledgment section or the Methods section if this is part of formal research design or methods.

This should include a description of the content that was created or edited and the names of the language model or tool, version and extension numbers, and manufacturer (Note this does not include basic tools for checking grammar, spelling, references, etc.).¹³

Reproduced and Recreated Material

The submission and publication of content created by artificial intelligence, language models, machine learning, or similar technologies is discouraged, unless part of formal research design or methods, and is not permitted without clear description of the content that was created and the name of the model or tool, version and extension numbers, and manufacturer. Authors must take responsibility for the integrity of the content generated by these models and tools.¹³

Image Integrity

The submission and publication of images created by artificial intelligence, machine learning tools, or similar technologies is discouraged, unless part of formal research design or methods, and is not permitted without clear description of the content that was created and the name of the model or tool,

version and extension numbers, and manufacturer. Authors must take responsibility for the integrity of the content generated by these models and tools.¹³

Non-Author Contributions

Those whose contributions do not justify authorship may be acknowledged individually or as a group as “participating investigators” (“served as scientific advisors”, “critically reviewed the study proposal”, “collected data”, “provided and cared for study patients”, “participated in writing or technical editing of the manuscript”).

JSLS requires the corresponding author to obtain written permission to be acknowledged from all acknowledged individuals.

Completion of the Authorship Contribution Form is required in order to have your manuscript reviewed.

Changes to Authorship

Corresponding authors must carefully consider the text of their manuscript and the list/order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion, or rearrangement of information or author names must be made before the manuscript has been fully accepted and only if approved by the journal Editor-in-Chief. To request such a change post-publication, the Editor-in-Chief must receive the following written (e-mail or letter) information from the corresponding author: (a) the reason for the change in the author list, (b) written confirmation (email or letter) from all authors that they agree with the addition, removal, or rearrangement. This includes confirmation from the author being added or removed.

Only in very exceptional circumstances will the Editor-in-Chief consider the addition and/or deletion of information. The rearrangement, addition, or deletion of author names will also require Editor-in-Chief's approval after the manuscript has been accepted and/or published online. If the manuscript has already been accepted and/or published online, any requests approved by the Editor-in-Chief will result in a corrigendum.

A corrigendum is a change in an article that the author wishes to make at any time after acceptance and/or publication.⁵

An erratum refers to a correction of error(s) introduced in an article by the publisher. Authors who determine an error has been introduced should contact the Editorial Office.⁵

Additional steps are required for authorship corrigenda as per COPE (Committee on Publication Ethics)³ procedures on change in authorship. The COPE procedures require a letter as supplementary file explaining (1) why the author was omitted in the first place and (2) containing the signatures of all co-authors declaring they agree with the addition and the new order of authors.

The same applies when an author(s) needs to be removed.

Note that all authors, including the one to be added, must fulfill the ICMJE Recommendations authorship criteria.

Unless the inadvertent omission or addition of the material in an article and/or author information was the responsibility of the editorial office, there is a charge of US \$150 for publishing an authorship correction (corrigendum) and updating the relevant databases such as PubMed. All authors are urged to carefully proofread the galleys for errors including omissions of authors before publication.

JSLS/CRSLS Policy on Disclosure of Conflicts of Interest and Sources of Financial Support

A conflict of interest is anything or any relationship that interferes with, or could reasonably be perceived as interfering with, the full and objective presentation, commissioning, peer review, editorial decision-making, or publication of research or non-research articles submitted to *JSLS*.^{1–5,9} Authors must state any financial interest they have in any commercial device, equipment, instrument, or drug that is a subject of the article. Relevant financial support and any conflicts of interest must be disclosed by all authors and reviewers. If disclosures are to be made, the author(s) will be asked to fill out a Conflict of Interest Disclosure Form.¹ You must submit the Conflict of Interest Disclosure Form for all authors along with other submission materials within Editorial Manager. Authors must also disclose if the manuscript discussion includes the use of products for which they are not labeled (i.e., off-label use).

“Public trust in the scientific process and the credibility of published articles depend in part on how transparently conflicts of interest are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work.”⁴

A conflict of interest exists when professional judgment concerning a primary interest (such as patients’ welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of conflict of interest are as important as actual conflicts of interest.

Financial relationships (such as employment, consultancies, stock ownership or options, honoraria, patents, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself.⁴ However, conflicts can occur

for other reasons, such as personal relationships or rivalries, academic competition, and intellectual beliefs. Authors should avoid entering into agreements with study sponsors, both for-profit and non-profit, that interfere with authors' access to all of the study's data or that interfere with their ability to analyze and interpret the data and to prepare and publish manuscripts independently when and where they choose." 2017 International Committee of Medical Journal Editors.

JSLS follows the International Committee of Medical Journal Editors (ICMJE) in subscribing to the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals"⁴ as well as the World Association of Medical Editors guidelines on Conflict of Interest.⁹ *JSLS* also follows the Committee on Publication Ethics (COPE) flowcharts and guidance documents.^{3, 5, 6}

Author Conflict of Interest

Authors of research and other articles are required to disclose at the time of submission any potential conflict of interests (e.g., consultancies, stock ownership, equity interests, patent-licensing arrangements, conference fees, travel and lodging, food and entertainment, etc.) and that they accept full responsibility for the conduct of the study, had full access to all the data, and controlled the decision to publish. Failure to do so may jeopardize eventual publication.⁹ If disclosures are to be made, the author(s) will be asked to fill out a Conflict of Interest Disclosure Form.¹ You must submit the Conflict of Interest Disclosure Form for all authors along with other submission materials within Editorial Manager. The information provided in this form, unless already disclosed in the submitted article, will be held in confidence while the paper is under review. If the article is accepted for publication, information on the potential conflict of interest – including a lack of control of the decision to

publish – will be included in the Disclosures section, following the Acknowledgment section.

Editor and Reviewer Conflict of Interest

Editors and Reviewers should avoid making a decision on papers for which they may have a personal or financial conflict of interest. Reviewers who are collaborating with the author, or who are working on very similar research, should recuse themselves from reviewing a paper for which they have a conflict. The Editor-in-Chief should have an Associate Editor make a decision on a paper for which they have a conflict. If the Editor-in-Chief has submitted a manuscript to the journal, an Associate Editor will handle all aspects of peer review for that paper.

Plagiarism, Falsification, and Fabrication

JSLs accepts only papers that are original work, no part of which has been submitted for publication elsewhere except as a brief abstract(s). When submitting a paper, the corresponding author should include copies of related manuscripts submitted or in press elsewhere. Taking material from another's work and submitting it as one's own is considered plagiarism. Taking material (including tables, figures, and data; or extended text passages) from the author's own prior publications is considered redundant publication or self-plagiarism, and is not permitted. Falsification is manipulating data or experimental procedures to produce a desired outcome or to avoid a complicating or inexplicable result. Fabricating a report of research or suppressing or altering data to agree with one's conclusions is considered fraud. This includes altering figures in such a way as to obscure, move, remove, or introduce information or features. Author(s) are required to minimize and specify the extent of photo (image) manipulation when a manuscript is submitted for publication. The following manipulations are not

allowed:

- Splicing different images to represent a single image
- Changing contrast and brightness of only part of an image
- Any change that conceals information
- Showing only a very small part of an image so that important information is not visible

Prior Publication

Material published by the author before submission in the following categories is considered prior publication and is not acceptable for publication in *JSLS*:

(1) Articles published in any publication, even online-only, non-peer reviewed publications; (2) articles, book chapters, and long abstracts containing original data in figures and tables, especially in proceedings publications; and (3) widely circulated, copyrighted, or archival reports.

Doctoral dissertations are not considered prior publication. Data portions of submitted papers that have appeared on a website are permitted, with the proviso that the author informs the Editor-in-Chief at the time of the submission that such material exists so that the Editor-in-Chief can determine the suitability of such material for publication. Failure to do so will result in automatic rejection of the manuscript.

Authors concerned with possible prior publication that does not clearly fall into one of these categories should contact the publications office (Email: Publications@SLS.org; Tel: 305.665.9959) and forward the material for examination.

Preprint Policy

Preprints are defined as an author's version of a research manuscript deposited on a public server prior to formal peer review and publication in a scientific journal.

Posting of un-refereed manuscripts to a community pre-print server by the author will not be considered prior publication, provided that the following conditions are met:

1. During submission, authors must acknowledge pre-print server deposition and provide any associated accession numbers or DOIs and a URL link to the preprint;
2. Versions of a manuscript that have been altered as a result of the peer review process may not be deposited on a preprint server;
3. The pre-print version cannot itself have been indexed in MEDLINE or PubMed;
4. Once the manuscript is peer-reviewed and published in *JSLS* or *CRSLS*, it is the author's responsibility to ensure that the preprint record is updated with a publication reference, including the DOI and a URL link to the published version of the article in *JSLS* or *CRSLS*.

Authors must disclose details of preprint posting including the DOI, a URL link to the posting, and the licensing terms upon submission of the manuscript to *JSLS* or *CRSLS*.

Preprints may be cited in the reference list of articles for *JSLS* and *CRSLS* as shown below:

Babichev SA, Ries J, Lvovsky AI. Quantum scissors: teleportation of single-mode optical states by means of a nonlocal single photon. Preprint at <http://arxiv.org/abs/quant-ph/0208066> (2002).

Researchers approached by other entities (such as reporters) should make it clear that the preprint has not yet undergone peer review, that the findings are provisional, and that the conclusions may change.

SLS Policy on Ethical Procedure

JSLs reviewers have a responsibility to report suspected duplicate publication, fraud, plagiarism, or concerns about animal or human experimentation to the Editor-in-Chief. A reviewer may recognize and report that they have refereed a similar or identical paper for another journal by the same author(s). Readers may report that they have seen the same article elsewhere, or authors may see their own published work being plagiarized. In all cases, the Editor-in-Chief will inform the Editorial Board by supplying copies of (1) the relevant material and (2) a draft letter to the corresponding author asking for an explanation in a nonjudgmental manner. If the author's explanation is unacceptable and it seems that serious unethical conduct has taken place, the matter is referred to the Editorial Board. After deliberation, a decision is made whether the case is serious enough to warrant a ban on future submissions and/or the offending author's institution should be informed. The decision has to be approved by the Editorial Board, and the author has the right to appeal a sanction, with the opportunity to present their position to the Editorial Board.

If the infraction is less severe, the Editor-in-Chief, upon advice of the Editorial Board, will send the author a letter of reprimand and remind the author of *JSLs* publication policies. If the manuscript has been published, the Editor-in-Chief may require the author to publish an apology in the journal to correct the record. If, through the author's actions, *JSLs* has violated the copyright of another journal, a letter of apology will be written to the other journal.

In serious cases of fraud that result in retraction of the article, a retraction notice will be published in the journal and will be linked to the article in the

online version. The online version will be marked “retracted” with the retraction date.⁴

JSLS Policy on Informed Consent and Protection of Research Participants

When reporting research involving human data, authors should indicate whether the procedures followed have been assessed by the responsible review committee (institutional and national), or if no formal ethics committee is available, were in accordance with the Helsinki Declaration. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. Approval by a responsible review committee does not preclude editors from forming their own judgment whether the conduct of the research was appropriate.

Patients have a right to privacy that should not be violated without informed consent. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication.

Nonessential identifying details should be omitted. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are de-identified, authors should

provide assurance, and editors should so note, that such changes do not distort scientific meaning.

The requirement for informed consent should be included in the journal's instructions for authors. When informed consent has been obtained, it should be indicated in the published article.

Data Sharing

JSLS and *CRSLS* follow the National Research Council's (NRC) recommendations for data sharing that include the following:

- Data sharing should be a regular practice.
- Investigators should share data by the time of publication, except in compelling circumstances.
- Plans for data sharing should be an integral part of a research plan whenever data sharing is feasible.
- Subsequent researchers who request data from others should bear the associated incremental costs, should endeavor to keep the burdens of data sharing to a minimum, and should explicitly acknowledge the contributions of the initial investigators.

JSLS and *CRSLS* require authors to provide access to data as a part of the peer review process. Our journals recommend that emphasis be given to reports of secondary analysis and replications. We require full credit and appropriate citation to original data collections in reports based on secondary analysis. We strongly encourage authors to make detailed data accessible to other researchers.^{10–12} More specifically, *JSLS* and *CRSLS* require authors to make all data underlying the findings described in their manuscript fully available without restriction, with rare exception.

JSLS/CRSLS Policy on Animal Rights

When reporting experiments on animals, authors should indicate whether institutional and national standards for the care and use of laboratory animals were followed. Further guidance on animal research ethics is available from the International Association of Veterinary Editors' Consensus Author Guidelines on Animal Ethics and Welfare.

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Artificial Intelligence in Scholarly Publication

JSLS has joined with other organizations, such as WAME and COPE to state that Artificial Intelligence (AI) tools cannot be listed as an author of a paper.^{1,2} Artificial intelligence is the ability of a digital computer or computer controlled robot to perform tasks commonly associated with intelligent beings.³ A chatbot is a tool driven by AI, automated rules, natural language processing (NLP) and machine learning (ML) to process data to deliver responses to requests of all kinds.⁴

Generative modeling is an artificial intelligence technique that generates synthetic artifacts by analyzing training examples; learning their patterns and distribution; and then creating realistic facsimiles. Generative AI (GAI) uses generative modeling and advances in deep learning (DL) to produce diverse content at scale by utilizing existing media such as text, graphics, audio and visual.^{5,6}

However, chatbots and their various applications have demonstrated the positive possibilities of generative AI as well as their risks. In light of these facts, JSLS has chosen to adopt the WAME recommendations on chatbots and generative artificial intelligence as regards scholarly publication.

Recommendation 1: Chatbots cannot be authors.

Recommendation 2: Authors should be transparent when chatbots are used and provide Information about how they were used.

Recommendation 3: Authors are responsible for material provided by a chatbot in their Paper (including the accuracy of what is presented and the absence of plagiarism) and for appropriate attribution of all sources (including original sources for material generated by the chatbot)

Recommendation 4: Editors and peer reviewers should specify, to authors and each other, any use of chatbots in the evaluation of the manuscript and generation of reviews and correspondence. If they use chatbots in their communication with authors and each other, they should explain how they were used.

Nonetheless, AI applications will play an increasing role in the practice of medicine and surgery. JSLS does seek submission of manuscripts describing original research that examines the application of AI in clinical settings of minimally invasive, laparoendoscopic and robotic surgery. The journal expects

AI manuscripts to adhere to the appropriate reporting standards and guidelines outlined by frameworks such as TRIPOD+AI, DECIDE-I, CLEAR and outlined in JAMIA Open. ⁷

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