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The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to **International Journal of Advanced Robotic & Innovative Surgery** alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the International Journal of Advanced Robotic & Innovative Surgery readers are also liable to be rejected at this stage itself.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. If EIC is the author of the Journal his manuscript shall be screened by one of the Associate or Joint Editors. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts that are found suitable for publication in International Journal of Advanced Robotic & Innovative Surgery are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the sectional Joint editor team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript. Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within seven days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

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The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editorial office secretariat@aris-international.org / prof.subhashkhanna@gmail.com explaining in detail the reason for the appeal.

The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

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Authorship Criteria

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2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.

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This file should provide

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[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

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Article type	Maximum number of authors	Word limit (excluding abstract and references)	Abstract	Key words (3 -7)	Number of references (maximum)	Figures and Tables
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Narrative review	6	4000	300 (unstructured)	yes	40	Only relevant ones (no limit)
Original article	6	3500	250 (structured)	yes	50	Only relevant ones (no limit)
Case report	5	1500	200 (unstructured)	yes	15	5
Letter to editor	2	600	No	No	5	1

NB;1. Case reports are published only in online issues

2. No color figures in the printed version

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Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000-5000 words (excluding Abstract, references and Tables) should be divided into sections with the headings Abstract, Keywords, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Introduction: State the purpose and summarize the rationale for the study or observation.

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Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

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Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx

STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at <https://www.equator-network.org/reporting-guidelines/>.

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyse them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

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When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyse them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

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Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000-5000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

The Journal prefers systematic reviews that have been registered in PROSPERO <https://www.crd.york.ac.uk/prospéro/>. The PROSPERO registry number should be provided in the review article under the "methodology" section.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Keywords, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 25 references. Case Reports could be authored by up to four authors.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 1000 words and 4 references. It could be generally authored by not more than four authors.

Other:

Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify *references in text*, tables, and legends by Arabic numerals in superscript with square bracket after the *punctuation marks*. *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in *Index Medicus*. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not

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Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.*1996; 90:255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.* Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.
3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1:S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis, London, U.K.1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess *BMC Microbiology* 2007, 7:41.doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

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- Tables should be self-explanatory and should not duplicate textual material.
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- In order to protect the patient's identity, the recognizable facial features not related to the study should be digitally blurred
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Covering letter

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Tables and figures

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