



APSA Manuscript Submission Open through March 15, 2022

Authors presenting abstracts in Plenary, Scientific and Committee Breakout sessions are encouraged to submit manuscripts for publication in the *Journal of Pediatric Surgery (JPS)*. Manuscript submission is optional and not required for abstract presentation*. Videos and posters are **not eligible unless** they have been identified as candidates for the Quality Award.

*If your abstract was specifically identified as a candidate for the Quality Award: 1) manuscript submission is mandatory; 2) if you choose not to publish your work in the JPS, submit your manuscript directly to the Quality and Safety Committee as instructed in an earlier email, do not submit your manuscript via the APSA platform.

Selected manuscripts will be published in the January 2023 Issue
of the *Journal of Pediatric Surgery*

Submission Instructions

Submissions that do not adhere to the instructions will not be considered for publication.

1. **The manuscript is submitted as two MS Word files: title page is one, separate file; text and tables/graphics/pictures are combined in the second file.**
2. The submission is required to be original work and not published previously.
3. Files must be in MS Word format and may not exceed 3MB.
4. **Text, excluding the title page, must be de-identified to authors and institution.** The review process for the publications committee is blind.
5. Manuscripts must be double-spaced and are limited to 12 pages. Page limit does **not** include title page, legend, tables, figures, illustrations and reference pages.
6. Title Page must include the following:
 - Title
 - Authors' first and last names
 - Institutions represented
 - Name, mailing address, telephone and e-mail address of the corresponding author
 - Author contributions in one or more of the following categories (ghost-writing is not acceptable and contributors who do not meet the following criteria should be listed in the acknowledgement):
 - study conception and design
 - acquisition of data
 - analysis and interpretation of data
 - drafting of manuscript
 - critical revision of manuscript
 - Annotations of changes that should be included in the final manuscript that contain identifying information regarding the authors or the institution

7. Manuscript information should be displayed in the following order:
 - Title
 - Level of Evidence (**for clinical studies, see below**)
 - Type of study
 - Abstract – 300 words: Background/purpose, Methods, Results and Conclusions
 - Keywords – up to 6 (index words no longer used)
 - Body of manuscript
 - Legend sheet for figures. Figures are labeled according to the legend sheet.
 - References
 - Tables and Figures

8. Tables and figures should be cited in order with their position marked in the margin of the manuscript.

8. References must be double-spaced, numbered and compiled according to citation order in the text, in the *Journal of Pediatric Surgery*/Vancouver format.

10. For clinical research studies, authors are encouraged to follow the JPS Clinical Research Guidelines, posted on the [APSA website](#) for your convenience.

IMPORTANT! Did Your Remember to Review and De-identify your Manuscript? In addition to submitting your title page as a separate file, to ensure a blind review process, we recommend you review your manuscript thoroughly and remove any mention of the institution or identifying information regarding the institution or the authors. This includes mention of prior publications by your group, and reference to the institution specific IRB (see sample manuscript for details). This information will be entered in later revisions if the paper is accepted.

IF YOUR MANUSCRIPT CONTAINS IDENTIFYING INFORMATION REGARDING THE AUTHORS OR THE INSTITUTION IT WILL NOT BE REVIEWED.

Questions? [Contact APSA](#)

Journal of Pediatric Surgery

Levels of Evidence: Although this will be reviewed by our Editorial Staff, and their opinion will be final, the Journal asks authors to assign a Level of Evidence to all clinically oriented manuscripts. The following table is offered to assist authors:

Type of Study	Treatment Study	Prognosis Study	Study of Diagnostic Test	Cost Effectiveness Study
LEVEL I	Randomized controlled trials with adequate statistical power to detect differences (narrow confidence intervals) and follow-up >80%	High-quality prospective cohort study with >80% follow-up, and all patients enrolled at same time point in disease	Testing previously developed diagnostic criteria in a consecutive series of patients and a universally applied "gold" standard	Reasonable costs and alternatives used in study with values obtained from many studies, study used multi-way sensitivity analyses
LEVEL II	Lower-quality randomized trials (follow-up <80%, improper randomization techniques, no masking) Prospective comparative study	Lower-quality prospective cohort study (<80% follow-up, patients enrolled at different time points in disease) Retrospective study Untreated controls from a randomized controlled trial	Development of diagnostic criteria in a consecutive series of patients and a universally applied "gold" standard	Reasonable costs and alternatives used in study with values obtained from limited studies, study uses multi-way sensitivity analyses
LEVEL III	Case-control study Retrospective comparative study	Case-control study	Study of nonconsecutive patients and/or without a universally applied "gold" standard	Analyses based on a limited section of alternatives and costs, or poor estimates of costs
LEVEL IV	Case series with no comparison group	Case series with no comparison group	Use of a poor reference standard Case control study	No sensitivity analysis
LEVEL V	Expert opinion	Expert opinion	Expert opinion	Expert opinion