

INSTRUCTIONS FOR AUTHORS

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1.0 Aims & Scope

Proceedings of the Shevchenko Scientific Society - Medical Sciences (Proc Shevchenko Sci Soc Med Sci) is an international open access peer-reviewed biannual journal published by the Shevchenko Scientific Society (Lviv, Ukraine). In these instructions it will be referred to as "the Journal". The Journal publishes articles in both Ukrainian and English languages.

The aim of the Journal is to provide a platform for the sharing of evidence-based investigations and analyzing general medical issues of interest to scholars in Ukraine and world-wide. It serves as a forum for sharing professional information amongst fellows of the Shevchenko Scientific Society. Original experimental and clinical research and reviews by Society fellows and their collaborators are prioritized. Submissions highlighting medical and healthcare issues applicable to Ukraine and Eastern Europe are welcome. The Journal regularly solicits reviews and expert opinion pieces of scholars from all over the world to expand the prospects of scientific collaboration of Ukrainian fellows. The electronic version of the Journal as posted on the Society website at <http://www.medntsh.lviv.ua/en/journal/> is the official record of each issue.

2.0 Article types

This Journal publishes original research articles, narrative and systematic reviews, expert opinion pieces, case-based reviews, images, short communications, editorials, letters, book reviews, meeting reports, and information about memorable historic events and anniversaries.

3.0 Manuscript submission

Every manuscript submission must be accompanied by a cover letter, the manuscript with a title page, text, figures, tables, references and disclosures. The submitted manuscript must be original, previously unpublished, and not simultaneously under consideration in other journals. Manuscripts containing material previously presented and published as a congress abstract should include a note providing the name, location and dates of the meeting.

All manuscripts have to be submitted online by the corresponding author via the journal platform at <https://mspsss.org.ua/index.php/journal/about/submissions>

In order to submit a manuscript, the authors have to open an account in the journal web system and log in to the Author's User Home page. No other form of submission is accepted.

4.0 Editorial recommendations

The editors of the Journal strictly follow the recommendations of numerous global editorial associations related to editorial policies and publication ethics. The authors may also advance their ethical writing and transparent reporting skills by familiarizing with and adhering to the following documents:

- Recommendations of the International Committee of Medical Journal Editors (ICMJE) for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals: <http://www.icmje.org/icmje-recommendations.pdf>
- Core practices of the Committee on Publication Ethics (COPE): <https://publicationethics.org/core-practices>
- Policies of the World Association of Medical Editors (WAME): <http://www.wame.org/policies>

Guidelines for international medical publications

Sarajevo Declaration on Integrity and Visibility of Scholarly Publications: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5209927/>

Principles of Transparency and Best Practice in Scholarly Publishing of the Open Access Scholarly Publishers Association (OASPA): <https://oaspa.org/information-resources/principles-of-transparency-and-best-practice-in-scholarly-publishing/>

The Council of Science Editors (CSE) White Paper on Promoting Integrity in Scientific Journal Publications: <https://www.councilscienceeditors.org/resource-library/editorial-policies/white-paper-on-publication-ethics/>

Standards of the **E**nhancing the **Q**uality and **T**ransparency **O**f Health **R**esearch (EQUATOR) Network on how to transparently and comprehensively report research data: <http://www.equator-network.org/>

PRISMA (Systematic reviews): <http://www.equator-network.org/reporting-guidelines/prisma/>
CONSORT (Randomized Trials): <http://www.equator-network.org/reporting-guidelines/consort/>
STROBE (Observational studies): <http://www.equator-network.org/reporting-guidelines/strobe/>
CARE (Case reports): <http://www.equator-network.org/reporting-guidelines/care/>
SRQR (Qualitative research): <http://www.equator-network.org/reporting-guidelines/srqr/>
ARRIVE (Animal pre-clinical studies): <http://www.equator-network.org/reporting-guidelines/improving-bioscience-research-reporting-the-arrive-guidelines-for-reporting-animal-research/>
The SAMPL Guidelines for Statistical Reporting: <http://www.equator-network.org/wp-content/uploads/2013/03/SAMPL-Guidelines-3-13-13.pdf>

6.0 Language

The authors are strongly advised to submit their manuscripts in well edited English (either American or British). The Journal does not offer substantive language editing services. The authors themselves are fully responsible for proper language and punctuation editing. Poor English can be a reason for manuscript rejection. In case of referring to external editing services, the authors should dully acknowledge the experts' contributions in line with the AMWA-EMWA-ISMPJ Joint Position Statement on the Role of Professional Medical Writers: <https://www.equator-network.org/reporting-guidelines/amwa%E2%80%92emwa%E2%80%92ismpp-joint-position-statement-on-the-role-of-professional-medical-writers/>).

7.0 Style

Text should be written with Times New Roman, double line spacing, 12 font size with 2.5 cm margins all around. The "Microsoft® Word" program must be used. DO NOT submit in PDF format.

Consistency of tense is important. The **past** tense is usually used in all sections of the manuscript. The **present** tense is used to express a truth, fact or something continuingly true.

- Examples:
1. Blood samples were drawn on days 1,2 and 3. (PAST)
 2. Blood is red. (PRESENT)
 3. Yesterday's election results are announced today. (PRESENT)

All abbreviations should be defined at their initial mention and used consistently throughout the text.

Use words to express numerals:
Those below 10 (i.e. 1-9)
When they begin a sentence or title

Use decimal points instead of commas, and do not present more than 3 digits after the decimal point.

In general, the generic name of drugs is preferable. If the trade name must be used for a drug, please identify the manufacturer.

Medical equipment that must be identified by its commercial name must have the company's name and location placed in parenthesis after the name.

The modified metric system International System of Units (SI) should be used for presenting measurement units. Exceptions: Use Celsius (C) instead of Kelvin (K) for temperature and use Liter (L) for volume measurement.

8.0 Categories of Manuscripts with Word Limits

Type of article	Word limit	Abstract, words	References	Figure/Tables
Full-length research article	4000	250 structured	40	10
Review article	5000	250 structured	80	10
Case-based review	1500	100 unstructured	10	3 (no tables)
Letters to the editor	500	N/A	5	1 (no tables)
Short communication	2000	175 unstructured	10	4
Editorials	1000	N/A	10	2

9.0 Recommended format for all manuscripts

1. Title Page
 - Title
 - The name(s) of the author(s)
 - Each author's highest academic degrees
 - The affiliation(s) of the author(s)
 - Emails and ORCID iDs of the author(s)
 - Full postal address, telephone number(s) of the corresponding author
2. Abstract
3. Keywords
4. Main text
5. Authors Contributors' Statement
6. Acknowledgments
7. Conflicts of interest disclosures
8. Funding
9. Ethics approval and written informed consents statements
10. References
11. Tables/Figures
12. Figures legends

9.1 Title

The title should be concise, informative, easily understandable for non-experts, and attractive. The title is limited to 100 characters. Do not use abbreviations in the Title. The Title should reflect the keywords explored in the main text. Consulting the list of structured keywords from the Medical Subject Headings (MeSH) of the US National Library of Medicine <https://www.nlm.nih.gov/mesh/meshhome.html> can help better structure the Title. Clearly describing the study design in the Title and the Abstract of the Original research articles is a good practice.

The second part of the Title in systematic reviews should reflect either qualitative (systematic review) or quantitative methodology (systematic review and meta-analysis); for example, "Fatty infiltration in the thigh muscles in knee osteoarthritis: a systematic review." It is not necessary to add "narrative review" or "literature review" in the Title of narrative reviews.

For case-based reviews, "case-based review" should be the second part of the Title: e.g. "Adalimumab in the treatment of pediatric Behçet's disease: case-based review." For detailed information, please refer to the following document: <https://www.ncbi.nlm.nih.gov/pubmed/21800117>

The Title page includes

- the name(s) of the author(s): first name, all initials, family name
- each author's highest academic degree
- the affiliation(s) of the author(s)
- e-mails and ORCID id's of the author(s)
- full postal address, telephone number(s) of the corresponding author
- category of manuscript
- total word count

9.2 Abstract.

A structured abstract with maximum length of 250 words is required for original and review articles and should include Background, Methods, Results, and Conclusion. For case-based reviews and short communication, an unstructured Abstract (100-175 words) is required.

Letters to the Editor and Editorials should not include abstracts.

9.3 Keywords.

Keywords should reflect the content of the manuscript. The authors may list 4-6 keywords retrieved from the MeSH: <https://meshb.nlm.nih.gov/search>)

9.4. Main text.

The structure of the main text depends on the article type.

9.4.1. Original research articles.

The original article should follow the IMRaD format consisting of the following sections: Introduction (I), Methods (M), Results (R) and Discussion (D).

Introduction. This section is for briefly describing disease definitions, epidemiological and historic data. Justifying novelty and reflecting on available evidence-based data can help better understand the aim and potential implications of the study. Avoiding a lengthy overview of widely known facts improves readability. The working hypothesis and research question should be clearly formulated in the Introduction. The last paragraph in this section addresses the aim of the study.

Methods. The study design and employed methods have to be described in detail to instruct others how to reproduce the same tests and experiments. Describing widely known, 'old' methods is unnecessary; the authors should cite a relevant reference instead.

Statistical analyses section is for describing how statistical data is presented, depending on the normality of the tested parameters' distribution. Means and Standard Deviations (SD) are appropriate for presenting normally distributed parameters. When variables do not follow a normal distribution, Medians and Interquartile Ranges (IQR; Q3-Q1; a single number) are reported and non-parametric tests are employed (Mann-Whitney U, Kruskal-Wallis tests). Student's T-test is for normally distributed parameters. For more guidance, please refer to: <https://www.ncbi.nlm.nih.gov/pubmed/28581261>

Results. This section of the manuscript presents significant findings with P values and 95% Confidence Intervals (CI). Commenting on the obtained results is not recommended in this section. Recapitulating data in the text and tables or figures is unacceptable.

Discussion and Conclusion. Summarizing and interpreting the most important findings of the study in view of the available literature data help the readers understand why the study was conducted. The implications of the study for future research and practice are also described here. The limitations of the study are listed afterwards. The last paragraph is for the Conclusion of the study (2-3 sentences). Avoid repetition and vague conclusions.

9.4.2. Review articles

Systematic review

Systematic review summarizes and critically analyzes certain types of research studies in line with the EQUATOR Network standard (PRISMA-Preferred Reporting Items for Systematic Review and Meta-Analyses <http://www.equator-network.org/reporting-guidelines/prisma/>). This type of article has the highest level of evidence. It includes an analysis of all quality evidence-based publications on a specific question. Registering the protocol of the systematic review with the PROSPERO registry <https://www.crd.york.ac.uk/prospero/> is recommended to avoid redundancy. The registration number and reference to the protocol is necessary in the manuscript.

Narrative review

Narrative review is broader in scope with a more flexible format than systematic review. For both systematic and narrative reviews, Search Strategy with information on searches through evidence-based bibliographic databases and MeSH keywords, inclusion and exclusion criteria, and time limits is mandatory. The authors may improve their Search Strategy by consulting the following document: <https://www.ncbi.nlm.nih.gov/pubmed/21800117>.

To comprehensively cover scientific information and identify all literature items related to the topic of interest, the authors should conduct searches through multidisciplinary (Scopus, Web of Science) and specialist databases (e.g., MEDLINE/PubMed, EMBASE/Excerpta Medica, Cochrane Library, CINAHL, PEDro, SPORTDiscus, Global Health/CABI, PsycINFO). At least two global databases should be used for unbiased and comprehensive searches. Searches through the Directory of Open Access Journals (DOAJ; <https://doaj.org/>) may help identify articles from countries not widely represented at other global databases.

Additional searches through the platforms of major conferences and ongoing clinical trials may identify valuable references reflecting ongoing progress in a specific field of science.

9.4.3. Case-based review

The Journal does not accept simple Case Reports. Instead, it will review Case-Based Review of unique clinical cases. To meet the high standards of case-based review, the Search Strategy should include information on bibliographic databases searched, MeSH keywords used, inclusion and exclusion criteria, and time limits.

The Introduction, Case description, Search Strategy, Discussion, and Conclusion are mandatory sections of this type of article. Justifying the uniqueness of the described case by analyzing it with reference to the researched publications are required for this type of article. Analyzing this series of cases in a summarized table is strongly recommended. Finally, a take-home message concludes the review.

The authors should provide reference ranges for all employed laboratory tests. The patient data should be organized into a timeline to help readers understand the course of the disease. The CARE checklist and flow diagram can be consulted at: <http://www.equator-network.org/wp-content/uploads/2013/10/CAREFlowDiagram-2013-01F.pdf>.

9.5. Authors Contributors' Statement

The author's contribution statement is in line with the four ICMJE authorship criteria: <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>. All individuals listed as authors should qualify for authorship by contributing substantively to the work and taking full responsibility for all parts of the work. The ICMJE recommends that authorship be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work.
2. Drafting the work or revising it critically for important intellectual content;

3. Final approval of the version to be published.
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.

Each author should meet all four criteria. Prior to publication, each author must sign this Statement to certify his or her contribution and responsibility in this work.

9.6. Acknowledgments.

Acknowledgments of contributions that do not satisfy the authorship criteria are listed in this section. Individuals who fail to meet the ICMJE authorship criteria are acknowledged officially after providing their consent. In cases of referring to language editing services, the corresponding authors acknowledge their efforts by naming the agencies and/or agents involved in line with the ICMJE recommendations.

9.7. Conflict of interest

All manuscripts submitted to the Journal should contain a disclosure statement indicating any relevant financial and non-financial conflicts of interest that may influence the trustworthiness of the manuscripts. Disclosing any financial and/or personal relationships with pharmaceutical companies is required. If none of the authors have any conflicts, insert a statement that the authors declare no conflicts of interest. Each author must submit the conflict of interest form. For additional information on the different types of conflicts of interest, refer to the World Association of Medical Editors (WAME) policy statement on conflicts of interest: <http://wame.org/conflict-of-interest-in-peer-reviewed-medical-journals>.

9.8. Funding

All manuscripts must contain a funding statement with details of all funding sources for the research:

The full official funding agency name; Grant numbers; Date of granting.

If no funding was received for the study, it should be stated "The authors received no financial support for their study."

9.9. Ethics approval and written informed consents statements

Human Investigation

The authors should state that their study complies with the Declaration of Helsinki. The author must provide, in the methods section, information about the review and approval of their study of human subjects by an Ethics Committee (or Institutional Review Board), the approval date, protocol number, and name of the approving institution. In any study involving humans, a statement about written informed consent obtained from all participants (or their legally authorized representatives) is required.

Humane Animal Care

For animal studies, indicating the nature of the ethical review permissions, relevant licenses (e.g., Animal [Scientific Procedures] Act 1986), and national or institutional guidelines for the care and use of animals, that cover the research are required. Please follow the "Guide for the Care and Use of Laboratory Animals" by the National Academy of Sciences <https://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>

The Research Integrity Officer of this Journal can be consulted for clarifying ethical issues related to the submissions.

9.10. References

Each reference to a single scientific fact (that is not common knowledge) or description of previous findings requires a link to a highly relevant literature source.

The Journal follows the Vancouver reference style and should be formatted as follows:

All sources must be cited in consecutive order in the text and listed in that chronological order in the reference list. The references in the text are cited with Arabic numerals in square brackets, e.g. [1].

Unacceptable citations include: unpublished items, poor quality monographs, textbooks, congress abstracts, dissertations, non-peer-reviewed magazines and newspapers.

It is recommended to refer to primary literature sources rather than secondary publications (e.g. reviews).

Each scientific fact should have a single reference. Do not use multiple references for the same scientific fact.

Each reference in the References follows the format:

Author (last name and initials); list up to six authors followed by "et al"

Title of article

Title of the journal (official abbreviation)

Year of publication, volume and page numbers

Examples:

1. Journal article.

Ivankiv Y. Structural organization of the links of hemomicrocircular channel of the rat`s uterus under the conditions of six-week long administration of nalbuphine. Proc Shevchenko Sci Soc Med Sci. 2019; 55(Suppl 1):112-124.

2. Chapter in book.

Volod O and Wegner J. The bleeding post-op CT patient: coagulation tests versus thromboelastography. In: Lonchyna VA, editor. Difficult Decisions in Cardiothoracic Critical Care Surgery. Cham, Switzerland: Springer Nature; 2019:429-443.

3. Website/webpage.

MOH of Ukraine presented changes in health care to international partners. 20 April 2019. Available at: <http://en.moz.gov.ua/article/news/moh-of-ukraine-presented-changes-in-health-care-to-international-partners->. Accessed on 22 July 2019.

9.11. Tables and Figures

Tables should be inserted at the end of the text file or uploaded as separate files. The tables should be self-explanatory. Data presented in the tables should not duplicate the textual information. Tables should not duplicate information in figures. The title is placed above the table and any explanatory notes are placed below it. All abbreviations (in alphabetical order), symbols and error bars are explained in the notes. Mark tables with Arabic numerals in order of their citation in the text. Extensive datasets should be deposited as Supplemental Material.

Figures should be submitted as separate files, not embedded within the text files. All figures should have adequate resolution, be clear and easily understandable. Any numbers and letters should be of the correct size so that they can be easily read when resized. Each figure should have a concise caption with an accurate description of what the figure depicts. The list of captions should be included at the end of the text file of the manuscript (not in the figure file). The captions interpret the figures without referring to the text. Duplicating details in the figures and the text is unacceptable.

Two standard widths can be used and figures should fit in one (8.5 × 22.0 cm) or two (17.0 × 22.0 cm) columns.

Preferred formats are JPEG or TIFF in appropriate resolutions: 300 dpi for color figures, 600 dpi for black and white figures, 1200 dpi for line-art figures. Panel letters should be in Arial bold 14 pt, capital letter (A, B) while letters in figures (axes), should be in Arial 8 pt, lower case letters. No type should be smaller than 6 pt. The values of digits should be represented by a decimal (one hundredth) fractions written by point, for example: 0.7 or 0.07.

All photographs should be of high quality. Do not submit prescreened (scanned) images of photographic material as they may not have sufficient resolution. Medical photographs of the patients must be non-identifiable (masked identity) and written permission obtained from them.

Submission of previously published figures and tables should be accompanied with written permission of the copyright holders for their reproduction.

All written permissions for above material must be forwarded to the editor once the manuscript has been accepted for publication. Without this publication will be delayed or revoked.

10.0. Research ethics. Plagiarism.

Plagiarism is the use of another's words, ideas, data, figures as one's own without giving due credit to the original author. This can be in the form of lifting of parts or entire passages or restating them (ideas, thoughts, etc.) without proper acknowledgement of the source.

The editors follow the Guidelines of the Committee on Publication Ethics (COPE) regarding ethics in medical publications. The editor will reject for publication or retract an already published manuscript if:

1. There is evidence of scientific fraud in the conduct of the research.
2. The manuscript has been published (in whole or in part) in another journal without cross referencing this or obtaining permission to republish (redundant publication).
3. Evidence of plagiarism. All submissions to the Journal are checked for text and image copying through Google, Grammarly, and AdvegoPlagiatus software.
4. The manuscript contains report of unethical research or conduct.

11.0. Copyright and distribution licenses

The authors are the holders of the copyright. They allow the publisher to publish their manuscript as a primary article. All the published articles are licensed under the Creative Commons Attribution license (<https://creativecommons.org/licenses/by/4.0/>), which permits freely copying and redistributing the material in any medium or format, remix, transform, and build upon the material for commercial and non-commercial purposes.

The authors are encouraged to deposit their works at institutional and personal repositories and networking sites, such as ResearchGate (<https://www.researchgate.net/>) and share articles on social media such as Twitter and Facebook with a proper reference to the primary publication.

12.0. Open-access publishing and charges

The Journal employs the diamond open-access publishing model. There are no processing and publication charges for authors, and all published articles are freely accessible to readers immediately upon publication. The Journal follows the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/>), Berlin Declaration of Open Access (<https://openaccess.mpg.de/Berlin-Declaration>) and the Principles of Transparency and Best Practice in Scholarly Publishing (<https://oaspa.org/principles-of-transparency-and-best-practice-in-scholarly-publishing/>).

13.0. Peer review policy

The Journal implements a double-blind peer review process. Each manuscript is reviewed by at least two experts in the field. The manuscript files are blinded to avoid unmasking the identities of both the author and the reviewer. The blinding also involves the main text to hide any information that may unmask the author names and affiliations.

The reviewers are advised to adhere to the following ethical guidelines: https://publicationethics.org/files/Ethical_Guidelines_For_Peer_Reviewers_2.pdf

The reviewer comments and recommendations regarding publication are thoroughly analyzed by the editors prior to forwarding to the authors. The final decision on publication/revision/rejection of a manuscript rests entirely on the Editor.

14.0. Archiving

The Journal online archive is preserved permanently by Vernadsky National Library of Ukraine (<http://www.nbuv.gov.ua/>).