

Brazilian scientific journals in surgery. III: analysis of the Instructions for authors based on Vancouver uniform requirements

Revistas brasileiras publicadoras de artigos científicos em cirurgia. III: análise das instruções aos autores baseada na estrutura dos requisitos de Vancouver¹

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ABSTRACT

Purpose: To analyze the instructions for authors of Brazilian scientific journals in the surgery field, in order to describe the present situation, as well to make recommendations for editors and authors.

Methods: Instruction for authors of 20 journals were analyzed and classified following Vancouver requirements. Instructions were taken from SciELO, from the journals' homepage, or from the last printed issue available in BIREME's collection. Results were descriptively analyzed, considering the frequency of each variable.

Results: 75% of the journals recommended ICMJE Uniform Requirements, although not always the newest version was indicated; 90% of the journals mentioned ethical research principles, 80% the peer-review process and 70% the conflict of interests and the author rights transfer agreement. Foreign languages frequently accepted were English (80%) and Spanish (30%). All journals publish original papers, followed by reviews (90%), case reports (80%), letters to the editor (70%), and clinical updates or continuing education (55%). The nomenclature for the sections varied among journals.

Conclusion: Even though publishing freedom and independence of each publisher must be respected, there are internationally accepted criteria that must be observed. The current trends, towards the prioritization of open access electronic journals, will lead to important changes in the process of publishing scientific journals.

Key words: Publishing. Periodicals. Editorial Policies. Scientific communication. Scientific production.

Introduction

An exponential increase in the scientific production in the last decades led to the appearance of hundreds of periodicals; nevertheless, the majority of them did not conquer credibility and acknowledgment among the scientific community, interrupting the publication a few issues later. The prestige of any journal is related to rigid editorial policies, publishing articles that have followed scientific and ethical rules and with potential to influence

the scientific development of the research area in which it belongs. Likewise, the formal and structural features of a journal have major relevance, and this led editors to set standardized guidelines for the submission of manuscripts, trying to uniform the format of articles in scientific journals. Nevertheless, these instructions are not always totally understandable, forcing authors to search and read several already published articles in the journals they intend to submit their manuscript¹. Furthermore, instructions vary from one journal to another,

and most of times from issues in a same publication. In such particular, it deserves to be mentioned the work which is being accomplished by the International Committee of Medical Journal Editors (ICMJE), mostly known as the Vancouver Group, with the publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Journals², from now on named the Vancouver Requirements. ICMJE, since 1978, has been trying to set guidelines to standardize and characterize biomedical journals. Although the Vancouver Requirements are related to the whole editorial process, many authors and scientific editors only identify them as related to the standards for bibliographic references. Those Requirements, besides setting the style and format of the bibliographic references, also specify some good practices, such as: complete data of the cited source, including links to the full text; citation of the most relevant documents; exclusion of abstracts and personal communications in citations. The most recent version was updated in October, 2007 (<http://www.icmje.org/>). NCCC – Nucleus of Scientific Communication in Surgery has been developing some studies related to editorial policies and standardization of the Brazilian scientific journals that publish surgery articles. Data raised have fomented meetings and debates with health scientific editors, both national³ and international. These studies were divided in steps, the first two already published^{4,5}. The objective of this study, which represents the third step, is to analyze the Instructions for Authors of Brazilian scientific journals that publish articles in the surgery field, looking to trace a panorama of the situation, as well as to make recommendations for editors and authors.

Methods

Twenty journals that publish articles in the surgery field were analyzed (Table 1). The initial purpose was to keep the 23 journals from the previous steps, according to the criteria of regularity of publication, availability in SciELO (<http://www.scielo.br>) or access to the printed journals. However, three titles were eliminated because they did not meet such criteria. Besides the previous analyzed features, information related to the ranking of these journals in the Medicine III area of the Qualis program (<http://qualis.capes.gov.br/webqualis/>), base-year of 2006, was added to Table 1. Journals of surgical specialties are included mainly in this area of Qualis. Instructions for Authors were analyzed through an instrument for data collection specifically designed for such purpose, and were classified in five domains, based on the Vancouver Requirements structure:

1. Editorial policy– ethical considerations: ethical principles in the process of preparation of manuscripts, conflicts of interest, financing, acknowledgements, copyright, peer review, and evaluation flow;

2. Accepted languages for the contributions: acceptance of articles and abstracts in languages other than Portuguese, such as English and Spanish, as well as the responsibility for the translations and versions and related costs

3. Classification of the types of contribution: types of articles, definition or guidelines about their content, as well as about presentation and format;

4. Manuscript preparation and submission: recommendations on preparing and submission of manuscripts;

5. References: instructions related to the terminology, standardization, citation in the text, maximum number of references, abbreviation style and order.

The Instructions for Authors were extracted from SciELO, from the journal sites or from the last printed issue available at BIREME's collection. Results were descriptively analyzed, being considered the frequency (%) of any researched variable.

TABLE 1 - Brazilian journals selected according to structural, administrative features, indexing sources and ranking in the Qualis program (2006-2007).

	Titles	Date Volume 1	Periodicity	Publisher	Databases	Qualis (2006) Medicine III
1	Acta Cirúrgica Brasileira	1986	bimonthly	Sociedade Brasileira para o Desenvolvimento da Pesquisa em Cirurgia	LILACS, SciELO, MEDLINE, EMBASE	Int C
2	Acta Ortopédica Brasileira	1993	5 issues/year	Sociedade Brasileira de Ortopedia e Traumatologia - Regional São Paulo	LILACS, SciELO	Nac A
3	Arquivos Brasileiros de Cardiologia	1948	monthly	Sociedade Brasileira de Cardiologia	LILACS, SciELO, MEDLINE, EMBASE	Int C
4	Arquivos Brasileiros de Neurocirurgia	1982	quarterly	Sociedade Brasileira de Neurocirurgia e Sociedade de Neurologia de Língua Portuguesa	LILACS	Nac B
5	Arquivos Brasileiros de Oftalmologia	1938	bimonthly	Conselho Brasileiro de Oftalmologia	LILACS, SciELO, MEDLINE	Nac B
6	Arquivos de Gastroenterologia	1964	quarterly	Instituto Brasileiro de Estudos e Pesquisas de Gastroenterologia, Colégio Brasileiro de Cirurgia Digestiva e Sociedade Brasileira de Motilidade Digestiva	LILACS, SciELO, MEDLINE, EMBASE	Int C
7	Gastroenterologia e Endoscopia Digestiva	1982	quarterly	Sociedade Brasileira de Endoscopia Digestiva, Federação Brasileira Gastroenterologia, Sociedade Brasileira de Hepatologia	LILACS, EMBASE	Nac C
8	International Braz J Urol	1975/2002*	bimonthly	Sociedade Brasileira de Urologia	LILACS, SciELO, MEDLINE, EMBASE	Int C
9	Jornal Brasileiro de Pneumologia	1975/2004*	bimonthly	Sociedade Brasileira de Pneumologia e Tisiologia	LILACS, SciELO, MEDLINE	Nac A
10	Revista da Associação Médica Brasileira	1954/1992*	bimonthly	Associação Médica Brasileira	LILACS, SciELO, MEDLINE	Int C
11	Revista Brasileira de Anestesiologia	1951	bimonthly	Sociedade Brasileira de Anestesiologia	LILACS, SciELO, EMBASE	Nac A
12	Revista Brasileira de Cirurgia Cardiovascular	1986	trimestral	Sociedade Brasileira de Cirurgia Cardiovascular	LILACS, SciELO	Nac A
13	Revista Brasileira de Coloproctologia	1981	quarterly	Sociedade Brasileira de Coloproctologia	LILACS, SciELO	Nac A
14	Revista Brasileira de Ginecologia e Obstetrícia	1979	monthly	Federação das Sociedades de Ginecologia e Obstetrícia	LILACS, SciELO	Nac A
15	Revista Brasileira de Mastologia	1991	quarterly	Sociedade Brasileira de Mastologia	LILACS	Nac B
16	Revista Brasileira de Oftalmologia	1942	bimonthly	Sociedade Brasileira de Oftalmologia	LILACS	Nac C
17	Revista Brasileira de Ortopedia	1966	monthly	Sociedade Brasileira de Ortopedia e Traumatologia	LILACS	Nac B
18	Revista Brasileira de Otorrinolaringologia	1939	bimonthly	Sociedade Brasileira de Otorrinolaringologia	LILACS, SciELO, MEDLINE, EMBASE	Nac A
19	Revista do Colégio Brasileiro de Cirurgiões	1974	bimonthly	Colégio Brasileiro de Cirurgiões	LILACS, SciELO	Nac B
20	São Paulo Medical Journal	1941/1994*	bimonthly	Associação Paulista de Medicina	LILACS, SciELO, MEDLINE, EMBASE	Int C

Nac = National; Int = International

Results

1. Editorial policy

The compliance with **ethical research principles** was mentioned in the Instructions to Authors of 18 (90%) journals. The mentioned ethical statements and codes were:

- Institutional Ethics Committees of, including researches in human beings and animals;
- The World Medical Association Declaration of Helsinki (www.wma.net/e/policy/b3.htm);
- Medical Ethics Code of the Brazilian Federal Council of Medicine (www.portalmedico.org.br/codigo_etica/codigo_etica.asp?portal);
- Resolution 1595/2000 of the Brazilian Federal Council of Medicine (http://www.portalmedico.org.br/resolucoes/cfm/2000/1595_2000.htm);
- Resolution RDC 102/2000 of the Brazilian National Health Surveillance Agency (<http://e-legis.anvisa.gov.br/leisref/public/showAct.php?id=16627&word>);
- Resolution 196/96 of the Brazilian National Health Council (http://conselho.saude.gov.br/resolucoes/reso_96.htm);
- CONSERT (Consolidated Standards of Reporting Trials www.consort-statement.org);
- COPE (Committee on Publication Ethics www.publicationethics.org.uk);
- CIOMS (Council for International Organizations of Medical Sciences www.cioms.ch/frame_guidelines_nov_2002.htm);
- Principles of the Brazilian College for Animal Research (www.cobea.org.br).

As to the **conflicts of interest**, it was found that 14 (70%) journals mention different potential conflicts that can affect scientific judgment or personal relationships. Written statements were requested by ten (50%) journals. Some restrictions to the acceptance of papers, such as an author not affiliated to the society responsible by the journal and non-compliance to the Instructions for Authors, were defined by nine (45%) editors. The acceptance or not of paid matters was not mentioned in the instructions by 16 (80%) journals, while two (10%) of them accept, and other two (10%) reject. On the other hand, the aspect related to the mention of commercial brands was explicit in only nine (45%) journals. The indication of **support or funding source for the research** which reflects one of the INPUT aspects observed by the author in research planning, was considered by the editors of ten (50%) journals. The specific topic of **Acknowledgements** was not considered in the Instructions for Authors of seven (35%) journals. On the other hand, from the remaining 13 (65%) that mentioned the importance of the acknowledgements, only two (10%) included the request to send written authorization and

consent of co-workers. The consecrate practice of **copyright** transfer to the journal was mentioned by 14 (70%) editors, from which seven (35%) requested to include the authorization in the copyright transfer letter signed by the authors. The **peer review** process was mentioned in 16 (80%) Instructions for Authors. However, only nine detailed the evaluation process and presented the **review flow**.

2. Accepted languages for contributions

Mentioning the accepted **languages** for contributions was not uniformly made by the journals analyzed: it appeared either in the beginning, together with the information related to the mission of the journal and types of contributions, or only in the instructions for paper submission. Only three (15%) journals did not mention the accepted languages, including Portuguese. All analyzed journals except one publish papers in Portuguese. Among other languages, the mostly accepted were: English (80%) and Spanish (30%); only one journal accept articles in French. From 17 (85%) journals that mentioned accepting articles in other languages, only four emphasized the aspect of cost of the translation: in two of them, authors should assume the translation costs, and in other two, the journal pays the translation. As to the **title of the manuscript**, 16 (80%) journals requested the title in more than one language: 11 (55%) in Portuguese and English, four (20%) in Portuguese, English and Spanish, and one also in French besides the three already mentioned languages. One journal specified the need to include only the title in Portuguese. Three (15%) journals did not mention the language for manuscript submission.

3. Classification of the types of contribution

Every journal declared to publish original articles. As to the remaining types of contribution, the accepted ones were: review articles (90%), followed by case reports (80%), letters to the editor (70%) and clinical updates or continuing education (55%). In addition, short communications (20%), abstracts and book reviews (20%) and previous notes (15%). appeared with a lower frequency. Other mentioned types of contribution were: clinical-surgical, anatomical-clinical or clinical-radiographic correlation, technical notes, clinical trials, in-service experience, *How-do-I-do-it* , techniques and methods.

4. Manuscript preparation and submission

As to the rules adopted to **prepare the manuscripts**, 13 (65%) journals recommended to follow the Vancouver Requirements, from which ten indicated the ICMJE Internet site. Among the remaining journals, there was no mention to the adopted rules in four, and in three, there were

instructions for any type of document, but there was no mention on the rule to be followed. It was observed that among journals that mentioned ICMJE, two (10%) indicated a secondary source, i.e., a scientific journal that published non-updated translations of the Vancouver Requirements. As to the criteria related to the **authorship of articles**, 17 (85%) journals did not define them. None of the journals asks for a statement on the contribution of each author in the paper, according to what is mentioned in item II.A.1 Byline Authors of the Vancouver Requirements. Each author's full name was requested in 12 journals (35%); seven journals did not mention the form of presentation of author's names, and one (5%) asked abbreviated names. Each author's **academic degree** was requested in 13 (65%) journals, and each author's **institutional affiliation** was requested by half of journals (50%), and the **institutional credit for the study** was demanded by 14 (70%). Thirteen journals (65%) did not mention **limitation of the amount of authors** per article. One of the journals limits the amount of authors for original articles, and six (30%) to other contributions. The **structured abstract** was indicated for original articles in the Instructions for Authors of 15 journals (75%), and the **semi-structured abstract** by only one journal. In other types of contribution, such as review articles and case reports, four journals (20%) allowed **informative abstracts**. Four (20%) journals did not publish any instructions for structuring abstracts. The major part of journals (85%) set a maximum limit of words for the **abstract**, which ranged from 200 to 250 words for original articles. To the other types of contribution, such as case reports, short communications and *How-do-I-do-it*, four (20%) journals set a 100- word limit. The English abstract was denominated **Abstract** by 15 (75%) journals and **Summary** by four (20%). One journal indicated no specific denomination for the English abstract, despite of adopting the term Abstract in the body of its articles. Five (25%) journals included specification for **Spanish abstracts**. For retrieval of articles by contents, editors recommended the use of **Descriptors** (30%), **Key-Words** (20%), whilst **both terms** were indicated in 30% of journals. Only one journal indicated *Uniterms*. In English, the term *Key-words* was employed by 13 (65%) journals, and one mentioned *Key-words in Anesthesiology*. Only three (15%) journals did not mention a vocabulary. The remaining recommended the DeCS/MeSH vocabulary or only DeCS, except one which indicated a specific vocabulary (*Key-words in Anesthesiology*). The amount of recommended terms ranged from three to ten, according to the vocabulary used. As to the **structure of the manuscript**, 17 (85%) suggested the classic Introduction, Method(s), Results and Discussion (IMRD) structure, and 14 (70%) also included the Conclusion section and five (25%) a specific section for Objectives. Three journals (15%) did not mention any structure to the text. The Methods section presented

the highest amount of variation in denominations: Method, Methods, Material and Methods, Casuistic and Methods. The sections Objective and Result appeared both in singular and in plural. The content of the sections was defined in eight (40%) journals. As to the **tables**, 19 (95%) journals mentioned and defined the guidelines for table creation and presentation; the limits ranged from five up to eight for original articles. One journal limited the amount of tables depending on the amount of pages of the article. The **figures** were mentioned and defined in 18 (90%) journals and one journal (5%) only cited them. For original articles, the amount of figures was limited in four (20%) journals, ranging from five up to eight figures. The guidelines for **manuscript preparation and submission** were analyzed according to the process and to the authors' responsibility for the content. Thus, conflicts of interests, acknowledgements and copyright transfer by every author must be mentioned in the cover letter signed by every author or by the corresponding author. As to the process, 12 journals (60%) requested the printed manuscript, of which ten (50%) asked to send it also in CD-ROM or diskette. On the other hand, e-mail electronic submission was indicated by five journals (25%), while an electronic management and submission system was mentioned by only three journals (5%).

5 References

The adopted nomenclature for the list of references was simply **References** by a few more than half (11) journals analyzed, and **Bibliographic References** by the remaining ones. In English, the Vancouver Requirements suggest only *References*. The Vancouver Requirements for reference style were adopted by 15 (75%) journals, while two (10%) indicated their own model of presentation, and three (15%) did not mention the adopted standard. Every journal included a reference model for the main types of cited documents. For title abbreviation of the cited journals, 14 (70%) adopted the "*Index Medicus abbreviations*". The numeric arrangement of the list of references in the order in which they are mentioned in the text suggested by the Vancouver Requirements was adopted by 17 (85%) journals. Only three (15%) have adopted the alphabetic or alpha-numeric arrangement. The format to identify the citations in the text was described in 85% of journals, preferably the numeric indication in the text. Eleven (55%) journals limit the amount of references according to the types of articles. The maximum amount for original articles ranged from 20 to 50, and for the review articles, from 30 to 80.

Discussion

Journal editors, according to their professional background, do not always give due attention or follow the evolution of the scientific communication flow.

Although they recognize the importance of the Instructions for Authors, in general, guidelines are not sufficiently clear and objective. Considering that their purpose is to facilitate the decision making of authors as to the choice of journals to publish their papers, the selection according to subject and the criteria for preparation, presentation and submission of articles, the Instructions for Authors must be coherent to the international quality standards. According to these aspects, 75% of the analyzed journals recommend the adoption of the Vancouver Requirements. Nevertheless, due to the interpretation given by the different editors, the main observations were:

- The recommendation to use the Requirements is not always related to the updated version, and the electronic address of the ICMJE is not given, as occurred in 50% of the Instructions for Authors. Altman⁶, in an analysis of high impact health journals also observed that the ICMJE site was mentioned by half of journals;
- The Requirements were focused only related to the references, forgetting other items related to ethical principles, authorship rights, types of contributions, format of presentation and submission, in traditional or electronic format. Recent studies published by Schriger et al⁷ and Sorinola et al¹⁸ also emphasized the importance of including in the Instructions for Authors guidelines on the scientific content of articles besides those related to the format and submission of papers and about the journals. Sorinola et al¹⁸ point out that the majority of journals details only the structure of original articles, neglecting other types of contribution;
- The information sources which must be used to assure the quality of the work, such as the Ethics and Authorship Rights Protection Codes, author collaboration, conflicts of interest, acknowledgements and recognition credits, with their respective sites, are in general not updated or incomplete. An example is the recommendation to use the *Index Medicus* abbreviations for journal titles, as it is no longer published since 2004; the Requirements (February, 2006 version) recommended the List of Journals Indexed in MEDLINE, and the more recent updating (October, 2007) suggest the National Library of Medicine's Citing Medicine, a style guide for authors, editors and publishers⁹.

The continuous review of the Instructions for Authors contribute to guide authors in the selection of journals and in paper writing, the reviewers in the analysis of submitted papers and editors to decrease efforts in formatting and following standards. Previously restricted to the printed version with size limitation, they conquered a prominent space in the electronic versions of journals, with more detailed information and with links to the mentioned sources,

thus allowing a permanent updating¹⁰. Although this situation has evolved in the last few years, recent studies have also found similar results, even in high international impact journals^{6,7,11,12}. The ethical principles mentioned in 90% of the analyzed journals indicate a recent concern of editors from Brazilian journals. Sardenberg et al¹², in 1999, analyzed 139 titles and concluded that such principles were not adopted by 79%. Among the ethical principles, it can be detached: privacy and confidentiality to patients participating in the study, protection in experiments with animals and human beings, according to the Helsinki Statement (1975 revised in 2000), submission to the institutional Ethics Committee, according to the Medical Ethics of the Federal Council of Medicine, to CONSORT, QUORUM, MOOSE and other guidelines created to increase the quality of publications in the medical area^{6,13-16}. Editors must make explicit, in an specific form, the potential conflict of interests, relationships with commercial brands and products, acceptance of paid matters and other aspects related to the restrictions to the acceptance of papers. The financial relationships, such as support from funding agencies, sponsorships and partnership participations related to the promotion of commercial brands, products and equipments were not sufficiently focused in the analyzed journals. As mentioned by Atlas¹³ "journals should be more proactive in their attempts to influence standards of scientific conduct and publication by giving high visibility to publishing ethical guidelines for research in their instructions to authors". On the other side, the authorship and collaboration principles in scientific papers were mentioned in only 15% of the analyzed journals. The definition of the roles represented by authors, conflicts of interest and acknowledgement of persons involved in the research facilitate to authors and readers of scientific articles to identify the real contribution of each one in the results of the research. The recognition credits to research collaborators has been widely discussed in the literature¹⁷⁻¹⁹, since it promotes the elucidation of ethical issues which involves the inclusion of names and the order of authors in the articles, frequently defined by hierarchical or authority reasons rather than by an effective collaboration in the research or in drafting the paper. The Vancouver Requirements recommend the identification of the role of each author at the end of the article, but such practice was not yet adopted by editors of Brazilian journals in this area. Although the Vancouver Requirements do not give details or define the types of articles published in scientific journals, the nomenclature used by journals does not clarify the authors on the content and format that each type of contribution demands. The definitions or characteristics of every type of contribution were found in few

journals, and even though, they differ from one journal to another. The highest diversity of definitions was observed in review and continuing education articles. It is recommended that journal sections and types of contribution be defined in the Instructions for Authors. Along with these aspects that have been discussed in the past years, the advancement of the scientific communication flow demand the participation of anyone involved in the process of scientific production, in the follow-up and adoption of new practices. Open access will certainly change editorial policies, mainly those related to the authorship rights. Scientific journals must start to be concerned in clarifying the way they will allow that the articles published in their journals be filed in repositories of open access. By the definition of open access, the authors are owners of the authorship right, and they can decide in what way they want the document to be used. There are special licenses to protect the authorship rights of electronic documentation offered by Creative Commons (<http://creativecommons.org>) and Science Commons (<http://sciencecommons.org/>), non-profitable institutions created with the purpose to offer to the authors the right to protect their works. In order to access the editorial policies of scientific journals all over the world, a good choice is the site of the SHERPA Project (Securing a Hybrid Environment for Research Access and Preservation - <http://www.sherpa.ac.uk/romeo.php>), which includes records of the RoMEO Project (Rights Metadata for Open Archiving).

Conclusion

The editorial freedom and each editor's independence must be respected as the major authority to define the mission of any journal and its content. Nevertheless, there are internationally accepted criteria that must be followed. In the health area, these criteria are sufficiently clear in the Vancouver Requirements, with guidelines on the ethical principles, editorial policies and other guidelines seeking to assure the quality of scientific publications. The current trends, towards the prioritization of open access electronic journals, will lead to important changes in the process of publishing scientific journals.

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