



EUROPEAN JOURNAL OF VASCULAR AND ENDOVASCULAR SURGERY

The Official Journal of the [European Society for Vascular Surgery](#)

INSTRUCTIONS FOR AUTHORS

The European Journal of Vascular and Endovascular Surgery (EJVES) is a Journal of the European Society for Vascular Surgery (ESVS) and driven by the Society's mission: *to improve vascular health for the public benefit* (for more information, visit www.esvs.org/)

The EJVES is aimed primarily at vascular surgeons dealing with patients with **arterial, venous and lymphatic diseases**. It includes contributions on epidemiology, prevention, diagnosis, investigation and management of these **vascular disorders**. In addition, papers that consider the technical aspects of **vascular surgery** are encouraged, and the journal includes invited state-of-the-art articles.

The EJVES is a [hybrid journal](#) embracing both exclusive **publications for subscribers** (making the paper accessible to everyone in the 'open archive' 12 months after publication in an issue) and **open access** (*i.e.* freely available from e-publication). Many national governments and individual institutions will cover the [fee for open access](#) if the authors opt for this. The EJVES encourages open access publication whenever possible.

Work on human beings that is submitted to EJVES must comply with the [Declaration of Helsinki](#). Manuscripts must not include any details in text or images that enable identification of patients. Studies involving experiments with animals must be performed in accordance with institutional ethical guidelines and clearly state this. Please visit [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

All published research articles have been **peer-reviewed** before an editorial decision was reached. Submissions are generally first screened for general interest, and then either rejected directly or sent to a minimum of two (usually 3 or 4) independent expert peers to assess scientific quality of the paper. The EJVES uses a **single anonymized review process** (*i.e.* reviewers but not authors remain anonymous).

Submissions with a realistic potential of being accepted will usually be returned for revision, with the aim of improving the manuscript for our readership, and **additionally assessed by expert clinical statisticians** to ensure sound methodology. For such papers, two editors are most often involved (four eyes principle for shared decision making). However, editorial decisions do not only consider recommendations from peer and statistician review, but must take into account a number of additional factors (*e.g.* importance, relevance, novelty). Editorial decisions are usually final. Of course, editors with potential conflicts of interest with a specific submission are not involved in its management.

The EJVES can **fast-track** papers for publication. If you consider publication of your results to be time dependent, please explain why in the cover letter.

BEFORE YOU BEGIN

The EJVES can only assess original research that has not been published already and that is not under consideration elsewhere. Please declare in the cover letter if you have already published an abstract of your work in another journal (*e.g.* from a meeting) and attach a copy of that abstract.

All Contributors to a scientific work should be defined *before you begin*. The EJVES recognizes three categories of **contributors** to scientific reports:

(1) Authors

The EJVES subscribes to the ICMJE authorship criteria (please visit www.ICMJE.org). To be an author, one must have made **substantial** contributions to **all** of the following:

(a) conception and design of the study, or acquisition of data, or analysis and interpretation of data;

AND

(b) drafting of the article or critically revising it for intellectual content;

AND

(c) final approval of the submitted version;

AND

(d) Agreement to be accountable for all factual aspects of the work and for ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Please note: Authorship and individual contributions must be correctly declared when the manuscript is first submitted. Changes after submission are usually not acceptable, and any such decision will involve one of the senior editors.

Number of authors:

It is important that only the authors who have reasonably provided a substantial contribution to a paper will be included listed as authors. Other contributors should be listed as collaborators or acknowledged persons (please see below). The EJVES recommends adherence to the following **maximum numbers of authors** for different publication types. If you intend to include more authors, please explain and justify this request in the cover letter.

Article type	Maximum number of authors
Original research article from a single centre, single group	six
Original research article from a single centre, multidisciplinary	eight
Original research article from multiple centres	ten
Original research article, international collaboration	two/country + writing committee
Systematic review	eight
Research Letter	six
(Invited) Editorial	three
(Invited) Edutorial (including educational topical reviews)	three
Invited commentary	two (three if interdisciplinary)
Jugaar/Innovation	three
Coup d'oeil	two
Letter to the Editor	three

(2) Collaborators

Large multicentre trials may want to list those contributing (e.g. submitting individual patient data) as collaborators. Names and affiliations of such collaborators are published in the articles, or as supplemental material, per Editor's decision, and in PubMed.

(3) Acknowledged persons

All contributors not meeting above criteria for author or collaborator should be listed in the acknowledgements section. Examples of those who might be acknowledged include persons who provided purely technical help, treated patients, assisted in writing, or a department chair who provided only general and financial support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance

Registration of clinical trials (ICMJE)

We subscribe to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" published by the *International Committee of Medical Journal Editors* (please visit www.icmje.org).

HOW TO PREPARE THE MANUSCRIPT

EJVES accepts **original research** (i.e. clinical observations, clinical trials, experimental basic research, systematic reviews/meta-analyses, research letters), **clinical practice guidelines** and **other types** of

articles (i.e. editorials, topical reviews, educational perspectives, clinical images, descriptions of techniques, invited commentaries and correspondence). This section outlines all relevant instructions, except those for clinical practice guidelines, as these are prepared by dedicated writing committees.

General recommendations for all kinds of submitted manuscripts

We urge authors to **consult biomedical statistical experts** when designing their study, *i.e.* **before** they begin with data collection and analyses. To avoid delays, returns or even rejection on formal grounds, manuscript must be **submitted in the correct format and style** for both **content** (including spelling, reporting items, units, presentation of numeric results, table titles and figure legends *etc.*) and **structure** (including table structure, indispensable sections, reference formatting, *etc.*). This applies particularly to revised manuscript versions that are likely to be accepted. Clear instructions are given below and in more detail [here](#).

Policies regarding "The use of generative AI and AI-assisted technologies in the journal editorial process" are published on Elsevier's [Publishing Ethics page](#). Further guidance can be found in the Elsevier [Responsible AI Principles page](#). As a general guidance, authors should only use Generative AI to improve the readability and language of their work. They must disclose use of Generative AI and apply human oversight and control. Authors should not list or cite Generative AI and AI-assisted technologies as (co)author.

Use **double spacing** as well as automatic **page and line numbering**, but *avoid other kinds of automatic formatting* such as footnotes, endnotes, headers and footers. If you have used a reference handling programme, please deactivate it prior to submission.

Always use **inclusive language** as it conveys respect to all people, is sensitive to diversity, and promotes equal opportunities (i.e. *'he or she'* instead of simply *'he'*; or *'chairperson'* instead of *'chairman'*; *etc.*). Articles should use inclusive language throughout and avoid assumptions about the beliefs or commitments of any reader or implications about superiority based on ethnicity, sex, culture or any other characteristic. The EJVES does not encourage the use of the word *race* when, in reality, describing *ethnic groups*.

Please ensure that **spelling** follows British English using Word-processor spell checks. All accepted papers will undergo language editing at no cost to the authors. Thus, while language need not be perfect, the text should be easy to understand for scientific appraisal. Alternatively, consider using a native English speaking person's help or a professional English Language Editing service, e.g. from [Elsevier's Author Services](#).

Use of **abbreviations and acronyms** should be limited as much as possible to ensure easy reading. In particular, unfamiliar acronyms should be avoided whenever possible. Abbreviations or Acronyms should not be used in titles, and should be explained at first appearance in the text, in the Abstract, and in each table and figure.

When quoting **specific materials, devices or drugs**, authors must state in parentheses the name and short address of the manufacturer (*i.e.* city (state), country). Generic names should be used whenever possible and appropriate.

Measurements should be reported in metric units according to the *International System of Units (SI)*, *i.e.* meter, gram, litre, degree of Celsius, mole. Rare exceptions may include established alternatives such as millimetres of mercury (mmHg) for blood pressure.

Numbers should be presented as follows:

- (a) use a decimal point and not a comma (e.g. **6.89** not 6,89).
- (b) Insert a space between the number and its unit (e.g. 15 cm, 17 $\mu\text{mol/L}$)
- (c) Use a zero before the decimal for all numbers that are < 1 but could be ≥ 1 theoretically (*i.e.* 0.23 cm, 0.48 s)
- (d) Do not use a zero before a decimal fraction when the number cannot be > 1 (*i.e.*, correlations, proportions and levels of statistical significance such as Cronbach's alpha, p , r , β , R^2 , B , SE , B):
e.g., $r = .43$, $p = .043$

- (e) For p values, present 3 decimals for values $\leq .099$ (e.g. $p = .067$ or $p = .020$ or $p = .003$), and 2 decimals for values <1.0 but $\geq .10$ (e.g. $p = .24$ or $p = .70$). Always give exact p -values, unless they are $<.001$.
- (f) Use a space and not a comma following thousands and multiples thereof (e.g. **10 000** but not 10,000). Please use a non-breaking space.
- (g) Round values for 95% confidence intervals to 2 decimals maximum.

The **Abstract** (*full length research articles only*) should not exceed 300 words and must conform to the following structure:

- **Objective:** state the background and the main objective/question of your study
- **Design:** define the general study design
- **Methods** (or for systematic reviews: **Data sources and Review methods**): declare the analytical methodology to fulfil the study objective including sample size calculation and adjustment for potential confounding factors, if applicable
- **Results:** state the main findings that answer the study question
- **Conclusion:** state the principal conclusion to be drawn from your findings

Keywords are important to ensure that appropriate reviewers are invited to assess your manuscript, and that published articles are found reliably by interested readers. Therefore, *three to six* relevant keywords or short phrases should be included for research reports (*i.e.* not for Edi/Editorials, Letters to the Editor, Jugar or Coup d'oeil). Terms from the *Medical Subject Headings* (MeSH) list of Index Medicus are preferred (see <http://www.ncbi.nlm.nih.gov>).

Running title (*full length research articles only*): please provide a short title of maximum 105 characters including spaces

What this paper adds (*full length research articles only*): Please provide a brief statement (maximum 100 words) to answer the question "What does this study/ review add to the existing literature and how will it influence future clinical practice?". This statement is placed at the beginning of the published article and intended to put the article into perspective. Please avoid repetition of the information already given in the abstract. Please note that the WTPA-paragraph is not freely accessible, in contrast to the abstract.

Declaration of conflicts of interest including funding: all contributors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (*i.e.* bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations. Similarly, grants or other financial support for research and/or article preparation must be declared, including the exact source and any influence of the sponsor(s) on study design; collection, analysis and interpretation of data; writing of the report; and decision to submit the article. Any such involvement or conflict of interest must be declared, even if there are 'none'.

Acknowledgements should be given in a separate section at the end of the article before the references.

Tables and Figures (graphical figures preferably in high resolution TIFF or JPEG format) should be numbered according to their appearance in the text and **complement the text but not repeat it**. Each table and figure should be understandable on its own, *i.e.* titles and legends need to provide sufficient explanations and context to present findings unambiguously including explanations of all abbreviations and symbols used. Please follow strictly the journal style when preparing your tables and figures (please find detailed instructions [here](#)). Please note tables must be presented in **portrait style**, not landscape and no split tables (e.g. 1a and 1b) are allowed. Each figure, in portrait, should fit on a maximum of one page. All Figures and Tables must be submitted in editable formats.

When appropriate, **images** may also be used in short papers such as editorials, commentaries, and letters.

When you use already published **illustrations**, permission of the copyright holder must be obtained prior to submission, and permission and source clearly indicated in the figure legend.

References should be relevant, up-to-date and correct to allow linking with sources and indexing services. If available, your findings should be discussed *against the ESVS Guidelines* in terms of whether

they confirm, contradict or complement their recommendations.

References must be numbered in the text consecutively and as superscript (e.g. ^{1,2} or ¹⁻³), and presented in Vancouver style at the end of the manuscript.

- For journal articles: up to 6 authors followed by et al., title of paper, journal name, year of publication, volume number, first to last page.
- For journal articles published online ahead of print (not yet published in an issue): up to 6 authors followed by et al., title of paper, journal name, year of publication, doi-number.
- For book chapters: up to 6 authors followed by et al., In: editor(s) or compiler(s), title and edition number, place of publication and publisher's name, year of publication, first to last page.
- Web references should provide the full URL and the exact date when the reference was last accessed. For further explanations and examples see [here](#).

Supplementary material (including images, sound/video clips, original data, long lists of collaborators/contributors, etc.) can be published with your full-length research article online, if needed, and as long as the article is fully comprehensible without these materials. Submitted supplementary items are published exactly as they are received (*i.e.* Excel or PowerPoint files will appear as such online). Please submit your material together with the article as separate document(s). Use running numbering for each type of item (e.g. Supplementary Table S1, Supplementary Figure S1, etc) and supply a concise, descriptive caption for each supplementary material item. If you wish to make changes to supplementary materials during any stage of the process, please make sure to replace the previous material with an updated file. For further information, please see [here](#). We do not publish supplementary material with short papers.

Specific recommendations

For research reports, the **IMRAD structure** (*i.e.*, Introduction, Materials/Patients & Methods, Results and Discussion) should usually be followed. Please use additional subdivisions/subsections, if appropriate.

Authors should declare the **study design** very clearly and explicitly, including whether it was

- *observational* (outcome oriented/cohort; risk factor oriented/case control; cross sectional) or *experimental* (randomised);
- whether data collection and/or analysis were *predefined or unplanned* (prospective data collection, unplanned observation, etc.).
- In addition, **patient selection** (in-/exclusion criteria, population based), type and number of *centres/regions/countries*, and *data source* (registry, posthoc data collection, etc.) should be defined.

Statistical analyses: Please seek the advice of a statistician when designing your research, and prior to analysis, because analyses must be predefined (*i.e.* **not** driven by data inspection), and this should be declared. In addition, there should be a clear description of which methods were used, and for all statistical tests, assumptions must be declared including how they were checked. Any analyses not in common usage should be supported by references. Authors are responsible for the accuracy of all statistical calculations.

Descriptive data should usually be presented as numbers with percentages or as median with interquartile range. The use of a mean and standard deviation is only appropriate when the distribution is known to be normal or if the numbers are very high. Avoid spurious precision; percentages should generally be given as integers.

Comparisons should follow the same principle, *i.e.* non-parametric tests are preferred. For large group sizes (>100), parametric tests may be appropriate under certain conditions (central limit theorem). Comparisons of non-randomised samples should always account for potential confounding factors. Thereby, do not solely use statistical tests to compare the baseline characteristics of study groups, but rather use adjusted analyses to investigate the effect of such imbalances. Bivariate comparisons of imbalanced samples are not acceptable as main study results.

Strive to limit the number of statistical tests performed, especially on subgroups. If you cannot avoid multiple comparisons, then use an appropriate adjustment to avoid a 'type 1' (false-positive) error (e.g. Bonferroni correction of alpha level).

Wherever possible a **graphical or tabular presentation** should be preferred to illustrate the main findings of a study.

When plotting **life tables** (e.g. Kaplan–Meier curves), always indicate the numbers of individuals at risk and identify censored data at the various times of follow-up. The y-axis should include the '0' (i.e. survival 0-100%) to avoid biased presentation. Last but not least, truncate the curves when numbers at risk become small (e.g. certainly when there are fewer than 10 individuals at risk; or if standard error rises above 10%; or the part beyond the median follow up). However, any truncation should be predefined and declared in the figure legend and justified in the methods.

For comparisons of small samples, **scatter plots** (with overlaid median and interquartile range) are encouraged to avoid 'hidden data'.

Statistical significance depends on the sample size and must not be confused with clinical relevance. Always present a sample size justification with the main finding, declaring also the calculated power. Use confidence intervals to assess clinical relevance, especially when interpreting a 'negative' finding. Do not place undue emphasis on secondary analyses, especially when they were suggested by an inspection of the data.

Guidelines for specific research reports

Please follow the specific guidance prepared by the EJVES for reports of (1) clinical observations; (2) [systematic reviews and meta-analyses](#), (3) randomised controlled trials, and (4) studies involving animals.

Observational studies should be performed according to the *STROBE* (*STrengthening the Reporting of OBservational studies in Epidemiology*) *Guidelines*. (please visit <https://www.strobe-statement.org/>)

Reporting of systematic reviews and meta-analyses must follow the *Preferred Reporting Items for Systematic Reviews and Meta-analysis* (PRISMA) statement (please visit <http://www.prisma-statement.org>) and include a structured **abstract** (Objective, Data Sources, Review Methods, Results, Conclusion) and a **PRISMA flow diagram**.

Pre-emptive registration of systematic or scoping reviews with the International prospective register of systematic reviews (PROSPERO) (<https://www.crd.york.ac.uk/prospero/>) or equivalent is recommended.

Note that as part of the PRISMA 2020 statement an assessment of **bias or quality** and **certainty** are required. The **risk of bias** assessments used by Cochrane are recommended (<https://methods.cochrane.org/bias/resources>). The Grading of Recommendations Assessment, Development and Evaluation (GRADE) (<https://www.gradeworkinggroup.org>) approach to rating the **certainty** of meta-analysed results is recommended.

Please strongly consider creating a summary of findings table as a succinct way to present your meta-analysed results with certainty assessment using GRADE's free GRADEpro GDT software (<https://www.grade-pro.org>).

Randomised control trials

Reports of **randomised controlled trials** must include a **Consolidated Standards of Reporting Trials (CONSORT) flow chart** (<http://www.consort-statement.org>) and should be registered in a public trials registry, preferably at or before the onset of patient enrolment. The clinical trial registration number (ISRCTN) should be included at the end of the abstract of the article.

Other article types

Research Letters

The EJVES welcomes focused research communications, when there is a straightforward and important message. Research Letters must not exceed 800 words, may cite up to 5 references, and can include one figure (with a maximum of two panels, labelled **A** and **B** at the top left) *OR* one focused table. They must fit on 2 printed pages. Please provide 3-6 keywords and clearly state any conflict of interest or funding. No

abstract and no supplemental material should be included. Subtitles or section headings within the main text should be avoided.

Research letters undergo similar peer review as original research articles and are published in the Correspondence section of the Journal. They can be reviewed and published fast track, if a rapid communication is warranted. This should be indicated in the cover letter. As any other article type, Research letters are indexed in Pubmed/Web of Science and may serve as reference point for future research.

Editorials

Are usually invited but we consider unsolicited submissions if they address a current general and important problem, new developments or seminal systematic reviews and meta-analyses. Texts with an educational focus are sometimes labelled Edutorial. We advise interested authors to consult the editorial office (ejves@elsevier.com) before submitting unsolicited proposals.

Coup d'oeil

These are clinical images with an important, surprising or educational message that must fit on 1 printed page. Should be centred on a single figure with up to two panels (labelled with **A** and **B** at the top left). A text (100 words) must mention/explain the panels and clarify the clinical context.

Jugaar (Innovation)

Meant to present a technical innovation, a novel procedure or technical modification in the following structure: *Introduction, Technique, Conclusion*. 300 words and two figures with legends each with up to two panels (labelled with **A** and **B** at the top left) presenting high quality images are accepted. Must fit on one printed page. The title should be brief and catchy. Do not include an abstract, keywords or references.

Letters to the Editor

We welcome letters commenting on articles in the Journal or any pressing issue. Usually, we try to obtain an answer to a Letter to the Editor before publication, if applicable, and the reply is published together with the letter.

Maximum word counts for different article types

These word counts include the main text, but not the references. The abstract and WTPA paragraph have separate word counts, and are not included. The Tables and Figures with legends are also not included. We want to underline that in scientific publishing “less is more”. Please keep the text short and to the point. Avoid repetition of information in both the text and in the Tables/Figures.

Article type	Maximum no. of references	Maximum no. of words
Original research article	50	3 000
Systematic review	100	4 000
Invited commentary	10	500
Editorial/edutorial	10	1 500
Research Letter	5	800
Letter to the Editor	5	500
Coup d'oeil	0	100
Jugaar/Innovation	0	300

SUBMISSION PROCESS

Please submit your article electronically via <https://www.editorialmanager.com/ejves/>. Our online submission system guides you stepwise through the process. Although the system converts your files to a single PDF for peer-review, editable files (e.g. .docx) are required for typesetting your article in case of acceptance. All correspondence regarding your article is sent by e-mail to the corresponding author.

Therefore, one author must be defined as the corresponding author for the whole submission process, including functioning contact details. The corresponding author may change, however, for the published paper, if this has been indicated upon acceptance.

Please note, submission of an article *implies a number of essential issues*:

(1) the work has not been published previously (see '[Multiple, redundant or concurrent publication](#)' for

- more information);
- (2) it is not under consideration for publication elsewhere;
 - (3) its publication is approved by all authors and (tacitly or explicitly) by the responsible authorities where the work was carried out;
 - (4) if accepted, it will not be published elsewhere, in English or in any other language, without the written consent of the copyright-holder.

To verify originality, articles are routinely screened by '[Crossref Similarity Check](#)' and 'Ithenticate'. Please declare if you have published similar work before, and attach copies of previous publications to enable assessment of overlap. It is of particular importance to describe and cite previous publications when a patient cohort, or its follow up, has been extended.

Items for submission

During submission you will be asked to enter the following information **directly into the system**:

- Keywords (to help identify appropriate reviewers, and to help other researchers find your work)
- Authors with affiliations
- Collaborators with affiliations
- Declaration of Research ethics
- Declaration of Conflicts of Interests
- 'What this paper adds' paragraph: a short summary of the (clinical) relevance of your work
- Metadata including number of figures and tables
- Information about a Graphical Abstract (if applicable) and Supplementary files (if applicable)

During submission you will be asked to **upload the following files into the system**:

- **Cover letter** (not necessary when you submit a Letter to the Editor)
- **Manuscript** (with each of the following beginning on a new page):
 - o Title-Page
 - o What this paper adds Paragraph
 - o Abstract
 - o Manuscript body
 - o Acknowledgements
 - o References
 - o Legends for figures
 - o Tables (including titles and legends)
- **Figures** in a separate file each
- A **Graphical Abstract** (if applicable – see style guide and an X/twitter account for one of the authors, ideally the corresponding author) is recommended.
- **Supplementary Files** (if applicable)
- **Permission for use of copyrighted material** from other sources (if applicable). Elsevier has [preprinted forms](#) for use by authors in such cases.

The **Title page** must contain the following information:

- (a) **Title** – should be concise and informative using as few words as possible. Avoid question marks and abbreviations in the title.
- (b) **Running Short Title** –to be repeated on every manuscript page header (maximum 105 characters)
- (c) **Author names and affiliations**. Clearly indicate the given name(s) and family name(s) of each author and define their sequence. Present the authors' affiliations below the names. Clearly indicate a single **corresponding author** who will handle correspondence and queries post-publication. Usually this is the same person managing submission, revisions and all interactions with the journal.
- (d) **Word counts** for (1) Abstract; (2) 'What this paper adds' -paragraph (WTPA); and (3) the text body not including the references, tables, figure legends, abstract or WTPA paragraph.
- (e) **Number of tables and figures**

Multiple Choice Questions (MCQs)

Resubmissions of revised versions (i.e. according to peer review) should be accompanied by two MCQs relating to the article. The MCQs should have only one correct answer and should be prepared according to: Coughlin PA, et al Eur J Vasc Endovasc Surg 2017;**54**:654-658, <https://doi.org/10.1016/j.ejvs.2017.07.012>.

FOR THOSE WITH AN ACCEPTED PAPER

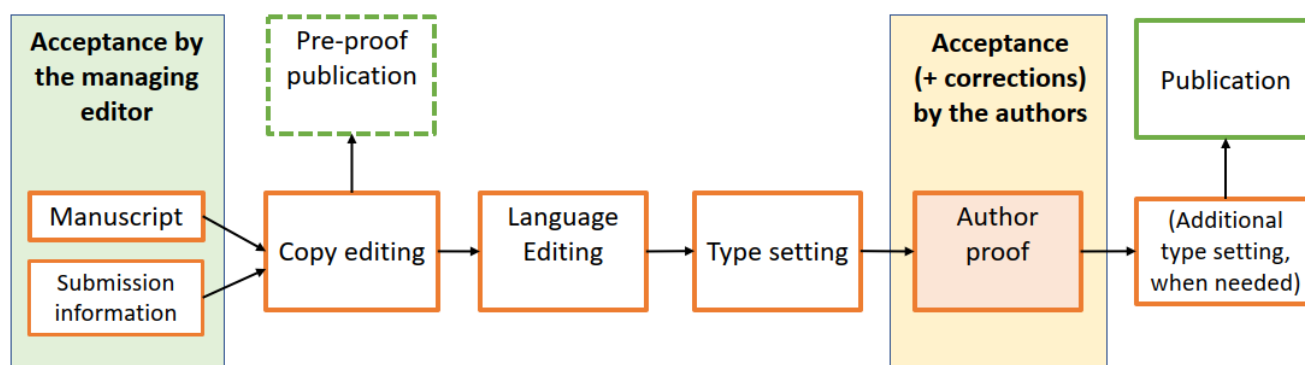
If your paper has been accepted for publication by the managing editor, you will receive an acceptance letter and the manuscript will enter the production process. At this point, to improve the presentation of your work, some additional corrections may be requested. We appreciate if authors are responsive to avoid unnecessary delays.

After ensuring completeness of all items, the accepted paper will

- (1) be published directly as **'uncorrected proof'** (i.e. a pdf version of your accepted submission as pre-proof publication) to ensure immediate publication of important research findings, and
- (2) in parallel enter a process to **transform the manuscript into an EJVES paper** (copy-editing, language editing, author and editor final approval).
- (3) After the final approval, the finalized paper is published online (**'article in press'**) to replace the 'uncorrected proof'.
- (4) As soon as the paper is assigned to a specific Journal issue, it becomes the **'version of record'** (including the final reference information) which is then published in the print journal and replaces the 'article in press' online.

Please note that this **transformation process** is work-intensive. In order not to delay the publication of your article, it is very important that the corresponding author is responsive to e-mails. In addition, during transformation, unintentional errors can be introduced. The correctness of the published paper is a joint responsibility. Therefore, authors are requested to take final approval of galley proofs very seriously and to provide approval or necessary corrections within two days.

What happens after the paper is accepted for publication



Open access

As mentioned, the EJVES is a hybrid journal and supports open access publishing. Although authors can opt to support open access publishing by paying the fees themselves, many countries or individual institutions have open access agreements with Elsevier, making open access publication free of cost for the authors. We encourage all authors to investigate these possibilities, since open access articles may be read and cited more than subscription protected articles. Authors will be able to indicate appropriate options online when they are informed about acceptance of their article (Journal Publishing agreement, see below). Please visit our [Open Access page](#) for more information.

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