

Journal of Trauma and Acute Care Surgery

SUBMISSION INSTRUCTIONS FOR EAST 2025 PRESENTERS

All EAST 2025 papers must be submitted to the *Journal of Trauma and Acute Care Surgery* by **DECEMBER 1, 2024** via its [web-based tracking system](#).

FIRST-TIME USERS

Please click the **Register** button at <http://www.editorialmanager.com/jt/>. Upon successful registration, you will receive an email containing your username and password.

GETTING STARTED

Please click the **Login** button at <http://www.editorialmanager.com/jt/> and log in to the system as an author. Submit your manuscript according to the following screen prompts:

1. Select Article Type. For a full list of article types, please see our [Instructions for Authors](#).
2. After attaching your files, you'll be asked the following:
 - a. Region of Origin
 - b. **Section/Category—Designate your submission as a 2025 EAST Podium Paper or 2025 EAST Quick Shot**
 - c. Classifications (your submission's area of interest and specialization)

Once the manuscript is submitted, you will be able to track its progress through the peer review process.

The screenshot displays the submission interface for the Journal of Trauma and Acute Care Surgery. The top navigation bar includes 'Home', 'Main Menu', 'Submit a Manuscript', 'About', and 'Help'. A progress bar indicates the current step is 'General Information'. The main form area prompts the user to 'Please provide the requested information.' and shows a dropdown menu for 'Section/Category'. The dropdown list includes various submission categories, with '2025 EAST Podium Paper' and '2025 EAST Quick Shot' highlighted with a red circle. A 'Next' button is located to the right of the dropdown, and 'Back' and 'Proceed' buttons are at the bottom right of the form area.

SUBMISSION FEE AND WAIVER INFORMATION

A non-refundable submission fee of \$75 per manuscript will be due at time of submission. The fee will be waived if the corresponding author is a member of any of the affiliated societies:

- ✓ The American Association for the Surgery of Trauma (AAST)
- ✓ The Eastern Association for the Surgery of Trauma (EAST)
- ✓ The Western Trauma Association (WTA)
- ✓ The Pediatric Trauma Society (PTS)
- ✓ The Trauma Association of Canada (TAC)
- ✓ The Chest Wall Injury Society (CWIS)
- ✓ The Australian and New Zealand Association for Surgery of Trauma (ANZAST)

The fee will also not apply to authors from Research4Life/Hinari countries.

COLOR FIGURES AND COST INFORMATION

Figures should be submitted in color or black and white as they are to appear in the final published article. Members of the affiliated societies of JTACS (see list above) will receive a maximum of 2 eligible color illustrations per article free of charge. Non-member authors and members with more than 2 eligible color figures will be billed for the color images at the following rates: \$750 (first color figure); \$250 (each subsequent figure).

Color Figures

- ✓ Surgical Pictures
- ✓ Surgical or Research Diagrams
- ✓ Heat Maps
- ✓ Histology Pictures
- ✓ Immunofluorescence Pictures
- ✓ Flow Cytometry Graphs
- ✓ Selected Radiology Image Reconstructions

Black and White Figures

- ✓ Computer Generated Graphs:
 - ▶ Bar
 - ▶ Column
 - ▶ Pie
 - ▶ Line
 - ▶ Histogram
 - ▶ Kaplan-Maier Curves
 - ▶ ROC Curves
- ✓ Algorithms
- ✓ Flow Charts

MANUSCRIPT CHECKLIST

Complete author instructions are available [here](#). Please ensure that your manuscript contains the following elements on submission:

- ✓ **JTACS is a double-anonymous peer-reviewed journal.** You must remove all personal and institutional identifiers from the manuscript. Identifying information must not be in the file name or in any parts of the manuscript file. The Manuscript File must be separate from the Cover Letter or the Title Page.
- ✓ **Disclosure of Conflicts of Interest: The submitting/corresponding author must collect from their co-authors individual Conflict of Interest (COI) forms and upload them during the manuscript submission process as supplemental digital content. A link to download the form can be found [here](#).** For those authors unsure whether they have financial conflicts to disclose, The Journal encourages them to consult the CMS Open Payments Program Database at <https://openpaymentsdata.cms.gov/forms>. Any amount received above \$10 USD dollars should be disclosed.
 - The peer review process will not start until each author completes the JTACS COI form, which must be uploaded with the manuscript files. If the article is accepted for publication, all JTACS COI forms will be published as supplemental digital content information with the article.
- ✓ **Copyright transfer** forms must be completed by all authors prior to acceptance. A link to the electronic form will be emailed to each coauthor using the email address provided during submission. The form must be completed online.
- ✓ **Cover letter.** Include the paper's full title, assurance that the submission has not been previously published, and corresponding author's contact information.
- ✓ **Title page** with paper's full title, contact information for all authors, and a conflict-of-interest statement detailing all sources of support. If no conflicts are declared, this must also be stated.
- ✓ **Authorship contributions** must be detailed in an authorship statement on the title page of the manuscript, listing the contribution followed by the relevant author's initials. The following types of contributions must be included: **Conception and Study design, Literature Review, Data acquisition, Data Analysis and Interpretation, Drafting of the manuscript, Critical revision, Other (Specify)**. Individuals who have contributed to only one facet of the study (including manuscript development) or have contributed only to clinical cases should be credited in the acknowledgments. Authors of multi-center studies can be included as members of a working group and will be listed in PubMed. The Journal allows but does not encourage dual first authorship.
- ✓ **Structured abstract.** Include the following subheadings: Background, Methods, Results, Conclusions, and Level of Evidence (for more information, see below). Limited to 300 words with 3–5 key words.

- ✓ **The specific [EQUATOR Guidelines](#)** are also required. A statement regarding the use of the specific guideline must be part of Methods and the specific checklist/guidelines must be uploaded as digital supplemental content (SCD).
- ✓ **Manuscript text** should be separated into four main headings: Background, Methods, Results, and Discussion. Limit Brief Reports to 2,000 words, Original Articles and Systematic Reviews to 4,000 words, and Reviews to 5,000 words. To review figure/table and reference limits for all article types, see the “Manuscript Types and Content Limits” table in our [Instructions for Authors](#).
- ✓ **References** should include the first 6 authors of a study followed by “et al.”
- ✓ **Visual Abstract.** A Visual Abstract will be required for any original research manuscript at the time a revision is requested by the editors at JTACS. Upon notification of a revision decision, JTACS will provide details and instructions for submitting the Visual Abstract to Editorial Manager and the JTACS Visual Abstract Template that must be used.
- ✓ **Social media summary and handles.** A brief summary of your work (maximum 280-characters including hashtags), as well as Twitter handles of authors, and hashtags for their institutions or affiliations, will be collected when submitting the revised manuscript. If your paper is accepted, this summary may be used to promote your article and increase the visibility of your research via promotional and social media.

REPORTING STANDARDS

The *Journal of Trauma* asks that prospective authors follow international reporting standards when documenting study methods. To find guidelines for a particular study design, please see the [EQUATOR Network’s library](#). Please note the following study-specific requirements:

► **Clinical Trials.** All trials must be registered prospectively in a publicly accessible registry to be considered for publication. Authors must state the registry and accession details in the first paragraph of the Methods section of the manuscript.

Authors of trials must adhere to the CONSORT reporting guidelines appropriate to their trial design. Please check the [CONSORT statement website](#) for information on the appropriate guidelines for specific trial types. Manuscripts reporting trials must include a [CONSORT flow diagram](#) as a figure.

► **Systematic Reviews and Meta-Analyses.** Reports of systematic reviews and meta-analyses should use the [PRISMA statement](#) as a guide, and include a completed [PRISMA checklist and flow diagram](#) to accompany the main text.

The *Journal* supports the prospective registration of systematic reviews. Authors whose systematic review was prospectively registered (e.g., in a registry such as [PROSPERO](#)) should also provide the registry number in their abstract.

► **Animal Research.** Studies incorporating animal research must conform to [ARRIVE \(Animal Research: Reporting of In Vivo Experiments\) guidelines](#). Authors are encouraged to use ARRIVE’s [experimental design resources](#) to improve the design and reporting of research using animals. Editors may request a completed [ARRIVE checklist](#) at revision.

► **Diagnostic Studies.** Reports of studies of diagnostic accuracy should conform to the [STARD requirements](#).

► **Observational Studies.** For reports of observational studies (cohort, case-control, or cross-sectional designs), please consult the [STROBE statement](#).

► **Quality Improvement Studies.** Quality improvement reports should follow guidelines described in the [SQUIRE statement](#). Authors are encouraged to consult the [SQUIRE checklist](#) before drafting manuscripts.

LEVELS OF EVIDENCE

The *Journal of Trauma*'s editors have created a levels-of-evidence framework specific to surgical studies, which was published in June 2012 ([J Trauma Acute Care Surg. 72\(6\):1484-1490](#)). Levels may be re-graded by the *Journal*'s statistical editor prior to publication.

Please note that a level-of-evidence grade is only required for clinically oriented studies; work involving cadavers or animals, basic-science studies, in vitro work, and review articles are excluded. If you have any questions about determining levels, please contact Bishoy Zakhary, MPH, at zakharybishoy@gmail.com.

QUESTIONS?

For questions concerning manuscript formatting, the review status of first submissions, the copyright transfer/disclosure process, editorial requirements, review status of revisions, appeals, embargo policies or production, please contact Michelle Gaffney at info@jtrauma.org.