

Checklist

Authors must submit their manuscripts to the [SURGERY FOR OBESITY AND RELATED DISEASES \(SOARD\)](#) Editorial Office via the Elsevier Editorial Manager (EM) website for this journal; go to <https://www2.cloud.editorialmanager.com/soard/default2.aspx> and select "Submit Manuscript". All correspondence regarding submitted manuscripts will be handled via e-mail through EM. Please do not send duplicate copies of the manuscript to the editorial office.

A COMPLETED CHECKLIST FORM MUST ACCOMPANY EACH MANUSCRIPT SUBMITTED TO SOARD. CHECK ALL ITEMS APPLICABLE TO YOUR SUBMISSION. IT IS AN ETHICAL VIOLATION TO CHECK AN ITEM WITHOUT HAVING RESPONDED TO IT.

Full Guidelines for Authors are provided in the journal and online at: [Guide for Authors](#).

GENERAL

Avoid Pejorative Language

Importantly, authors should not use "obese" as an adjective or noun to describe an individual person or group of people but instead use terms such as "people with obesity" and "populations with obesity."

The Artificial Intelligence question was answered YES or NO in the "Author Questionnaire" section during submission. If I answer "Yes", I have disclosed in the manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. I understand a statement will appear in the published work and that I am ultimately responsible and accountable for the contents of the work. I have used the following template to format my statement: "During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication."

Potential conflicts of interest, whether of a financial or other nature related to the topic of the manuscript, are disclosed by checking the appropriate box in the Author Questionnaire during submission and listing the potential conflicts in the manuscript document.

In addition, the manuscript itself must include a Disclosure Statement in which every author must list any financial or personal relationships that could inappropriately bias the work.

Pages are numbered consecutively

I certify that the manuscript did not involve the use of animal or human subjects

OR

I certify that a statement confirming that appropriate institutional and/or ethics committee approval has been obtained and is stated in the Methods section of the manuscript.

All organizations that have funded this research have been acknowledged, including grant numbers where appropriate

Lines are numbered consecutively at 5 line intervals throughout the manuscript using the line numbering feature available in word processing software.

The article is typed in 12-point type, double-spaced with one-inch margins

Title page is uploaded separately (see below for title page requirements)

No author or institutional information in the manuscript text

Article is written in American English (e.g. anesthesia rather than anaesthesia)

Only the following abbreviations will be accepted: RYGB or LRYGB for Roux-en-Y Gastric Bypass or Laparoscopic RYGB; BPD for Biliopancreatic Diversion and for BPD with Duodenal Switch, BPD/DS; LAGB for laparoscopic adjustable gastric band; SG for Sleeve Gastrectomy; A1C for Glycated or Glycosylated Hemoglobin; T2D for Type 2 Diabetes

ALL abbreviations (including BMI) are defined when first presented in both the abstract and the manuscript

Weight loss must be expressed as change in BMI, **AS WELL AS** % Excess Weight Loss (%EWL), with the calculation of ideal body weight as that equivalent to a BMI of 25 kg/m² and/or % Excess BMI Lost (%EBMIL) with excess BMI > 25 kg/m² **AS WELL AS** % total body weight loss.

Data extending beyond 30 days **MUST INCLUDE** lost to follow-up information in the Abstract and Results section, including all tables and figures, with the denominator provided as to how many patients were available at **EACH TIME**

POINT and the number of patients actually seen

Each manuscript requires a Conclusions paragraph. Prior to this paragraph, there needs to be a presentation of the limitations of the study

Following the Conclusion paragraph there needs to be a disclosure of all conflicts of interest or, if none, so state.

Studies in humans require informed consent and approval from the local Institutional Review Board (IRB) and in animals from the Animal Care and Use Committee and is addressed in the Materials and Methods section.

Permission to reprint material from another source in print and electronic form has been obtained.

If a clinical trial, it was registered in the National Institutes of Health web site: www.clinicaltrials.gov. or one of the equivalent web sites such as: <http://www.anzctr.org.au>; <http://www.clinicaltrials.gov>; <http://isrctn.org>; <http://www.trialregister.nl/trialreg/index.asp>; or <http://www.unin.ac.jp/ctr>. This information has been stated in both the Cover Letter and the Materials and Methods section of the manuscript.

For randomized controlled trials, a completed [CONSORT checklist](#) accompanies the manuscript.

For studies of diagnostic accuracy, a completed [STARD checklist](#) accompanies the manuscript.

For meta-analyses and systematic reviews of randomized controlled trials, the [PRISMA guidelines](#) are followed.

For meta-analyses and systematic reviews of observational studies, the [MOOSE guidelines](#) are followed. Our AI policy allows authors to use an AI tool:

<https://scispace.com/agents/moose-checklist-xuefx5b8>, however authors are responsible for accurate output and human oversight is required.

For observational studies, a completed STROBE checklist accompanies the manuscript. Download at: <https://www.strobe-statement.org/>

COVER LETTER

A cover letter is submitted indicating the intent to submit to *Surgery for Obesity and Related Diseases*.

Publication elsewhere (including electronic media) of any of the material in the manuscript submitted, other than an abstract of not more than 300 words, is identified and a copy of the other publication is submitted to the editorial office.

If a version of the manuscript has previously been submitted for publication to *Surgery for Obesity and Related Disease*, comments from the peer reviewers and an indication of how the authors have responded to these comments are included.

TITLE PAGE

The title, author name(s) and major degree(s), affiliation(s), and the source(s) of funding for the work or study are provided.

The name, address, telephone and fax numbers, and e-mail address of the corresponding author are given.

The manuscript title is no longer than 150 characters (letters and spaces) and does not contain any abbreviations or acronyms.

A short title (no more than 50 characters) is provided at the bottom of the page for use as a running foot.

The only acknowledgments are of financial or other substantive assistance. All individuals named in the acknowledgments have given written permission to be named.

ABSTRACT (for original and review articles only)

For original research reports and review articles, the abstract is limited to 250 words, respectively, and in the case of original articles follows the appropriate structured abstract format. **Review articles do not require a structured**

format. Abstracts are not used in Surgeon at Work and Updates.

If the research identified important variables that lacked statistical difference, the study's power to detect such difference is addressed in the abstract.

Footnotes, references, and commercial names are not used in the abstract.

The abstract precedes the manuscript document.

Keywords are added at the end.

REFERENCES

References correspond to the specifications of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." For examples of Vancouver numbered reference style, [click this link](#).

References are identified on the line within parentheses **in superscript**, e.g., Schauer et al. ⁽³⁾.

Each reference is cited in the text.

References are double-spaced and are **numbered consecutively** in the order in which they appear in the text.

ALL authors have been listed when 6 or less. Only when more than 6, should the first 3 authors be listed followed by "et al."

Unpublished data, personal communications, submitted manuscripts, statistical programs, papers presented at meetings, and non-peer-review publications are not listed in the reference list.

TABLES

Each table is on a separate sheet of paper with its title and uploaded separately from the manuscript.

Tables are numbered with Arabic numerals, e.g. Table 1, Table 2.

Each table contains all necessary information in order that it may stand alone, independent of the text, including definitions of all abbreviations in the table in a legend beneath the table.

No table repeats all data presented in the text.

FIGURES

Digital art guidelines and artwork checklist on the journal's web site (<https://www.elsevier.com/about/policies-and-standards/author/artwork-and-media-instructions>) have been consulted.

Each figure is cited in the text.

Figures have a minimum width of 3¼ inches and height of 2 inches.

Images are submitted in TIFF (Tagged Image File Format) or EPS (Encapsulated PostScript) formats.

Letters and identifying marks (e.g. arrows) are clear and sharp, and the critical areas of radiographs and photomicrographs are identified. **All figures and edited tables use at least 300 DPI**

Figures and tables are of high quality and sufficient size and clarity for reproduction in the journal

All text that may identify a patient, including initials of the patient's name) is removed.

Explanatory material appears in the accompanying legend and not on the figure itself, including definitions of all abbreviations in the figure in a legend beneath the table.

Legends are listed on one page at the end of the manuscript and must have definitions for all abbreviations.

Each figure is uploaded separately from the manuscript

I understand that color figures are welcome and will appear in color on the web at no extra charge; however, there is a charge for the reproduction of color illustrations in print (\$650 for the first color figure and \$100 for each additional color figure) unless you request an exception and it is waived by the Editor and Publisher. Alternatively, the illustrations can be reproduced in print in black and white at no extra charge. Be sure that charts and graphs have been designed with this in mind so that the data are clear when published in black and white, i.e. different formats for the different columns (clear, hash marks, stippled, etc.) or graphic lines (solid, dashed, dotted, etc.).

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