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The Journal of Thoracic and Cardiovascular Surgery Information for Authors

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General Information

The Editors of *The Journal of Thoracic and Cardiovascular Surgery* aim to promote excellence in the discipline and educate those practicing and interested in our specialty. To this end, the Journal accepts submissions in the form of original articles, brief communications, editorials, and letters to the Editor on topics pertaining to the most recent developments in cardiothoracic transplantation, general thoracic surgery, surgery for acquired and congenital cardiovascular disease, and technical and physiologic issues as they relate to the specialty. The Journal commits to rigorous peer review, freedom from commercial influence, and promotion of the highest ethical and scientific standards in our specialty.

Editorial Policies

Review: Three or more referees are assigned to review each full length original article. Acceptance is based on significance, originality, and validity of the material presented. If the article is accepted for publication, editorial revisions may be made to aid clarity and understanding without altering the meaning. Authors are given the opportunity to suggest one or more reviewers who they believe to be expert and impartial in the field represented by the manuscript; these reviewers may be selected at the Editor's discretion.

Guidelines for Reviewers: Because more papers are submitted to the Journal than can be published, only the very best papers should be recommended for publication. Accordingly, a manuscript should be evaluated not only with respect to its scientific competence and accuracy, but also its relative importance in the field of thoracic and cardiovascular surgery and for its probable interest to our readership. Among the issues to consider are:

- What is the importance of the research question or subject field study?
- Are the methods and experimental techniques adequate?
- Do the results seem to be reliable and presented clearly?
- Is the discussion relevant?
- Are the conclusions reasonable?
- Are the illustrations and references appropriate and necessary?
- Is the abstract informative and written in a style that will make it intelligible to readers who do not work in the specific area addressed by the abstract?
- Is the writing clear and the organization of the paper sound?
- What is the originality of the work?
- Is the work too long?

If you recommend that a paper be shortened, you should indicate on the form "Comments to Authors" in which places it could specifically be abbreviated and which figures or tables could be omitted, or placed for online viewing only with a reference in the text. Please remember that it is the job of the copy editor to identify typographical and syntactic errors. Please focus your "Comments to Authors" on queries and constructive criticism. **Do not put statements in the "Comments to Authors" form regarding the acceptability of the paper.** If the editorial office or the other reviewers decide to reject the paper, such statements could be problematic. Reviewers should remember that manuscripts sent for review are confidential material and should only be shared with others after explicit permission from the assigning editor. Furthermore, reviewers should promptly report any conflict of interest with the manuscript and/or authors to the assigning editor.

Authorship and Scientific Responsibility: Only those individuals who made direct contributions to the intellectual content of the paper may be listed as authors. Persons designated as authors should meet *all* of the following criteria (see Consensus statement on surgery journal authorship—2006. *J Thorac Cardiovasc Surg* 2006;131:1221-2):

1. Made substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data
2. Participated in drafting the article or revising it critically for important intellectual content
3. Gave final approval of the version to be submitted and any revised version to be published

The authors should describe the role of the study's sponsors in the following areas:

1. Designing the study
2. Collecting, analyzing, and interpreting the data
3. Writing the report
4. Making the decision to submit for publication

The JTCVS editorial staff will not consider for publication a report in which the researcher did not have full access to the data, the ability to analyze them independently from the sponsor, and sole authority to make the final decision regarding publication. The

editor may, if he deems it necessary, require a copy of the agreement for verification of its content.

After a manuscript is accepted for publication, no author can be removed from or added to the author list nor can the order of the authors be changed without the written permission of all of the manuscript authors.

Conflict of Interest: Each author of an original manuscript or brief communication must submit a signed “JTCVS Disclosure Statement.” All positive disclosures related to an article accepted for publication will be reviewed by our Ethics Editor. When the Editor believes a conflict exists, the journal will publish the disclosures of the authors.

Authors who violate our disclosure policy will be denied the privilege of publishing their work in our Journal for one to two years, depending upon the severity of the offense.

Informed Consent: The Journal adheres to the principles set forth in the Helsinki Declaration (<http://www.wma.net/e/policy/b3.htm>) and holds that all reported research conducted with human participants should be conducted in accordance with such principles. Reports describing data obtained from research conducted in human participants must contain a statement in the Methods section indicating approval by the institutional review board and affirmation that informed consent was obtained from each participant. If patients are identifiable from illustrations, photographs, case reports, or other study data, release forms (or copies of the figures with the appropriate release statement) giving permission for publication must be submitted with the manuscript.

Humane Animal Care: All papers reporting experiments using animals must include a statement in the Methods section giving assurance that all animals have received humane care in compliance with the Guide for the Care and Use of Laboratory Animals (www.nap.edu/catalog/5140.html). Papers submitted from outside the United States must be in compliance with the guidelines established by their country's government or those of the National Institutes of Health and must include a statement to that effect in the Methods section.

CONSORT Statement: All authors engaged in studies based on randomized trials are asked to adhere to the principles outlined in the CONSORT statement (<http://www.consort-statement.org/>), an important research tool that takes an evidence-based approach to improve the quality of reports of randomized trials. Manuscripts reporting results of randomized controlled trials (RCTs) should include the CONSORT flow diagram showing the progress of patients through the trial (<http://www.consort-statement.org>). The CONSORT checklist should also be completed and submitted with the manuscript.

Consultant Statistician and Statistical Methods: All manuscripts with statistical analysis are required to undergo biostatistical review to ensure adequate and appropriate study design, analysis, interpretation, and reporting. The Journal requires that a biostatistician review these manuscripts prior to submission. The most appropriate way to involve a biostatistician is as a consultant or coauthor from the investigators' home institution or collaborative group. The individual must review the Statistical Methods

statement and complete and sign the Statistical Collaboration/Review Release Statement, available online at our manuscript submission site <http://www.editorialmanager.com/jtcvs/account/Statistical%20Release%20Statement.pdf> . Manuscripts may undergo further biostatistical review by the Journal after submission. Additional information on statistical methods can be found in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/index.html).

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Dates of Receipt and Acceptance: The "received for publication" date is the date when the editorial office receives the complete manuscript via Editorial Manager. The "accepted for publication" date is the date when the manuscript has met all of the requirements of the editorial office regarding provision of the final revised manuscript, illustrations meeting requirements for print reproduction, and signed disclosure forms from all authors.

Registration of Clinical Trials: In 2004 the International Committee Of Medical Journal Editors (ICMJE) recommended that clinical trials be registered in a public database as a prerequisite for subsequent publication (see De Angelis C, Drazen JM, Frizelle FA, et al. Clinical trial registration: a statement from the International Committee of Medical Journal Editors. *N Engl J Med* 2004; 351:1250-1). The Journal of Thoracic and Cardiovascular Surgery, joining with the Surgical Journal Editors Group (SJEG), has agreed to adopt this registration standard. The Editor now requires the pre-registration of all prospective clinical trials that have a control group, as well as any commercially-sponsored clinical trial, including Phase I and II trials. Registration for retrospective reviews or summaries of standard clinical treatment is not required. Clinical trials that meet the above requirement and commenced after April 1, 2007 must be registered prior to enrollment of the first patient. Relevant trials that began before this date must be registered prior to editorial review. Registration must be indicated by providing the unique study number assigned at www.clinicaltrials.gov, the principle site of registration sponsored by the National Library of Medicine (NLM). Detailed directions and a tutorial for registering a trial are available at <http://prsinfo.clinicaltrials.gov> (see Consensus statement on mandatory registration of clinical trials. *J Thorac Cardiovasc Surg* 2007;133:859-60).

Article Preparation

Manuscripts must be written so that a reasonably well-informed member of the thoracic surgical community can understand them. The primary goal of the Journal is the dissemination of information and education. Arcane content must be explained and considered understandable by the editorial staff. Articles are chosen based on their probability of achieving this goal. Authors are encouraged to follow the principles of clear scientific writing, such as those described by Gopen and Swan (1), as well as Blackstone (2).

All manuscripts must adhere to the length requirements outlined below.

Note: To allow all manuscripts to be judged fairly, manuscripts exceeding length limitations are returned for shortening prior to review.

Original Research Article: The Journal publishes original research in surgery and translational physiology as it relates to acquired and congenital cardiovascular disease, cardiothoracic transplantation, and general thoracic surgery. Meritorious work from closely related specialties, such as anesthesiology, molecular biology, pathology, pulmonary medicine, cardiology, and perfusion, is encouraged and will receive appropriate consideration if the linkage to our specialty is clear.

Original research articles are grouped in the Journal according to one of the following categories: Surgery for Acquired Cardiovascular Disease; Surgery for Congenital Heart Disease; General Thoracic Surgery; Evolving Technology/Basic Science; Perioperative Management; Cardiothoracic Transplantation. Authors are asked to self-categorize their articles during the submission process.

Note: Submission to the Journal constitutes an author declaration that the manuscript is a single-journal submission and has not been submitted to another journal simultaneously.

Length Requirements: Original research articles may not exceed 7 printed pages, including title and abstract. The following guidelines offer the best approximation of appropriate article length. Submitted articles that do not meet these guidelines will be returned to the corresponding author for appropriate revision, prior to review.

- Title page, 250 word structured abstract, and a 50 word ultramini-abstract
- A manuscript that contains no more than 3500 words in the body of the text, excluding abstracts and references
- A maximum combination of 5 figures and/or tables. Additional figures or tables may be submitted for online only inclusion. A reference in the printed text will direct readers to the additional online content.

- No more than 25 references
- A limit of 7 authors; exceptions are made for multi-center trials and can be requested for other situations, provided all authors meet the listed requirements

Please note that authors will be held to these limits at later revision stages as well.

Brief Communication: The Editors are interested in brief clinical contributions containing substantive information concerning clinical studies or a pertinent observation. Accepted Brief Communications will be categorized by the editor into either clinical, technical, or research subcategories. These submissions will be chosen on their discussion and educational value and on their scholarly use of the literature. Accepted Brief Communications may be published in a more rapid fashion via on-line-only publishing, at the Editor's discretion. Such Brief Communications will appear in the TOC of an issue, and will be fully citable and indexed in Medline.

Length Requirements: Brief communications should contain no more than 750 words and 2 tables or figures, a limit of 4 authors, and no more than 5 references. **They do not need a structured abstract or an ultramini-abstract.**

Letters to the Editor: Readers are encouraged to submit commentary on articles published in the Journal. Letters should be of broad interest to readers and not designed to "split hairs." Conflicting opinions on broad issues are particularly welcome when documentation is possible. Letters may be published together with a reply from the original author. If the original author does not respond, a notation indicating "Response declined" will be published. **Substantive Letters to the Editor are indexed in Index Medicus.**

Length Requirements: Letters to the Editor should not exceed 500 words, 1 figure or table, 3 authors, and 5 references.

Manuscript Preparation

Title Page: Provide a concise, informative title, with no unnecessary words (e.g., Studies in . . .). List all authors' academic degrees and affiliations. Include all sources of funding for the work, all possible conflicts of interest, and complete name, address, telephone and fax numbers, and e-mail address of the corresponding author. **Article word count on title page is required.**

Abstract: The structured abstract (**required for original manuscripts only**) should be limited to 250 words, should not include acronyms or abbreviations, and should contain the following sections:

1. Objective(s): describe the hypothesis or the purpose of the study
2. Methods: identify the study design and statistical methods used

3. Results: describe the outcome of the study and the statistical significance, if appropriate
4. Conclusions: state the significance of the results

Please provide a word count.

Ultramini-Abstract (required for original manuscripts only): Provide 1 to 3 sentences of no more than 50 words total, containing the essence of the manuscript, to include immediately beneath the title of the paper in the table of contents.

Units of Measurement: Report measurements of length, height, weight, and volume in metric units (meter, kilogram, or liter) or their decimal multiples. Give temperatures in degrees Celsius and blood pressures in millimeters of mercury. All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). The authors should also add alternate or non-SI units before publication. See www.acponline.org/journals/resource/unifreq.htm for more details.

Abbreviations: Except for units of measurements, abbreviations are discouraged. Abbreviations that are used should be defined at first mention. Internationally accepted abbreviations such as AIDS, DNA, SD, TLC need not be defined. For commonly accepted abbreviations, word usage, symbols, and so forth, please consult *Scientific Style and Format* (3) and the *American Medical Association Manual of Style* (4).

References: Limit references to directly pertinent published works or papers that have been accepted for publication. Original manuscripts are limited to 25 references, while brief communications and letters to the editor are limited to 5 references. Unpublished data and personal communications should be cited only in the text, not as a numbered reference. Authors wishing to cite unpublished material must have a letter of permission from the originator of the communication to do so. This letter should be submitted with the manuscript. Number references serially in the text and list them, on a separate page, double-spaced, at the end of the paper in numerical order.

Reference format should conform to that set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/index.html) and journal abbreviations should conform to the style used in the *Cumulated Index Medicus*. The style of citation should be as follows:

Journals: authors' last names and initials; title of article; journal name; date; volume number, and inclusive pages (list all authors when six or fewer; when seven or more, list six and add et al):

Graeber GM, Gupta NC, Murray GF. Positron emission tomographic imaging with fluorodeoxyglucose is efficacious in evaluating malignant pulmonary disease. *J Thorac Cardiovasc Surg* 1999;117:719-27.

Lytle BW, Blackstone EH, Loop FD, Houghtaling PL, Arnold JH, Akhrass R, et al. Two internal thoracic artery grafts are better than one. *J Thorac Cardiovasc Surg* 1999;117:855-72.

Books: authors' last names and initials; chapter title, editor's name, book title, edition, city, publisher, date, and pages:

Mollnes TE. Analysis of in vivo complement activation: In: Herzenberg LA, Weir DM, Herzenberg LA, Blackwell C, editors. *Weir's Handbook of Experimental Immunology*. Volume 78, 5th ed. Boston: Blackwell Science; 1997, p. 78.1-78.8.

Figures: For help with preparing electronic artwork for both on-screen review and eventual publication, see the information page created by Elsevier Science (<http://www.elsevier.com/wps/find/authors.authors/authorartworkinstructions>).

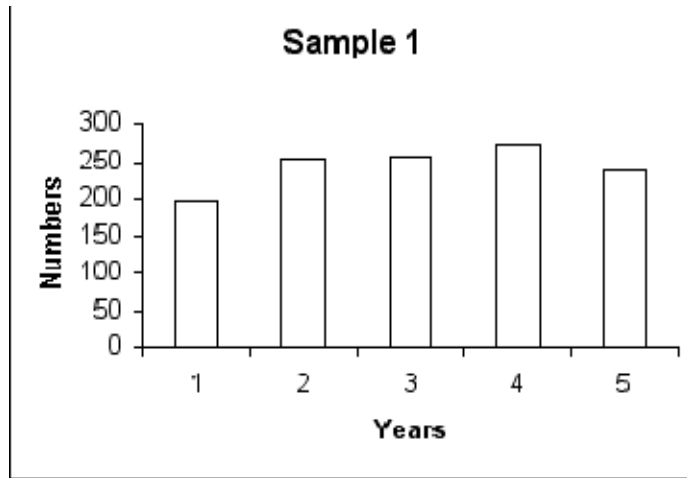
Figures must be of professional quality. When possible, please use first-generation artwork. Number figures in the order of their appearance in the text.

The Journal will reproduce free of cost to the author a reasonable number of black and white illustrations and a limited number of color illustrations. As we have a limited free color page budget, please be sure that all figures that can be rendered in BW are done so, and reserve color for images that will truly benefit the reader in terms of comprehension. For instance, there should be no color in graphs or tables. There is always the option to post additional figures online, or to have them appear in color online but BW in print. We reserve editorial judgment as to which figures should be printed in color.

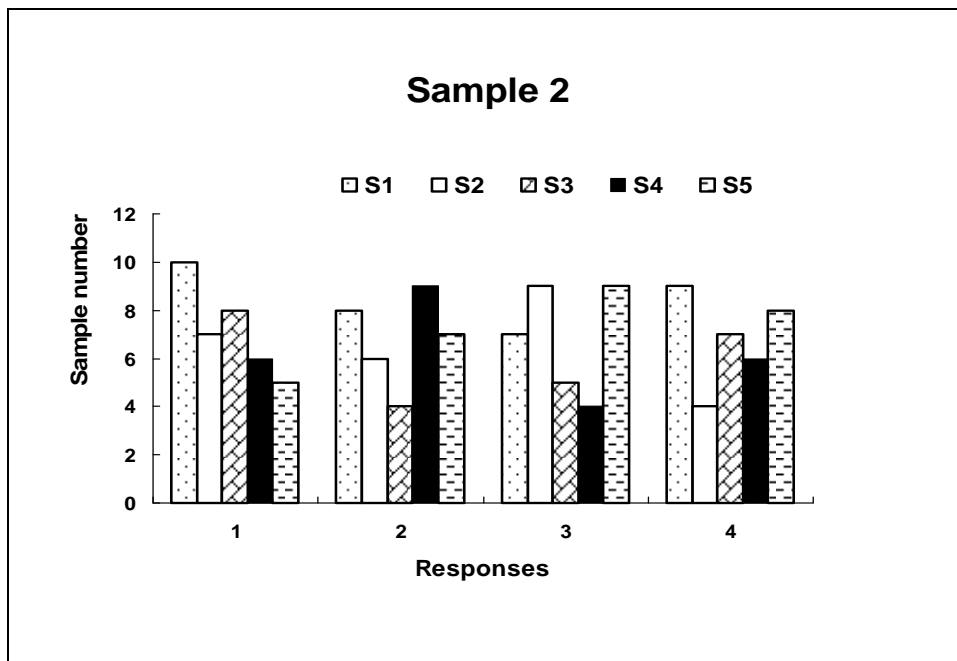
Graph Creation: For graphs with a series of bars, use the suggested combination of fillers (small dots/white/slanted “brick” pattern /black/dotted horizontal lines) in the following manner:

- Series of single bars (Sample 1): white
- Two bars: white/black
- Three bars: small dots/white/black
- Four bars: small dots/white/slanted “brick” pattern /black
- Five bars (Sample 2): small dots/white/slanted “brick” pattern/black/dotted horizontal lines

Note: Fillers other than the patterns suggested are acceptable as long as they do not create a moiré effect, that is, as long as they do not create visual distortion.



- Data that occupy the most amount of space should simply be outlined (i.e., left white);
- Data that occupy the second largest amount of space should be designated by small dots, followed by white, followed by slanted “brick” pattern, followed by black, followed dotted horizontal lines



Efficient Use of Space:

- Eliminate blank spaces that contain no information (e.g., delete points on the x and y axes that do not contain data)
- Do not border a figure or a key with a box
- If they fit, place keys that apply to the figure within the figure itself (without a box); if the key does not fit in the figure, place it at the end of the legend (see Sample 2)

- Create figures in scale with each other to the extent possible

Effective Formatting:

- Do not use background horizontal lines
- Avoid 3-dimensional art
- Make sure both axes are labeled
- Most figures will be one column wide. Ensure that all data and type within a figure are sized according to these guidelines to the extent possible
- Use upper- and lowercase type: It is much easier to read than all capital letters
- Use a consistent typeface and size (Helvetica or Universe, 11 or 12 points) throughout (avoid sans serif types, such as Courier)
- Use a bold typeface for emphasis; it is much more readable than italics or underlining
- Avoid gray shading; it does not reproduce well
- Make lines thick enough to ensure adequate reproduction (extremely thin lines do not reproduce well)

General Instructions:

- For figures submitted in electronic format, all images should be at least 5 inches wide. Images should be provided in EPS or TIF format
- Graphics software such as Photoshop and Illustrator, not presentation software such as PowerPoint, CorelDraw, or Harvard Graphics, should be used to create art
- Color images need to be CMYK, at least 300 dpi, with a digital color proof, not a color laser print or color photocopy.
- Gray scale images should be at least 300 dpi accompanied by a proof
- Line art (black and white or color) and combinations of gray scale and line art should be at least 1200 dpi and accompanied by a proof.
- For best reproduction, avoid screening, shading, and lettering on a dark background.

Tables: Tables should be self-explanatory and should supplement, not duplicate, the text. Each table should be on a separate page. Provide a brief title for each. Abbreviations used in table should be defined at the bottom of the table.

Manuscript Submission

Electronic Submission:

All manuscripts must be submitted via Editorial Manager (<http://jt cvs.editorialmanager.com>) and should include the following items:

- Abstract and mini-abstract (original manuscripts only)
- Title page **with word count**
- Manuscript (using word processor file)
- Tables

Note: Please include abstract, mini-abstract, title page, manuscript, tables, and figure legends in one file

- Figures (attach as separate files)

You may also submit the name of one reviewer of your choice. You should include that individual's e-mail address. Assigning suggested reviewers is done at the discretion of the editor handling your manuscript. If the reviewer you suggest is asked to review the manuscript, his or her identity will be kept confidential.

The following items that accompany the manuscript must be scanned and submitted electronically or submitted by mail if scanning is not an option:

- JTCVS Disclosure Statement
- Permission to reproduce published material (if applicable)
- Statistical Collaboration/Review Statement (if applicable)

General Guidelines:

- **Note: It is the corresponding author's responsibility to ensure that each submitted version of the manuscript is the correct version.** Format all text elements as double spaced for easier reading
- Insert page breaks between the title page, abstract, ultramini-abstract, and first page of text.
- Begin text, acknowledgements, references, and figure legends, respectively, on separate pages.
- Begin each table on a separate page.
- Write text in clear and concise language, using accepted standards of English style and usage. Define unfamiliar or new terms when first used and avoid use of jargon, clichés, and laboratory slang.
- On the title page, include the title of the article and the author(s) name(s), degree(s), and institutional affiliation(s) as well as the name, telephone number, fax number, and e-mail address of the corresponding author. Where necessary, identify each author's affiliation by superscript numbers matched to the appropriate institutions. **Also include word count of manuscript (required).**

Note: To view your manuscript in PDF format on Editorial Manager, you must have Adobe Acrobat Reader 8.0 installed on your computer.

Manuscript Revision

Revised manuscripts must be submitted in two parts as word-processing files (**pdf files are not acceptable**): (1) revised, marked manuscript showing additions and deletions, preferably using strike through format for deletions; (2) revised, unmarked manuscript.

Manuscript Processing

Acknowledgment of Receipt: Each submission is assigned a unique number and acknowledged by e-mail. The editorial office considers the manuscript number a confidential communication, which should be given only to other authors of the paper. The editorial office staff releases information about manuscripts only to authors who provide the manuscript number. Information about a specific manuscript can be obtained via Editorial Manager only by the corresponding author or his designated representative who has access to his personal username and password.

NIH Initiative

The National Institutes of Health “requests and strongly encourages” NIH-funded investigators to submit an electronic version of their final manuscript resulting from research supported in whole or in part with direct costs from NIH, on acceptance for publication, to PubMed Central (PMC) (<http://www.pubmedcentral.nih.gov>). The final manuscript is the version containing all modifications from the publishing peer review process. Our Journal supports those authors who wish to participate in this initiative but does not participate in the submission process. Our publisher does participate in the submission process and you can work with them to ensure deposit of your manuscript.

Print References

- (1) Gopen GD, Swan JA. The science of scientific writing. *Am Sci* 78;1990:550-8.
- (2) Blackstone E. Notes from the editors. *J Thorac Cardiovasc Surg* 1996;112:209-221.
- (3) Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers, 6th ed. New York: Cambridge University Press; 1994.
- (4) Iverson, Cheryl, et al, editors, American Medical Association Manual of Style, 9th edition, Baltimore: Williams and Wilkins, 1998.

Checklist

- ___ JTCVS Disclosure Statement signed, one from each author
- ___ Permission to reproduce published material or to cite unpublished data
- ___ Informed consent statement (in Methods)
- ___ Humane animal care statement (in Methods)
- ___ Funding agency’s role in data interpretation (in Methods)
- ___ Signed Statistical Collaboration/Review Release Statement
- ___ Clinical Trial Registry Number (if applicable)
- ___ Original manuscript submitted via jtcvs.editorialmanager.com (**abstract, mini-abstract, title page, manuscript, references, tables, and figure legends in one file**)
 - ___ Title page
 - ___ Title of article
 - ___ Full name(s), academic degrees, and affiliation(s) of authors
 - ___ Corresponding author

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____ **Word count** (required)

____ Abstract (250 words; double-spaced; for original manuscripts only)

____ Ultramini-abstract (50 words; double-spaced; for original manuscripts only)

____ Text (double-spaced)

____ References (double-spaced; separate pages)

____ Tables (double-spaced; separate pages)

____ Figure legends (double-spaced; separate pages)

____ Figures (separate files; no paperclips on hardcopy; properly identified)