

# The Thoracic and Cardiovascular Surgeon

## Instructions for Authors

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## Submission of Manuscripts

Manuscripts must be submitted exclusively via online submission at:

<http://mc.manuscriptcentral.com/tcsurgeon>  
 Alternatively, authors can follow the link on the journal's homepage: <http://www.thieme.de/fz/thoracic>  
 Submissions of hardcopy manuscripts or e-mail attachments will not be accepted.

*The Thoracic and Cardiovascular Surgeon* is the official organ of the *German Society for Thoracic and Cardiovascular Surgery (DGTHG)*. It publishes original papers on cardiac, thoracic and vascular surgery. Also featured are "how to do it" papers, collective and current reviews, invited editorials and commentaries, and letters to the editor pertaining to previously published articles. If a manuscript is accepted for publication, certain conditions must be agreed to by all authors. These include statements regarding authorship and scientific responsibility, conflicts of interest, exclusive publication, and assignment of copyright. No part of the published material may be reproduced elsewhere without written permission from the publisher. After acceptance the corresponding author will be sent the typeset pages of the manuscript for proof-reading. This will be followed by an online-first publication (Thieme eFirst) on the website: <https://www.thieme-connect.de/ejournals/toc/thoracic/efirst>

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The *German Society for Thoracic and Cardiovascular Surgery* and *The Thoracic and Cardiovascular Surgeon* require all authors to adhere to the universally accepted, high ethical standards of our profession. Concerns about plagiarism, double publication or scientific misconduct will be investigated. These issues are described in more detail on the website of the International Committee of Medical Journal Editors (ICMJE): [http://www.icmje.org/publishing\\_4overlap.html](http://www.icmje.org/publishing_4overlap.html)

ICMJE: Uniform requirements for manuscripts submitted to medical journals: [http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

## The Editorial Office utilizes plagiarism detection software



## Guidelines

The following guidelines are provided for the convenience of potential authors. Please use them to ensure that the manuscript is complete and can be processed further after submission. Incomplete or faulty manuscripts cannot be accepted for editorial review and will be instantaneously rejected for formal reasons.

## General

For submission of all manuscripts, follow the instructions on the online submission system. You will be required to open an account to register with the system, and an individual tracking number will be automatically assigned to each submission. This tracking number must be used in all further correspondence. Before submission, have all the metadata of the manuscript at hand: title, full names with affiliation and address of all authors (including e-mail addresses), as well as the selected keywords (see below), figures, tables, and legends. The author submitting the manuscript will be regarded the corresponding author by default.

## Preparation of Manuscripts

- ▶ Manuscripts must be double-spaced throughout (including abstract, text, references, tables, and legends) using a standard word processor leaving 3 cm margins all around. All text files must be doc files. Please be aware that pdf files cannot be processed.
- ▶ A complete manuscript consists of the metadata describing the document, an abstract, the main document, figures and tables.
- ▶ Arrange the main document of the manuscript as follows: (1) text, (2) references, (3) legends. Number pages consecutively, beginning with the title page as page 1 and ending with the legend page.
- ▶ Please avoid all allusions to your identity or institution except where asked for. This simplifies the anonymization process needed for our double-blinded review system.

## Manuscript Types

**Original Article** : There are two sub-categories: *Original Cardiovascular* and *Original Thoracic*. A manuscript for an original article should not exceed 5000 words and should be proportionally shorter the more illustrations and tables are included. Illustrations and tables should not exceed 10. References are

to be restricted to the relevant ones, usually not more than 25 to 30.

**Short Communication:** This category is for brief reports comprising more than a single case but reviewing a rather limited experience, for instance with short term / preliminary results for small series of patients. Its text should be limited to 1500 words with a maximum of 4 illustrations and 10 references.

**Case Reports:** are no longer published in the *ThCVS* on a regular basis. All case reports must be submitted to the website of the *ThCVS Reports* journal : <http://mc.manuscriptcentral.com/tcsreports>.

**“How to do it”:** The text for a how-to-do-it article should be about 800 to 1000 words. As this category is intended for descriptions of surgical techniques, it should be focussed on the illustrations provided, with a maximum of 5 figures. Referencing should be highly selective with a maximum of 5. The following structure should be used: Introduction, Technique Description, Discussion.

**Letter to the Editor :** This category is for discussion of a paper already published in *The Thoracic and Cardiovascular Surgeon* and can be contradictory or affirmative. It should clearly state the opinion of the author and may be supported by a maximum of three references.

**Review:** Review papers should be submitted by invitation only and give a thorough overview over their subject together with an analysis of the current literature. Due to their nature they may amount to 6500 words with a maximum of 80 references. If you consider writing a review about a subject you are familiar with, you are advised to contact the Editor-in-Chief in advance to discuss further details.

Manuscripts not meeting the above criteria may be rejected for formal reasons without undergoing a review process.

## Metadata

### Type and Title

At online manuscript submission you will have to select the manuscript type (Original Cardiovascular, Thoracic, or Basic Science, Short Communication, How-to-do-it, Letter to the Editor, Review) and enter the title. Bear in mind that a concise title attracts the reader's attention and try to confine it to 95 characters for original articles, 85 for shorter communications.

If the paper has been presented at a scientific meeting, please provide the name, location, and date.

### Abstract

Provide a structured abstract not longer than 250 words for an original article. It should be divided into four sections, in the following order: Background, Methods, Results, Conclusion. The abstract for shorter contributions should be limited to a maximum of 100 words. Letters to the editor do not require an abstract. Indicate the abstract word count at the end. The abstract will be required twice during online submission: you will be asked to enter the abstract at the beginning of the submission process. It will then need to be uploaded as a part of the main document again.

### Keywords

Include at least three keywords to assist in cross-indexing the article and to facilitate reviewer assignment. These keywords must be chosen from the list provided.

### Authors and Institutions

Please enter this information only where prompted.

Only individuals who actively contributed to the intellectual content of the manuscript are to be listed as authors. *The Thoracic and Cardiovascular Surgeon* is in full agreement with the Ethical Considerations in the Conduct and Reporting of Research of the ICMJE ([http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html)). Therein it

is stated that a clear distinction must be made between authors and contributors. In general, acquisition of funding, collection of data, contributing cases, general supervision of the research group or just being the chair of the department does not justify authorship if certain criteria are not fulfilled. After definitive acceptance of a manuscript and before its eventual publication a Scientific Responsibility Statement must be signed by each author on the “Conditions for Publication Form” declaring the individual contributions to the manuscript.

**Therefore the number of authors should not exceed 7 for Original Articles or 4 for shorter contributions.** If it is claimed that several authors “contributed equally to this work”, an explanation in writing must be submitted to the Editor-in-Chief, ideally as part of the *Cover Letter*. This will be published along with an accepted article.

List all authors by first name, family name and highest academic degree. List the departmental affiliations of each author together with the institutional address. Assign authors to departments using numbered superscripts.

### Word Count

Provide the electronic total word count of the entire document on the bottom of the title page, including references, legends, and tables.

## Main Document

### Text

- ▶ In general, the text should be organized as follows: Introduction, Material or Patients and Methods (including Surgical Technique where appropriate), Results, and Discussion. Avoid cross references to an institution within the text (“...was referred to St. Elsewhere’s Hospital”) as this helps to anonymize the manuscript for peer review.
- ▶ The manuscript must be written in English, using either American or British spelling, but consistent throughout. As English is not the native language of many authors, poor language quality often belies the true content of a paper. Authors are strongly advised to have the manuscript checked by a (near-) native speaker before submission to avoid rejection because of misunderstandings or incomprehensibility.
- ▶ Consult the American Medical Association Manual of Style, 10<sup>th</sup> edition, for recommended abbreviations. Define abbreviations after their first appearance in the text, avoiding their use completely in the title and abstract. Internationally accepted abbreviations of common medical usage need not be defined (e.g.: ASD, AIDS, DNA, VSD).
- ▶ Give all measurements and weights in standard metric units, temperatures in degrees Celsius, blood pressures in millimetres of mercury (mmHg). International System of Units (SI) units are acceptable.
- ▶ Clearly define the statistical methods used in the last paragraph of the Materials / Patients and methods section. A biostatistical review by a consultant statistician is strongly advised. This person can be credited with co-authorship or must at least be listed in the acknowledgements (see below).
- ▶ Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- ▶ Acknowledgements : Grants, financial support, as well as any technical or other assistance (e.g. statistical consulting) are to be listed at the end of the text before the references and will be printed in the article.

## References

Number references consecutively in the order in which they first appear in the text. Identify references in text, tables, and legends by Arabic numerals placed on the line (!) in square brackets. In the numbered reference list at the end of the text, use the style of the examples given below. Use *Index Medicus* abbreviations for journal titles. The list of references must begin on a new page.

\* Journal Articles: (inclusive page numbers)

1. Böning A, Lutter G, Mrowczynski W, et al. Octogenarians undergoing combined aortic valve replacement and myocardial revascularization: perioperative mortality and medium-term survival. *Thorac Cardiovasc Surg* 2010; 58: 159-163

List all authors if 6 or fewer; otherwise list first 3 and add "et al".

\* Chapter in Book: (specific page numbers)

1. Hermann MV, Cohn PV. Ventricular function in coronary artery disease. In: Donoso E, Gorlin R, eds. *Angina Pectoris*. Stuttgart: Thieme; 1977: 92-99

\* Online References:

1. The Bristol Royal Infirmary Inquiry. (July 2001). Online: [www.bristol-inquiry.org.uk](http://www.bristol-inquiry.org.uk) [accessed May 20, 2011]

## Legends

Legends should be double-spaced. Numbers should be Arabic and correspond to the order in which the illustrations or tables are mentioned in the text. Identify in alphabetical order all abbreviations used in the table / illustration at the end of each legend. Give the type of stain and magnification power for all photomicrographs. Previously published material must be identified as such, the source given, and indicated that permission to reprint has been obtained.

## Tables

Each table must be uploaded as a separate doc file. All tables should be double-spaced, each with a table number (Arabic) and title above the table. Explanatory notes and legends are submitted under Legends. Abbreviations are also to be explained in the legends (see above).

Tables must be self-explanatory and provide additional (usually detailed) information. Tables simply duplicating data already given in the text are redundant and will be deleted. Please refrain from using any color in tables.

## Figures/Illustrations

Figures or illustrations must be uploaded as separate files. Avoid combining too many images into one illustration. Use the figure number as the image filename.

Figures must be submitted as jpg or tif files only. Please note that doc, ppt, or pdf files cannot be processed by the system and will lead to immediate unsubmission or rejection for formal reasons. Color and black-and white photographs must have a minimum resolution of 300 dpi, diagrams and line drawings of 600 dpi. As most illustrations will be printed at column width (approx. 8.0 cm), distinctive symbols and patterns should be used. Black, white and wide crosshatching are preferable, shades of gray to be avoided.

Please be aware that you will be charged € 845 for the first color illustration and € 179 for each following one.

## Details and Comments

During the online submission process you must agree to certain conditions (statements regarding human investigations,

animal care, scientific responsibility, exclusive publication, and conflicts of interest). The "Conditions For Publication Form" must be signed personally by each author and returned to the Editorial Office (see above).

A *Cover Letter* must also be submitted in the space provided, briefly outlining the contents of the manuscript and the message the authors wish to convey. Any confidential information for the Editor should be included here. If the paper has been presented at a scientific meeting, name, location, and dates have to be provided here as well as on the title page.

## Human Investigation

Include the date / file number of approval by the responsible institutional human research or ethics committee in the Patients and Methods section. Indicate if specific individual consent for the study was obtained or waived. In retrospective analyses the institutional review board often waives the need for patient consent. If this was the case, it must be stated.

In prospective studies informed consent according to the relevant guidelines is mandatory and must be obtained in advance. The consent form for the treatment as such does not suffice for such trials.

## Humane Animal Care

The Material and Methods section must contain a statement confirming that all animals have received humane care in compliance with the 1996 "Guide for the Care and Use of Laboratory Animals" (see: <http://www.nap.edu/read/ingroom/books/labrats/contents.html> or: <http://nap.edu/catalog/5140.html>) as recommended by the US National Institutes of Health. Institutional approval of the protocol is mandatory. *The Thoracic and Cardiovascular Surgeon* strongly supports the ARRIVE guidelines (Animal Research: Reporting of In Vivo Experiments) which can be found at: <http://www.nc3rs.org.uk/page.asp?id=1357>

## Randomized Controlled Trials

The *DGTHG* and *The Thoracic and Cardiovascular Surgeon* endorse the CONSORT statement regarding randomised controlled trials (RCTs). All authors performing such studies are asked to follow the principles outlined in the CONSORT statement (<http://www.consort-statement.org>). Respective manuscripts should include the CONSORT flow diagram and checklist upon submission.

## New Technologies

When reporting experience with a new technology or a new device, the state of the certification process in the authors' country and internationally must be given. See also "Conflicts of Interest" below.

Each such article will be accompanied by the following statement: "Disclaimer : The *DGTHG* and *The Thoracic and Cardiovascular Surgeon* neither endorse nor discourage the use of the new technology described in this publication."

## Conflicts of Interest

A disclosure statement is required for all studies which received financial or other aid from a commercial source. This disclosure must state all funds used to support the study, including whether used or tested technology was purchased, borrowed or donated. In addition, all authors must confirm

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that they had full control of the design and methods of the study, the data analysis and production of the written report. See “Conditions for Publication Form”.

Any potential conflict of interest generated by circumstances that might influence the independence of an author must also be disclosed at the time of manuscript submission (patents, economic interests, financial or other relationships with industrial companies, e.g. stock ownership, consultancies).

### **Peer Review Process**

There is a possibility of immediate rejection, either for formal reasons (see above), or if the Editor-in-Chief decides that the manuscript is out of scope. Each manuscript

accepted by the Editorial Office undergoes a strict peer review process. At least two referees are assigned to Original Articles or Reviews, one or two to shorter contributions. The reviewers are chosen according to their areas of expertise, and one of them is commonly a member of the Editorial Board. An appropriate selection of keywords will help with assignment.

The review process is done in a double-blinded fashion, i.e. the reviewer does not know the identity of the authors /institution, and the authors will also be blinded to the identity of the reviewers. This anonymization procedure is provided by the Editorial Office to convey a maximum of impartiality and fairness on both sides.