

INSTRUCTION TO AUTHORS

The *Journal of Thoracic Disease* (JTD, J Thorac Dis, pISSN: 2072-1439; eISSN: 2077-6624) was founded in Dec 2009, and indexed in Pubmed in Dec 2011 and Science Citation Index Expanded (SCIE) in Feb 2013. It is published quarterly (Dec 2009- Dec 2011) and bimonthly (Jan 2012-), and openly distributed worldwide. JTD publishes manuscripts that describe new findings in the field provide current, practical information on the diagnosis and treatment of conditions related to thoracic disease (lung disease, cardiology, and esophagus disease). Original articles are considered most important and will be processed for rapid review by the members of Editorial Board. Clinical trial notes, Cancer genetics reports, Epidemiology notes and Technical notes are also published. Case reports implying new findings that have significant clinical impact are carefully processed for possible publication. All the submission and reviewing are conducted electronically so that rapid review is assured.

The Official Publication of:

- ❖ Guangzhou Institute of Respiratory Disease (GIRD)
- ❖ China State Key Laboratory of Respiratory Disease
- ❖ The First Affiliated Hospital of Guangzhou Medical College
- ❖ Society for Thoracic Disease (STD)

Endorsed by International COPD Coalition (ICC)

MANUSCRIPT CATEGORIES

Systematic Reviews and Meta-analysis

A comprehensive, scholarly, balanced, systematic review of evidence-based literature including all findings; these are not opinion submissions. Submissions should be state-of-the-art science confined mostly to the best available evidence. All meta-analyses of randomized trials must adhere to the guidelines outlined in the PRISMA statement, designed to improve manuscript quality. Authors must include a suitable PRISMA flow chart in their submission. Further advice on suitability is available from the Editorial Office.

JTD will consider for publication Cochrane review articles that have been substantially shortened and re-written for a audience, but such submissions must state this on the title page of the manuscript, and copies of the original article must be sent to the Editorial Office for

consideration. You must also apply for permission from the Cochrane Library – further information on how to do this is available in the Cochrane Manual. Submissions must relate to important clinical subjects and be accompanied by author analysis leading to conclusions. The review must be no more than 6000 words, excluding title page, abstract, text, tables, figures, figure legends, and references. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions.

Review Article

A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words.

Original article

Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Descriptions of the following points are critically evaluated.

In reports of prospective clinical trials:

- The study rationale, trial design, and number of cases
- Approval of local ethical committees and informed consent by patients
- Precise data presentation and justifiable conclusions

For reports of randomized controlled trials, authors should refer to the CONSORT statement (www.consort-statement.org). In reports of retrospective clinical observations:

- Selection criteria of cases
- Efforts to eliminate possible biases in retrospective analysis
- Justifiable conclusions

In reports of basic research:

- Clinical impact of the study

Editorials

Editorials are opinions of recognized leaders in thoracic disease specialties. Editorials are generally solicited by the Editor-in-Chief. Length should not exceed 2500 words with no more than 20 references.

Research Highlights

Research Highlights are brief reports of important research findings that have been recently published in the field of thoracic disease. Manuscripts containing pertinent and interesting observations concerning reports on new observations or studies that do not warrant publication as a full research article will be considered for Research Highlights. These submissions will undergo full peer review. They are usually solicited by editors. The text is limited to 3000 words. The abstract is limited to 300 words.

Perspectives

Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial positions or papers of the same topic advocating opposite opinions will be published as Perspectives. Most perspective articles will be solicited by the editors. However, we also welcome timely, unsolicited perspective articles. The text is limited to 3000 words. The abstract is limited to 300 words.

JTD Lecture Series

This is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. This section requires a 1500-word mini-review or an editorial to be submitted together with the Keynote Lecture file.

Surgical Techniques

“Surgical Techniques” is a featured section that publishes illustrated articles. These articles must include four subheadings – Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors. If required, our medical illustrator may be made available, however, there will

be additional costs associated with the use of this service.

Visualized Surgery

“Visualized Surgery” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the JTD reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Case reports

The *JTD* publishes case reports with new findings that may alter the disease concept of thoracic disease. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing thoracic disease. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients’ identification must be carefully masked. The abstract is limited to 300 words.

Between You and Me

The new column in The Journal of Thoracic Disease, “Between You and Me” is an opportunity for physicians and patients to tell short, personal stories taken from actual medical practice that raise important medical issues. Submissions to this column should be told in a vivid way, emphasizing the human and humane aspects of medicine as opposed to the scientific and technical focus of most medical articles. No abstract is required. Manuscripts are limited to 1800 words.

Clinical trial notes

The *JTD* publishes protocol digests of prospective

clinical trials that have been approved and commenced by established clinical groups. A clinical trial note will include concise description of trial backgrounds and rationale, endpoints, eligibility criteria, treatment methods, scheduled analyses and statistical consideration. Trial resources and approval by institutional review board should also be shown. Importance and possible impact of the study can be briefly discussed. Any preliminary results of the trial must not be included. A non-structured abstract of fewer than 350 words and only essential references should be provided. A copy of the original protocol (in English) should be sent to the editorial office by post, or Email to: jtd@thepbpc.org.

Genetics reports

Previously undescribed pathogenic germline mutation in a hereditary cancer syndrome or related diseases will be reported in this section as a pedigree case report. Similarly high penetrance polymorphisms or mutations associated with significant adverse drug reactions will be also accepted. A case report with known mutation or polymorphism may also be considered if the report can be expected to contribute substantially to the advancement and/or accumulation of the current knowledge in the field of clinical cancer genetics.

The nucleotide sequence of the mutation or polymorphism must be defined on the genomic DNA. The method of the mutation/polymorphism detection should be described explicitly, such as with PCR conditions and primer sequences. Whenever appropriate, a pedigree (family tree) must be presented. The pedigree should be drawn according to the "Recommendations for Standardized Human Pedigree Nomenclature", *Am J Hum Genet* 1995;56:745-52.

Strict care should be taken to prevent the identification of the patients and any other relevant family members. It is the responsibility of authors to obtain appropriate informed consent for publication.

No running head or mini-abstract is necessary. An abstract of fewer than 150 words should be provided as well as a genetic summary describing disorder, ethnicity, gene and its GenBank, EMBL or DDBJ accession number and chromosomal assignment, type of DNA variant, mutation, allelic frequency, method of mutation detection, etc.

Technical notes

Originally-devised techniques for thoracic disease diagnosis or treatment are published as a Technical note. The backgrounds are briefly described in introduction and the technique is intelligibly explained using clear illustrations. The advantage and possible benefit to use the new technique should be highlighted. The abstract is

limited to 300 words.

Short communications

A small-scale study that includes important new information may be published as a short communication. It usually carries an abstract of fewer than 450 words, text of fewer than 3500 words, up to three tables or figures, and essential references.

Letters to the Editor

Letters commenting on articles published previously in the Journal or expressing views on topics relevant to thoracic disease will be published. An appropriate title should be provided.

MANUSCRIPT SUBMISSION REQUIREMENTS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well-designed and functions very well with minimal difficulties. New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us (jtd@thepbpc.org), and we will help solve the problem.

Text

Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and double-spacing throughout. Number pages consecutively, beginning with the title page.

Title page

The title page should carry: a) the title of the article; b) authors' names with institutional affiliations; c) corresponding author's name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 45 characters including spaces.

Abstract and key words

The second page should carry an abstract of no more than 450 words (see also instructions for specific categories above). Do not use references in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background (or Objective where relevant), Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

Provide three to five key words. Use terms from the

medical subject headings (MeSH) list of Index Medicus.

References

Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus.

List all authors, but if the number exceeds three, give three followed by “et al.”

- ❖ McLeer-Florin A, Lantuéjoul S. Why technical aspects rather than biology explain cellular heterogeneity in ALK-positive nonsmall cell lung cancer. *J Thorac Dis* 2012;4:240-1.
- ❖ Lin X, Li W, Lai J, et al. Five-year update on the mouse model of orthotopic lung transplantation: Scientific uses, tricks of the trade, and tips for success. *J Thorac Dis* 2012;4:247-58.

For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

Tables

Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as P = 0.230 instead of the term ‘N.S.’ or ‘not significant’. For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data- .doc, .rtf, Excel or PowerPoint files-because tables submitted as image data cannot be edited for publication.) The Journal may reject manuscripts if remarkable deviation from this instruction is found.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).
- Resolution: Figures must be supplied as high

resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1000 dpi.

- Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the CCO.
- Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.
- Text sizing in figures: Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.
- Figure legends: Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Videos

Videos can be submitted with a manuscript online: <http://www.thebpc.org/author/submitMultimediaFiles>.

JTD will accept digital files in mp4, flash video (.flv), MPEG (MPEG video file), DVD video format, mov, avi, and wmv formats or videos on CD/DVD. Contributors are asked to be succinct, and the Editor-in-Chief reserves the right to require shorter video duration. Legends for the video segments should be placed at the end of the article. The video should be of high quality (resolutions: 1080P: 1,920×1,080; 720P: 1,280×720P). The video should demonstrate the descriptions in the text of the manuscript.

Survival curves

Cumulative survival rates are usually calculated with the Kaplan-Meier’s method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

- Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.
- Censored cases should be shown as short vertical lines (“whiskers”) on the curves. Alternatively, the exact numbers of the cases at each unit time should be shown in an attached table as “No. at risk”.
- Events such as death and relapse must not be shown as marks such as open circles or triangles, but as simple step-downs of the curves.
- Labels for curves can be written in the graph area

when the curves are far enough from each other.

Abbreviations and symbols

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

Statistics

Describe which statistical methods were used for which analyses. A *P* value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact *P* values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST FORM

Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree Pioneer Bioscience Publishing Company, to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript, and assure that the authors will pay for *Article Processing Charges* (APC).

Funding

Details of all funding sources for the work in question should be given in a separate section entitled 'Funding'. This should appear before the 'Acknowledgements' section.

The following rules should be followed:

- The sentence should begin: 'This work was supported by ...'

The full official funding agency name should be given, i.e. 'National Institutes of Health', not 'NIH' (full RIN-approved list of UK funding agencies) Grant numbers should be given in brackets as follows: '[grant number xxxx]'

Multiple grant numbers should be separated by a comma as follows: '[grant numbers xxxx, yyyy]'

Agencies should be separated by a semi-colon (plus 'and' before the last funding agency)

Where individuals need to be specified for certain sources of funding the following text should be added after

the relevant agency or grant number 'to [author initials]'

An example is given here: 'This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789].'

Conflict of interest

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

JTD policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

ADDITIONAL INFORMATION

Peer review

Submitted manuscripts are first read by the editors within two days. Some papers may be declined at this stage. The others will be sent for peer-review to more than two external referees usually selected from among the specialists in the Reviewers Board of the Journal. The editors decide whether to accept or reject based on the referees' recommendations.

Page Proofs

Page proofs will be sent to the author via email. Page proofs should be returned within three working days, preferably

How much is *Journal of Thoracic Disease* charging?

Journal name	Article Processing Charges (USD)
Journal of Thoracic Disease	\$890*

*It's free of charge for all invited articles.

by email. Corrections should be marked on the actual proof and provided in a numbered list. Lengthy additions should be avoided, but where necessary should be provided in a MS Word file, with explicit instructions regarding placement.

Offprints and reprints

Authors will be sent a free url link to the published online article for their personal use. Authors who wish to purchase hard copy offprints should fill out the offprint order form which will be sent with the author proof. Orders should be sent to editorial office. Order for reprints should be sent to the Publisher Office.

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