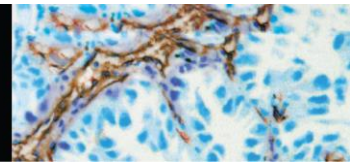


thoracic CANCEr

Prevention, treatment and research of thoracic cancer in Asia Pacific



Author Guidelines

Thank you for your interest in *Thoracic Cancer*. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

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1. ABOUT THE JOURNAL

Thoracic Cancer aims to facilitate international collaboration and exchange of comprehensive and cutting-edge information on basic, translational, and applied clinical research in lung cancer, esophageal cancer, mediastinal cancer, breast cancer and other thoracic malignancies. Prevention, treatment and research relevant to Asia Pacific are a focus, but submissions from all regions are welcomed. The editors encourage contributions relevant to prevention, general thoracic surgery, medical oncology, radiology, radiation medicine, pathology and basic cancer research as well as epidemiological and translational studies in thoracic cancer.

Thoracic Cancer is the official publication of the Chinese Society of Lung Cancer, International Chinese Society of Thoracic Surgery, and is endorsed by Korean Association for the Study of Lung Cancer.

Editors-in-Chief: Qing-Hua Zhou, Yan Sun

Frequency: Bi-monthly

ISSN: 1759-7706 (Print), 1759-7714 (Online)

Journal Abbreviation: THORAC CANCEr

Publisher: Wiley Publishing Asia Pty Ltd

2. REVIEW PROCESS

Manuscripts are assigned sequentially to Associate Editors. An Associate Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Associate Editor's comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within six weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within four weeks of decision; major revisions within three months. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and Associate Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast-track decisions' will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write

to the Editor-in-Chief.

All journals Manuscripts should be written so that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

3. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLES

Word limit: 4000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, with sub-headers.

References: no limit.

Figures/tables: no limit, but 8 figures should be sufficient.

Description: Full-length reports of current research in either basic or clinical science.

(2) INVITED REVIEWS

Word limit: 5000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: no limit.

Figures/tables: minimum 1 image or figure.

Description: Reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors.

Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(3) MINI REVIEWS

Word limit: 4000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: no limit.

Figures/tables: maximum 6 images or figures.

Description: Mini Reviews are shorter reviews of topics that may be controversial or unresolved. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

(4) IMAGING IN THORACIC CANCEr

Word limit: 350 words excluding references, tables and figures.

Abstract: not required.
References: 5 maximum.

Figures/videos: maximum 2 still images for print publication, supplemented by maximum 2 videos for online publication.

Description: Videos which are unique or highly illustrative of specific occurrences in thoracic surgery. They will be reviewed by the Editors prior to acceptance, but they do not have to go out for external peer review. They must be accompanied by a brief one paragraph description of relevant information

(5) CLINICAL GUIDELINES

Word limit: 5000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, unstructured (no use of sub-headers).

References: no limit.

Figures/tables: minimum 1 image or figure.

Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(6) LETTERS TO THE EDITOR

Word limit: 500 words maximum.

Abstract: not required.

References: 4 maximum.

Figures/tables: 1 maximum.

Description: Letters must offer perspective to content published in *Thoracic Cancer*. A Letter must reference the original source, and a Response to a Letter must reference the Letter in the first few paragraphs. Letters can use an arbitrary title, but a Response must cite the title of the Letter: e.g. Response to [title of Letter]. This ensures that readers can track the line of discussion. Letters to the Editor are not subjected to peer-review. Submissions may be edited for length, grammatical correctness, and journal style. Authors will be asked to approve editorial changes that alter the substance or tone of a letter or response.

(7) EDITORIALS

Word Limit: 1500 words maximum.

Abstract: not required.

References: 5 maximum.

Description: Proposals for Editorials may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

(8) COMMENTARIES

Word limit: 1500 words maximum excluding references.

Abstract: not required.

References: 20 maximum, including the article discussed.

Figures/tables: 2 maximum.

Description: Commentaries, upon Editor's invitation, discuss a paper published in a specific issue and should set the problems addressed by the paper in the wider context of the field. Proposals for Commentaries may be submitted; however, in this case authors

should only send an outline of the proposed paper for initial consideration

(9) CASE REPORTS

Word limit: 1000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 20 maximum.

Figures/tables: 4 maximum.

Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in thoracic cancer. The text should be arranged as follows: Introduction, Case Report, and Discussion. Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters to the Editor.

(10) MEETING REPORTS

Word limit: 3000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, with sub-headers.

References: no limit.

Figures/tables: no limit, but 8 figures should be sufficient.

Description: Brief reports of symposia and conferences in cancer research. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

(11) TECHNICAL NOTES

Word limit: 1500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 4 maximum in total.

Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

(12) BRIEF REPORTS

Word limit: 1500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers).

References: 35 maximum.

Figures/tables: 4 maximum in total.

Description: Manuscripts containing pertinent and interesting observations concerning thoracic cancer research and reports on new observations or studies that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

4. DISCLOSURE

At the time of submission, the submitting author must include a disclosure statement in the body of the manuscript. The statement whether the authors have published or submitted the manuscript elsewhere. The statement will also describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled 'Disclosure,' which should appear after the 'Acknowledgment' section and before the 'References' section. The absence of any interest to disclose must also be stated. In addition, any financial interests must be detailed in the Financial Disclosure form, which will be provided to the corresponding author upon acceptance for distribution to each author.

5. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Seoul 2008), available at: <http://www.wma.net/en/30publications/10policies/b3/index.html>. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

6. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy

applies to any clinical trial starting enrollment after 1 January 2006. For trials that began enrollment before this date, we require registration by 1 April 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (<http://www.clinicaltrials.gov>); (2) the International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>); (3) the Australian Clinical Trials Registry (<http://www.actr.org.au>); (4) the Chinese Clinical Trials Register (<http://www.chictr.org>); and (5) the Clinical Trials Registry - India (<http://www.ctri.in>).

7. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement: <http://www.consort-statement.org/>.

8. COPYRIGHT

If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an email prompting them to login into Author Services; where via the Wiley Author Licensing Service (WALS) they will be able to complete the license agreement on behalf of all authors on the paper.

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NIH Public Access Mandate For those interested in our policy on the NIH Public Access Mandate, please consult our policy statement: <http://www.wiley.com/WileyCDA/Section/id-321171.html>.

9. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: <http://www.ICMJE.org/>.

Author name Each author's given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region.

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling The Journal uses US spelling and authors should therefore follow the latest edition of the *Merriam-Webster's Collegiate Dictionary*.

Units All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International

des Poids et Mesures (BIPM) website at: <http://www.bipm.fr/>.

Abbreviations Must be used sparingly – only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

10. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) disclosure, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

TITLE PAGE

The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. Do not use abbreviations in the title. A short running title (less than 40 characters) should also be provided.

ABSTRACT

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results, and conclusions. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the

results is discussed”) should be avoided.

Immediately after the conclusion section of the abstract, authors are required to individually answer two questions, with maximum 40 words for each answer; bullet points are allowed.

- Significant findings of the study
- What this study adds

KEYWORDS

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

TEXT

Authors must use the following subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Disclosure, References, and when relevant, Supplementary Material.

ACKNOWLEDGMENTS

This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders and editors should not be listed as authors, but acknowledged at the beginning or end of the text.

DISCLOSURE

At the time of submission, each author must disclose and describe any involvement, financial or otherwise, that might potentially pose conflict of interest. Disclosure must be included in the text of the manuscript.

REFERENCES

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three followed by *et al.* Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in *PubMed*. Authors are responsible for the accuracy of the references.

• Journal article

1 Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; **19**: 245-52.

• Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

2 Furuya R, Takahashi R, Furuya S *et al.* Is urethritis accompanied by seminal vesiculitis? *Int J Urol* 2009. doi: 10.1111/j.1442-2042.2009.02314.x

• Book

3 Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston 1997.

• Chapter in a Book

4 Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago 1987; 204-5.

TABLES

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for *P*-values. Statistical measures such as SD or SEM should be identified in the headings. If tables 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.

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 (80.5 mm), intermediate (112 mm) or the full text width (168 mm).

Resolution Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (pixels per inch), Color figures 300 ppi, figures containing text 400 ppi, Line figures 1000 ppi.

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.

More help on preparation of illustrations can be found at: <http://authorservices.wiley.com/bauthor/illustration.asp>.

EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

11. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They are hosted via a link on Synergy but do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB, although video files may be larger. Prior to submission, please check the guidelines at: <http://authorservices.wiley.com/bauthor/suppmat.asp>.

12. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at: <http://mc.manuscriptcentral.com/tca/>. Authors must supply an email address as all correspondence will be by email.

GENERAL

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
- Do not use Enter at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.

- Specify any special characters used to represent non-keyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for β (Greek beta).
- Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells).

Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 ppi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

COVERING LETTER

Papers are accepted for publication in the Journal on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium. This must be stated in the covering letter.

The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified.

PRE-ACCEPTANCE ENGLISH-LANGUAGE EDITING

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. [Visit our site](#) to learn about the options. All services are paid for and arranged by the author. Please note using the Wiley English Language Editing Service does not guarantee that your paper will be accepted by this journal.

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15. PUBLICATION FEES

Page charge: Authors of accepted Original Articles, Meta-analyses, Case Reports, Brief Reports will be charged a flat page charge of USD700 per article. Authors of accepted Technical Notes and Imaging in Thoracic Cancer will be charged USD500 per article.

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The above publication fee will be waived if authors choose to publish their articles as Online Open (Open Access), with which a separate fee will be charged.

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16. OPEN ACCESS

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17. TRACKING MANUSCRIPTS

1) BEFORE ACCEPTANCE

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Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of

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18. ACCEPTED ARTICLES (EPUB AHEAD OF ISSUE PUBLICATION)

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19. THORACIC CANCER ONLINE

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