The Thoracic and Cardiovascular Surgeon

Instructions for Authors

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Any previous publication, for instance on institutional or public pre-print servers, must be declared.

To ensure that the authors have met all the formal requirements they are referred to the following editorial listing them in detail:


Acknowledging the principles summarized therein helps dealing with any issues that might arise after publication, especially should any of the statements subsequently be found to be false.

Instructions

The following instructions are provided for the convenience of 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 unsubmitted or 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.
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Instructions for Authors

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 four sub-categories: Original Cardiovascular, Original Thoracic, Basic Science, and Pediatric and Congenital Cardiology. For the latter please see the paragraph below. A manuscript for an original article should not exceed 4000 words (References excluded) 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. Clinical Trials must be registered and the registration data provided. Approval of the respective ethics committee is to be given in the Methods section.

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Meta-Analysis, Systematic Review: As a specialized scientific journal ThCVS favours primary sources and is generally hesitant to accept secondary ones. It is recommended to contact the Editor before submission. If submitted they must adhere to the PRISMA Statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) [http://www.prisma-statement.org/], complete with checklist and flow diagram.

It must be emphasized that inclusion of any study data gained from an Abstract only is unacceptable.

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

Pediatric and Congenital Cardiology (PCC): As the official journal of the German Society for Pediatric Cardiology (DGPK), ThCVS welcomes original articles from this specialty. They will follow a separate review path organized by the DGPK Associate Editor Prof. Sven Dittrich (Sven.Dittrich@uk-erlangen.de) and published in an e-only format on the journal’s website in a “Pediatric Cardiology Issue”.

All PCC manuscripts follow an OPEN ACCESS format, which means that an accepted article will be freely available worldwide on the electronic platform without subscription the journal. Open Access publication requires a publication fee (APC = article processing fee) to be paid by the author after acceptance. This covers the production cost, indexing and electronic publication.

The publication fee for a PC contribution currently is €1500 (€1000 for members of the DGPK, DGTHG, SGHC, LGTHG). Detailed information about payment methods will be given after acceptance of a manuscript.

Case Reports: are no longer published in the ThCVS. All case reports must be submitted to the website of the ThCVS Reports journal: https://mc.manuscriptcentral.com/tcvsreports. This is also valid for case reports from pediatric cardiology.

Metadata

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

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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.

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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.

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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
Produce the electronic total word count of the entire document on the bottom of the title page, including the legends, but excluding the references.

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Text
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- 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, 10th 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, CT, 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. For appropriate use and reporting of statistics authors are referred to the SAMPL guidelines:
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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 (1) 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.
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  Lang TA, Talerico C, Siontis GCM. Documenting clinical and laboratory images in publications. The CLIP Principles. CHEST 2012; 14:1626–32

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Material not essential for understanding the main text, but of potential benefit for the reader, can be uploaded as online-only content. Examples are more detailed (laboratory) methods, original data sets, a list of investigators in large group publications, or additional figures.

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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.

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The standards universally agreed upon can be found in the ARRIVE guidelines [Animal Research: Reporting of In Vivo Experiments] [https://www.nc3rs.org.uk/arrive-guidelines]. Local regulations may apply in addition. There are detailed ones issued by the European Union and the United States of America.

Randomized Controlled Trials
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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.

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