JTCVS Information for Authors

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Electronic submission of all items is mandatory at http://jtcvs.editorialmanager.com

General Information

The Editors of The Journal of Thoracic and Cardiovascular Surgery (the Journal) aspire to support scholarship, innovation and leadership in our specialty. The mission of the Journal is to promote quality in our discipline and have a meaningful impact on the practice of cardiothoracic surgery. To accomplish these goals the Journal accepts a wide range of articles related to surgery for acquired and congenital cardiovascular disease, cardiothoracic transplantation, mechanical circulatory support, general thoracic surgery, as well as papers on evolving technology, basic science, perioperative medicine, and education and training.

Categories of Publications

The Journal accepts submissions of original manuscripts, expert reviews, expert opinions, description of surgical techniques, brief reports, cardiothoracic images, letters, and case reports (for online only publication).

Editorial Policies

Authorship

The number of authors should be limited to those individuals who made direct contributions to the intellectual content of the paper. Courtesy authorship is prohibited. For most papers, 7 authors may be sufficient. Additional authors may be added if their inclusion can be justified and if each author is able to assume responsibility for the validity of the results and conclusions in the manuscript. Authors should

1. Made substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data
2. Participated in drafting and/or revising the paper and provided important intellectual contributions
3. Gave final approval of the submitted version and any revised versions submitted prior to acceptance

A completed Author Contribution form detailing the substantive contribution(s) of each author must be submitted with all revised manuscripts.

Scientific Responsibility

The Journal is committed to rigorous peer review, free from commercial influence, in order to promote the highest ethical and scientific standards in our specialty (See the AATS "Disclosure Policy and Guidelines for the Editors, Reviewers, and Authors" and "Cardiothoracic Surgical Organizations' Standards for Interactions with Companies," available at http://aats.org/Association/Policies.cgi).

Support received from any sources should be disclosed for each author. The Editors and reviewers will determine whether any of the relations constitute a conflict of interest that may have biased the material presented in the paper. Many JTCVS authors are advisors or consultants for companies that develop innovative technology and pharmaceuticals. Authors with extensive commercial relations provide important contributions to the readers of the Journal. However, the information must be presented with an appropriate scientific balance that is unbiased and based on objective assessment of the data. The reviewers and the Editors will attempt to ensure that balance.

In addition to the information about support for the authors, the title page should indicate if the sponsor(s) of the study in their submitted report participated in the design of the study, collecting, analyzing, and interpreting the data, writing the report, or deciding to submit the report for publication. For the manuscript to be accepted for publication, the authors must attest that they had full freedom to explore the data, analyze the results independent from any sponsor and that they had sole authority to make the final decision to submit the material for publication. The Editor may, if deemed necessary, require a copy of the agreement to verify that the contract with the sponsor(s) supports these facts.

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 authors and approval by the editorial office. All funding information and all disclosure information, including an explicit statement about any potential conflicts of interest, must appear on the title page at the time of the initial submission. In addition, the Journal requires that each author submit a completed JTCVS
Disclosure statement, found at https://www.editorialmanager.com/jtcvs, through the online submission system (not via fax or email) at the time a revised paper is submitted.

Disclosure Policy

It is the policy of The American Association for Thoracic Surgery (AATS) that each author of an Original Manuscript must disclose any financial interest or other relationship (grant, research support, consultant, etc.) that he or she (or his or her family) has with any commercial entity that would be affected by the publication or manufacturer(s) of any commercial product(s) that may be discussed in the manuscript. The AATS has procedures in place if a conflict of interest should arise. In addition, authors must disclose the discussion of any unapproved use of any pharmaceuticals or medical devices in the manuscript.

Policy on Managing Conflict of Interest

1. Review of Disclosure Information: The reviewers and Editors of the Journal will review the Disclosure of Potential Conflicts of Interest information submitted by authors of Journal submissions. AATS staff may request additional information from authors to expand on the information presented. Disclosures will be printed with accepted articles.

2. Determination of a Conflict of Interest: The Editors and reviewers will determine whether any of the relations constitute a conflict of interest that may have biased the material presented in the paper. In making this determination, consideration will be given to all relevant factors, including but not limited to the nature of the manuscript, the magnitude of the financial interest, and the extent to which the interest may have directly or indirectly affected the manuscript.

3. Management and Resolution of Conflicts of Interest: If the Editors determine that the conflict may have influenced any part of a manuscript, the author(s) will be given an opportunity to respond and if necessary to submit additional information indicating how they balanced the conflict. The author(s) will be encouraged to suggest measures designed to resolve the conflict. Each author of a manuscript must submit a signed "JTCVS Disclosure Statement" through the electronic submission system with the submission of a revised manuscript. Violation of this disclosure policy will result in the disqualification of the submission from publication. In addition, authors who violate this policy may be denied the privilege of publishing their work in the Journal for two years. All suspected violations will be reviewed by the AATS Publications Committee, which will make a recommendation to the AATS Council regarding censure.
Required Components of Submissions to the *Journal*

**Informed Consent**

The *Journal* adheres to the principles set forth in the Helsinki Declaration ([http://www.wma.net/en/30publications/10policies/b3/index.html](http://www.wma.net/en/30publications/10policies/b3/index.html)), which requires all published reports concerning human participants to be conducted in accordance with its universally accepted principles. Reports that include any information about any data obtained from human participants must contain a statement in the Methods section indicating approval by the institutional review board (IRB) and affirmation that written informed consent was obtained from each participant or that consent was waived by the IRB. The Methods section should have an explicit statement about the approval by the IRB, and the title page should provide the date and number of the IRB approval. Data collected for a quality improvement initiative should have an IRB approval or waiver for the research project.

**Patient Identification**

If any patients are identifiable from illustrations, photographs, or case report information, then the release forms (or appropriate release statements) giving permission for publication must be submitted with the manuscript. Most reports should avoid identifiable information, which should be included only in the rare instances where such images are essential to the manuscript.

**Humane Animal Care**

All papers reporting experiments using animals must include a statement in the Methods section providing assurance that all animals received humane care in compliance with the *Guide for the Care and Use of Laboratory Animals* ([http://www.nap.edu/catalog.php?record_id=12910](http://www.nap.edu/catalog.php?record_id=12910)). Papers submitted by authors 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. Papers that do not adhere to generally accepted standards will be denied publication.

**CONSORT Statement**

All papers that describe clinical trials must adhere to the principles outlined in the CONSORT statement ([http://www.consort-statement.org/](http://www.consort-statement.org/)). This statement provides an evidence-based approach to improve the quality of reports of clinical trials. All manuscripts describing a clinical study should include the CONSORT flow diagram showing the patients available for the study, those included, and the number at each stage of the study ([http://www.consort-statement.org](http://www.consort-statement.org)). The CONSORT checklist must be completed and submitted with the manuscript. In addition, the study protocol should be submitted with each report as an online supplement.
Protocols for proposed randomized clinical trials will also be considered for publication. The proposal must represent an important clinical trial addressing a compelling clinical question in cardiothoracic surgery, which either does not have adequate treatments, or has alternatives that remain controversial. It should be unique in design, implementation, and analysis, or employ novel technologies. The protocols will be extensively reviewed, both by knowledgeable clinicians and by clinical trialists, and important limitations will be discussed. In the revised manuscript, authors will need to address the issues raised by the reviewers, and an Editorial Commentary about unique aspects of the protocol will accompany the publication. The authors of published protocols are encouraged to publish either the main results or a subgroup analysis from the trial in the Journal.

Registration of Clinical Trials

All manuscripts which provide information about clinical trials must be registered and documentation of the registration must be included in the Methods section of the paper. This requirement, first proposed by the International Committee of Medical Journal Editors (ICMJE, 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) has been adopted by The Journal of Thoracic and Cardiovascular Surgery, as well as the Surgical Journal Editors Group (SJEG). All prospective clinical trials must be registered and any commercially sponsored clinical trials must also be registered, including Phase I and II trials. Retrospective reviews or summaries of standard clinical treatments do not require registration, but may have lower priority for publication. On the title page and in the Methods section of the paper provide the unique study number assigned at www.clinicaltrials.gov, the principle site of registration sponsored by the National Library of Medicine (NLM) or an equivalent registry. 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 http://www.jtcvsxonline.org/article/S0022-5223(06)02364-6/pdf). Registration with alternate agencies is acceptable if documentation of registration is provided.

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Open Access

The Journal offers authors an open access choice in publishing their research. The two types of publications are:

Open Access
• Articles are freely available to both subscribers and the wider public with permitted reuse
• An open access publication fee is payable by authors or the agency supporting their study

Subscription
• Articles are made available to subscribers as well as developing countries and patient groups through the Elsevier access programs (http://www.elsevier.com/access)
• No open access publication fee

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For non-commercial purposes, others may distribute and copy the article and may include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

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Green Open Access

Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our green open access page for further information (http://elsevier.com/greenopenaccess). Authors can also self-archive their manuscripts immediately and enable public access from their institution’s repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and begins from the publication date of the issue your article appears in.

This journal has an embargo period of 12 months.

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 date of the first decision is the date when the author was notified of the first decision about their paper. The "accepted for publication" date is the date when the manuscript has met all of the requirements of the editorial office for final revised manuscripts including the submission of illustrations which meet the requirements for print reproduction and all authors have submitted signed disclosure forms.

Statistical Methods

The conclusions for all papers should be supported by the highest quality evidence and adequate statistical methods. Therefore, authors who employ any complex statistical methods must have their paper reviewed by a qualified biostatistician prior to submission. All manuscripts employing complex statistics will be reviewed by experts in scientific methods and statistics to ensure an adequate and appropriate study design, analysis, interpretation and reporting have been achieved.

Authors must submit the Statistical Collaboration Statement form with every revised manuscript indicating either that the paper contains no complex statistics (no comparisons were made) or that the paper has been reviewed by a collaborating or consulting individual who has the appropriate training and experience in biostatistics. Please provide the name, email address and qualifications of the biostatistical expert who should either be an author or acknowledged as a consultant for the paper. The named individual must complete and sign the Statistical Collaboration Statement, available online at our manuscript submission site http://www.editorialmanager.com/jtcvs/.
All manuscripts will undergo an extensive biostatistical review by the Journal after submission. Additional information on statistical methods can be obtained from our Statistical Editor or found in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/index.html).

Please note: All time varying outcome figure must have confidence limits provided as well as the number of patients at risk. The confidence limits can be provided as shaded areas or bars on the figure, in the table with the patients at risk in the figure, in the legend or in a separate online table.

Article Preparation

Manuscripts must be written so that a reasonably well-informed member of the cardiothoracic surgical community can understand the message provided. The primary goal of the Journal is to disseminate information and to educate our community. Arcane content must be explained and considered understandable by the Editors and reviewers. Only papers achieving this goal will be given sufficient priority to permit publication. Authors are encouraged to follow the principles of clear scientific writing, such as those described by Gopen and Swan or Blackstone (see Resources section).

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 initial review.

Article Types

Original Manuscript

The Journal publishes original research in surgery and translational science as it relates to acquired and congenital cardiovascular disease, cardiothoracic transplantation, mechanical circulatory support 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 Manuscripts are grouped in the Journal according to one of the following categories: Acquired Cardiovascular Disease; Congenital Heart Disease; General Thoracic Surgery; Evolving Technology/Basic Science; Perioperative Management; Cardiothoracic Transplantation and Mechanical Support; and Cardiothoracic Surgical Education and Training. 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 not under consideration by another journal.

Length Requirements: 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, a 135-character limit Central Message, and a 405 character limit Perspective Statement (see below in “Manuscript Preparation” for the requirements)
- A Central Picture (see below in “Manuscript Preparation” for the requirements) with a 90-character legend
- The manuscript should contain no more than 3500 words in the body of the text, excluding the abstract and references. Manuscripts must be submitted as Word files, using continuous line numbering and page numbers, not as PDFs
- A maximum combination of 7 figures and/or tables for print. Additional figures or tables may be submitted for online-only inclusion. Online-only materials should be clearly labelled as supplementary material. A reference in the printed text will direct readers to the additional online content
- No more than 35 references.
- Papers should list 7 or fewer authors unless the additional authors can be adequately justified using the Author Contribution Form. This limit is intended to include only those who made a material contribution to the paper. However, the addition of more authors will not require any further information than would be required for papers with 7 authors or less. In the case of a working group, the group title should be included at the end of the author list with the catalogue of the additional contributors provided in an appendix.

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

Expert Review

Expert reviews are meant to be short, concise reviews of a particular subject of the diagnosis and/or treatment of cardiovascular and thoracic disease written by a true expert in the field. Brief systematic reviews and meta-analyses are strongly encouraged, but must contain appropriate statistical methodology. In their cover letter the authors should provide the credentials of the expert(s) among the authors who have contributed to the work in the field of their review. Systematic reviews and meta-analyses must conform to the PRISMA guideline (see resources).
**Length Requirements:** Expert reviews may contain no more than 2500 words and 4 tables and/or figures (although any amount of supplementary material may be placed online and identified in the text), a limit of 4 authors (or more if they can be justified), and no more than 25 references. These reviews must contain a **Perspective Statement, Central Message, and Central Picture** as well as an abstract, although the abstract need not be structured.

**Expert Opinion**

These viewpoint pieces need not be attached to a previous publication in the *Journal*. However, they should provide valuable new information to the community from acknowledged experts. More than one author is welcome, but a true "expert" must be one of the authors. Authors should provide the credentials of the expert(s) among the authors who have contributed to the work in the field of their expert opinion.

**Length Requirements:** Expert opinions may contain no more than 2500 words and 4 tables and/or figures (though any amount of supplementary material may be placed online and identified in the text), a limit of 4 authors (unless more can be justified), and no more than 25 references. They must contain a **Perspective Statement, Central Message, and Central Picture** but do not need a structured abstract.

**Surgical Techniques, Brief Research Reports, and Case Reports**

The *Journal* would like to publish brief clinical contributions containing substantive new information concerning innovative surgical techniques (Surgical Techniques), preliminary research findings (Brief Research Reports), and clinical studies or pertinent observations (Case Reports). These submissions will be chosen on their discussion and educational value and on their scholarly use of the literature. Case Reports will appear in the Table of Contents both in print and online of each issue and will be fully citable and indexed in Medline, but the manuscript content will appear online only.

**Length Requirements:** Surgical Techniques, Brief Research Reports, and Case Reports may contain no more than 750 words and 2 tables and/or figures, a limit of 4 authors, and no more than 5 references. They must contain a **Central Message** and a **Central Picture** with legend but do not need a structured abstract.

**Cardiothoracic Imaging**

Readers are encouraged to submit images and/or videos that are both of high quality and have an educational impact for readers. Acceptable images must be novel and provide an excellent view of an important disease state or its treatment.
**Length Requirements:** Imaging papers may not exceed 300 words, 4 figures, 3 authors, and 5 references. They must contain a **Central Message** and a **Central Picture** with legend.

**Letter 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 will be published together with a response from the original author. If the original author declines or does not respond in a reasonable period of time, a notation indicating "Response declined" will be published. Titles are required for all manuscripts, including Letters and Replies to Letters to the Editor.

**Length Requirements:** Letters to the Editor may not exceed 500 words, 1 figure or table, 3 authors, and 5 references. They must contain a **Central Picture** with legend. It can simply be a photo of the author(s).

**Invited Submission Article Types**

**Editorial Commentaries**

The Editors will invite an expert in the field to provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses.

**Length Requirements:** Editorial Commentaries may contain no more than 500 words and 2 tables and/or figures (although any amount of supplementary material may be placed online and called out in the text), a limit of 4 authors (unless more can be justified), and no more than 10 references. **They do not need a structured abstract or Perspective Statement**, but must contain a **Central Message** as well as a **Central Picture** with legend (which could be a picture of the author[s]). They must have a short and succinct title that expresses the Central Message.

**Editorials**

The Editors will invite acknowledged leaders in the field to provide an overview for important issues in Cardiothoracic Surgery. They may discuss important new developments or controversies in the field. Other Editorials will discuss important areas which are featured in that month’s edition of the *Journal*.

**Length Requirements:** Editorials may contain no more than 2500 words and 4 tables and/or figures (although any amount of supplementary material may be placed online and called out in the text), a limit of 4 authors, and no more than 25 references. They must contain a **Perspective Statement**, **Central Message**, and **Central Picture** but do not need a structured abstract. Additional materials (text, figures, tables) can be included as online supplemental material.
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<thead>
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<th>Article Type</th>
<th>Authors</th>
<th>Structured Abstract (words)</th>
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**Suggest Reviewers**

Authors are requested to suggest at least two reviewers who they believe to be expert and impartial in the field represented by the manuscript. These reviewers may be selected at the Editors' discretion. The authors may also designate one or two reviewers who they oppose as reviewers.
Manuscript Preparation

Title Page

Title

Provide a concise, informative title, with no unnecessary words. Titles are required for all manuscripts, including commentaries and Replies to Letters to the Editor. Please ensure that the titles are short and provide only the essentials. Additional information will be presented in the abstract, but readers may not be willing to read the abstract if the title is too long or too complicated.

Authors

See the above for criteria required for authorship. The following information must be provided for each author: academic degrees and affiliations including their Institution and Department and/or Division. Revisions are also required to provide a completed Author Contribution Statement form found at https://www.editorialmanager.com/jtcvs.

All sources of funding for the work and all possible conflicts of interest must be listed, including a statement that there is no funding and/or are no conflicts if that is the case.

The complete name, address, telephone number, and E-mail address of the corresponding author. Article word count (exclusive of abstract and references) on the 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 remember to provide a word count for the Abstract.
Perspective Statement

Each manuscript should include an additional section entitled “Perspective” which indicates to the readers why they should direct their attention to the results presented (see chart above). For basic science studies, this section should indicate the clinical relevance of the findings and how the results may impact clinical practice some day in the future. For clinical studies, the perspective section should indicate the significance of the findings for the field and how the authors anticipate that their results may impact clinical practice. The relevance and significance of the findings are essential components of the perspective section.

Preparation of the Perspective Statement: Provide 2 to 6 sentences of no more than 70 words with an absolute limit of 405 characters (spaces included) that present a brief overview of the field and indicate the relevance and significance of the paper’s results.

Central Message

This replaces the Ultramini Abstract. Provide 1 to 3 sentences of no more than 25 words (with an absolute limit of 135 characters, spaces included), containing the essence of the findings—the message of the paper. This will be included immediately beneath the title of the paper in the table of contents. It is not a brief summary of results. Rather, it is the inferences that will be supported by the results. It is often identical to the conclusions of an abstract. Only if one can simply and succinctly understand the findings of the study and articulate what they mean will one be able to convey them clearly to the reader. Once the essence is written, the entire manuscript — tables, figures and text — should be sharply focused on those results that are supportive of the paper’s message. Other information should be either included in appendices (electronic only) or eliminated altogether.

Central Picture

The authors should designate one of their figures or provide a separate picture which summarizes an important component of their manuscript. The purpose of the illustration is to provide a snapshot of the paper with a single memorable visual image. The central picture should be accompanied by an abbreviated legend. This figure will appear on the first page of the manuscript and in both the print and electronic tables of contents. It must have a legend of no more than 15 words with an absolute limit of 90 characters (spaces included).
Manuscript Text

Submit manuscripts of the proper length as Word files using continuous line numbering and page numbers.

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 http://www.icmje.org/manuscript_1prepare.html for more details.

Abbreviations

Units of measurements are the primary subject of abbreviations. Abbreviations that are used should be defined at first mention. A glossary of abbreviations must be submitted with all original manuscripts, and will appear on the second page of all accepted manuscripts. 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 and the American Medical Association Manual of Style.

References

Limit references to directly pertinent published works or papers that have been accepted for publication. Original Manuscripts are limited to 35 references. Expert reviews, expert opinions, and editorials are limited to 25 references. Surgical techniques, brief research reports, case reports, cardiothoracic imaging, and letters to the Editor are limited to 5 references. Editorial commentaries are limited to 10 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. All of the authors should be listed or the first 6 authors and then et al. 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):


This format for the references will be strictly enforced and papers which do not have this style of references will not be reviewed or published until the appropriate format is achieved.

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


**Figures**

Whenever possible, please add color to every picture. For help preparing electronic artwork for both on-screen review and eventual publication, see the information page created by Elsevier Inc. ([http://www.elsevier.com/wps/find/authors.authors/authorartworkinstructions](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. Figures must be uploaded as separate files and not embedded in the manuscript Word file, and figure legends must appear at the end of the manuscript file.

The *Journal* will reproduce color illustrations free of cost to the author. Authors are encouraged to submit professional quality color figures. You may always post additional supplementary figures online.

**General Figure Instructions**

- All figures must be submitted in electronic format as separate files, and all images should be at least 5 inches wide. Preferred images formats are EPS or TIF. Include the figure legends at the end of the manuscript file.
- Graphics software such as Photoshop and Illustrator, not presentation software such as PowerPoint, should be used to create art.
- Color images need to be CMYK and at least 300 dpi.
• Gray scale images should be at least 300 dpi
• Line art (black and white or color) and combinations of gray scale and line art should be at least 1200 dpi
• For best reproduction, avoid screening, shading, and lettering on a dark background
• All time varying outcome figure must have confidence limits provided as well as the number of patients at risk. The confidence limits can be provided as shaded areas or bars on the figure, in the table with the patients at risk in the figure, in the legend or in a separate online table

Tables
Tables must be submitted as Word files. They 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 a table should be defined at the bottom of the table.

Manuscript Submission

Electronic Submission
All manuscripts must be submitted via Editorial Manager (http://jtcvs.editorialmanager.com) and should include the following items:

• Abstract, Central Message, and Perspective Statement (where required)
• Title page listing all authors and their location and department and/or institution, as well as a word count, conflict of interest statement, Clinical Trial Registry Number (where appropriate) and funding statement. Please include abstract, central message, title page, manuscript, perspective statement, tables, and figure legends in one file
• Manuscript in Word using continuous line numbering and page numbers
• Tables
• Central Picture with a legend
• Figures (attach as separate files; add legends at the end of the manuscript file)

The following items that accompany the manuscript must be completed in the fillable PDF (where a form is available) and submitted electronically at www.editorialmanager.com/jtcvs:

• JTCVS Disclosure Statement signed by each author when a paper is revised
• Author Contribution Form with a completed matrix for each author when a paper is revised
• Statistical Collaboration Statement when a paper is revised
• Permission to reproduce published material (if applicable)

General Submission Guidelines

• **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
• Every manuscript must have page numbers and continuous line numbers for review purposes
• Insert a page break between the title page, abstract, central message, perspective statement, and the first page of manuscript text
• Begin text, acknowledgments, 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-language 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), departments, and institutional affiliation(s) as well as the name, telephone number, and E-mail address of the corresponding author as well as Clinical Trial Registry Number (if applicable). 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 installed on your computer.*

Manuscript Revision

Revised manuscripts must be submitted in two parts as Word files (**PDFs are not acceptable**): (1) revised, marked manuscript showing additions and deletions, preferably using strike through format for deletions; and (2) revised, unmarked manuscript. A point by point response to the reviewers’ and Editors’ comments indicating what changes were made to the manuscript must be submitted in the appropriate space in the online submission and review system. First list each of the reviewer’s or Editor’s comments, then the author(s) response and then a statement about what changes have been made to the manuscript (or an explanation on why no changes were made).
A completed JTCVS Disclosure Statement for each author must be attached to the revised paper prior to editorial review. Revised paper submissions must also include the Author Contribution form and the Statistical Collaboration Statement.

**Manuscript Processing**

**Acknowledgment of Receipt**

Each submission is assigned a unique number and acknowledged by email. 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 or her designated representative who has access to his or her 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](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, Elsevier, does participate in the submission process, and authors can work with Elsevier to ensure deposit of their manuscript.

**Resources**

5. PRISMA (Preferred Items for Reporting Systematic Reviews and Meta-analyses) BMJ 2014;349:g7647.
Submission Checklist

____ Original Manuscripts should be submitted via jtcvs.editorialmanager.com (abstract, perspective statement, central message, 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 (including their department and/or institution)
____ Corresponding author
____ Telephone and email address for corresponding author
____ Word count (required)
____ Abstract (structured for Original Manuscript articles only)
____ Perspective Statement
____ Central Message
____ Central picture and legend
____ Text (double-spaced)
____ References (double-spaced; separate pages)
____ Tables (double-spaced; separate pages)
____ Figure legends (double-spaced; separate pages)
____ Figures (separate files; properly identified)
____ JTCVS Disclosure Statement signed, one from each author (at revision stage)
____ Author Contribution Form (at revision stage)
____ Statistical Collaboration Statement (at revision stage)
____ Permission to reproduce published material or to cite unpublished data (if applicable)
____ Informed consent statement (in Methods)
____ Humane animal care statement (in Methods)
____ Role of funding agency in data interpretation (in Methods)
____ Clinical Trial Registry Number (if applicable)
Peer Review Guidelines

Review process

Three or more referees are assigned to review each full-length original article. Decisions are 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.

Guidelines for Reviewers

Because the Journal only publishes the very best papers, reviewers are requested to recommend for publication papers with the greatest scientific competence and accuracy, those which are important to thoracic and cardiovascular surgery and those which will have the greatest impact on the field. Reviewers are asked to consider:

- What is the importance of the research question or subject field of study?
- Are the methods and experimental techniques of the highest scientific standard?
- Are the results reliable and presented clearly?
- Is the discussion relevant?
- Are the conclusions justified by the results presented?
- Are the illustrations and references appropriate and necessary?
- Is the abstract informative and intelligible to readers not working in the specific area?
- Is the organization of the paper sound and the writing clear?
- Is the material original?
- Will the paper impact the specialty?

Reviewers are requested to recommend acceptance, revision or rejection and to provide a priority by indicating a grade for the paper. Only papers with the potential to achieve a high priority will be accepted or returned for revision. In addition, there is an option for a manuscript to be transferred to Seminars in Thoracic and Cardiovascular Surgery if the manuscript is found to be acceptable but not of a high enough priority to be published in JTCVS. Reviewers are asked to indicate if they feel that the manuscript would be better suited for the Seminars.

If reviewers believe that a paper can be shortened, they provide this information on the form "Comments to Authors" and also indicate where it can specifically be abbreviated and which figures or tables could be omitted, or placed for online viewing only with a reference in the text. The copy editor will identify typographical and syntactic errors. Reviewers should focus their "Comments to Authors" on queries and constructive criticism. Reviewers should promptly report any conflicts of interest they may have with the manuscript and/or authors.