

The Thoracic and Cardiovascular Surgeon

Instructions for Authors

Markus K. Heinemann, MD, PhD
 Editor-in-Chief
 The Thoracic and Cardiovascular Surgeon
 Universitätsmedizin Mainz, Germany
 e-mail: editorthcvs@thieme.com
 Tel.: +49 6131 177067 FAX: +49 6131 17473422
 website: www.thieme.com/thoracic

Submission of Manuscripts

Manuscripts must be submitted exclusively via online submission <http://mc.manuscriptcentral.com/tcsurgeon>. There are no submission charges to submit your manuscript to this journal.

Submissions of hardcopy manuscripts or e-mail attachments will not be accepted.

The Thoracic and Cardiovascular Surgeon is the official organ of the *German Society for Thoracic and Cardiovascular Surgery (DGTHG)*. It publishes original papers on cardiac, thoracic and vascular surgery. Also featured are "how to do it" papers, collective and current reviews, invited editorials and commentaries, and letters to the editor pertaining to previously published articles. If a manuscript is accepted for publication, certain conditions must be agreed to by all authors. These include statements regarding authorship and scientific responsibility, conflicts of interest, exclusive publication, and assignment of copyright. No part of the published material may be reproduced elsewhere without written permission from the publisher. After acceptance the corresponding author will be sent the typeset pages of the manuscript for proof-reading. This will be followed by an online-first publication (Thieme eFirst) on the website: <https://www.thieme-connect.de/products/ejournals/issue/eFirst/10.1055/s-00000085>

The *German Society for Thoracic and Cardiovascular Surgery* and *The Thoracic and Cardiovascular Surgeon* require all authors to adhere to the universally accepted, high ethical standards of our profession. Concerns about plagiarism, double publication or scientific misconduct will be investigated, as will be any suspicion of data fabrication or falsification.

The Editorial Office utilizes plagiarism detection software.



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:

Heinemann MK. Still Following the Rules. *Thorac Cardiovasc Surg* 2023;71:237-8

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.
- * Arrange the main document of the manuscript as follows: (1) text, (2) references, (3) legends. Number pages consecutively, beginning with the title page as page 1 and ending with the legend page.
- * **Please avoid all allusions to your identity or institution except where asked for.** This simplifies the anonymization process needed for our double-anonymized 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.

Short Communication: This category is for brief reports comprising more than a single case but reviewing a rather

limited experience, for instance with short term / preliminary results for small series of patients. Its text should be limited to 1500 words with a maximum of 4 illustrations and 10 references.

"How to do it": The requirement for a How-to-do-it is a detailed description of a technique which has been evaluated in more than a single patient. The text should be about 800 to 1000 words. As this category is intended for descriptions of surgical techniques, it must be focussed on the illustrations provided, with a maximum of 5 figures and / or a video. Referencing should be highly selective with a maximum of 5. The following structure should be used: Introduction, Technique Description, Discussion.

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

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.

Letter to the Editor: This category is for discussion of a paper published in *ThCVS* and can be contradictory or affirmative. It should clearly state the opinion of the author and may be supported by a maximum of three references. Word limit is 500 (excluding references).

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 to the journal. Open Access publication requires a publication fee (APC = article processing charge) to be paid by the author after acceptance. This covers the production cost, indexing and electronic publication.

The publication fee for a PCC 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/tcsreports>. This is also valid for case reports from pediatric cardiology.

Metadata

Type and Title

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.

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

Abstract

Provide a structured abstract not longer than 250 words for an original article. It should be divided into four sections, in the following order: Background, Methods, Results, Conclusion. The abstract for shorter contributions should be limited to a maximum of 100 words. Letters to the editor do not require an abstract. Indicate the abstract word count at the end.

The abstract will be required twice during online submission: you will be asked to enter the abstract at the beginning of the submission process. It will then need to be uploaded as a part of the main document again.

Keywords

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

Authors and Institutions

Please enter this information only where prompted and avoid allusions to authors and institutions in the main text.

Only individuals who actively contributed to the intellectual content of the manuscript are to be listed as authors. *The Thoracic and Cardiovascular Surgeon* is in full agreement with the Ethical Considerations in the Conduct and Reporting of Research of the ICMJE (www.icmje.org) Therein it is stated that a clear distinction must be made between authors and contributors. Publication of individual contributions is required in surplus authorships.

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

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

Word Count

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

Main Document

Text

- * In general, the text should be organized as follows: Introduction, Material or Patients and Methods (including Surgical Technique where appropriate), Results, and Discussion. Avoid cross references to an institution within the text ("...was referred to St. Elsewhere's Hospital") as this helps to anonymize the manuscript for peer review.
- * The manuscript must be written in English, using either American or British spelling, but consistent throughout. As English is not the native language of many authors, poor language quality often belies the true content of a paper. Authors are strongly advised to have the manuscript checked by a (near-) native speaker before submission to avoid rejection because of misunderstandings or incomprehensibility.

- * Consult the American Medical Association Manual of Style, 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:
Lang TA, Altman DG. Basic Statistical Reporting for Articles Published in Biomedical Journals: The “Statistical Analyses and Methods in the Published Literature” or The SAMPL Guidelines” in: Smart P, Maisonneuve H, Polderman A (eds.). Science Editors’ Handbook, European Association of Science Editors, 2013
accessible via: <http://www.equator-network.org/wp-content/uploads/2013/03/SAMPL-Guidelines-3-13-13.pdf>
A biostatistical review by a consultant statistician is strongly advised. This person can be credited with co-authorship or must at least be listed in the acknowledgements (see below).
- * Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- * Acknowledgements: Grants, financial support, authors’ contributions as well as any technical or other assistance (e.g. statistical consulting) are to be listed at the end of the text before the references and will be printed in the article.

References

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

- * Journal Articles: (inclusive page numbers)
 1. Böning A, Lutter G, Mrowczynski W, et al. Octogenarians undergoing combined aortic valve replacement and myocardial revascularization: perioperative mortality and medium-term survival. *Thorac Cardiovasc Surg* 2010; 58: 159-163 **List all authors if 6 or fewer; otherwise list first 3 and add “et al”.**
- * Chapter in Book: (specific page numbers)
 1. Hermann MV, Cohn PV. Ventricular function in coronary artery disease. In: Donoso E, Gorlin R, eds. *Angina Pectoris*. Stuttgart: Thieme; 1977: 92-99
- * Online References:
 1. The Bristol Royal Infirmary Inquiry. (July 2001). Online: www.bristol-inquiry.org.uk [accessed May 20, 2011]

Legends

Legends should be double-spaced. Numbers should be Arabic and correspond to the order in which the illustrations or tables are mentioned in the text. Identify in alphabetical order all abbreviations used in the table / illustration at the end of each legend. Give the type of stain and magnification power for all photomicrographs. Previously published material must

be identified as such, the source given, and indicated that permission to reprint has been obtained.

Tables

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

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

Figures / Illustrations

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

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

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

The frequently used **Kaplan-Meier** survival curves need to show the numbers of the individuals at risk at the different time points in absolute numbers. It is also recommended that the curves should be truncated when the number of patients at risk drops to less than 10% of the total cohort.

Authors are advised to refer to the CLIP principles for appropriately documenting clinical and laboratory images in publications:

Lang TA, Talerico C, Siontis GCM. Documenting clinical and laboratory images in publications. *The CLIP Principles*. *CHEST* 2012; 14:1626–32

Any modification of original illustrations (such as Western Blot images etc.) must be declared and explained in order to avoid the suspicion of image manipulation (“photoshopping”). Please consider providing a prominent figure illustrating the key findings of your paper (**KEY FIGURE**). This should be suitable for distribution in social media.

Videos

The submission of videos is also possible. Emphasis should be placed on surgical technique content which cannot easily be comprehended from written description only. An informed consent letter signed by the patient is a prerequisite, to be submitted as a “Supplementary File”.

Videos may be up to 5 minutes in length and must meet production quality standards without editing by the Editorial Office. Authors will be notified if there are any problems with submitted files and may be asked to resubmit modified files. Each segment should be appropriately labeled and have transitions between scenes.

The preferred format for video submissions is MPEG-1. QuickTime or AVI formats are acceptable. Maximum size limit is 350 MB.

Please include a Legend in the respective section at the end of your main document, briefly describing the content. Video files are by nature stored in the electronic version of the journal only. The print version does give the respective link.

Patient Consent

You must obtain a signed patient permission form for every patient whose recognizable photograph will be used. If you do not supply this, the identity of the patient must be obscured before the image is published; this could interfere with the instructive value of the photograph. Patient permission forms are available at www.thieme.com/journal-authors.

Supplementary Material

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.

Any supplementary data must be submitted at the same time as the main manuscript and cannot be changed or replaced after original submission.

Data Retention / Sharing

Authors should be aware that data retention is strongly advised. Original data may be required by the editorial staff for inspection or repeated analysis if asked for by the reviewers or, after publication, upon suggestion from readers.

Details and Comments

During the online submission process you must agree to certain conditions (statements regarding human investigations, animal care, scientific responsibility, exclusive publication, and conflicts of interest).

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.

Concerning all matters regarding sex and gender equity in research, authors are referred to the universally accepted SAGER guidelines: <https://ease.org.uk/communities/gender-policy-committee/the-sager-guidelines/>

Humane Animal Care

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

Randomized Controlled Trials

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

New Technologies

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

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

Conflicts of Interest

The ICMJE disclosure statement is required during the submission process. This disclosure must state all funds used to support the study, including whether used or tested technology was purchased, borrowed or donated. In addition, all authors must confirm that they had full control of the design and methods of the study, the data analysis and production of the written report.

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

Peer Review Process

There is a possibility of immediate rejection, either for formal reasons (see above), or if the Editor-in-Chief decides that the manuscript is out of scope or seriously flawed. Each manuscript accepted by the Editorial Office undergoes a strict peer review process. As a rule two referees are assigned to Original Articles or Reviews, one or two to shorter contributions. The reviewers are chosen according to their areas of expertise. An appropriate selection of keywords will help with assignment.

Upon submission authors may choose to have their manuscript reviewed by a new, alternative method of peer review: "Select Crowd Review" (SCR). The editor forwards the manuscript to the Crowd Review Editor who invites the reviewers of the crowd to evaluate the scientific quality of the manuscript. The experts of the crowd receive a link to the manuscript and can comment on it anonymously via a secure web-interface. Participating reviewers see each other's comments and can discuss the research featured in the paper to improve the manuscript further. They can respond, interact, and enhance it in parallel.

The Crowd Review Editor oversees the crowd review process and evaluates the comments of the reviewers. They then decide to accept (with or without revision) or reject the article.

For further information on SCR in the journal, please read the article published at <https://doi.org/10.1055/s-0043-1768032>.

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