

The Thoracic and Cardiovascular Surgeon Reports

Instructions for Authors

website: www.thieme.com/tcsr

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

Bernd Niemann, MD, PhD
Editor
Department of Cardiovascular Surgery
Justus-Liebig-University Giessen, Germany
e-mail: bernd.niemann@chiru.med.uni-giessen.de
Tel.: +49 641 985 44300 FAX: +49 641 985 44309

Submission of Manuscripts

Manuscripts must be submitted exclusively via online submission at <https://mc.manuscriptcentral.com/tcsrreports>. Submission of hardcopy manuscripts or e-mail attachments will not be accepted.

The Thoracic and Cardiovascular Surgeon Reports is part of *The Thoracic and Cardiovascular Surgeon*, the official organ of the *German Society for Thoracic and Cardiovascular Surgery (DGTHG)*. It is dedicated to publish selected Case Reports in cardiac, thoracic, and vascular surgery. 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.

The *German Society for Thoracic and Cardiovascular Surgery* and *The Thoracic and Cardiovascular Surgeon Reports* 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.

The Editorial Office utilizes plagiarism detection software



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.

OPEN ACCESS

The Thoracic and Cardiovascular Surgeon Reports has an OPEN ACCESS format, which means that an accepted article will be freely available worldwide on the electronic platform without subscription to a particular journal. Open Access publication requires a publication fee to be paid by the author after acceptance. This covers the production cost, indexing and electronic publication.

The publication fee for a case report is €2,440/\$2,440 (€1,220/\$1,220 for members of the DGTHG, SGHC, LGTHG). Detailed information about payment methods will be given after acceptance of a manuscript.

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, 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, 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, and figures.
- * 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

As Case Reports are no longer published in the *ThCVS*, all such manuscripts must be submitted to the website of the *ThCVS Reports* journal : <https://mc.manuscriptcentral.com/tesreports>

The text for case reports should not exceed 1200 words (references excluded), with illustrations limited to a maximum of 4 and references to 8. Tables should be avoided.

If case the report is accompanied by a thorough **summary of the literature and has an educational value beyond the anecdotal case management the word limit is 2500** (references excluded - which may then amount to **15**). Acceptance of such manuscripts for peer review is at the discretion of the Editor. It may be worthwhile to enquire before submission.

Metadata

Type and Title

During the online manuscript submission you will have to confirm the manuscript type (Case Report Cardiac, Thoracic, Vascular) and enter the title. Bear in mind that a concise title attracts the reader's attention and try to confine it to 85 characters.

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

Abstract

Provide a structured abstract not longer than 100 words. It should be divided into three sections in the following order: Background, Case Description, Conclusion. 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 Reports* 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.

Therefore the number of authors should not exceed FOUR. 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, Case Description, 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.
- * 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 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 are mentioned in the text. Identify in alphabetical order all abbreviations used in the 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.

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.

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

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

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.

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.

Details and Comments

During the online submission process you must agree to certain conditions (statements regarding human investigations, 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. Please state here why the paper is important and which new aspects it contributes to the already existing knowledge. 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

It is the nature of Case Reports that some very specific experience is described which may lead to the identification of the patient. Authors are advised to obtain written permit by a patient (or relatives where appropriate) to publish such case-related data. The consent form for the treatment as such does not suffice.

Any illustration must guarantee that the patient cannot be identified. Pictures actually showing the patient require a written permit in any case which must accompany the submission. Failure to provide this will lead to immediate unsubmission or rejection.

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/>

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 Reports* 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.

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 decides that the manuscript is out of scope or seriously flawed. Each manuscript accepted by the Editorial Office undergoes a strict peer review process. One or two referees will be assigned. The reviewers are chosen according to their areas of expertise. An appropriate selection of keywords will help with assignment.

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.