The Editors of *The Journal of Thoracic and Cardiovascular Surgery* 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, thoracic surgery, cardiothoracic transplantation, and mechanical circulatory support, as well as papers on evolving technology, basic science, perioperative medicine, education, and training.

**EDITORIAL OFFICE CONTACT INFORMATION**

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Electronic submission of all items is mandatory through [Editorial Manager](mailto:Editorial.Manager).
# Table of Contents

The Journal of Thoracic and Cardiovascular Surgery

Information for Authors

Please use the reference links provided below to easily navigate the JTCVS Information for Authors.

## Article Types

- Acknowledgment of Receipt ................................................................. 4
- Original Manuscript ........................................................................... 5
- Expert Review .................................................................................... 6
- Expert Opinion .................................................................................. 7
- Surgical Technique, Brief Research Report, and Case Report ............... 8
- Cardiothoracic Imaging ....................................................................... 9
- Letter to the Editor and Replies .......................................................... 10

## Invited Submission Article Types

- Invited Expert Opinion ....................................................................... 11
- Editorial Commentary .......................................................................... 12
- Young Surgeon’s Note ....................................................................... 13

## Article Preparation

- Article Title .......................................................................................... 15
- Author Information ............................................................................... 15
- Conflict of Interest Statement and Sources of Funding ......................... 15
- Corresponding Author Contact Information ........................................ 15
- Article Word Count ............................................................................ 16

## Manuscript Components

- Manuscript Formatting ........................................................................ 16
- Manuscript File Type ........................................................................... 15
- Units of Measurement .......................................................................... 15
- Title Page ............................................................................................ 15
- Article Title .......................................................................................... 15
- Author Information ............................................................................... 15
- Conflict of Interest Statement and Sources of Funding ......................... 15
- Corresponding Author Contact Information ........................................ 15
- Article Word Count ............................................................................ 16

## Submission Items

- Manuscript Components .................................................................... 16
- Glossary of Abbreviations ................................................................... 16
- Central Picture ....................................................................................... 16
- Central Picture Legend .......................................................................... 17
- Central Message ................................................................................... 17
- Perspective Statement ........................................................................... 17
- Structured Abstract ............................................................................. 17
- References ............................................................................................ 18
# The Journal of Thoracic and Cardiovascular Surgery

## Information for Authors

- Figures .................................................................................................................. 18
- Figure Legends ....................................................................................................... 19
- Tables ....................................................................................................................... 19
- Videos ....................................................................................................................... 19
- Supplementary Material ....................................................................................... 20
- Permission to Reproduce Published Material ....................................................... 20
- Suggest Reviewers .................................................................................................. 20

### Revised Manuscript Submission

- Revised Manuscript Submission .......................................................................... 21
- Revised Manuscript Files ...................................................................................... 21

#### Response to the Reviewers

- Response to the Reviewers .................................................................................. 21
- Author Contribution and Statistical Collaboration Form .................................. 21
- JTCVS Form for Disclosure of Potential Conflicts of Interest ......................... 21

### Manuscript Submission Checklist

- Manuscript Submission Checklist ....................................................................... 22

### Journal Editorial Policies

- Journal Editorial Policies ...................................................................................... 23
- Scientific Responsibility ......................................................................................... 23

#### Disclosure Policy

- Disclosure Policy .................................................................................................. 23

#### Policy on Managing Conflict of Interest

- Policy on Managing Conflict of Interest .............................................................. 23
- Authorship .............................................................................................................. 24
- Statistical Methods ............................................................................................... 25
- Informed Consent .................................................................................................. 26
- Patient Identification ............................................................................................. 26
- Humane Animal Care ........................................................................................... 26
- CONSORT Statement ............................................................................................ 26
- Registration of Clinical Trials ............................................................................... 27
- Copyright Statement ............................................................................................. 27
- NIH Initiative ......................................................................................................... 27

### Open Access

- Open Access ......................................................................................................... 28
- Green Open Access ............................................................................................... 28

### Peer Review Guidelines

- Peer Review Guidelines ......................................................................................... 29

#### Review Process

- Review Process ....................................................................................................... 29

#### Guidelines for Reviewers

- Guidelines for Reviewers ..................................................................................... 29
- JTCVS Reviewer Scoring Scale ............................................................................ 29

#### Editorial Board Requirements

- Editorial Board Requirements .............................................................................. 30
- Deputy Statistical Editor Requirements ............................................................... 30

### Transfer to Seminars in Thoracic and Cardiovascular Surgery

- Transfer to Seminars in Thoracic and Cardiovascular Surgery .......................... 30
The Journal of Thoracic and Cardiovascular Surgery
Information for Authors

ARTICLE TYPES

The Journal publishes original research in surgery and translational science as it relates to acquired and congenital cardiovascular disease, thoracic diseases, cardiothoracic transplantation, mechanical circulatory support, basic science and technology. Meritorious work from closely related specialties, including anesthesiology, molecular biology, pathology, pulmonary medicine, cardiology, and perfusion, is encouraged and will receive appropriate consideration if the linkage to our specialty is clear.

Authors are asked to carefully self-categorize their articles during the submission process to ensure appropriate editor and reviewer assignment. Manuscripts are grouped in the Journal according to one of the following categories:

- Acquired
- Congenital
- Thoracic
- Transplantation
- Mechanical Support
- Education
- Basic Science
- Evolving Technology
- Perioperative

Authors can submit their manuscripts under the following article types:

- Original Manuscript
- Expert Review
- Expert Opinion
- Surgical Technique
- Brief Research Report
- Case Report
- Cardiothoracic Imaging
- Letter to the Editor and Replies

The following article types are invited manuscripts and cannot be submitted through Editorial Manager without an invitation: Invited Expert Opinion, Editorial Commentary, and Young Surgeon’s Note.

Please note: A video will be requested for the following article types: Original Manuscript, Expert Review, Surgical Technique, and Case Report.

Submissions that do not meet the submission requirements of the corresponding article type will be returned to the corresponding author for appropriate revision prior to editorial review.

Acknowledgment of Receipt

Submissions are 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. 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. Other author requests must go through the corresponding author.
Original Manuscript Submission Requirements should be used when submitting an AATS, WTSA, Aortic Symposium, Mitral Conclave and other meeting manuscripts. Please select the appropriate article type when submitting a meeting paper; the article type should correspond with the meeting at which your abstract was presented.

### Original Manuscript Submission Requirements

| Manuscript Formatting | • 3,500 word limit (excludes the abstract and references)  
| | • Microsoft Word file  
| | • Time New Roman 12pt font; double spaced  
| | • Continuous line numbering and page numbers |

| Title Page | • Title  
| | • 7 author limit unless a justification is presented; please include the academic degrees and affiliations, including institution, department and division, for each author  
| | • Conflict of interest statement and source of funding  
| | • Corresponding author’s complete contact information  
| | • Clinical trial registry number (if applicable)  
| | • Date and number of IRB approval (if applicable)  
| | • Article word count |

| Glossary of Abbreviations | • Provide the glossary after the title page |

| Central Picture | • Please submit only **one** Central Picture in color  
| | • Central Picture Legend: 90 character limit including spaces |

| Central Message | • 200 character limit including spaces |

| Perspective Statement | • 405 character limit including spaces |

| Structured Abstract | • 250 word limit  
| | • Objective(s): describe the hypothesis or the purpose of the study  
| | • Methods: specify the study design and statistical methods  
| | • Results: present the outcomes and any statistical findings  
| | • Conclusions: convey the relevance and importance of the results |

| References | • 35 reference limit (further references must be online only) |

| Figures and Tables | • 7 figures and/or tables for the print version  
| | • **All figures must be in color and in .TIF or .EPS files types**  
| | • Provide figure legends in the Manuscript Word file  
| | • **Word files are required for tables** |

| Videos | • Videos are requested and must be submitted with a video legend |

| Supplementary Material | • Supplementary material may be included in the online version and must be identified in the print version  
| | • Manuscripts describing a clinical trial **must include** the CONSORT Flow diagram and Study Protocol as a supplemental figure |

| Author Contribution and Statistical Collaboration Form | • Required at revision; all authors must be included on this form |

| JTCVS Form for Disclosure of Potential Conflicts of Interest | • Required at revision; one form for **each** author |
The Journal of Thoracic and Cardiovascular Surgery
Information for Authors

EXPERT REVIEW

Expert reviews are meant to be short, concise reviews of an important subject for the diagnosis or treatment of cardiovascular and thoracic diseases written by a true expert in the field. Brief systematic reviews and meta-analyses are strongly encouraged, but must contain appropriate statistical methodology. On the title page, 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 guidelines.

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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 manuscript.

Expert Opinion Submission Requirements

| Manuscript Formatting | • 2,500 word limit (excludes references)  
| | • Microsoft Word file  
| | • Times New Roman 12pt font; double spaced  
| | • Continuous line numbering and page numbers  
| Title Page | • Title  
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| Figures and Tables | • 4 figures and/or tables for the print version  
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| Videos | • Videos are requested and must be submitted with a video legend  
| Supplementary Material | • Any amount of supplementary material may be included in the online version and must be identified in the print version  
| Author Contribution and Statistical Collaboration Form | • Required at revision; all authors must be included on this form  
| JTCVS Form for Disclosure of Potential Conflicts of Interest | • Required at revision; one form for each author
**SURGICAL TECHNIQUE, BRIEF RESEARCH REPORT, AND CASE REPORT**

The *Journal* publishes brief clinical contributions containing substantive new information concerning innovative surgical techniques, preliminary research findings, and clinical studies or pertinent observations. These submissions are accepted based on their educational value, enlightening discussion, and their scholarly use of the literature. Case Reports will appear in the Table of Contents (both in print and online) and will be fully citable and indexed in Medline, but the manuscript content will appear online only.

**Surgical Techniques, Brief Research Reports, & Case Reports Submission Requirements**

| Manuscript Formatting | • 750 word limit (excludes references)  
|                       | • Microsoft Word file  
|                       | • Times New Roman 12pt font; double spaced  
|                       | • Continuous line numbering and page numbers  |
| **Title Page**        | • Title  
|                       | • 4 author limit unless a justification is presented; please include the academic degrees and affiliations, including institution, department and division, for each author  
|                       | • Conflict of interest statement and source of funding  
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| **Glossary of Abbreviations** | • Not required  |
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| **Perspective Statement** | • Not required  |
| **Structured Abstract** | • Not required  |
| **References**        | • 5 reference limit (further references must be online only)  |
| **Figures and Tables** | • 2 figures and/or tables for the print version  
|                       | • All figures must be in color and in .TIF or .EPS files types  
|                       | • Provide figure legends in the Manuscript Word file  
|                       | • **Word files are required for tables**  |
| **Videos**            | • Videos are requested and must be submitted with a video legend  |
| **Supplementary Material** | • Any amount of supplementary material may be included in the online version and must be identified in the print version  
|                       | • Manuscripts describing a clinical trial **must include** the CONSORT Flow diagram as a supplemental figure  
|                       | • Manuscripts describing a clinical trial **must include** the study protocol for editorial review and the protocol will be included with the supplemental materials  |
| **Author Contribution and Statistical Collaboration Form** | • Not required  |
| **JTCVS Form for Disclosure of Potential Conflicts of Interest** | • Required at revision; one form for each author  |
Readers are encouraged to submit images with videos if possible 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.

### Cardiothoracic Imaging Submission Requirements

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LETTER TO THE EDITOR AND REPLIES

Readers are encouraged to submit letters regarding 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. Replies should have substantively different titles than the Letter to the Editor.

Letter to the Editor and Reply Submission Requirements

| Manuscript Formatting | • 500 word limit (excludes references)  
  • Microsoft Word file  
  • Times New Roman 12pt font; double spaced  
  • Continuous line numbering and page numbers |
|-----------------------|----------------------------------------------------------------------------------|
| Title Page            | • Original Title  
  • 3 author limit unless a justification is presented; please include the academic degrees and affiliations, including institution, department and division, for each author  
  • Conflict of interest statement  
  • Corresponding author’s complete contact information  
  • Article word count |
| Glossary of Abbreviations | • Not required |
| Central Picture       | • Please submit only one Central Picture in color  
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| Perspective Statement | • Not required |
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| References            | • 5 reference limit (further references must be online only) |
| Figures and Tables    | • 1 figures and/or tables for the print version  
  • All figures must be in color and in .TIF or .EPS files types  
  • Provide figure legends in the Manuscript Word file  
  • Word files are required for tables |
| Videos                | • Not required |
| Supplementary Material| • Any amount of supplementary material may be included in the online version and must be identified in the print version |
| Author Contribution and Statistical Collaboration Form | • Not required |
| JTCVS Form for Disclosure of Potential Conflicts of Interest | • Required at initial submission; one form for each author |
**INVITED SUBMISSION ARTICLE TYPES**

**INVITED EXPERT OPINION**

These invited viewpoint pieces will provide valuable new information to the community from acknowledged experts.

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| **Manuscript Formatting** | • 2,500 word limit (excludes references)  
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  • Word files are required for tables |
| **Videos** | • Not required |
| **Supplementary Material** | • Any amount of supplementary material may be included in the online version and must be identified in the print version |
| **Author Contribution and Statistical Collaboration Form** | • Required at initial submission; all authors must be included on this form |
| **JTCVS Form for Disclosure of Potential Conflicts of Interest** | • Required at initial submission; one form for each author |
EDITORIAL COMMENTARY

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. Commentaries must have a short and succinct title that expresses the Central Message.

### Editorial Commentary Submission Requirements

| Manuscript Formatting                        | • 500 word limit (excludes references)  
|                                           | • Microsoft Word file  
|                                           | • Times New Roman 12pt font; double spaced  
|                                           | • Continuous line numbering and page numbers  
| Title Page                                 | • Original Title  
|                                           | • 4 author limit unless a justification is presented; please include the academic degrees and affiliations, including institution, department and division, for each author  
|                                           | • Conflict of interest statement  
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| Videos                                     | • Not required  
| Supplementary Material                     | • Any amount of supplementary material may be included in the online version and must be identified in the print version  
| Author Contribution and Statistical Collaboration Form | • Not required  
| JTCVS Form for Disclosure of Potential Conflicts of Interest | • Not required  

The Journal of Thoracic and Cardiovascular Surgery
Information for Authors

YOUNG SURGEON’S NOTE

The Young Surgeon’s Notes are intended to specifically address topics of interest to young surgeons, written by members of their ranks.

<table>
<thead>
<tr>
<th>Young Surgeon’s Note Submission Requirements</th>
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<tbody>
<tr>
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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 Swan1 or Blackstone2, and all authors should review the references included in the statistical methods section of the Information for Authors. Please see additional references provided for further formatting instructions.3,4 Authors are responsible for reviewing and following all Journal Editorial Policies.

JOURNAL EDITORIAL POLICIES

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All manuscripts must be submitted via Editorial Manager. To view your manuscript in PDF format on Editorial Manager, you must have Adobe Acrobat Reader installed on your computer.

Submission Guidelines:

- Submission to the Journal constitutes an author declaration that the manuscript is not under consideration by another journal and has not been published elsewhere.
- It is the corresponding author's responsibility to ensure that each submitted version of the manuscript is the correct version and has been approved by all authors.
- The corresponding author is responsible for the veracity of all required information, including that contained in the disclosure form(s) and Author Contribution and Statistical Collaboration form. It is the corresponding author’s obligation to gather these forms and guarantee that the information is complete and accurate for all authors and submitted electronically through Editorial Manager.
- Insert a page break between the title page, Central Message, Perspective Statement, abstract, and the first page of manuscript text.
- To allow all manuscripts to be judged fairly, manuscripts exceeding length limitations will be returned for shortening prior to initial review.
- Begin text, acknowledgments, references, and figure legends, respectively, on separate pages.
- Begin each table on a separate page. Tables will only be accepted in a Word document format.
- Add page numbers and continuous line numbers.
- 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.
- Reduce to a minimum the number of abbreviations employed.

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Information for Authors

SUBMISSION ITEMS

MANUSCRIPT FORMATTING

Manuscript File Type

Submit manuscripts of the proper length as Microsoft Word files using continuous line numbering and page numbers. Continuous line numbering can be added under page layout in Microsoft Word under line numbers; please select “continuous.” Format all text elements as double spaced and in Times New Roman 12pt font for easier reading.

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.5

TITLE PAGE

Article Title

Provide a concise, informative title, with no unnecessary words. Original titles are required for all manuscripts, including Editorial Commentaries, Letters to the Editor, and Replies to Letters to the Editor. Please ensure titles are short and provide only the essential information.

Author Information

The following information must be provided for each author on the title page of your manuscript: author full name followed by their academic degrees and affiliations, including their Institution, Department, and Division. Following each author’s full name add a superscript number which corresponds to their appropriate affiliation. Please see Scientific Responsibility for additional information.

Conflict of Interest Statement and Sources of Funding

All possible conflicts of interest and sources of funding for the work and for each author must be listed on the title page, including a statement that there is no conflict and/or no funding if that is the case. Please see Journal Editorial Policies for additional information. Include the Clinical Trial Registry Number if applicable (please see Registration of Clinical Trials for additional information).

Corresponding Author Contact Information

Provide the complete name, address, telephone number, and E-mail address of the corresponding author on the title page of your manuscript file.

5 See ICMJE Manuscript Preparation Guidelines
Article Word Count

Include the article word count (exclusive of abstract and references) on the title page. Please see the Article Types for specific word count limits.

MANUSCRIPT COMPONENTS

Glossary of Abbreviations

A glossary of abbreviations must be submitted with all original manuscripts. The glossary can be placed after the title page; the glossary will appear on the second page of all accepted manuscripts. Please keep the number of abbreviations to a minimum by using the full name for most terms.

Units of measurements are the primary subject of abbreviations. Abbreviations used should be defined at first mention. Internationally accepted abbreviations such as AIDS, DNA, SD, and 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.

Central Picture

Authors should submit only one Central Picture in color, which can be a new, separate illustration or a repeat of a figure (or portion of a figure) from the body of the manuscript. The Central Picture should summarize an important component of the manuscript. The purpose of the illustration is to provide a snapshot of the paper with a single memorable visual image.

This figure will appear on the first page of the manuscript and in both the print and electronic tables of contents. Do not use a multiple framed figure or a table; these tend to be illegible at thumbnail size. Therefore, use only one (or at most two) panels from a multi-paneled figure. The Central Picture and legend are required for all article types. For the best Central Picture results, please consider the following criteria:

- Color is required for all figures
- The size of the Central Picture is approximately 2” high by 1.5” wide
- Select only a single frame or panel from a multi-section figure
- Author photo(s) are acceptable Central Pictures; provide author name as figure legend
- Text pictures are discouraged and if submitted should have a minimum number of words because text is not legible at thumbnail size and must be submitted in color
- If the Central Picture is also submitted as a figure in the body of the manuscript, then it must be cited in your manuscript text and a full length figure legend should be provided with the figure and not the shortened Central Picture Legend
Central Picture Legend

The Central Picture should be accompanied by an abbreviated legend; the legend has an absolute limit of 90 characters including spaces. Provide the abbreviated legend in the submission fields and in the legend section of the manuscript file. If a photo of the author(s) is used as the Central Picture, please provide their name(s) as the legend.

Central Message

The Central Message contains the essence of the manuscript; the main message of the paper. There is an absolute limit of 200 characters including spaces. It is not a brief summary of results. Rather, for clinical manuscripts, it is the inference(s) that will be supported by the results. It is often identical to the conclusions of the 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. The Central Message will be included immediately beneath the title of the paper in the table of contents and on the first page of accepted manuscripts.

Please note: This item is not required for all article types. Please see Article Types for individual article requirements.

Perspective Statement

Each original manuscript should include a Perspective Statement indicating to the readers why they should direct their attention to the information presented. The Perspective Statement has an absolute limit of 405 characters including spaces that presents a brief overview of the field and indicates the relevance and significance of the findings. 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 Statement should indicate the significance of the findings for the field and how the authors anticipate their results may impact clinical practice. The Perspective Statement will appear on the first page of accepted manuscripts beneath the Central Picture and Central Message.

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Structured Abstract

The Structured Abstract (required for Original Manuscripts only) is 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: specify the study design and statistical methods
3. Results: present the outcomes and any statistical findings
4. Conclusions: convey the relevance and importance of the results

Please remember to provide a word count for the Structured Abstract.
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Limit references to directly pertinent published works or papers that have been accepted for publication. Number references serially in the text and list them at the end of the paper in numerical order. Original Manuscripts are limited to 35 references. Expert reviews, expert opinions, and editorials are limited to 25 references. Editorial commentaries are limited to 10 references. Surgical techniques, brief research reports, case reports, cardiothoracic imaging, and Letters to the Editor are limited to 5 references. Additional references can be included as a supplementary, online-only file.

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 granting permission. This letter should be submitted with the manuscript through Editorial Manager.

Reference format should conform to that set forth in Uniform Requirements for Manuscripts Submitted to Biomedical Journals 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:


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All figures must be in color. For assistance preparing electronic artwork for both on-screen review and eventual publication, see Elsevier Inc.’s Artwork & Media Instructions. Figures must be of professional quality. Graphics software such as Photoshop or Illustrator should be used to create artwork and not presentation software such as PowerPoint or statistical software such as Excel. 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 in a legend section.

The Journal reproduces color illustrations free of cost to the author. Authors may always post additional supplementary figures online.
Figure Requirements:

- All figures must be submitted in electronic format as separate files, and all images should be at least 5 inches wide. Preferred images format is .TIF or .EPS
- All figures must be in color
- Include the figure legends at the end of the manuscript file; do not include figure legends in the figure files
- Graphics software such as Photoshop or Illustrator should be used to create artwork and not presentation software such as PowerPoint or statistical software such Excel
- Color images need to be CMYK and created at a minimum of 300 dpi
- Combinations of images and line art should be created at a minimum of 1200dpi
- 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
- Continuous data should be plotted as box-and-whiskers plots rather than bar graphs. If the number of subjects or measurements is less than 15, then each of the data points should be plotted (as different colored dots) with a colored bar for the median value

Figure Legends

Figure legends should be included at the end of the manuscript word file. Please do not include figure legends in the figure files.

Tables

Tables must be submitted as Microsoft Word files only. Tables should be self-explanatory and should supplement, not duplicate, the text. Each table should be on a separate page and include a brief title. Every abbreviation used in a table must be defined below the table.

Videos

The Journal requests a video be submitted with each manuscript. Please include a video legend in the legend section of the manuscript word file for each video submitted.

The Journal’s preferred format is .mp4. However, we can also accept .mov, .avi, and .mpg, files. We cannot accept movie files that require the reader to download particular codecs; the files must be playable on computers with standard media players, such as QuickTime or Windows Media Player.

To create high-quality files with maximum compression and ensure your video can be played on our website and ScienceDirect's flash media player, the following specifications are strongly recommended:

- File size: <150 MB. Depending on file format and compression, this size corresponds to 15 minutes for regular-definition videos or 5 minutes for high-resolution, high-definition format
  - File size over 500 MB cannot be accepted
- Frame rate: 15 frames per second minimum
- NTSC (4:3) size and frame rate, deinterlaced
- Video codec: h.264
- Video bitrate: at least 260 Kbps (750 Kbps preferred)
The Journal of Thoracic and Cardiovascular Surgery
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- Audio codec: AAC or MP3 vbr
- Audio bitrate: at least 70 Kbps (128 Kbps preferred)

Please note: If your files do not meet the specifications above, there is a possibility your videos will not be playable in the Flash player. However, readers will still be able to download the original file for playback offline. If you are exporting your file on a Mac computer, YouTube has detailed tips and instructions on how to export the best-quality video.

Supplementary Material

Any amount of supplementary material may be included in the online version and must be identified in the print version. Online-only materials should be clearly labelled as Supplementary Material and may include figures, tables, videos, webcasts, clinical trial protocols, and data sets. A reference must be provided in the printed version to direct readers to the additional online content. Supplementary material can be accessed quickly and easily by clicking on the URL or scanning the QR code found on the title page of original manuscripts.

Manuscripts describing a clinical trial must include the CONSORT Flow diagram as a figure in the paper or as a supplemental figure. The original, approved study protocol must also be submitted with your manuscript at initial submission so Editors and reviewers can give appropriate feedback during the review process.

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Authors are required to suggest at least two reviewers who they believe to be experts 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. If your manuscript was presented at a conference, such as the AATS Annual Meeting, one of your suggested reviewers should be the discussant assigned to your abstract presentation.
REVISED MANUSCRIPT SUBMISSION

REVISED MANUSCRIPT FILES

Two Word files must be submitted for revised manuscript submissions: (1) a revised, marked manuscript Word file showing additions and deletions, preferably using strike through format for deletions; and (2) a revised, unmarked manuscript Word file. **PDF files will not be accepted; please submit Microsoft Word files only.**

Response to the Reviewers

A point-by-point response to the Editors’ and reviewers’ comments indicating what changes were made to the manuscript **must** be submitted in the appropriate space in the online submission and review system. For each comment the authors must provide the following three items:

1. Each of the Editor’s or reviewer's comments
2. The author(s) response
3. A statement about what changes have been made to the manuscript (or an explanation why no changes were made)

Author Contribution and Statistical Collaboration Form

The *Journal* requires the **Author Contribution and Statistical Collaboration form** be submitted with all revised original manuscripts. This form must detail the substantive contribution(s) of each author. The form must also indicate 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, institution, department, email address, and area(s) of statistical expertise of the biostatistician expert who should either be an author or acknowledged as a consultant for the paper. Please see **Authorship and Statistical Methods** for additional information.

JTCVS Form for Disclosure of Potential Conflicts of Interest

The *Journal* requires each author to submit a **JTCVS Form for Disclosure of Potential Conflicts of Interest** electronically through Editorial Manager with revised submissions. **The disclosure forms are not accepted via fax or email.** Each author must complete the form fully disclosing all commercial financial relationships. The corresponding author is responsible for collection and uploading of the forms when submitting a revised manuscript. The form can be found on the home page of Editorial Manager.
### Manuscript File Formatting

- Microsoft Word Document File; Times New Roman in 12pt font
- Double-spaced Text
- Continuous Line Numbering
- Page Numbers

### Manuscript Title Page

- Article Title
- Author Information: full name(s), academic degrees, and affiliation(s) of authors including their institution, department, and division
- Conflict of Interest Statement
- Sources of Funding Statement
- Corresponding Author Complete Contact Information
- Date and Number of IRB approval and Clinical trial registry number (if applicable)
- Article Word Count

### Manuscript Components

- Glossary of Abbreviations after Title Page (if applicable)
- Central Picture and Central Picture Legend (required for all article types)
- Central Message (if applicable)
- Perspective Statement (if applicable)
- Structured Abstract and Abstract Word Count (Original Manuscripts only)
- References (double-spaced; separate page)
- Figure Legends (double-spaced; separate page)
- Figures (*separate files;* properly identified; .TIF/.EPS file types only)
- Tables (double-spaced; separate pages for each table; Microsoft Word files only)
- Videos with legends (.mov, .avi, and .mpg file types only)
- Supplementary Materials
- Permission to Reproduce Published Material or to Cite Unpublished Data (if applicable)
- Clinical Trial Protocol (if applicable)
- CONSORT Flow Diagram (if applicable)
- Informed Consent Statement (in the Methods section)
- Humane Animal Care Statement (in the Methods section)
- Role of Funding Agency in Data Interpretation (in the Methods section)
- Registration of Clinical Trials Number (if applicable)

### Revised Manuscript Components

- Point-by-Point Response to Reviewers
- Author Contribution and Statistical Collaboration form (if applicable)
- JTCVS Form for Disclosure of Potential Conflicts of Interest (one from each author)

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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. 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.\(^6\)

In addition to the information about support for the authors, the title page must indicate if the sponsor(s) of the study participated in the study design, collecting, analyzing, and interpreting the data, writing the report, or deciding whether and where to submit the report for publication. For a manuscript to be accepted, the authors must attest they had full freedom to explore the data, analyze the results independent from any sponsor, and 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.

All disclosure and funding information, including an explicit statement about any potential conflicts of interest, must appear on the title page at the time of initial manuscript submission. In addition, the Journal requires that each author submit a completed JTCVS Form for Disclosure of Potential Conflicts of Interest through Editorial Manager at the time a revised manuscript is submitted. The disclosure forms will not be accepted via fax or email. Please see Revised Manuscript Submission for additional information.

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1. Review of Disclosure Information:

The reviewers and Editors of the Journal will review the JTCVS Disclosure of Potential Conflicts of Interest from(s) submitted by authors. AATS staff may request additional information from authors to expand on the information presented. Disclosures will be printed with accepted articles.

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\(^6\) See the AATS Disclosure Policy and Guidelines for the Editors, Reviewers, and Authors and Cardiothoracic Surgical Organizations' Standards for Interactions with Companies
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.

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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 [JTCVS Form for Disclosure of Potential Conflicts of Interest](#) 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.

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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 is sufficient. Additional authors can be added if their inclusion can be justified and the “Additional Author Explanation” section of the Author Contribution Form is completed with an adequate justification.

Each author must assume responsibility for the validity of the results and conclusions in the manuscript. Authors should meet all of the following criteria\(^9\):

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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

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.

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8 Sade RM. *The pudding, the beef, and conflicts of interest*. J Thorac Cardiovasc Surg. 2015;150:12-3
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 the format below (this is necessary for PubMed to list the group members under “Collaborators” as part of the article record).

- The group name must be included in the author byline appearing after the individual authors, e.g., “John Doe MD, Sarah Smith MD, and the XYZ group.”
- There must be a corresponding footnote on the title page that either lists the names of the individual group members or indicates that the individual group member names are listed at the end of the article.

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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 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.

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For general statistical advice see the article by Blackstone and Weisel, “The conclusion of papers published in the Journal should be supported by an appropriate statistical analysis”\(^\text{10}\) and the article by Huebner, Vach, and le Cessie “A systematic approach to initial data analysis is good research practice.”\(^\text{11}\) Specific advice and methods regarding the design and use of p-values,\(^\text{12}\) propensity scores,\(^\text{13}\) instrumental variables,\(^\text{14}\) and patient-reported outcomes\(^\text{15}\) can be found in the footnotes for this section. Additional information on statistical methods can be obtained from our Statistical Editor or found at [ICMJE Recommendations: The Uniform Requirements](#).

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\(^\text{10}\) Blackstone EH and Weisel RD. **The conclusion of papers published in the Journal should be supported by an appropriate statistical analysis.** J Thorac Cardiovasc Surg. 2014;148:2479.


\(^\text{15}\) Rajeswaran J, Blackstone EH. **Patient-reported outcomes and importance of their appropriate statistical analyses.** J Thorac Cardiovasc Surg. 2015;150:461-2.
A completed **Author Contribution and Statistical Collaboration form** must be submitted with all revised original manuscripts. The form can be accessed on the home page of **Editorial Manager**. This form must detail the substantive contribution(s) of each author. The form must also indicate whether 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, institution, department, email address, and area(s) of statistical expertise of the biostatistician expert who should either be an author or acknowledged as a consultant for the paper.

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The *Journal* adheres to the principles set forth in the **Helsinki Declaration**, which requires all published reports concerning human participants to be conducted in accordance with its universally accepted principles. Reports including 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 imaging, illustrations, photographs, or case report information, then the release forms (or appropriate release statements) giving permission for publication must be submitted with the manuscript at initial submission. Most reports should avoid identifiable information, which should be included only in the very rare instances where such images are essential to the manuscript.

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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**. 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.

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All papers that describe clinical trials must adhere to the principles outlined in the **CONSORT Statement**. 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. The **CONSORT Checklist** must be completed and submitted with the manuscript. In addition, the study protocol should also be submitted with each report as an online supplement.

**Please note:** All manuscripts describing a clinical study must include the **CONSORT Flow Diagram** as a figure or an online only supplemental figure. The original, approved **study protocol** must also be included so Editors and reviewers can give appropriate feedback during the review process.
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\textsuperscript{16} 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 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 ClinicalTrials.gov\textsuperscript{17}. Registration with alternate agencies is acceptable if documentation of registration is provided.

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\textsuperscript{17} See Consensus statement on mandatory registration of clinical trials. J Thorac Cardiovasc Surg. 2007;133:859-60.
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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. All accepted full-length original articles will have undergone a statistical review as well.

Guidelines for Reviewers

Reviewers are requested to recommend papers for publication with the greatest scientific competence and accuracy, papers which are important to the practice of thoracic and cardiovascular surgery and those which will have the greatest clinical, theoretical, and/or educational impact on the field. Reviewers are asked to consider the following:

- 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 to authors for revision.

If reviewers believe a paper can be shortened, they should provide this information in their review in the “Comments to Authors” section and also indicate where it can specifically be abbreviated and/or 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.

JTCVS Reviewer Scoring Scale

Editors score all reviews using the scale below.

100-90 Outstanding
Clear and concise review; insightful and accurate comments were provided to the editors. Comments to the authors demonstrate a clear understanding of the strengths and weaknesses of the manuscript and suggested revisions will significantly improve the manuscript. This level of review would be comparable to that seen from a co-author of the manuscript.
The Journal of Thoracic and Cardiovascular Surgery
Information for Authors

89-80 Excellent
Good review; thoughtful and accurate comments were provided to the editors. Comments to the authors demonstrate a good understanding of the strengths and weaknesses of the manuscript and suggested revisions will improve the manuscript. Some of the suggestions were unclear or had minor importance. This level of review would contain sufficient substance to guide revision and improvement of the manuscript.

79-70 Helpful
Adequate review but lacking important observations and the comments to the editors do not clearly define the strengths and weaknesses of the manuscript. Comments to the authors are helpful but some are confusing and/or miss the big picture and dwell on minor facets of the report. This level of review would be of uncertain, minor or negligible value to the authors as they revise their manuscript.

69-60 Marginal
Review missed the key strengths and weaknesses of the manuscript and the comments to the editors are of limited value. Comments to the authors do not adequately assess the paper or offer sufficient useful suggestions for revisions to improve the manuscript.

59-50 Not helpful
Review of the manuscript is superficial and the comments to the editors are arbitrary and unsupported. Comments to the authors are either very skimpy, very negative, or do not suggest opportunities for revision.

49-20 Poor
Reviewer clearly needs direction. Comments to the editors are absent or of limited value at best, and the comments to the authors are not helpful and at times too critical or inconsistent.

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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.