DESCRIPTION

Seminars in Thoracic and Cardiovascular Surgery is devoted to providing a forum for cardiothoracic surgeons to disseminate and discuss important new information and to gain insight into unresolved areas of question in the specialty. Each issue presents readers with a selection of original peer-reviewed articles accompanied by editorial commentary from specialists in the field. In addition, readers are offered valuable invited articles: State of Views editorials and Current Readings highlighting the latest contributions on central or controversial issues. Another prized feature is expert roundtable discussions in which experts debate critical questions for cardiothoracic treatment and care. Seminars is an invitation-only publication that receives original submissions transferred ONLY from its sister publication, The Journal of Thoracic and Cardiovascular Surgery. As we continue to expand the reach of the Journal, we will explore the possibility of accepting unsolicited manuscripts in the future.

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*Seminars in Thoracic and Cardiovascular Surgery* is devoted to providing a forum for cardiothoracic surgeons to disseminate and discuss important new information in the field and to gain insight into unsettled or unresolved areas of question in the specialty. Each issue presents readers with a selection of original, peer-reviewed articles accompanied by editorial commentaries from specialists in the field. In addition, readers are offered valuable invited articles: State of the Art reviews, News and Views editorials and Current Readings highlighting the latest contributions on central or controversial issues. Another prized feature is the expert roundtable discussions in which experts debate critical questions for cardiothoracic surgery.

ARTICLE TYPES

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Description: Authors are invited to write a paper on a “hot topic” and expand on a recent article found in another journal (NEJM, Nature, Cell, etc.). The goal of this section is to expand on the review in an article that is 5–6 pages in length with a thoughtful analysis with references to support it.

Articles should follow these guidelines: 2000–2500 words of text = 3 printed pages 30 references = 1 printed page 3–5 figures/tables and legends = 2 printed pages.

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The central message contains the essence of the manuscript. 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 what they mean will one be able to convey them clearly to the reader. Once the central message 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.

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