**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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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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Invited Authors will be selected by the editors and this individual will select 5–6 articles to write about. Each manuscript from the invited author will examine the seminal articles on a topic from the past 2–3 years. The manuscripts will have a short 1–2 paragraph summary with 5 key points as to why it is important to practitioners of cardiac and thoracic surgery and therapies. At the end of each group of manuscripts the author will provide a synthesis of all the readings along with his/her own critical review and interpretation of the information. The synthesis can also provide a historical context for the topic, presenting the current reading articles as the newest best information—since xyz (the classic article(s) on a topic) has been published here are the best most relevant articles, showing where we’ve come from to get to cutting edge practice.

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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 the findings of the study and articulate 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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