TABLE OF CONTENTS

- Description p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.2

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.

ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

*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**

**News and Views**

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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Description: Authors are invited to write a review article on a topic selected by the editor.

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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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Editorial Commentaries are intended to provide a broad perspective on the importance of this paper for the readers of Seminars. Please indicate why this paper is significant to the field and worthy of the reader’s attention. In addition, please outline the strengths and weaknesses of the paper. Your expertise in this field and your views will be appreciated by our readership.

Fewer than 800 words, Catchy title, Brief summary (less than 50 words), Academic degrees and affiliations for all authors.

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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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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.

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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Results should be clear and concise.

**Discussion**

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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