

INSTRUCTION FOR AUTHORS

Thank you for your interest in *Journal of Thoracic Disease (JTD)*. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

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The *Journal of Thoracic Disease (JTD, J Thorac Dis, pISSN: 2072-1439; eISSN: 2077-6624)* was founded in December 2009. It is published quarterly and openly distributed worldwide. JTD publishes manuscripts that describe new findings in the field provide current, practical information on the diagnosis and treatment of conditions related to thoracic disease (lung disease, cardiology and esophagus disease). Original articles are considered most important and will be processed for rapid

review by the members of Editorial Board. Clinical trial notes, Cancer genetics reports, Epidemiology notes and Technical notes are also published. Case reports implying new findings that have significant clinical impact are carefully processed for possible publication. Review articles are published in principle at the Editor's request. There is no fee involved throughout the publication process. The acceptance of the article is based on the merit of quality of the manuscripts. All the submission and

reviewing are conducted electronically so that rapid review is assured. The Official Publication of:

- Guangzhou Institute of Respiratory Disease (GIRD)
- China State Key Laboratory of Respiratory Disease
- The First Affiliated Hospital of Guangzhou Medical College
- Society for Thoracic Disease (STD)

MANUSCRIPT CATEGORIES

Original article

Originality and clinical impact are essential for acceptance of Original Articles. Descriptions of the following points are critically evaluated.

In reports of prospective clinical trials:

- The study rationale, trial design, and number of cases
- Approval of local ethical committees and informed consent by patients
- Precise data presentation and justifiable conclusions

For reports of randomized controlled trials, authors should refer to the CONSORT statement (www.consort-statement.org).

In reports of retrospective clinical observations:

- Selection criteria of cases
- Efforts to eliminate possible biases in retrospective analysis
- Justifiable conclusions

In reports of basic research:

- Clinical impact of the study

Case reports

The *JTD* publishes case reports with new findings that may alter the disease concept of thoracic disease. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing thoracic disease. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients' identification must be carefully masked.

Clinical trial notes

The *JTD* publishes protocol digests of prospective clinical trials that have been approved and commenced by established clinical groups. A clinical trial note will include concise description of trial backgrounds and rationale, endpoints, eligibility criteria, treatment methods, scheduled analyses and statistical

consideration. Trial resources and approval by institutional review board should also be shown. Importance and possible impact of the study can be briefly discussed. Any preliminary results of the trial must not be included. A non-structured abstract of fewer than 350 words and only essential references should be provided. A copy of the original protocol (in English) should be sent to the editorial office by post, or Email to: jtd@thebpc.org

Genetics reports

Previously undescribed pathogenic germline mutation in a hereditary cancer syndrome or related diseases will be reported in this section as a pedigree case report. Similarly high penetrance polymorphisms or mutations associated with a significant adverse drug reactions will be also accepted. A case report with known mutation or polymorphism may also be considered if the report can be expected to contribute substantially to the advancement and/or accumulation of the current knowledge in the field of clinical cancer genetics.

The nucleotide sequence of the mutation or polymorphism must be defined on the genomic DNA. The method of the mutation/polymorphism detection should be described explicitly, such as with PCR conditions and primer sequences. Whenever appropriate, a pedigree (family tree) must be presented. The pedigree should be drawn according to the "Recommendations for Standardized Human Pedigree Nomenclature", *Am J Hum Genet* 1995;56:745-52. Some basic keys of the nomenclature are summarized in "Excerpt from the Pedigree Nomenclature" (http://www.oxfordjournals.org/our_journals/jjco/for_authors/nomenclature.pdf).

Strict care should be taken to prevent the identification of the patients and any other relevant family members. It is the responsibility of authors to obtain appropriate informed consent for publication.

No running head or mini-abstract is necessary. An abstract of fewer than 150 words should be provided as well as a genetic summary describing disorder, ethnicity, gene and its GenBank, EMBL or DDBJ accession number and chromosomal assignment, type of DNA variant, mutation, allelic frequency, method of mutation detection, etc.

Epidemiology notes

New data in GI oncology epidemiology derived from periodic or ad hoc surveillance may be published in this section. Tabulated or illustrated data are shown with brief descriptions of backgrounds and new findings.

Technical notes

Originally-devised techniques for thoracic diseasediagnosis or treatment are published as a Technical note. The backgrounds are

briefly described in introduction and the technique is intelligibly explained using clear illustrations. The advantage and possible benefit to use the new technique should be highlighted.

Short communications

A small-scale study that includes important new information may be published as a short communication. It usually carries an abstract of fewer than 250 words, text of fewer than 2500 words, up to three tables or figures, and essential references.

Letters to the Editor

Letters commenting on articles published previously in the Journal or expressing views on topics relevant to thoracic disease will be published. An appropriate title should be provided.

The following papers are published in principle at the Editor's request

Review articles
Editorials
Meeting reports
Special lecture notes

MANUSCRIPT SUBMISSION REQUIREMENTS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through Editorial Manager, <http://jtd.edmgr.com>, an electronic system that is used to manage over 100 other journals. Accordingly, the system is well-designed and functions very well with minimal difficulties. New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us, and we will help solve the problem.

Text

Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and double-spacing throughout. Number pages consecutively, beginning with the title page.

Title page

The title page should carry: a) the title of the article; b) authors' names with institutional affiliations; c) corresponding author's

name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 45 characters including spaces. Where there are more than 12 authors, list the first 12 authors in the title page, and list the other authors as an appendix.

Abstract, mini-abstract and key words

The second page should carry an abstract of no more than 450 words (see also instructions for specific categories above). Do not use abbreviations or references in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background (or Objective where relevant), Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

A mini-abstract of fewer than 30 words, specifying the significant conclusion of the study, should also be provided. The mini-abstract will appear in the table of contents of the Journal.

Provide three to five key words. Use terms from the medical subject headings (MeSH) list of [Index Medicus](#).

References

Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus.

List all authors, but if the number exceeds six, give six followed by "et al." When citation of articles written in non-English languages is unavoidable, follow the style of example No. 4 below.

- 1 Ogawa K, Ktube T, Wtanabe T. Usefulness of the level of immunosuppressive acidic protein (IAP) in the serum in the treatment of stomach cancer. *Asian J Surg* 1992;15:217-24.
- 2 Kogure M, Kashimura S, Matsuyama S, Ohtani S, Saze Z, Odashima Y, et al. Prognostic role of immunosuppressive acidic protein in patients with esophageal cancer. *Dis Esophagus* 2008;21:214-9.
- 3 Sakamoto J, Teramukai S, Koike A, Saji S, Ohashi Y, Nakazato H. Prognostic value of preoperative immunosuppressive acidic protein in patients with gastric carcinoma. Findings from three independent clinical trials. *Tumor Marker Committee for the Study Group of Immunochemotherapy with PSK for Gastric Cancer. Cancer* 1996;77:2206-12.
- 4 Liu M, Wu J, Bao L, Cong X. Determination of Immunosuppressive Acidic Protein in Patients with various cancers. *J Shanghai Immunology* 1996;16: 261-4. (in Chinese)

For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

Tables

Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as $P = 0.23$ instead of the term 'N.S.' or 'not significant'. For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data-.doc, .rtf, Excel or PowerPoint files-because tables submitted as image data cannot be edited for publication.) The Journal may reject manuscripts if remarkable deviation from this instruction is found.

Colored photographs

Colored photographs are printed at the cost of the authors (GBP 350/ figure). Orders from the UK will be subject to a 17.5% VAT charge. For orders from elsewhere in the EU you or your institution should account for VAT by way of a reverse charge. Please provide us with your or your institution's VAT number.

Papers submitted with colored photographs will be reviewed on the assumption that the authors will pay for color costs. Switching a color figure to black and white figures after acceptance may require Editorial approval. Thus, authors are advised to submit black and white figures if they are not willing to pay for the color cost. Black and white figures will be printed without additional cost, but should be well prepared with high contrast.

It is possible to publish a black and white figure in the print version and color figures in the online version free of charge. Authors will be able to see the color version of the figure as online supplement. If authors wish to print figures in black and white but wish to publish color version online, both black and white figure file and color figure file should be submitted.

Survival curves

Cumulative survival rates are usually calculated with the Kaplan-Meier's method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

- Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.

- Censored cases should be shown as short vertical lines ("whiskers") on the curves. Alternatively, the exact numbers of the cases at each unit time should be shown in an attached table

as "No. at risk".

- Events such as death and relapse must not be shown as marks such as open circles or triangles, but as simple step-downs of the curves.

- Labels for curves can be written in the graph area when the curves are far enough from each other.

Abbreviations and symbols

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

Statistics

Describe which statistical methods were used for which analyses. A P value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact P values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST FORM

Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree Pioneer Bioscience Publishing Company, to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript, and assure that the authors will pay for any necessary charges.

Funding

Details of all funding sources for the work in question should be given in a separate section entitled 'Funding'. This should appear before the 'Acknowledgements' section.

The following rules should be followed:

- The sentence should begin: 'This work was supported by ...'

- The full official funding agency name should be given, i.e. 'National Institutes of Health', not 'NIH' ([full RIN-approved list of UK funding agencies](#)) Grant numbers should be given in brackets as follows: '[grant number xxxx]'

- Multiple grant numbers should be separated by a comma as

follows: '[grant numbers xxxx, yyyy]'

- Agencies should be separated by a semi-colon (plus 'and' before the last funding agency)

- Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number 'to [author initials].'

An example is given here: 'This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789].'

Conflict of interest

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

JTD policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental,

private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

ADDITIONAL INFORMATION

Peer review

Submitted manuscripts are first read by the editors within two days. Some papers may be declined at this stage. The others will be sent for peer-review to two external referees usually selected from among the specialists in the Reviewers Board of the Journal. The editors decide whether to accept or reject based on the referees' recommendations.

Offprints and reprints

Authors will be sent a free url link to the published online article for their personal use. Authors who wish to purchase hard copy offprints should fill out the offprint order form which will be sent with the author proof. Orders should be sent to editorial office. Order for reprints should be sent to the Publisher Office.

For more information, please contact:

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