

## INSTRUCTION TO AUTHORS

The *Journal of Thoracic Disease* (JTD, J Thorac Dis, pISSN: 2072-1439; eISSN: 2077-6624) was founded in Dec 2009, and indexed in Pubmed in Dec 2011 and Science Citation Index SCI in Feb 2013. It is published quarterly (Dec 2009- Dec 2011), bimonthly (Jan 2012 - Dec 2013), monthly (Jan. 2014) 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. 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)  
Endorsed by International COPD Coalition (ICC) and China  
Asthma Alliance.

### **MANUSCRIPT CATEGORIES**

#### **Original article**

Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The length should be 5,000 words maximum excluding abstract, references, tables and figures. **The abstract should contain the following subheadings: Background, Methods, Results and Conclusions.**

Original article should entail a section describing the contribution each author made to the manuscript. See section “**Author contributions**” for details. Meta-analysis will be categorized into this type.

#### **Review Article**

A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for

reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words. **Review Article should entail a section describing the contribution each author made to the manuscript. See section “Author contributions” for details.**

#### **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](http://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

#### **Editorials**

Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief. Length should be 2,500 words maximum excluding references, tables and figures with no more than 25 references and no more than 2 figures/tables. No abstracts are required.

#### **Commentaries**

Commentaries, upon Editor’s invitation, discuss a paper or report or event within the past few months or so, or in the near future. They should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentaries may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. The length should be 1500 words maximum with no more than 20 references (including the article discussed) and 2 maximum figures or tables. No abstracts are required.

### **Viewpoints**

Viewpoints may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. The length should be no more than 1200 words with no more than 10 references and only one table or figure. No abstracts are required.

### **Perspectives**

Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial positions or papers of the same topic advocating opposite opinions will be published as Perspectives. Most perspective articles will be solicited by the editors. However, we also welcome timely, unsolicited perspective articles. Proposals for perspectives may be submitted; however, in this case authors should send an outline of the proposed article prior to submission. The text is limited to 3000 words. The abstract is limited to 300 words.

### **Correspondences**

Correspondences on content published in the Journal or on other topics of interest to our readers are welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. Correspondence is also referred to as Letter to the Editor. The length should be 1000 words maximum with no more than 10 references and only one table or figure. No abstracts are required. An appropriate title should be provided.

### **Research Highlights**

Research Highlights are brief reports of important research findings that have been recently published in the field of thoracic disease. Manuscripts containing pertinent and interesting observations concerning reports on new observations or studies that do not warrant publication as a full research article will be considered for Research Highlights. These submissions will undergo full peer review. They are usually solicited by editors. The text is limited to 3000 words. The abstract is limited to 300 words.

### **JTD Lecture Series**

This is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. This section requires a 1500-word mini-review or an editorial to be submitted together with the Keynote Lecture file.

### **Surgical Techniques**

“Surgical Techniques” is a featured section that publishes illustrated articles. These articles must include four

subheadings – Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors. If required, our medical illustrator may be made available, however, there will be additional costs associated with the use of this service.

### **Visualized Surgery**

“Visualized Surgery” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the JTD reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

### **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. The abstract is limited to 300 words.

### **Interventional Pulmonology Corner (IP Corner)**

The IP Corner is dedicated to publishing articles related to minimally invasive thoracic procedures. This most particularly involves topics related to diagnostic and therapeutic bronchoscopy, pleural procedures, and percutaneous tracheostomy. The IP Corner accepts articles in the following structures: Original Articles, Narrative and Systematic Reviews, Case Reports, Brief Reports; Images, Proceduralist Techniques, Point-of-View, etc.

### **ECG Pearls**

This section of Electrocardiography Pearls (ECG Pearls) is intended to publish common (highly educational) or uncommon 12-lead ECGs, Holter recording, monitor strips of cardiac arrhythmias and conduction disorders.

The title page includes the title, running title and author information.

The text (Word, Times New Roman 12) should be organized as follows:

- Abstract and keywords
- Clinical vignette: 250 words
- ECG description and discussion: 500 words
- Points to ponder: 100 words
- Up to 3 figures or tables
- Up to 4 co-authors
- Up to 5 references

**Figures:** Figures should be presented as separate attachments either as JPEG or TIFF. A minimum resolution of 300 DPI is necessary for appropriate quality. Caption for the figures should be presented in the original Word Document. Animated PPT is permitted. Permission for reproduction from publishers should be provided if figures are obtained from prior publications. A statement of the permission should be included in the caption of the figure.

### **Evidenced-Based Clinical Problem Solving Article**

Evidenced-Based Clinical Problem Solving is an approach to patient care that involves considering the best available research and practice guidelines associated with a specific clinical situation. The column of Evidenced-based clinical problem solving in JTD aims to provide a platform for the communication between researchers and clinicians. Articles submitted to this column should begin with a clinical scenario that can be encountered in daily clinical practice. The importance of the clinical problem should be fully described, followed by systematic search of the literature and critical appraisal of the-state-of-the-art evidence. Articles of the column must be no longer than 6000 words excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words. The Article should entail

a section describing the contribution each author made to the manuscript. See section “Author contributions” for details.

### **Between You and Me**

The new column in The Journal of Thoracic Disease, “Between You and Me” is an opportunity for physicians and patients to tell short, personal stories taken from actual medical practice that raise important medical issues. Submissions to this column should be told in a vivid way, emphasizing the human and humane aspects of medicine as opposed to the scientific and technical focus of most medical articles. No abstract is required. Manuscripts are limited to 1800 words.

### **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@amepc.org](mailto:jtd@amepc.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 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.

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.

#### Technical notes

Originally-devised techniques for thoracic disease diagnosis 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. The abstract is limited to 300 words.

#### 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 450 words, text of fewer than 3500 words, up to three tables or figures, and essential references.

### MANUSCRIPT SUBMISSION REQUIREMENTS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. 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 (jtd@amepc.org), and we will help solve the problem.

**Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.**

#### 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.

#### 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 reference, table or figure in the abstract. **The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions.** The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

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

#### References

The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., "cancer-related mortality (19)"; "denocarcinoma (29,30)"]. 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 three, give three followed by "*et al.*"

McLeer-Florin A, Lantuéjoul S. Why technical aspects rather than biology explain cellular heterogeneity in ALK-positive nonsmall cell lung cancer. *J Thorac Dis* 2012;4:240-1.

Lin X, Li W, Lai J, et al. Five-year update on the mouse model of orthotopic lung transplantation: Scientific uses, tricks of the trade, and tips for success. *J Thorac Dis* 2012;4:247-58.

For other styles of publication or Internet articles, see [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](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=0.230 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.

#### Figures

All illustrations (line drawings and photographs) are

classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).
- Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1000 dpi.
- Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will be printed in the Journal.
- Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.
- Text sizing in figures: Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.
- Figure legends: Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

## Videos

JTD will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwm. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: <http://jtd.amegroups.com/pages/view/submit-multimedia-files>.

**Duration:** Video files should be limited to 20 minutes.

**Quality:** Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280\*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

**Text in video:** All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be numbered consecutively

in the order of reference in the text.

## 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 (>20) 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.

## Appendix

The Supplementary Appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article's reference list.

The Appendix must be submitted in a Word file. The Appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

"Many more regressions were run than can be included in the article. The interested reader can find them in a

supplementary appendix online.”

## **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 AME 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 *Article Processing Charges* (APC).

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”).

### **Author contributions**

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

- (I) Conception and design:
- (II) Administrative support:
- (III) Provision of study materials or patients:

- (IV) Collection and assembly of data:
- (V) Data analysis and interpretation:
- (VI) Manuscript writing: **All authors**
- (VII) Final approval of manuscript: **All authors**

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

### **Conflict of interest**

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

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>).

Conflict of interest would be included in the FOOTNOTE section.

### **1. Participants**

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

#### **a. Authors**

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

#### **b. Peer Reviewers**

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

### c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

## 2. Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest;
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: "The author has no conflicts of interest to declare" or "The authors have no conflicts of interest to declare".

### Ethical considerations

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: <http://www.wma.net/en/30publications/10policies/b3/%20index.html>. The journal retains the right to reject any manuscript on the

basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

#### ◆ For studies in the following categories:

**Randomized controlled trials or other intervention research:** This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

**Case-control study:** A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

**Prospective cohort study:** In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

**Cross-sectional studies:** Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

**Basic or translational medical research using human specimens:**

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

#### ◆ For other categories:

**Retrospective and ambispective cohort studies:** In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.

- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

#### **Systematic review and meta-analysis, review, opinion, hypothesis, and editorial**

- No statement on medical ethics is required.

#### **Case report and visualized surgery:**

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

**Diagnostic accuracy tests:** These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

**Nested case-control study:** In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes,

please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.

- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

**Post hoc analysis:** In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

#### **Informed Consent**

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for **Case report, original/research articles and visualized surgery**. The statement should be included in the footnote. It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

#### **Acknowledgements**

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section.



Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. **When there is no one to be acknowledged, authors should also indicate ‘Acknowledgements’ section as ‘None’.**

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