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). 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)
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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.

Editorial
Editorial is written by recognized leader(s) in the field. Editorials is 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.

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Correspondence is solicited on content published in the Journal or on other topics of interest to our readers. 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.

Surgical Technique
“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.

**iMDT corner**

In terms of the case report, *JTD* gives a priority in publishing the reports with International Multidisciplinary Team (iMDT) discussion, which include the opinions of all relevant international health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient, to provide high quality, precision treatment options and management of the individual patient’s needs.

The above 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 format of this category is recommended as follows:

- **Introduction**: a brief description of background information including current acknowledgment of diagnosis and treatment for the following cases.

- **Case presentation**: Reports highlighting unusual presentations of thoracic diseases, treatment outcome, toxicity, etc.

- **iMDT (Expert opinion1, 2, 3…)**: Invited international expert gave their opinions on the difficulty of diagnosis and treatment of the presented cases. Authors should simplify their opinion by using written language.

- **Treatment and follow-up**: a brief introduction of therapeutic strategies and the efficacy and follow-up.

- **Discussion (Question1, 2, 3…)**: the authors proposed a series of valuable and meaningful questions related to the diagnosis and treatment of the presented cases. Invited international expert gave their perspectives to these questions.

- **Conclusions**: the authors summarized the cases and what readers could learn from the case.

No abstract is needed. Length should be 4,000 maximum excluding references, tables and figures. An example is available at: [http://jtd.amgroups.com/article/view/22209/html](http://jtd.amgroups.com/article/view/22209/html).

**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, 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:

- 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 TIF. A minimum resolution of 300 DPI is necessary for appropriate quality. Caption for the figures should be presented in the original Word Document. 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.

Short communications
A small-scale study that includes important new information may be published as a short communication. The length should be no more than 3500 words, up to three tables or figures, and essential references. No abstracts are required.

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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.”


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=0.230 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).
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- **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.
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**Videos**

*JTD* will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwv. 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](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.”

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CONFLICT OF INTEREST FORM

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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

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

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Conflict of interest would be included in the FOOTNOTE section.

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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.

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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.

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

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- 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.

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Basic or translational medical research using human specimens:

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Systematic review and meta-analysis, review, opinion, hypothesis, and editorial
- No statement on medical ethics is required.

iMDT corner and surgical technique:
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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.
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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.

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Details of all funding sources for the work in question should be included in the Acknowledgement section.

The following rules should be followed:

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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]’

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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].’

FOOTNOTE

a. Conflicts of Interest: See section “Conflict of interest” for details.

b. Financial Disclose: Some variables, such as “measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period”.

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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 more than 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.

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