INSTRUCTION FOR AUTHORS

Thank you for your interest in *Shanghai Chest* (SHC). 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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### 1. ABOUT THE JOURNAL
*Shanghai Chest* (ISSN 2521-3768; Shanghai Chest; SHC; shc.american.com) is an international journal focusing on the latest researches for chest diseases. Being the official journal of Shanghai Chest Hospital, SHC not only presents the high-quality researches and unique techniques from Shanghai Chest Hospital, but more importantly, serves as an important platform for surgeons and physicians around the world to share the advanced researches, spectacular surgical techniques and precious experience in the field of chest disease, in turn, making bigger progress in the chest disease research field and thus benefit all patients.

### 2. MANUSCRIPT CATEGORIES

#### (1) ORIGINAL ARTICLE
Word limit: 5,000 words (Max) including abstract but excluding references, tables and figures
Abstract: Structured. 450 words (Max)

References: No maximum.
Figures/tables: No maximum, but 10 figures should be sufficient.
Videos*: 3 (Max)
*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: Originality and clinical impact are essential for acceptance of Original Articles.
Such an article is to present original basic science or clinical research findings by the authors. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Original articles should entail a section describing the contribution of each author to the manuscript. See section “Authors’ Contribution” for details.
Meta-analysis will be categorized into this type.
* When concerning experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible
committee on human experimentation (institutional and national). Furthermore, authors also need to confirm that the patient has given their consent for the publication. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section as: “Written informed consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal.”

* When concerning experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

(2) REVIEW ARTICLE
Word limit: 4,000 words (Max) including abstract but excluding references, tables and figures
Abstract: Unstructured. 300 words (Max)
References: No maximum
Figures/tables: Minimum 1 image or figure
Videos*: 3 (Max)
*Playback time of all videos should be no more than 10 min - to be distributed amongst the videos as authors see fit.
Description: Reviews are comprehensive analyses of specific topics. SHC emphasizes that an acceptable Review Article should not be a ‘book chapter’ generally covering a topic, but should be a focused application of literature to address a relevant clinical issue. The Editors submit them upon invitation. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author to the manuscript. See section “ Authors’ contribution’ for details.

(3) RESEARCH HIGHLIGHT
Word limit: 1,500 words maximum.
Abstract: 300 words maximum, unstructured (no use of sub-headers).
Description: Research Highlight is ‘digest’ of the best/most interesting research findings that have been recently published in the field of chest diseases. They are usually solicited by editors and written by outstanding experts.

(4) BRIEF REPORT
Word limit: 2,500 words (Max) including abstract but excluding references, tables and figures
Abstract: Unstructured. 250 words (Max)
References: 35 (Max) Figures/tables: 8 (Max) Videos*: 3 (Max)
* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: Manuscripts containing pertinent and interesting observations concerning visualized surgery and reports on new observations or studies that do not warrant publication as a full research article will be considered for the brief report. These submissions will undergo full peer review. The text should be arranged as Abstract, Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls and Conclusion.

(5) CASE REPORT
Word limit: 2,500 words (Max) excluding references, tables and figures
Abstract: Unstructured. 250 words (Max)
References: 20 (Max) Figures/tables: 8 (Max) in total Videos*: 3 (Max)
* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in visualized surgery covering all fields. The text should be arranged as follows: Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls, Discussion.

The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

If the patient has passed away, informed consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, informed consent must be sought from the parents or legal guardians of the patient. In these cases, the
statement in the ‘Consent’ section of the manuscript should be amended accordingly.

Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as other article types.

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Word limit: 6,000 words (Max) including abstract but excluding references, tables and figures
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Figures/tables: Minimum 1 image or figure
Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

(7) PERSPECTIVE
Word limit: 3,000 words (Max) including abstract but excluding references, tables and figures
Abstract: Unstructured. 300 words (Max)
References: 25 (Max), including the article discussed
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(8) EDITORIAL
Authors: 5 (Max)
Abstract: Not required Text: 2500 words (Max)
References: 25 (Max), including the article discussed
Figures and Tables (combined): 2 (Max)
Videos*: 2 (Max)
* Playback time of all videos should be no more than 5 mins - to be distributed amongst the videos as authors see fit.
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(9) COMMENTARY
Authors: 5 (Max)
Abstract: Not required Text: 1500 words (Max)
References: 20 (Max), including the article discussed.
Figures and Tables (combined): 3 (Max)
Videos*: 2 (Max)
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Description: Commentary, upon Editor’s invitation, discusses a paper or report or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentary may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

(10) VIEWPOINT
Word limit: 1,200 words (Max) excluding references, tables and figures
Abstract: Not required References: 10 (Max)
Figures/tables: 1 (Max) in total
Description: Viewpoints may address virtually any important topic about surgery in all fields 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.

(11) CORRESPONDENCE
Word limit: 1,000 words (Max) excluding references, tables and figures
Abstract: Not required
References: 10 (Max) Figures/tables: 1 (Max) in total
Description: Correspondence on content published in SHC or on other topics of interest to our readers is 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.

(12) Images in Clinical Medicine
Word Limit: Should contain no more than 150 words. No abstracts are required.
Title: Should contain no more than eight words.
Authors: No more than two authors may be listed.
References: Not allowed.
Description: Images in Clinical Medicine are classic images of common medical conditions. Images are an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Images in Clinical Medicine are not intended as a vehicle for case reports. Original, high-quality images are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. Images in Clinical Medicine will be reviewed and decided to be accepted or not by the (Deputy) Editor(s)-in-chief without peer-review process. To submit an image for publication in the Journal, please follow the submission instructions below. Please include a title for your submission. The title should contain no more than eight words. No more than two authors may be listed. The maximum length is 150 words. No abstracts are required.

3. STRUCTURE OF THE MANUSCRIPT
Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:
Title page Abstract
Keywords
Main text (see Content Specifications section above)
Tables
Legends
References
Figures

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be British or American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated.

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The title page should include:
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4) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
5) The contribution made by each author should be briefly stated in the Authors’ Contributions section (See “Authors’ Contributions” in detail);
6) Footnote section: Conflicts of Interest (See specific statement in the following Policy of Conflict of Interest);
7) Acknowledgements (All sources of funding for the work should be included in this section).

Abstract
The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Keywords
Following the Abstract, 3-5 keywords should be given.

Main text
The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. SHC strongly discourages lengthy text descriptions. Authors are instead urged to use videos and figures to explain their points. The text should be considered as the matrix which cites and binds the multimedia components together. IMPORTANT: supporting description concerning the multimedia objects should be contained within the Legends only and NOT repeated in the text. The company name, city and country of any commercial material must be included at first mention within parentheses in the text.

If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

Tables
Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.
Legends
Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years.

Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “adenocarcinoma (29,30)”). If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al.

Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

Journals

Books

Multi-author books

Online publications

or

Figures
Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

Videos
SHC 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://shc.amegroups.com/pages/view/submit-multimedia-files.

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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.

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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.

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3. Artwork: .jpg or .tif files prepared according to the aforementioned specifications. One file per figure - upload as ‘Image files’ (filename eg. Figure 1). Figures with composite parts A, B, C… should be mounted into one image/one electronic file.
4. Videos: Uploading large files (up to 200 MB) is possible if you have a good reliable Internet connection, but it will take time – upload as ‘Multimedia file’ at: http://www.amepc.org/index/author/submitMultimediaFiles. Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service as you know.

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7. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at: http://www.ICMJE.org/. Author name: Each author's given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used
in Family name according to the rule in Author region. Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster’s Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr. Abbreviations: Must be used sparingly—only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

8. 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.

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• 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.
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• 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:
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• 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.

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• 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.

9. 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).

10. AUTHORS’ RESPONSIBILITY AND CONFLICT OF INTEREST FORM
(1) 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
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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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When there is no one to be acknowledged, authors should also indicate Acknowledgements as “None”.

12. AUTHORS’ CONTRIBUTIONS
This section is required for Original Article and Review. 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.

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(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. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability;
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