

Current Challenges in Thoracic Surgery **Instructions to Authors**

Thank you for your interest in Current Challenges in Thoracic Surgery (CCTS). 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

Current Challenges in Thoracic Surgery (CCTS) is an international peer-reviewed journal providing high-quality researches and information related to challenging issues on thoracic surgeries with an aim to improve current diagnosis and treatment of thoracic diseases. The journal focuses on current challenges, controversial issues and intractable situation of thoracic surgeries for pulmonary, tracheal, mediastinal, esophageal, and chest-wall diseases. It also dabbles in related specialties such as pulmonary medicine, transplantation, anesthesiology, pathology, imaging,

biology, critical care medicine and nursing. Besides, it encompasses extensive contents of technical development, multidisciplinary approach, precision treatment, perioperative medicine, basic and translational science, and education and training. CCTS will serve as a professional platform for healthcare professionals including surgeons, physicians and scientists to share their research, knowledge and experience.

CCTS welcomes submissions of Original Article, Review Article, Surgical Technique, Case Report, iMDT Corner (report with International Multidisciplinary Team discussion), Clinical Guideline, Letters to the Editor, etc.

2. MANUSCRIPT CATEGORIES

CCTS groups articles in the following categories:

Thoracic Surgery
Transplantation
Technical Evolution and Innovation
Perioperative Medicine
Pulmonary Medicine
Critical Care Medicine
Basic and Translational Science
Education and Training

CCTS accepts submissions of the following article types:

Original Article (including Systematic Review and Meta-analysis)
Review Article
Invited Expert Opinion
Editorial Commentary
Surgical Technique
Case Report
iMDT Corner
Brief Research Report
Clinical Guideline
Letter to the Editor/Response Letter
Images in Clinical Medicine
Meeting Report

(1) Original Article

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, with sub-headers (background, methods, results and conclusions).

References: no maximum.

Figures/Tables: no maximum, but 8 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: Original Articles are to present original clinical research, observation or basic science findings in the field of thoracic surgery or relevant specialties. CCTS encourages Original Articles with unique hypothesis or research question and purpose in the background, clear and detailed methods, honest data and results, and innovative findings or possible implications in the conclusion based on the evidence collected.

Originality and clinical impact are essential for

acceptance of Original Articles. The systematic review and meta-analysis in CCTS is addressed as original article. Original articles should entail a section describing the contribution of each author to the manuscript as well as Statement of Ethics Approval. See section "AUTHORS' CONTRIBUTION" and section "STATEMENT OF ETHICS APPROVAL" for details.

(2) Review Article

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 450 words maximum, unstructured (no use of sub-headers).

References: no maximum.

Figures/Tables: minimum 1 figure or table.

Description: Reviews are comprehensive summaries or analyses of specific topics. CCTS encourages reviews discussing challenges or questions posed in the clinical practice or research and provide the authors' perspective on the future prospects of the field of thoracic surgery.

CCTS 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. 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) Invited Expert Opinion

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: These viewpoint pieces are written by recognized experts in the field under invitation to provide valuable new information to the community.

(4) Editorial Commentary

Word Limit: 1,500 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a

commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

(5) Surgical Technique

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). Videos are encouraged with video legends

Description: Surgical Technique is a featured section that publishes illustrated articles on innovative and challenging surgical techniques with implications and pitfalls, providing educational knowledge for surgeons and inspiring further innovation. This section would include technical notes presenting a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method.

These articles must include four subheadings – Abstract, Introduction, Operative Techniques and Comments. 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.

(6) Case Report

Word limit: 2,500 words maximum excluding references, tables and figures.

Abstract: unstructured (no use of sub-headers), 300 words maximum.

References: 20 maximum.

Figures/Tables: 8 maximum.

Description: These articles report unusual cases or specific instances of interesting phenomena, new observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in thoracic surgeries. 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. 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 Letters to the Editor.

(7) iMDT Corner

Word limit: 4,000 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 20 maximum.

Figures/ tables: 8 maximum.

Description: In terms of the case report, CCTS 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 descriptions 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.

(8) Brief Research Report

Word limit: 2,500 words including abstract but excluding references, tables and figures.

Abstract: unstructured (no use of sub-headers), 300 words maximum.

References: 35 maximum.

Figures/tables: 8 maximum.

Description: Manuscripts containing preliminary report, experimental work and new methods concerning thoracic surgeries or reports on new observations or studies that do not warrant publication as a full research article will be considered for the Brief Research Reports. These submissions will undergo full peer review.

(9) Clinical Guideline

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: unstructured (no use of subheaders), 450 words maximum.

References: no maximum.

Figures/tables: minimum 1 figure or table.

Description: Clinical Guidelines in CCTS are statements based on systematic review of evidence and practice experience relevant to thoracic surgeries. It could serve as recommendation of clinical decisions and appropriate health care for patients.

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.

(10) Letter to the Editor and Response letter

Word limit: 1,000 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 10 maximum.

Figures/tables: maximum 1 in total.

Description: Letters on content published in the Journal 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.

(11) Images in Clinical Medicine

Word Limit: Should contain no more than 150 words.

Abstract: not required for this manuscript type.

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 and clear images of medical conditions in clinical practice in the field of thoracic surgery with educational values. Images are an important part of much of what we do and learn. This feature is intended to capture the sense of visual discovery and variety that physicians experience and provide. 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.

(12) Meeting Report

Word limit: 4,000 words maximum including abstract but excluding references, tables and figures.

Abstract: unstructured (no use of sub-headers), 300 words maximum.

References: no maximum.

Figures/tables: no maximum, but 8 figures should be sufficient.

Description: Brief reports of symposia and conferences in related to thoracic surgery. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

3. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section “MANUSCRIPT CATEGORIES”. Manuscripts should be presented in the following order:

- (i) title page (title, running title, authors, institutions and affiliations, Author's Contribution)
- (ii) abstract and key words
- (iii) text
- (iv) acknowledgments
- (v) footnote
- (vi) references
- (vii) supplementary material
- (viii) figure legends
- (ix) tables (each table complete with title and footnotes)
- (x) figures (it is recommended that figures, tables and videos are provided in separate files).

TITLE PAGE

The title page should include

- The title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific (no abbreviations allowed).
- The full names of the authors and the addresses of the institutions at which the work was carried out (in English).
- The full postal and email address, plus facsimile and telephone numbers, of the corresponding author.
- A short running title (less than 60 characters) should also be provided.
- Author's Contribution. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the original article, review article and systematic review/meta-analysis, the information of author contribution is needed (See section "Author's Contribution" for details).

ABSTRACT AND KEYWORDS

The abstracts must adhere to the specifications under the section Manuscript Categories. The abstract of an original article, review article, systematic review and meta-analysis, should be structured into four paragraphs with sub-headers of background, methods, results and conclusions.

The abstracts for all the other manuscript types should be unstructured. The abstract should not contain any abbreviations or acronyms, as well as citations of reference, figures or tables. And general statements (e.g. “the significance of the results is discussed”) should be avoided. Following the Abstract, 3-5 keywords should be given.

TEXT

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, review, perspective, viewpoint, commentary and others do not have those clear sections, they can be written in several sections with their own headers according to the topic (see detailed requirements in the previous section “MANUSCRIPT CATEGORIES”).

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.

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.

AUTHORS' CONTRIBUTION

This section is only required for original article, review article and systematic review/meta-analysis. It describes the contribution of each author made to be 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.
- 4) Agreement to be accountable for all aspects of the work in ensuring that questions that related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Author should meet conditions 1, 2, 3, and 4, 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 “ACKNOWLEDGMENTS” for details). Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The “AUTHORS’ CONTRIBUTION” section should be completed as follow:

- (1) Conception and design:
- (2) Administrative support:
- (3) Provision of study material or patients:
- (4) Collection and assembly of data:
- (5) Data analysis and interpretation:
- (6) Manuscript writing: All authors.
- (7) 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; 2. Contribution is not required when there is only one author.

ACKNOWLEDGMENTS

- a. 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 chairman who provided only general support. Financial and material support should also be acknowledged.
- b. Funding: Details of all funding sources for the work in question should be included in the Acknowledgment section.

The following rules should be followed:

The sentence should begin: “This work supported by...”;

The full official funding agency name should be given, i.e. “National Institutes of Health”, not “NIH” (full RIN approved list of UK funding agencies).

Grant numbers should be given in brackets as follows: “[grant number XXX]”. Multiple grant numbers should be separated by a comma as follows: “[grant numbers XXX, YYY]”;

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]”.

- c. When there is nobody or funding to be acknowledged, please describe as “None”.

FOOTNOTE

- a. Conflicts of Interest: See section “Conflicts of Interest” for details.
- b. Financial Disclosure: 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”. When there is no financial disclosure, this section should be removed.

REFERENCES

A list of references to the literature should be arranged sequentially following appearance in the text. 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 Arabic numerals in round brackets in which they appear consecutively [e.g. “cancer-related mortality (19)”]; “heart failure (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 three or more, 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. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

The format of reference sees as follow.

- Journal article
e.g., Gibas Z, Prout DF Jr, Pontes JR.

Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

- Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

e.g., Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI:10.1111/j.1442-2042.2009.02314.x

- Book

e.g., Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

- Chapter in a Book

e.g., Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

- Online publications

e.g., Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children. *Multimed Man Cardiothorac Surg* doi: 10.1510/mmcts.2008.003160.

or

e.g., Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. *CTSNet* [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

TABLES

Tables should be self-contained and complement, but not duplicate information contained in the text. All tables should be numbered consecutively in the order of reference in the text. Each Table should be on a separate page; tables must be typed and editable in tabular form that is convenient for copyediting and typesetting; and they should not be inserted as images.

Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to

reproduce the material, must be submitted as supplemental materials during paper submission.

FIGURES

All illustrations (line drawings and photographs) are classified as figures. Figures should be numbered consecutively in the order of reference in the text. Figures should be provided separately. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials.

Size: Figures should be sized to fit within the page column (82 mm), intermediate (118 mm) or the full text width (173mm).

Specifications: Figures must be supplied as high resolution saved as .eps, .tif or .jpg; 300 dpi (dots per inch), figures containing text 400 dpi, Line figures 1,000 dpi. Pixel screen width: 1280, grayscale for black and white, RGB for color.

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.

VIDEO

CCTS will accept digital files in mp4, avi., mov., and wmv (keep the bit rate as high as possible), MPEG (MPEG video file), flash video (flv.), DVD video format, etc. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files are recommended to submit via <https://wetransfer.com/> or can be submitted with a manuscript online: <http://cts.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 number consecutively in the order of reference in the text.

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”.

EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. 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 captilize 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.

5. REVIEW PROCESS

Manuscripts are assigned sequentially to Science Editors. A Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Science Editor's comments are compiled by the Editor-in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editor-in-Chief and the Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast track decisions' will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably

qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor-in-Chief.

All journals Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. When contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between authors and readers. If extensive alterations are required, the manuscript will be returned to the author for revision.

6. 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 the Declaration of Helsinki (as revised in Edinburgh 2000), available at: <http://www.wma.net/en/30publications/10policies/b3/>. 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).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/ guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

7. STATEMENT OF ETHICS APPROVAL

Statement of Ethics Approval: We require every research article submitted to include a statement that the study obtained ethics approval (or a statement that it was not required and why), including the name of the ethics committee(s) or institutional review board(s), the number/ ID of the approval(s), and a statement that participants gave informed consent before taking part. The statement should be described in the method section.

* 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.

8. 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 could 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)

9. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

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For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totaling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

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