

Instructions to the Authors

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➡ About the Journal

Annals of Thoracic Medicine (ATM) is a quarterly peer-reviewed international journal indexed with Science Citation Index Expanded, PubMed, Global Health, Index Copernicus, and SCOPUS. The journal's full text is available online at www.thoracicmedicine.org. The journal allows authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository like PubMed Central and Portico. The journal does not charge for submission, processing or publication of manuscripts and even for color illustrations.

➡ Scope of the journal

The journal will cover technical, clinical and bioengineering studies related to multidisciplinary specialties of chest medicine, such as pulmonary medicine, surgery, transplantation, sleep and breathing, airways disease, and more. The journal also features basic science, special reports, case reports, and more. Editorials and communications to the editor explore controversial issues and encourage further discussion by physicians dealing with these issues.

➡ The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to ATM alone at that point in time, or anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all manuscripts for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are not sent for formal peer-review. Manuscripts that are unlikely to be of interest to the ATM readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in ATM are sent to two or more expert reviewers. During submission, the contributor selects two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers are from the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind process wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial board. The member of the editorial board from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author who is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after the submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

➡ Clinical trial registry

ATM favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. registers is acceptable: <http://www.ctri.in/> ; <http://www.actr.org.au/> ; <http://www.clinicaltrials.gov/> ; <http://isrctn.org/> ; <http://www.trialregister.nl/trialregister/> ; <http://www.umin.ac.jp/ctr> . This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials subjects prior to June 2008 would be considered for publication in ATM only if they have been registered retrospectively with clinical trial access to public without charging any fees.

➡ Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or 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.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. Contributions should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted, the manuscript requires the written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of study and the institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

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Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided into concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, manuscript preparation, manuscript editing and manuscript review. Authors' contributions will be printed along with the article. One or more authors should be designated as guarantor for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

➡ Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with the manuscript.

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1. Title Page/First Page File/covering letter

This file should provide:

- a. The type of manuscript (original article, case report, review article, Ethics Forum, Education Forum, Letter to editor, Image)

- title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of the journal to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files.
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3. **Images:** Submit good quality color images. Each image should be less than 4 MB in size. Size of the image can be reduced by compressing the images (keep up to 1800 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legend should be included at the end of the article file.
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➡ Preparation of Manuscripts

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (ICMJE).

Medical Journal Editors (October 2006). The uniform requirements and specific requirement of **ATM** are summarized below. Before submitting a manuscript, authors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (www.thoracicmedicaljournal.com) submission site (<http://www.journalonweb.com/atm>).

ATM accepts manuscripts written in American English.

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➔ Types of Manuscripts

Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness studies, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding Abstract, references and tables) should be included with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends. **Introduction:** State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the institution conducting human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <http://www.fda.gov/oc/ohrt/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional) ethics review board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years (where assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from using initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution followed, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards should conform with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Experimental Animals and Human Beings, respectively). The journal will not consider any paper which is ethically unacceptable. Details of institutional permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals) including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus, and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic names and administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of intervention, concealment of allocation to treatment groups, and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org

STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Always report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values use *P* 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios are reported with their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Use tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical details will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as absolute values. If derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientific variables such as age and sex should be included.

Discussion: Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a particular question); limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the available evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, possible mechanisms); Controversies raised by this study; and Future research directions (for this particular research collaboration or research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid repeating data and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should be concise.

Review Article:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. Work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 4000 words excluding tables, references and abstract. The manuscript may have about 90 references. The unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. The abstract should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should be described. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the progress since publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and a new treatment. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding references). They should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legend. The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Cases should be concise.

four authors.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. more than four authors.

Other:

Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

➡ References

References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify legends by Arabic numerals in superscript with square bracket after the punctuation marks. References cited only in tables or figure legends in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available elsewhere. Name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJ (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission page.

Articles in Journals

- a. Standard journal article (for up to six authors): Al-Hajjaj MS. Bronchial asthma in developing countries: A major social and economic problem. *Ann Thorac Med* 2008;3:39-40.
- b. Standard journal article (for more than six authors): List the first six contributors followed by et al.
Wali SO, Abdelaziz MM, Krayem AB, Samman YS, Shukairi AN, Mirdad SA, et al. The presence of atypical mycobacteria in the environment. *Ann Thorac Med* 2008;3:5-8
- c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1:275-82.
- d. Issue with supplement: Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1995;24:100-10.

Books and Other Monographs

- a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1995.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1995.
- c. Chapter in a book: Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathogenesis, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. pp. 465-78.

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun;102(6):38-40. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2002. Available from: <http://www.nap.edu/books/0309074029/html/>

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May <http://www.cancer-pain.org/>].

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

➡ Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be placed at the end of the text.

➡ Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible in a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with a fine-point pen.
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- The photographs and figures should be trimmed to remove all the unwanted areas.
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➡ Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. Authors need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, cover the "referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark changes in text in the article.

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To be tick marked and one copy attached with the manuscript

Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
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- Conflicts of interest disclosed

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Tables and figures

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