1. ABOUT THE JOURNAL

Shanghai Chest (ISSN 2521-3768; Shanghai Chest; SHC; shc.amegroups.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)

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Videos*: 3 (Max)

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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.

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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.”

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Word limit: 2,500 words (Max) including abstract but excluding references, tables and figures
Abstract: Unstructured. 250 words (Max)
References: 20 (Max) Figures/tables: 8 (Max) in total
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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.

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Videos*: 3 (Max)
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References: 25 (Max), including the article discussed
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References: 25 (Max), including the article discussed
Figures and Tables (combined): 2 (Max)
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Description: Letters 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.

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References: Not allowed.
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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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3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
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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.

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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)”; “denocarcinoma (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.

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or


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• Also, the authors should state whether the study outcomes will affect the future management of the patients.

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

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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”. When there is no financial disclose, authors should also indicate “Financial Disclose” section as “None”.
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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.

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Updated on July 18, 2019