Seminars in Thoracic and Cardiovascular Surgery: Pediatric Cardiac Surgery Annual

Submission Guidelines

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- Submission to Pediatric Annual constitutes an author declaration that the manuscript is not under consideration by another journal and has not been published elsewhere.
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- At the very end of the manuscript (<u>after</u> the references and tables), please provide a Legends section containing legends for all figures (regular and supplementary) and all videos. This Legends section should contain just text (<u>no images</u>).

Submission Requirements: Pediatric Annual 2022 Manuscript

Manuscript Formatting	 3,000 word limit (excludes the Central Message, abstract, keywords, references, tables, and legends)
	 The manuscript (including any tables) must be in Microsoft
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	• Times New Roman 12pt font, double-spaced
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	 Please reduce to a minimum the number of abbreviations used. Interactionally accorted abbreviations such as AIDS, DNA, SD
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References	• 25 reference limit – additional references must be designated as
	supplemental and will appear online only.
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Figures and Tables	• <u>Combined maximum</u> of 7 figures/tables for the print version
	(figures/tables exceeding this must be labeled "Supplemental").
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Videos	• Videos are requested and must be submitted with a brief video legend. Videos should be provided in .MP4 format and 400MB maximum.
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FORMATTING REQUIREMENTS

-Please submit the manuscript (including tables) in editable Microsoft Word format.

-Times New Roman 12pt font, double-spaced

-Standard 1" margins

-Page numbers and continuous line numbering

Units of Measurement

Report measurements of length, height, weight, and volume in metric units (meter, kilogram, or liter) or their decimal multiples. Give temperatures in degrees Celsius and blood pressures in millimeters of mercury. All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). The authors should also add alternate or non-SI units before publication.¹

¹ See <u>ICMJE Manuscript Preparation Guidelines</u>

Figures and Tables (<u>Combined Maximum</u>: 7)

Figures:

-<u>Color</u> figures are strongly preferred.

-Figures must be uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg., or .eps).

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Tables:

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References (max 25)

Limit references to directly pertinent published works or papers that have been accepted for publication. Number references serially in the text and list them at the end of the paper in numerical order.

There is a maximum of 25 references. Additional references may be included as a supplementary file and will appear online only.

Reference format should conform to that set forth in the ICMJE <u>Uniform Requirements for</u> <u>Manuscripts Submitted to Biomedical Journals</u>. Journal abbreviations should conform to the style used in the <u>Cumulated Index Medicus</u>. Please see the citation examples below.

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Journals: Authors' last names and initials; title of article; journal name; date; volume number, and inclusive pages (list all authors when six or fewer; when seven or more, list six and add et al.):

Graeber GM, Gupta NC, Murray GF. Positron emission tomographic imaging with fluorodeoxyglucose is efficacious in evaluating malignant pulmonary disease. *J Thorac Cardiovasc Surg.* 1999;117:719-27.

Lytle BW, Blackstone EH, Loop FD, Houghtaling PL, Arnold JH, Akhrass R, et al. Two internal thoracic artery grafts are better than one. *J Thorac Cardiovasc Surg*. 1999;117:855-72.

Books: Authors' last names and initials; chapter title, editor's name, book title, edition, city, publisher, date, and pages:

Mollnes TE. Analysis of in vivo complement activation: In: Herzenberg LA, Weir DM, Herzenberg LA, Blackwell C, eds. *Weir's Handbook of Experimental Immunology*. Vol 78, 5th ed. Boston: Blackwell Science; 1997:78.1-78.8.

KAPLAN-MEIER GRAPHS

All time-varying outcome graphs **<u>must</u>** meet the following five requirements:

- 1. The x axis must be in years and the y axis must be in percentage (%).
- 2. Please show the number of patients at risk periodically with time.
- 3. The confidence limits **must** be shown either as bars or as shading. (If necessary and with justification, the confidence limits can be explained in the corresponding figure legend, via a small table embedded within the image, or as a supplementary table). Note: If you display the confidence limits via a supplementary table, this table must be called out in the corresponding figure legend.
- 4. In the legend, please **specify** the confidence limits (95%, 97%, etc.).
- 5. For each cohort/group, please truncate (stop) the graph lines before the number of patients at risk falls to fewer than 10 for that group. For patient cohorts that are small to begin with, please end the graph lines before the number of patients at risk falls to less than 10% of the original cohort at risk.

BOX-AND-WHISKERS DOT PLOTS (IN LIEU OF BAR GRAPHS)

Continuous data should be plotted as box-and-whiskers dot plots rather than as bar graphs. The meaning of the bar, box, and horizontal lines should be defined in the legend. Usually, the upper and lower borders of the box represent the upper and lower quartiles. The middle horizontal line represents the median. The upper and lower whiskers represent the maximum and minimum values of non-outliers. Extra dots represent outliers. If the number of subjects or measurements is less than 15, then each of the data points should also be plotted (as different-colored dots).

GRAPHICAL ABSTRACTS (OPTIONAL)

A Graphical Abstract is a visual summary of a paper that assists readers to quickly identify the paper's main points. Similar to a pictorial flowchart, this image depicts a paper's **Methods**, **Results**, and **Implications**, **arranged from left to right or from top to bottom**. All three areas <u>must</u> be clearly addressed: Methods = number of subjects (patients or animals) and measurements; Results = main outcome; Implications = how your study can be applied to impact clinical care. At least one colorful pictorial element (e.g., an illustration or a figure/portion of a figure from the paper) must be included to make the image "visual."

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² See the AATS <u>Disclosure Policy and Guidelines for the Editors, Reviewers, and Authors</u> and <u>Cardiothoracic</u> <u>Surgical Organizations' Standards for Interactions with Companies</u>

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³ Sade RM, Akins CW, Weisel RD. Managing conflicts of interest. J Thorac Cardiovasc Surg. 2015;149:971-2

⁴ Sade RM. The pudding, the beef, and conflicts of interest. J Thorac Cardiovasc Surg. 2015;150:12-3

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⁵ See Consensus statement on surgery journal authorship-2006. J Thorac Cardiovasc Surg. 2006;131:1221-2

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