



Information for Authors

The Editors of *JTCVS Open* aspire to support scholarship, innovation, and leadership in our specialty. The mission of the journal is to promote quality in our discipline and have a meaningful impact on the practice of cardiothoracic surgery. To accomplish these goals, *JTCVS Open* focuses on developments in acquired cardiac surgery, congenital cardiac repair, thoracic procedures, esophageal diseases, heart and lung transplantation, mechanical circulatory support, perioperative management, and formative science that drives innovation and advancement in the field.

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Electronic submission of all items is mandatory through [Editorial Manager](#).

TABLE OF CONTENTS

Editorial Office Contact Information	1
Article Types.....	4
Acknowledgment of Receipt.....	4
Original Manuscript	5
Clinical Trial.....	7
Expert Review	9
Expert Opinion.....	11
Brief Research Report	13
Letters to the Editor and Replies	15
Young Surgeon's Note.....	17
Invited Submission Article Types	18
Invited Expert Opinion	18
Commentary.....	20
Article Preparation	22
Journal Editorial Policies	22
Electronic Submission.....	22
Submission Items.....	22
Manuscript Formatting	22
Manuscript File Type	22
Units of Measurement.....	22
Title Page.....	23
Article Title.....	23
Author Information	23
Disclosure Statement	23
Funding Statement.....	23
Corresponding Author Contact Information	23
Article Word Count	23
Manuscript Components	23
Glossary of Abbreviations.....	23
Video Abstract	23
Upload Requirements	24
Graphical Abstract	24
Graphical Abstract Upload Requirements:	24
Image Banners	25
Central Picture	25
Central Picture Legend	25
Central Message	25
Perspective Statement.....	25
Structured Abstract	26
Keywords.....	26
References.....	26

Figures	27
Figure Legends	27
Kaplan-Meier Graphs (Time-Varying Outcome Graphs):	27
Box-and-Whiskers Dot Plots (in lieu of Bar Graphs):	28
Missing Data.....	28
Tables	28
Videos.....	28
Supplementary Material	28
Permission to Reproduce Published Material.....	29
Author Contribution and Statistical Collaboration.....	29
Revised Manuscript Submission	29
Revised Manuscript Files	29
Point-by-Point Response to Comments by Editors, Reviewers, and Editorial Office	29
Author Affiliation and Disclosure Questionnaire.....	30
Order of Authors	30
Journal Editorial Policies	30
Scientific Responsibility	30
Disclosure Policy.....	30
Policy on Managing Conflicts of Interest.....	30
Authorship	31
Statistical Methods	32
Missing Data.....	32
Informed Consent.....	32
Patient Identification	33
Humane Animal Care	33
Registration of Clinical Trials	33
CONSORT Statement	34
Copyright Statement	34
NIH Initiative	34
Data Sharing and Reproducible Research	34
Authorship of Editors	35
Declaration of Generative AI in Scientific Writing	35
Peer Review Guidelines	36
Review Process.....	36
Guidelines for Reviewers	36
Reviewer Scoring Scale.....	37
Editorial Board Requirements.....	38
Deputy Statistical Editor Requirements.....	38
Manuscript Transfers from <i>Journal of Thoracic and Cardiovascular Surgery</i>	38
JTCVS Open Article Publishing Charges (APCs).....	38
Article Transfer.....	38

ARTICLE TYPES

JTCVS Open publishes original research in surgery and translational science as it relates to adult and congenital cardiovascular disease, thoracic diseases, cardiothoracic transplantation, mechanical circulatory support, basic science, and technology. Meritorious work from closely related specialties, including anesthesiology, molecular biology, pathology, pulmonary medicine, cardiology, and perfusion is encouraged and will receive appropriate consideration if the linkage to our specialty is clear.

Authors are asked to carefully self-categorize their articles during the submission process to ensure appropriate editor and reviewer assignment. Manuscripts are grouped in the journal according to one of the following primary categories:

- **Adult**
- **Congenital**
- **Thoracic**

If applicable, authors are asked to select a secondary category:

- **Transplantation**
- **Mechanical Support**
- **Education**
- **Basic Science**
- **Evolving Technology**
- **Perioperative Management**

Authors can submit their manuscripts under the following article types:

- **Original Manuscript***
- Clinical Trial
- Expert Review
- Expert Opinion
- Brief Research Report
- Letter to the Editor and Replies

**** Original Manuscript Submission Requirements should be used when submitting manuscripts presented at AATS Meetings (e.g., AATS, WTSa, Aortic Symposium, Mitral Conclave, Mechanical Support Symposium, etc.) Please select the appropriate article type when submitting a meeting paper; the article type should correspond with the meeting at which your abstract was presented.***

The following article types are invited manuscripts and cannot be submitted through Editorial Manager without an invitation: Invited Expert Opinion, Commentary, and Reply to Letter to the Editor.

Submissions that do not meet the submission requirements of the corresponding article type will be returned to the corresponding author for appropriate revision prior to editorial review.

Acknowledgment of Receipt

Submissions are assigned a unique number and acknowledged by email. The editorial office considers the manuscript number a confidential communication, which should be given only to other authors of the paper. Information about a specific manuscript can be obtained via [Editorial Manager](#) only by the corresponding author or their designated representative who has access to their personal username and password. Other author requests must go through the corresponding author.

Original Manuscript Submission Requirements

<u>Manuscript Formatting</u>	• 4,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1" margins • Continuous line numbering and page numbers
<u>Title Page</u>	• Title – which should be as short but complete as possible • List all authors' full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • Corresponding author's complete contact information • Clinical trial registry number (if applicable) • Article word count
<u>Institutional Review Board (IRB) Approval (if applicable)</u>	• If applicable, please include the IRB number (and the date of IRB approval) in two places: 1. On the title page 2. Within the Methods section of the manuscript • If IRB approval was not required, please state.
<u>Informed Consent Statement (if applicable)</u>	• Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 32-33 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	• Provide the Glossary directly after the title page.
<u>Central Picture</u>	• Please submit only one Central Picture in color. • Must be a simple, single-frame image featuring minimal text • The authors' picture should not be employed as the central picture. • Central Picture Legend: 90 character limit including spaces
<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• 405 character limit including spaces
<u>Structured Abstract</u>	• 250 word limit • Objective(s): describe the hypothesis or the purpose of the study • Methods: specify the study design and statistical methods • Results: present the outcomes and any statistical findings • Conclusions: convey the relevance and importance of the results
<u>Keywords</u>	• Provide 3-7 keywords directly after the Structured Abstract.

<u>Graphical Abstract</u>	- Graphical abstracts are requested, but not required. - A visual summary of a paper depicting the study's Methods, Results, and Implications, arranged from left to right or from top to bottom. Contains a built-in descriptive title at the top The same, identical image MUST be provided/uploaded twice: - Uploaded as item type "Graphical Abstract" (no call-out or legend needed) - Included in the manuscript (and again uploaded) as a <u>regular numbered figure</u> (with a call-out and a brief legend). This does not count against the combined maximum allowed of 7 figures/tables
<u>References</u>	40 reference limit; further references must be supplemental. - Please ensure references are in AMA style.
<u>Figures and Tables</u>	<u>Combined maximum</u> of 7 figures/tables (figures/tables exceeding this must be labeled "Supplemental") All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). - The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplemental) and all videos. Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	Videos are requested and must be submitted with a brief video legend and an in-text callout. Videos should be provided in .MP4 format and 400MB maximum.
<u>Video Abstract</u>	(May be requested at the revision stage): Approximately 60 seconds of audio and video concisely introducing the paper's Objectives, Methods, Results, and Conclusions
<u>Supplementary Material</u>	Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	- At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. - All disclosures reported via the questionnaire must be reflected on the title page.

Manuscripts that provide information about clinical trials must be registered and documentation about the registration must be included in the Methods section of the paper. This requirement, first proposed by the International Committee of Medical Journal Editors has been adopted by the AATS journals, as well as the Surgical Journal Editors Group (SJEG). All prospective clinical trials must be registered and any commercially sponsored clinical trials must also be registered, including Phase I and II trials. Retrospective reviews or summaries of standard clinical treatments do not require registration but may have lower priority for publication. **On the title page and in the Methods section of the manuscript, provide the unique study number assigned at ClinicalTrials.gov**, the principal site of registration sponsored by the National Library of Medicine (NLM) or an equivalent registry. Detailed directions and a tutorial for registering a trial are available at ClinicalTrials.gov. Registration with alternate agencies is acceptable if documentation of registration is provided.

Clinical Trial Submission Requirements

<u>Manuscript Formatting</u>	• 4,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1" margins • Continuous line numbering and page numbers
<u>Title Page</u>	• Title – which should be as short but complete as possible • List all authors' full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • Corresponding author's complete contact information • Clinical Trial Registry Number • IRB/ERB number and date of approval • Informed Consent Statement • Article word count
<u>Institutional Review Board (IRB) Approval (required for Clinical Trials)</u>	• Please include the IRB number (and the date of IRB approval) in two places: 1. On the title page 2. Within the Methods section of the manuscript
<u>Informed Consent Statement (required for Clinical Trials)</u>	• Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: 1. On the title page 2. Within the Methods section of the manuscript (See pages 32-33 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	• Provide the Glossary directly after the title page.
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<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• 405 character limit including spaces

<u>Structured Abstract</u>	• 250 word limit • Objective(s): describe the hypothesis or the purpose of the study • Methods: specify the study design and statistical methods • Results: present the outcomes and any statistical findings • Conclusions: convey the relevance and importance of the results
<u>Keywords</u>	• Provide 3-7 keywords directly after the Structured Abstract.
<u>Graphical Abstract</u>	• Graphical abstracts are requested, but not required. • A visual summary of a paper depicting the study's Methods, Results, and Implications, arranged from left to right or from top to bottom. Contains a built-in descriptive title at the top • The same, identical image MUST be provided/uploaded twice: 1. Uploaded as item type "Graphical Abstract" (no call-out or legend needed) 2. Included in the manuscript (and again uploaded) as a regular numbered figure (with a call-out and a brief legend). This does not count against the combined maximum allowed of 7 figures/tables
<u>References</u>	• 40 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	• <u>Combined maximum</u> of 7 figures/tables (figures/tables exceeding this must be labeled "Supplemental") • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplemental) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Videos are requested and must be submitted with a video legend and an in-text callout. Videos should be provided in .MP4 format and 400MB maximum.
<u>Video Abstract</u>	• (May be requested at the revision stage): Approximately 60 seconds of audio and video concisely introducing the paper's Objectives, Methods, Results, and Conclusions
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Study Protocol (in English)</u>	• Please submit the latest Study Protocol (in English) approved by your IRB (Institutional Review Board) or ERB (Ethics Review Board) for the Editors and reviewers to review.
<u>CONSORT Diagram</u>	• Please include a CONSORT Flow Diagram as a supplemental figure.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

Expert Reviews are meant to be short, concise reviews of an important subject for the diagnosis or treatment of cardiovascular and thoracic diseases written by a true expert in the field. Brief systematic reviews and meta-analyses are strongly encouraged, but must contain appropriate statistical methodology. On the title page, the authors should provide the credentials of the expert(s) among the authors who have contributed to the work in the field of their review. **Systematic reviews and meta-analyses must conform to the [PRISMA guidelines](#).**

Expert Review Submission Requirements

Manuscript Formatting	• 2,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1" margins • Continuous line numbering and page numbers
Title Page	• Title – which should be as short but complete as possible • List all authors' full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • Corresponding author's complete contact information • Article word count
Institutional Review Board (IRB) Approval (if applicable)	• If applicable, please include the IRB number (and the date of IRB approval) in two places: 1. On the title page 2. Within the Methods section of the manuscript • If IRB approval was not required, please state.
Informed Consent Statement (if applicable)	• Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 32-33 for more information on Informed Consent and Patient Identification.)
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Central Message	• 200 character limit including spaces
Perspective Statement	• 405 character limit including spaces
Keywords	• Provide 3-7 keywords directly after the Perspective Statement.
Structured Abstract	• Not required
References	• 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	• <u>Combined maximum</u> of 4 figures/tables (figures/tables exceeding this must be labeled “Supplemental”) • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplemental) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Videos are requested and must be submitted with a brief video legend and an in-text callout. Videos should be provided in .MP4 format and 400MB maximum.
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

These viewpoint pieces need not be attached to a previous publication in the journal. However, they should provide valuable new information to the community from acknowledged experts. More than one author is welcome, but a true “expert” must be one of the authors. Authors should provide the credentials of the expert(s) among the authors who have contributed to the work in the field of their manuscript.

Expert Opinion Submission Requirements

<u>Manuscript Formatting</u>	• 2,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1” margins • Continuous line numbering and page numbers
<u>Title Page</u>	• Title – which should be as short but complete as possible • List all authors’ full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • Corresponding author’s complete contact information • Article word count
<u>Institutional Review Board (IRB) Approval (if applicable)</u>	• If applicable, please include the IRB number (and the date of IRB approval) in two places: 1. On the title page 2. Within the Methods section of the manuscript • If IRB approval was not required, please state.
<u>Informed Consent Statement (if applicable)</u>	• Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 32-33 for more information on Informed Consent and Patient Identification.)
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<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• 405 character limit including spaces
<u>Keywords</u>	• Provide 3-7 keywords directly after the Perspective Statement.
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	• <u>Combined maximum</u> of 4 figures/tables (figures/tables exceeding this must be labeled “Supplemental”) • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplemental) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Videos are requested and must be submitted with a brief video legend and an in-text callout. Videos should be provided in .MP4 format and 400MB maximum.
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

Brief Research Reports are similar to original research in that they follow the same rigor, format, and guidelines, but are designed for small-scale research or research that is in the early stages of development. These may include preliminary studies that utilize a simple research design or a small sample size and that have produced limited pilot data and initial findings that indicate the need for further investigation. These submissions are accepted based on their educational value, enlightening discussion, and scholarly use of the literature.

Brief Research Report Submission Requirements

<u>Manuscript Formatting</u>	• 1,000 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1" margins • Continuous line numbering and page numbers
<u>Title Page</u>	• Title – which should be as short but complete as possible • List all authors' full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • Corresponding author's complete contact information • Article word count
<u>Institutional Review Board (IRB) Approval (if applicable)</u>	• If applicable, please include the IRB number (and the date of IRB approval) in two places: 1. On the title page 2. Within the Methods section of the manuscript • If IRB approval was not required, please state.
<u>Informed Consent Statement (if applicable)</u>	• Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 32-33 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	• Provide the Glossary directly after the title page.
<u>Central Picture</u>	• Please submit only one Central Picture in color. • Must be a simple, single-frame image featuring minimal text • The authors' picture should not be employed as the central picture. • Central Picture Legend: 90 character limit including spaces
<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• Not required
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	• <u>Combined maximum</u> of 5 figures/tables (figures/tables exceeding this must be labeled “Supplemental”) • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplementary) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Videos are requested and must be submitted with a brief video legend and an in-text callout. Videos should be provided in .MP4 format and 400MB maximum.
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript. • Manuscripts describing a clinical trial must include the CONSORT Flow diagram as a supplemental figure. • Manuscripts describing a clinical trial must include the Study Protocol (in English) for editorial review.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

Letters to the Editor must specifically address a recent, previously published article in the journal. Letters should be of broad interest to readers and not designed to “split hairs.” Conflicting opinions on broad issues are particularly welcome when documentation is possible. Letters will be published together with a response from the original author. Titles are required for all manuscripts, including Letters to the Editor and Replies. Titles should be unique and different from the paper referenced. **Replies should have substantively different titles than the Letter to the Editor.**

Letter to the Editor and Reply Submission Requirements

<u>Manuscript Formatting</u>	• 500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1” margins • Continuous line numbering and page numbers
<u>Title Page</u>	• Original Title • For Replies, please prefix your Original Title with “Reply:” • List all authors’ full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Corresponding author’s complete contact information • Article word count
<u>Glossary of Abbreviations</u>	• Not required
<u>Central Picture</u>	• Please submit only one Central Picture in color. • Central Picture Legend: 90 character limit including spaces • Author photo(s) acceptable as Central Picture (for Central Picture Legend, provide full names and academic degrees of all individuals pictured)
<u>Central Message</u>	• Not required
<u>Perspective Statement</u>	• Not required
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	• 1 figure or table (not counting the Central Picture) may be included • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplemental) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Not required
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.

[Author Affiliation and
Conflict of Interest/
Disclosure Questionnaire](#)

- At receipt of revision, each co-author will receive an email with a link to complete a questionnaire.
- **Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete.**
- All disclosures reported via the questionnaire must be reflected on the title page.

Young Surgeon's Notes are intended to specifically address topics of interest to young surgeons, written by members of their ranks.

Young Surgeon's Note Submission Requirements

<u>Manuscript Formatting</u>	• 3,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Continuous line numbering and page numbers
<u>Title Page</u>	• Title • List all authors' full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Corresponding author's complete contact information • Article word count
<u>Glossary of Abbreviations</u>	• Not required
<u>Central Picture</u>	• Please submit only one Central Picture in color. • Must be a simple, single-frame image featuring minimal text • Central Picture Legend: 90 character limit including spaces • Author photo(s) acceptable as Central Picture (for Central Picture Legend, provide full names and academic degrees of all individuals pictured)
<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• 405 character limit including spaces
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 10 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	• <u>Combined maximum</u> of 2 figures/tables (figures/tables exceeding this must be labeled "Supplemental") • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplementary) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Not required
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

These invited viewpoint pieces will provide valuable new information to the community from acknowledged experts.

Invited Expert Opinion Submission Requirements

<u>Manuscript Formatting</u>	• 2,500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word format. • Times New Roman 12pt font; double spaced • Standard 1" margins • Continuous line numbering and page numbers
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<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• Not required
<u>Keywords</u>	• Provide 3-7 keywords directly after the Central Message.
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	• <u>Combined maximum</u> of 4 figures/tables (figures/tables exceeding this must be labeled “Supplemental”) • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplementary) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Not required
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	• At receipt of revision, each co-author will receive an email with a link to complete a questionnaire. • Revised manuscripts will not be assigned to the handling editor until all electronic questionnaires are complete. • All disclosures reported via the questionnaire must be reflected on the title page.

The Editors may invite an expert in the field to provide a Commentary on the importance of an accepted paper to outline its strengths and weaknesses. Commentaries should have a succinct, catchy title that expresses the Central Message.

Commentary Submission Requirements

<u>Manuscript Formatting</u>	• 500 word limit (includes <i>all</i> elements of the manuscript) • The manuscript (including any tables) must be in Microsoft Word for • Times New Roman 12pt font; double spaced • Continuous line numbering and page numbers
<u>Title Page</u>	• Original, Catchy Title • <u>Please prefix your Original Title with “Commentary:”</u> • List all authors’ full names, academic degrees, and affiliation (including institution, department, and division/subspecialty). • Disclosure Statement • Funding Statement • NOTE: If COI exists, the authors must indicate (in the Acknowledgements section) how they managed the conflict to avoid bias in the paper. • Corresponding author’s complete contact information • Article word count
<u>Glossary of Abbreviations</u>	• Not required
<u>Central Picture</u>	• Please submit only one Central Picture in color. • Central Picture Legend: 90 character limit including spaces • Author photo(s) acceptable as Central Picture (for the Central Picture Legend, provide full names and academic degrees of all individuals pictured)
<u>Central Message</u>	• 200 character limit including spaces
<u>Perspective Statement</u>	• Not required
<u>Structured Abstract</u>	• Not required
<u>References</u>	• 10 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	• <u>Combined maximum</u> of 2 figures/tables (figures/tables exceeding this must be labeled “Supplemental”) • All figures must be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). • The Legends section (which must appear at the very end of the manuscript, after the references) must contain legends for all figures (regular and supplementary) and all videos. • Tables must be provided in editable Microsoft Word format (not as image files).
<u>Videos</u>	• Not required
<u>Supplementary Material</u>	• Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	• Not required

<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	• Not required
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ARTICLE PREPARATION

Manuscripts must be written so that a reasonably well-informed member of the cardiothoracic surgical community can understand the message provided. The primary goal of *JTCVS Open* is to disseminate information and to educate our community. Arcane content must be explained and considered understandable by the Editors and reviewers. Only papers achieving this goal will be given sufficient priority to permit publication. Authors are encouraged to follow the principles of clear scientific writing, such as those described by [Gopen and Swan](#)¹, and all authors should review the references included in the Statistical Methods section of the Information for Authors. Please see additional references provided for further formatting instructions.^{2,3} **Authors are responsible for reviewing and following all Journal Editorial Policies.**

JOURNAL EDITORIAL POLICIES

ELECTRONIC SUBMISSION

All manuscripts must be submitted via [Editorial Manager](#). To view your manuscript in PDF format on [Editorial Manager](#), you **must** have [Adobe Acrobat Reader](#) installed on your computer.

Submission Guidelines:

- Submission to *JTCVS Open* constitutes an author declaration that the manuscript is not under consideration by another journal and has not been published elsewhere.
- It is the corresponding author's responsibility to ensure that each submitted version of the manuscript is the correct version and has been approved by all authors.
- The corresponding author is responsible for the veracity of all required information, including

¹Gopen GD, Swan JA. [The science of scientific writing](#). Am Sci. 78;1990:550-8.

² Council of Science Editors. [Scientific Style and Format: The CSE Manual for Authors, Editors, and Publishers](#). 8th ed. University of Chicago Press; 2014.

³ The JAMA Network Editors. [AMA Manual of Style: A Guide for Authors and Editors](#). 11th ed. Oxford University Press; 2020.

that contained in the Disclosure Statement and separate Funding Statement on the title page. It is the corresponding author's responsibility to guarantee that the information is complete and accurate for all authors.

- To allow all manuscripts to be judged fairly, manuscripts exceeding length limitations will be returned for shortening prior to initial review.
- Page breaks are not required between elements. Provide only a few spaces between components such as the Central Message, Perspective Statement, etc.
- Please begin the main body of the manuscript on a new page.

At the very end of the manuscript (**after 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 (no images).

- Begin each table on a separate page. Tables must be provided in editable Microsoft Word format (not as image files). Tables must be submitted as part of the main Word document.
- Please include page numbers and continuous line numbering.
- Write text in clear and concise language, using accepted standards of English language style and usage. Define unfamiliar or new terms the first time used and avoid use of jargon, clichés, and laboratory slang. **Reduce to a minimum the number of abbreviations used.**

SUBMISSION ITEMS

MANUSCRIPT FORMATTING

Manuscript File Type

Submit manuscripts of the proper length as Microsoft Word files **using continuous line numbering and page numbers**. Continuous line numbering can be added under page layout in Microsoft Word under line numbers; please select "continuous." Format all text elements as **double spaced** and in **Times New Roman 12pt font** for easier reading.

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.⁴

TITLE PAGE

Article Title

Provide a concise, informative title, with no unnecessary words. **Do not use abbreviations or commercial names/brand names in titles.** Original titles are required for all manuscripts, including Commentaries, Letters to the Editor, and Replies to Letters to the Editor. Please ensure titles are short and provide only the essential information.

Author Information

On the title page, list all authors' full names, academic degrees, and affiliations (including institution, department, and division). If there is no division, please list the author's specific subspecialty. Following each author's full name, add a **superscript number** that corresponds to their appropriate affiliation. Please see [Scientific Responsibility](#) for additional information.

Disclosure Statement

All disclosures for each author must be listed on the title page, including explicit statements that there is nothing to disclose, if applicable.

See [Journal Editorial Policies](#) for additional information. Include the **Clinical Trial Registry Number** if applicable (please see [Registration of Clinical Trials](#)).

Funding Statement

All sources of funding for the work and for each author must be listed on the title page, including

explicit statements that there is no funding if that is the case.

Corresponding Author Contact Information

The title page must list the Corresponding Author's full name, physical address, institution, department, division, email address, and phone number.

Article Word Count

On the title page, list the article word count (the word count includes all elements of the manuscript). Please see the [Article Types](#) for more details.

MANUSCRIPT COMPONENTS

Glossary of Abbreviations

A Glossary of Abbreviations is required for all manuscripts that contain abbreviations/acronyms. The Glossary should be placed at the very beginning of the main manuscript document (not on the title page). **Please reduce to a minimum the number of abbreviations used.**

Units of measurements are the primary subject of abbreviations. Abbreviations used should be defined at first mention. Internationally accepted abbreviations such as AIDS, DNA, SD, and TLC need not be defined. For commonly accepted abbreviations, word usage, symbols, and so forth, please consult [Scientific Style and Format](#) and the [AMA Manual of Style](#).

Video Abstract

Authors are encouraged to submit a Video Abstract with their **revised** manuscript. An effective video abstract provides an intriguing preview of a paper, making the viewer want to read the article. Video abstracts should focus mainly on the study's key results and implications. Video abstracts should be 60 seconds or less and should feature narration. Importantly, video abstracts should feature lively **motion graphics**; dynamic visuals should be used instead of static slides (please see this [example](#)).

⁴ See [ICMJE Manuscript Preparation Guidelines](#)

Video abstracts are optional and will not impact the editors' final decision on the paper. Video abstracts must meet the below requirements. If the video abstract does not meet the requirements, we may not publish the video abstract with the accepted paper.

Video Abstract Requirements

1. 60 seconds or less
2. .MP4 format
3. Please include the words "Video Abstract" when naming the video file, and upload under item type "Video Abstract."
4. In the body of the manuscript, please **call out** the video abstract by using the words "Video Abstract."

Video Abstracts **Must** include:

1. A title screen, which includes the manuscript's title, authors, and institutions.
2. A brief preview of the paper focusing mainly on the key results and implications.
3. High-quality motion graphics (rather than static slides).
4. Audio (voice-over or author explanation).

Video Abstracts **Must Not** include:

1. Music
2. The name/logo of any AATS journal

Upload Requirements:

To create high-quality files with maximum compression and ensure your video can be played on our website and ScienceDirect's Flash media player, the following specifications are strongly recommended:

1. File size: <100MB
2. Frame rate: 15 frames per second minimum
3. NTSC (4:3) size and frame rate, deinterlaced
4. Video codec: h.264
5. Video bitrate: at least 260 Kbps (750 Kbps preferred)
6. Audio codec: AAC or MP3 vbr
7. Audio bitrate: at least 70 Kbps (128 Kbps preferred)

Please note: All video abstracts will be reviewed by the editors. If the video abstract does not meet the journal's requirements, it will be returned to the authors for additional updates. The Journal reserves the right to not publish a video abstract if it ultimately does not meet all requirements.

Graphical Abstract

See example [here](#).

Authors are asked to create and submit a graphical abstract for their manuscript. A graphical abstract is a visual summary of a paper that allows readers to quickly identify a 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 **must** 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 or science. **These three sections should be arranged either from left to right or from top to bottom.** The Graphical Abstract must include at least one colorful illustration or figure to make it "visual."

A built-in descriptive title must be provided at the top of the graphical abstract. This title must describe the image as a whole so that readers / online viewers can understand the graphical abstract independent of the paper.

The graphical abstract must include an **Implications** statement (a take-home message). This statement should explain the implications of the results and/or suggest how the study can be applied to clinical care. Authors commonly provide this statement across the bottom of the graphical abstract (or on the right side). All abbreviations/acronyms in the Graphical Abstract **must** be defined at the very bottom of the image.

Examples are available [here](#).

Graphical Abstract Upload Requirements:

For Elsevier Production purposes, Graphical Abstracts must be provided **twice**:

1. Uploaded as item type "Graphical Abstract" (no callout or legend needed).

2. Uploaded as a regular numbered figure with an in-text callout and figure legend. This numbered figure does not count against the combined maximum allowed of 7 figures/tables.

Image Banners for Graphical Abstracts

Banners may appear across the bottom of Graphical Abstracts only. The authors may include their names, the names/logos of their institutions, X handles, and the year. However, we ask that authors please not include the name/logo of any AATS journal in image banners. Staff will add the journal title to the banner after an article has been accepted for publication.

Likewise, we ask that authors please not include the name/logo of any AATS journal in any videos.

Central Picture

Authors should submit **only one** Central Picture in color. This can be a new image or a repeat of a figure (or portion of a figure) already in the paper. If desired, it can be a small portion of the Graphical Abstract. **Due to its small size (3.5 cm x 5 cm), the Central Picture must be a simple, single-frame image featuring minimal text.** The Central Picture should illustrate an important component of the manuscript. The purpose of the image is to provide a memorable visual snapshot of the paper.

The Central Picture will appear as a small thumbnail on the first page of the manuscript, in the print and electronic tables of contents, and in our promotional material for your paper. Please **do not** use a multi-frame image or a table; these tend to be illegible at thumbnail size. Use only one panel from a multi-paneled figure. **A Central Picture and abbreviated legend (<90 characters including spaces) are required for all article types.** For the best Central Picture results, please consider the following criteria:

- Color is required for all figures.
- The size of the Central Picture is approximately 5 cm high x 3.5 cm wide.
- Select only a *single* frame or panel from a multi-frame image.

- **Author photo(s) are not acceptable as the Central Picture, except for editorials** (Letters, Replies, Commentaries, Expert Opinions, Invited Expert Opinions, Young Surgeon's Note). In the legend, please provide the full names and academic titles of all individuals pictured.
- Text pictures are discouraged. If submitted, they must contain color and feature a minimal number of words, as text is illegible at thumbnail size.

Central Picture Legend

The Central Picture must be accompanied by an abbreviated legend **not exceeding 90 characters including spaces**. Please provide the abbreviated legend in the body of the manuscript (in addition to the text box in the submission process).

Central Message

The Central Message contains the essence of the manuscript—the main message of the paper. There is an absolute **limit of 200 characters including spaces**. It is not a brief summary of results. Rather, for clinical manuscripts, it is the inference(s) that will be supported by the results. It is often identical to the conclusions of the abstract. Only if one can simply and succinctly understand the findings of the study and articulate what they mean will one be able to convey them clearly to the reader. Once the essence is written, the entire manuscript — tables, figures, and text — should be sharply focused on those results that are supportive of the paper's message. Other information should be either included in appendices (electronic only) or eliminated altogether. The Central Message will be included immediately beneath the title of the paper in the table of contents and on the first page of accepted manuscripts.

Please note: This item is not required for all article types. Please see [Article Types](#) for individual article requirements.

Perspective Statement

Each original manuscript should include a Perspective Statement indicating to the readers why

they should direct their attention to the information presented. The Perspective Statement should present a brief overview of the field and indicate the relevance and significance of the findings. It has an absolute **limit of 405 characters including spaces**.

For basic science studies, the Perspective Statement should indicate the clinical relevance of the findings and how the results may impact clinical practice some day in the future. For clinical studies, the Perspective Statement should indicate the significance of the findings for the field and how the authors anticipate their results may impact clinical practice. The Perspective Statement will appear on the first page of accepted manuscripts beneath the Central Picture and Central Message.

Please note: This item is not required for all article types. Please see [Article Types](#) for individual article requirements.

Structured Abstract

The Structured Abstract (required for [Original Manuscripts](#), [Clinical Trials](#), and [meeting papers](#)) is limited to 250 words, should not include acronyms or abbreviations, and must contain the following four sections:

1. Objective(s): describe the hypothesis or the purpose of the study
2. Methods: specify the study design and statistical methods
3. Results: present the outcomes and any statistical findings
4. Conclusions: convey the relevance and importance of the results

Please remember to provide a word count for the Structured Abstract.

Keywords

Please provide 3-7 keywords for the following article types: Original Manuscript, Clinical Trial, meeting

papers, Expert Review, Expert Opinion, and Invited Expert Opinion.

References

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.

- Original Manuscripts, Clinical Trials, and meeting papers are limited to 40 references.
- Expert Reviews and Expert Opinions are limited to 25 references.
- Commentaries are limited to 10 references.
- Brief Research Reports, Letters to the Editor, and Replies are limited to 5 references.

Additional references may be included as supplemental materials.

Unpublished data and personal communications should be cited only in the text, not as a numbered reference. Authors wishing to cite unpublished material must have a letter of permission from the originator of the communication granting permission. This letter should be submitted with the manuscript through [Editorial Manager](#).

Manuscripts should adhere to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#).

References should follow the AMA Style. Journal abbreviations should conform to the style used in the [NLM Catalog](#). **Please see the citation examples below.**

Citation Format:

Journals: authors' last names and initial.
Article title. *Journal abbreviation*. Year; volume number(issue number):page range.

List all authors when six or fewer; when seven or more, list the first three 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(4):719-727.

Lytle BW, Blackstone EH, Loop FD, et al. Two internal thoracic artery grafts are better than one. *J Thorac Cardiovasc Surg*. 1999;117(5):855-872.

This reference format will be strictly enforced and papers that do not follow this style will be excluded from review until the appropriate format is achieved.

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

Katz MH. *Study Design and Statistical Analysis: A Practical Guide for Clinicians*. 1st ed. Cambridge University Press; 2006.

Figure Requirements:

- All figures must be uploaded as individual image files (such as .png, .tif/.tiff, jpg/.jpeg, or .eps).
- **All images should be at least 5 inches (12.7 cm) wide.**
- **All figures must be submitted in color.**
- Please avoid dark backgrounds.
- **Please do not embed legends or figure numbers into the images themselves.**
- Artwork should be created with graphics software such as Photoshop or Illustrator and **not** presentation software such as PowerPoint or statistical software such as Excel.
- Color images must be and **created** at a minimum of 300 dpi.
- Combinations of images and line art should be **created** at a minimum of 1200 dpi.

Figure Legends

For all figures, please provide a full, descriptive legend detailing the contents of the image and their significance. All abbreviations/acronyms used in the figure **must** be defined in the legend. The aim is for readers to understand individual figures independent of the manuscript.

***At the very end of the manuscript (after 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 (no images).**

Kaplan-Meier Graphs (Time-Varying Outcome Graphs):

All time-varying outcome graphs **must** 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 at each timepoint along the x axis.
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

Figures

All figures must be submitted in color. For assistance with preparing electronic artwork for both on-screen review and eventual publication, see Elsevier Inc.'s [Artwork & Media Instructions](#). Figures must be of professional quality. Artwork should be created with graphics software such as Photoshop or Illustrator and not presentation software such as PowerPoint or statistical software such as Excel. When possible, please use first-generation artwork. Number figures in the order of their appearance in the text.

Note: *JTCVS Open* reproduces color illustrations free of cost to the author.

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

supplementary table, this table must be called out in the corresponding figure legend.

4. In the legend or in the white space of the graph, 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 patient cohorts that are small in comparison to the other groups, 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 box, whiskers, and horizontal line should be defined in the legend. Usually, the lower and upper borders of the box represent the lower and upper quartiles (25th percentile and 75th percentile). The middle horizontal line represents the median. The lower and upper whiskers represent the minimum and maximum values of non-outliers. Extra dots represent outliers. If the number of subjects or measurements is 14 or fewer, then each value must be plotted (as different-colored dots).

Missing Data

Please indicate if there are missing data. Authors should indicate if data for any outcome(s) are missing and include a statement in the figure legend explaining how the missing data was handled.

When outcomes include missing data, authors should indicate how many measurements are represented by each box-and-whisker dot plot.

Tables

Tables must be provided in editable Microsoft Word format (not as image files). Tables must be self-explanatory and should supplement, not duplicate, the text. Each table should be on a separate page and include a brief title. All abbreviations/acronyms used in a table must be defined beneath the table.

Videos

JTCVS Open requests surgical/imaging videos and similar instructional videos. Videos should be named as "Video 1," "Video 2," etc. Please include an in-text callout and legend for each video.

The preferred format for videos is .MP4.

However, we can also accept .mov, .avi, and .mpg files.

We cannot accept video files that require the reader to download particular codecs; the files must be playable on computers with standard media players, such as QuickTime or Windows Media Player.

To create high-quality files with maximum compression and ensure your video can be played on our website and ScienceDirect's Flash media player, the following specifications are strongly recommended:

- File size: <150 MB. Depending on file format and compression, this size corresponds to 15 minutes for regular-definition videos or 5 minutes for high-resolution, high-definition format.
 - **NOTE: File size over 400 MB cannot be accepted.**
- Frame rate: 15 frames per second minimum
- NTSC (4:3) size and frame rate, deinterlaced
- Video codec: h.264
- Video bitrate: at least 260 Kbps (750 Kbps preferred)
- Audio codec: AAC or MP3 vbr
- Audio bitrate: at least 70 Kbps (128 Kbps preferred)

Please note: If your files do not meet the specifications above, there is a possibility that your videos will not be playable in the Flash player. However, readers will still be able to download the original file for playback offline. If you are exporting your file on a Mac computer, YouTube has detailed tips and instructions on how to export the best-quality video.

Supplementary Material

Any amount of supplementary material may be included and must have an in-text callout. Material

must be clearly labelled as “Supplementary” and may include figures, tables, videos, webcasts, and datasets. Supplementary material can be accessed quickly and easily by clicking on the URL or scanning the QR code found on the title page.

All supplementary figures MUST be in color and uploaded as individual image files (such as .png, .tif/.tiff, .jpg/.jpeg, or .eps). Please upload each file under item type “Supplementary Figure” in the submission process. **In the Legends section of the manuscript, please provide legends for all supplementary figures.**

For manuscripts describing clinical trials: The **CONSORT Flow Diagram** **must** be submitted as a supplementary figure. Additionally, at initial submission, the latest **Study Protocol (in English)** approved by your IRB (institutional review board) or ERB (ethics review board) must be uploaded so that the Editors and reviewers can provide appropriate feedback during the review process.

Permission to Reproduce Published Material

Any image that is not original to the author(s) requires permission to reproduce. The documents granting permission to reproduce published material must be uploaded under item type “Permission to reproduce published material” in the submission process.

Author Contribution and Statistical Collaboration

Authors no longer need to fill out the "Author Contribution and Statistical Collaboration"

PDF form. Instead, author contributions will be designated via the Editorial Manager system. When submitting a new manuscript, the Corresponding Author will be asked to select the contributions of each co-author.

In addition, the Corresponding Author will be asked if the manuscript required the performance of complex statistical methods. If so, the Corresponding Author will need to designate who is responsible for the manuscript's statistics. In the Editorial Manager system, the Corresponding Author will be asked to provide this individual's name, institution, department, and email address. This individual should either be an author on the paper or acknowledged as a statistical collaborator.

REVISED MANUSCRIPT SUBMISSION

REVISED MANUSCRIPT FILES

Two Word files must be submitted for revised manuscript submissions: (1) a revised, marked manuscript Word file showing additions and deletions, preferably using strikethrough format for deletions and red font for insertions; and (2) a revised, unmarked manuscript Word file. **PDF files will not be accepted; please submit Microsoft Word files only.**

Point-by-Point Response to Comments by Editors, Reviewers, and Editorial Office

A Point-by-Point Response to the Editors’ and reviewers’ comments indicating what changes were made to the manuscript must be submitted in the appropriate place in the submission system. For each comment, the authors **MUST** provide the following three items:

1. The verbatim individual comment by the Editor, reviewer, or editorial office (**please separately list each comment**).
2. Your response to the comment
3. What changes were made (with **line numbers** denoting where the changes can be found in the Marked Copy) – or explain why no changes were made.

Author Affiliation and Disclosure Questionnaire

At the time of revision, each author will be emailed a link to complete a required electronic questionnaire. Authors must confirm their authorship and report all disclosures (personal fees, funding, patents, etc.), regardless of relevance to the submitted work. Authors must fully disclose all commercial financial relationships.

The corresponding author is responsible for ensuring that all authors report their disclosures and that all conflicts/disclosures reported via the questionnaire are reflected on the title page. If any conflicts exist, a statement must be provided in the Acknowledgements section of the manuscript detailing how the conflicts were managed in order to avoid bias in the paper.

Order of Authors

All author listings must be **identical** and **consistently** up-to-date. The **order** of authors as provided on the title page must match the order of authors as inputted into the Editorial Manager system. At revision, please ensure that any changes to author listings are made consistently across the entire submission package.

JOURNAL EDITORIAL POLICIES

SCIENTIFIC RESPONSIBILITY

JTCVS Open is committed to rigorous peer review, free from commercial influence, in order to promote the highest ethical and scientific standards in our specialty. Support received from any sources should be disclosed for each author, regardless of relevance to the submitted work. The Editors and reviewers will determine whether any of the relations constitutes a conflict of interest that may have biased the material presented in the paper. Many AATS authors are advisors or consultants for companies that develop innovative technology and pharmaceuticals. Authors with extensive commercial relations provide important contributions to the readers of the AATS journals. However, the information must be presented with an appropriate

scientific balance that is unbiased and based on objective assessment of the data. The reviewers and the Editors will attempt to ensure that balance.⁵

In addition to the information about support for the authors, the title page **must** indicate if the sponsor(s) of the study participated in the study design, collecting, analyzing, and interpreting the data, writing the report, or deciding whether and where to submit the report for publication. For a manuscript to be accepted, the authors must attest that they had full freedom to explore the data, analyze the results independent from any sponsor, and had sole authority to make the final decision to submit the material for publication. The Editor may, if deemed necessary, require a copy of the agreement to verify that the contract with the sponsor(s) supports these statements.

Disclosure Policy

It is the policy of The American Association for Thoracic Surgery (AATS) that each author of a manuscript must disclose any financial interest or other relationship (grant, research support, consultant, etc.) that they (or their family) has with any commercial entity or manufacturer(s) of any commercial product(s), regardless of relevance to the submitted work. The AATS has procedures in place if a conflict of interest should arise. In addition, authors must disclose the discussion of any unapproved use of any pharmaceuticals or medical devices in the manuscript.

Policy on Managing Conflicts of Interest

1. Review of Disclosure Information:

The reviewers and Editors of the *Journal* will review the **Disclosure of Potential Conflicts of Interest Questionnaire** submitted electronically by the authors. AATS staff may request additional information from authors to expand upon the information presented. Disclosures will be printed with accepted articles.

⁵ See the AATS [Disclosure Policy and Guidelines for the Editors, Reviewers, and Authors](#) and [Cardiothoracic Surgical Organizations' Standards for Interactions with Companies](#)

2. Determination of a Conflict of Interest:

The Editors and reviewers will determine whether any of the relationships constitute a conflict of interest that may have biased the material presented in the paper. In making this determination, consideration will be given to all relevant factors, including but not limited to: the nature of the manuscript, the magnitude of the financial interest, and the extent to which the interest may have directly or indirectly affected the manuscript.

3. Management and Resolution of Conflicts of Interest:

In initial submission, authors must indicate (in the Acknowledgements section) how any conflicts of interest were managed in order to avoid bias in the paper. If the Editors determine that a conflict may have influenced any part of a manuscript, the author(s) will be given an opportunity to respond and, if necessary, to submit additional information indicating how they balanced the conflict. The author(s) will be encouraged to suggest measures designed to resolve the conflict.

At the time of manuscript revision, each author must fully disclose all commercial financial relationships via the electronic questionnaire. It is the Corresponding Author's responsibility to ensure that all disclosures reported via the questionnaire are reflected on the title page. Violation of this disclosure policy will result in the disqualification of the submission from publication. In addition, authors who violate this policy may be denied the privilege of publishing their work in any AATS journal for two years. All suspected violations will be reviewed by the AATS Publications Committee and/or the AATS Ethics Committee, which will make a recommendation to the AATS Council regarding censure. For further discussion on managing conflicts of interest please see Sade, Akins, and Weisel

[“Managing conflicts of interest”](#)⁶ and Sade [“The pudding, the beef, and conflicts of interest.”](#)⁷

⁶ Sade RM, Akins CW, Weisel RD. [Managing conflicts of interest](#). J Thorac Cardiovasc Surg. 2015;149:971-2

⁷ Sade RM. [The pudding, the beef, and conflicts of interest](#). J Thorac Cardiovasc Surg. 2015;150:12-3

Authorship

The number of authors should be limited to those individuals who made direct contributions to the intellectual content of the paper. **Courtesy authorship is prohibited.**

Each author must assume responsibility for the validity of the results and conclusions in the manuscript. Authors should meet all of the following criteria⁸:

1. Made substantial contributions to conception and design, and/or acquisition of data, and/or analysis and interpretation of data.
2. Participated in drafting and/or revising the paper and provided important intellectual contributions.
3. Gave final approval of the submitted version and any revised versions submitted prior to acceptance.

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⁸ See [Consensus statement on surgery journal authorship](#)-2006. J Thorac Cardiovasc Surg. 2006;131:1221-2

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⁹ Blackstone EH, Weisel RD. [The conclusion of papers published in the Journal should be supported by an appropriate statistical analysis](#). *J Thorac Cardiovasc Surg*. 2014;148:2479.

¹⁰ Huebner M, Vach W, le Cessie S. [A systematic approach to initial data analysis is good research practice](#). *J Thorac Cardiovasc Surg*. 2016;151:25-7.

¹¹ See Wasserstein RL, Lazar NA. [The ASA’s Statement on p-Values: Context, Process, and Purpose](#). *Am Stat*. 2016;70:2, 129-133. See also Greenland S, Senn SJ, Rothman KJ, et. al., [Statistical Tests, P-values, Confidence Intervals, and Power: A Guide to Misinterpretations](#). *Eur J Epidemiol*. 2016;31:337-350.

¹² McMurtry TL, Hu Y, Blackstone EH, Kozower BD. [Propensity scores: Methods, considerations, and applications in the Journal of Thoracic and Cardiovascular Surgery](#). *J Thorac Cardiovasc Surg*. 2015;150:14-9 and Winger DG, Nason KS. [Propensity-score analysis in thoracic surgery: When, why, and an introduction to how](#). *J Thorac Cardiovasc Surg*. 2016;151:1484-7.

¹³ Bagiella E. [Use \(and misuse\) of instrumental variables](#). *J Thorac Cardiovasc Surg*. 2015;150:460 and Bagiella E, Karamlou T, Chang H, Spivack J. [Instrumental variable methods in clinical research](#). *J Thorac Cardiovasc Surg*. 2015;150:779-82.

¹⁴ Rajeswaran J, Blackstone EH. [Patient-reported outcomes and importance of their appropriate statistical analyses](#). *J Thorac Cardiovasc Surg*. 2015;150:461-2.

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¹⁵ See De Angelis C, Drazen JM, Frizelle FA, et al. [Clinical trial registration: a statement from the International Committee of Medical Journal Editors](#). *N Engl J Med*. 2004;351:1250-1.

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¹⁶ See [Consensus statement on mandatory registration of clinical trials](#). *J Thorac Cardiovasc Surg*. 2007;133:859-60.

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