



Information for Authors

JTCVS Structural and Endovascular publishes freely available, original, peer-reviewed articles dedicated to advancing the field of structural heart and great vessels to improve patient care. The Journal covers all topics related to aortic, mitral, tricuspid, and pulmonary valve diseases as well as the aorta and branch arteries. Submissions devoted to imaging of the aorta, 3-D surgical planning, innovative techniques, and evolving technologies to improve patient care are all welcome. Each issue includes full-length original articles, invited opinion pieces, editorials, and innovative surgical techniques.

EDITORIAL OFFICE CONTACT INFORMATION

General Correspondence Email:

jtcvsstructural@aats.org

Mailing Address:

G. Alexander Patterson, MD, Editor-in-Chief
AATS Journals
American Association for Thoracic Surgery
500 Cummings Center, Suite 4550
Beverly, MA 01915
Telephone: 978-252-2200 Ext. 522

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
Surgical Technique, Brief Research Report, and Case Report	13
Case Video	15
Cardiothoracic Imaging.....	17
Letters to the Editor and Replies	19
Video Atlas.....	21
Young Surgeon's Note.....	23
Invited Submission Article Types	24
Invited Expert Opinion	24
Commentary.....	26
Article Preparation	27
Journal Editorial Policies	27
Electronic Submission.....	27
Submission Items.....	27
Manuscript Formatting	27
Manuscript File Type.....	27
Units of Measurement.....	27
Title Page	28
Article Title	28
Author Information.....	28
Disclosure Statement.....	28
Funding Statement	28
Corresponding Author Contact Information.....	28
Article Word Count.....	28
Manuscript Components	28
Glossary of Abbreviations.....	28
Video Abstract	28
Graphical Abstract	29
Graphical Abstract Upload Requirements.....	29
Image Banners for Graphical Abstracts	30
Central Picture	30
Central Picture Legend	30
Central Message	30
Perspective Statement.....	30
Structured Abstract	31
Keywords	31

References	31
Figures	32
Figure Legends.....	32
Kaplan-Meier Graphs (Time-Varying Outcome Graphs):	32
Box-and-Whiskers Dot Plots (in Lieu of Bar Graphs):.....	33
Missing Data.....	33
Tables	33
Videos.....	33
Supplementary Material	33
Permission to Reproduce Published Material	34
Author Contribution and Statistical Collaboration	34
Revised Manuscript Submission	34
Revised Manuscript Files	34
Point-by-Point Response to Comments by Editors, Reviewers, and Editorial Office	34
Author Affiliation and Disclosure Questionnaire.....	35
Order of Authors	35
Journal Editorial Policies	35
Scientific Responsibility	35
Disclosure Policy	35
Policy on Managing Conflicts of Interest.....	35
Authorship	36
Statistical Methods	37
Missing Data.....	37
Informed Consent	37
Patient Identification	38
Humane Animal Care	38
Registration of Clinical Trials	38
CONSORT Statement	39
Copyright Statement	39
NIH Initiative.....	39
Data Sharing and Reproducible Research	39
Authorship of Editors.....	40
Declaration of Generative AI in Scientific Writing.....	40
Peer Review Guidelines	40
Review Process	40
Guidelines for Reviewers	41
Reviewer Scoring Scale	42
Editorial Board Requirements.....	43
Deputy Statistical Editor Requirements	43
Manuscript Transfers from <i>Journal of Thoracic and Cardiovascular Surgery</i>	43
<i>JTCVS Structural and Endovascular</i> Article Publishing Charges (APCs)	43
Article Transfer	43

JTCVS Structural and Endovascular publishes freely available, original, peer-reviewed articles dedicated to advancing the field of structural heart and great vessels to improve patient care. The Journal covers all topics related to aortic, mitral, tricuspid, and pulmonary valve diseases as well as the aorta and branch arteries. Submissions devoted to imaging of the aorta, 3-D surgical planning, innovative techniques, and evolving technologies to improve patient care are all welcome. Each issue includes full-length original articles, invited opinion pieces, editorials, and innovative surgical techniques.

Authors are asked to carefully self-categorize their articles during the submission process to ensure appropriate editor and reviewer assignment.

Authors can submit their manuscripts under the following article types:

- **Original Manuscript***
- Clinical Trial
- Expert Review
- Expert Opinion
- Brief Research Report
- Case Report
- Cardiothoracic Imaging
- Letter to the Editor and Replies
- Video Atlas

**** 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.

Please note: A video will be requested for the following article types: Original Manuscript and AATS/WTSA meeting papers.

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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • 405 character limit including spaces
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Provide 3-7 keywords directly after the Structured Abstract.

<u>Graphical Abstract</u>	<ul style="list-style-type: none"> Graphical abstracts are requested, but not required. A visual summary of the 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: <ol style="list-style-type: none"> Uploaded as item type "Graphical Abstract" (no callout or legend needed) Included in the manuscript (and again uploaded) as a <u>regular numbered figure</u> (with a callout and a brief legend). This does not count against the combined maximum allowed of 7 figures/tables.
<u>References</u>	<ul style="list-style-type: none"> 40 reference limit; additional references must be supplemental Please ensure references are in AMA style.
<u>Figures and Tables</u>	<ul style="list-style-type: none"> <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, <u>after</u> the references and tables) 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>	<ul style="list-style-type: none"> 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>	<ul style="list-style-type: none"> (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>	<ul style="list-style-type: none"> Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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 • Article word count
<u>Institutional Review Board (IRB) Approval (required for Clinical Trials)</u>	<ul style="list-style-type: none"> • Please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript
<u>Informed Consent Statement (required for Clinical Trials)</u>	<ul style="list-style-type: none"> • Please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript <p>(See pages 37-38 for more information on Informed Consent and Patient Identification.)</p>
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 200 character limit including spaces

<u>Perspective Statement</u>	<ul style="list-style-type: none"> • 405 character limit including spaces
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Provide 3-7 keywords directly after the Structured Abstract.
<u>Graphical Abstract</u>	<ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 1. Uploaded as item type "Graphical Abstract" (no callout or legend needed) 2. Included in the manuscript (and again uploaded) as a regular numbered figure (with a callout and a brief legend). This does not count against the combined maximum allowed of 7 figures/tables.
<u>References</u>	<ul style="list-style-type: none"> • 40 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • (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>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Study Protocol (in English)</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Please include a CONSORT Flow Diagram as a supplemental figure.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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)	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
Glossary of Abbreviations	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
Central Picture	<ul style="list-style-type: none"> • 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
Central Message	<ul style="list-style-type: none"> • 200 character limit including spaces
Perspective Statement	<ul style="list-style-type: none"> • 405 character limit including spaces
Keywords	<ul style="list-style-type: none"> • Provide 3-7 keywords directly after the Perspective Statement.
Structured Abstract	<ul style="list-style-type: none"> • Not required
References	<ul style="list-style-type: none"> • 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. <p>(See pages 37-38 for more information on Informed Consent and Patient Identification.)</p>
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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
<u>Central Message</u>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • 405 character limit including spaces
<u>Keywords</u>	<ul style="list-style-type: none"> • Provide 3-7 keywords directly after the Perspective Statement.
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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 *Journal* publishes brief clinical contributions containing substantive new information concerning innovative surgical techniques, preliminary research findings, and clinical studies or pertinent observations. These submissions are accepted based on their educational value, enlightening discussion, and their scholarly use of the literature. Case Reports will appear in the Table of Contents (both in print and online) and will be fully citable and indexed in Medline, but the manuscript content will appear online only.

Surgical Technique, Brief Research Report, & Case Report Submission Requirements

<u>Manuscript Formatting</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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</u>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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</u>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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.

Authors are encouraged to submit videos that are both of high quality and have an educational impact for readers. Acceptable videos must be novel, approximately 5 minutes in length with verbal English narration, and include 1 short paragraph with a case summary and conclusion.

Case Video Submission Requirements

<u>Manuscript Formatting</u>	<ul style="list-style-type: none"> • 400 word limit (includes <i>all</i> elements of the manuscript) • The manuscript 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>	<ul style="list-style-type: none"> • 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
<u>Institutional Review Board (IRB) Approval</u>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the manuscript • If IRB approval was not required, please state.
<u>Informed Consent Statement</u>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the manuscript • If the need for consent was waived, please state.
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Not required.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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
<u>Central Message</u>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	<ul style="list-style-type: none"> • Combined maximum of 2 figures • 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 are not permitted
<u>Videos</u>	<ul style="list-style-type: none"> • Limit of 1 video. Video should be provided in .MP4 format and 400MB maximum.

<u>Supplementary Material</u>	<ul style="list-style-type: none"> • Not required
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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.

Authors are encouraged to submit images with videos if possible that are both of high quality and have an educational impact for readers. Acceptable images must be novel and provide an excellent view of an important disease state or its treatment.

Cardiothoracic Imaging Submission Requirements

<u>Manuscript Formatting</u>	<ul style="list-style-type: none"> • 400 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>	<ul style="list-style-type: none"> • 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</u>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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</u>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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
<u>Central Message</u>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Not required
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Not required
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 5 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	<ul style="list-style-type: none"> • 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 and tables) 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>	<ul style="list-style-type: none"> • Not required
<u>Supplementary Material</u>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.

<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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 Video Atlas provides a format by which an operation is described in 10-12 detailed steps, with each step demonstrated by its own video and its own short paragraph text.

Video Atlas

<u>Manuscript Formatting</u>	<ul style="list-style-type: none"> • 750 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>	<ul style="list-style-type: none"> • 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</u>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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</u>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Provide the Glossary directly after the title page.
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 10 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Not required
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • 405 character limit including spaces
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 10 reference limit; further references must be supplemental • Please ensure references are in AMA style.
<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • Not required
<u>Supplementary Material</u>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Title • 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>	<ul style="list-style-type: none"> • If applicable, please include the IRB number (and the date of IRB approval) in two places: <ol style="list-style-type: none"> 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>	<ul style="list-style-type: none"> • If applicable, please include a statement regarding the patient(s)' informed written consent for the publication of the study data in two places: <ol style="list-style-type: none"> 1. On the title page 2. Within the Methods section of the manuscript • If the need for consent was waived, please state. (See pages 37-38 for more information on Informed Consent and Patient Identification.)
<u>Glossary of Abbreviations</u>	<ul style="list-style-type: none"> • Not required
<u>Central Picture</u>	<ul style="list-style-type: none"> • 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
<u>Central Message</u>	<ul style="list-style-type: none"> • 200 character limit including spaces
<u>Perspective Statement</u>	<ul style="list-style-type: none"> • Not required
<u>Keywords</u>	<ul style="list-style-type: none"> • Provide 3-7 keywords directly after the Central Message.
<u>Structured Abstract</u>	<ul style="list-style-type: none"> • Not required
<u>References</u>	<ul style="list-style-type: none"> • 25 reference limit; further references must be supplemental • Please ensure references are in AMA style.

<u>Figures and Tables</u>	<ul style="list-style-type: none"> • <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 and tables) 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>	<ul style="list-style-type: none"> • Not required
<u>Supplementary Material</u>	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
<u>Author Affiliation and Conflict of Interest/ Disclosure Questionnaire</u>	<ul style="list-style-type: none"> • 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

Manuscript Formatting	<ul style="list-style-type: none"> • 500 word limit (includes <i>all</i> elements of the manuscript) • Microsoft Word file • Times New Roman 12pt font; double spaced • Continuous line numbering and page numbers
Title Page	<ul style="list-style-type: none"> • 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
Glossary of Abbreviations	<ul style="list-style-type: none"> • Not required
Central Picture	<ul style="list-style-type: none"> • 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)
Central Message	<ul style="list-style-type: none"> • 200 character limit including spaces
Perspective Statement	<ul style="list-style-type: none"> • Not required
Structured Abstract	<ul style="list-style-type: none"> • Not required
References	<ul style="list-style-type: none"> • 10 reference limit; further references must be supplemental • Please ensure references are in AMA style.
Figures and Tables	<ul style="list-style-type: none"> • <u>Combined maximum of 2 figures/tables</u> (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 and tables) 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).
Videos	<ul style="list-style-type: none"> • Not required
Supplementary Material	<ul style="list-style-type: none"> • Supplementary material may be included and must be identified (called out) in the manuscript.
Author Affiliation and Conflict of Interest/ Disclosure Questionnaire	<ul style="list-style-type: none"> • Not required

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 Structural and Endovascular* 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 Swan¹](#), 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 Structural and Endovascular* 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 Structural and Endovascular* 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 Structural and Endovascular **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 Structural and Endovascular 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.

After a manuscript is accepted for publication, no author can be removed from or added to the author list, nor can the order of the authors be changed without the written permission of all of the authors and approval by the editorial office.

In the case of a **working group**, the group title must be included at the end of the author list with the catalogue of the additional contributors provided in the format below (this is necessary for PubMed to list the group members under "Collaborators" as part of the article record). These authors will then have the paper listed under their names as authors.

- The group name must be included in the author byline appearing after the individual authors, e.g., "John Doe MD, Sarah Smith MD, and the XYZ group."
- There must be a corresponding footnote on the title page that either lists the names of the individual group members or indicates that the individual group member names are listed at the end of the article.

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

Statistical Methods

The conclusions for all papers should be supported by the highest-quality evidence and adequate statistical methods. Therefore, authors who employ any complex statistical methods must have their paper reviewed by a qualified biostatistician prior to submission. All manuscripts will be reviewed by experts in scientific methods and statistics to ensure an adequate and appropriate study design, analysis, interpretation, and reporting have been achieved.

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 (%)**. (For time periods of less than two years, the x axis can be in months/days).
2. Please show the number of patients at risk periodically along the x axis.
3. The confidence limits **must** be shown as bars, shading, or dotted lines. (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 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 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.

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. For general statistical advice, see the article by Blackstone and Weisel, "The conclusion of papers published in the *Journal* should be supported by an appropriate statistical analysis"⁹ and the article by Huebner, Vach, and le Cessie "A systematic approach to initial data analysis is good research practice."¹⁰ Specific advice and methods regarding the design and use of p-values,¹¹ propensity scores,¹² instrumental variables,¹³ and patient-reported outcomes¹⁴ can be found in the footnotes for this section. Additional information on statistical methods can be obtained from the Editorial Office or found at [ICMJE Recommendations: The Uniform Requirements](#).

Informed Consent

JTCVS Structural and Endovascular adheres to the principles set forth in the [Declaration of Helsinki](#), which requires that all published reports concerning human participants are conducted in accordance with its universally accepted principles. Reports including information about any data obtained from human participants must contain a statement on the title page and in the Methods section of the manuscript indicating approval by

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.

the institutional review board (IRB) or ethics review board (ERB) or an equivalent board. Each paper should indicate that informed written consent was obtained from each patient to include their information in this publication. If consent was not obtained, the reasons should be provided in the paper. The IRB or ERB decision should be provided.

An explicit statement regarding approval by the IRB or ERB (including the IRB/ERB approval number and the date of approval) must be provided in the Methods section. Additionally, a separate Consent Statement declaring whether the patient(s) provided informed written consent for the publication of their study data must be provided in the Methods section.

The journal will not accept manuscripts that contain data derived from unethically sourced organs or tissue, including from executed prisoners or prisoners of conscience, consistent with recommendations by [Global Rights Compliance on Mitigating Human Rights Risks in Transplantation Medicine](#). For all studies that use human organs or tissues authors must provide sufficient evidence that they were procured in line with [WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation](#).

The source of the organs or tissues used in clinical research must be transparent and traceable. Authors of manuscripts describing organ transplantation must additionally declare within the manuscript:

1. That autonomous consent free from coercion was obtained from the donor(s) or their next of kin; and
2. That organs/tissues were not sourced from executed prisoners or prisoners of conscience.

Patient Identification

If any patients are identifiable from imaging, illustrations, photographs, detailed clinical data, or case report information, then the release forms (or appropriate release statements) giving permission for publication with a written informed consent must be submitted with the manuscript at initial submission. All forms must be in English. **Most reports should avoid identifiable information,**

which should be included only in the very rare instances in which such images are essential to the manuscript.

All papers discussing patient data (even retrospectively) should contain a statement about informed written consent from the patient(s).

Humane Animal Care

All papers reporting experiments using animals must include a statement in the **Methods** section of the manuscript providing assurance that all animals received humane care in compliance with the [Guide for the Care and Use of Laboratory Animals](#). Papers submitted by authors from outside the United States must be in compliance with the guidelines established by their country's government or those of the National Institutes of Health and must include a statement to that effect in the Methods section. Papers that do not adhere to generally accepted standards will be denied publication.

Registration of Clinical Trials

All manuscripts that provide information about clinical trials must be registered and documentation of the registration **must** be included in the Methods section of the paper. This requirement, first proposed by the International Committee of Medical Journal Editors¹⁵ 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](https://clinicaltrials.gov), the principal site of

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.

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](https://www.clinicaltrials.gov).¹⁶ Registration with alternate agencies is acceptable if documentation of registration is provided.

CONSORT Statement

All papers that describe clinical trials must adhere to the principles outlined in the [CONSORT Statement](#). This statement provides an evidence-based approach to improve the quality of reports of clinical trials. All manuscripts describing a clinical study must include the [CONSORT Flow Diagram](#) showing the patients available for the study, those included, and the number at each stage of the study. The [CONSORT Checklist](#) must be completed and submitted with the manuscript.

Please note: All manuscripts describing clinical trials must include a **CONSORT Checklist** and a **CONSORT Flow Diagram** as a supplementary (online-only) figure. Additionally, authors must upload the latest **Study Protocol (in English)** approved by the IRB (institutional review board) or ERB (ethics review board) so that the Editors and reviewers can provide appropriate feedback during the review process.

Copyright Statement

For open access publishing this journal uses an exclusive licensing agreement. Authors will retain copyright alongside scholarly usage rights and Elsevier will be granted publishing and distribution rights. By completing the copyright, authors warrant that the article is an original work without fabrication, fraud, or plagiarism; does not infringe on any copyright or the proprietary right of any third party; is not under consideration by another publication; and has not been previously published. Authors also warrant that they each meet the requirements for authorship enumerated in the journal's

Information for Authors (above) and understand that if the paper or part of the paper is found to be faulty or fraudulent, each author shares the responsibility. While copyright is transferred to the AATS, **the journal and Elsevier support responsible sharing**. Find out how you can [share your research](#) published in Elsevier journals.

NIH Initiative

The National Institutes of Health “requests and strongly encourages” NIH-funded investigators to submit an electronic version of their final manuscript resulting from research supported in whole or in part with direct costs from NIH, on acceptance for publication, to [PubMed Central](#) (PMC). The final manuscript is the version containing all modifications from the publishing peer review process. *JTCVS Structural and Endovascular* supports those authors who wish to participate in this initiative, but does not participate in the submission process. Our publisher, Elsevier, does participate in the submission process, and authors can work with Elsevier to ensure deposit of their manuscript.

Data Sharing and Reproducible Research

JTCVS Structural and Endovascular will ask whether the authors are willing to provide original study data and sufficient details about the statistical programs and methods employed to permit others to reproduce their results. If the authors cannot or will not share the original study data or statistical methods with the journal, then the manuscript may be rejected for that reason. The data will be held in strict confidence by the journal and the Editors.

JTCVS Structural and Endovascular supports sharing of the following items but does not require it (unless reporting results of a clinical trial – please see information for submitting Clinical Trials to the journal). Upon submission, the journal asks authors to confirm their willingness to share the following three items, and a statement reporting the authors' responses will be published with the article. Authors can state whether access will be unrestricted or restricted in their responses.

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

- **Study Protocol**
- **Statistical methodology including the programs**
- **Datasets of results**

Please note: *JTCVS Structural and Endovascular* requires that all manuscripts describing a clinical study include the CONSORT Flow Diagram as a supplementary (online-only) figure. The latest **Study Protocol (in English)** approved by the IRB (institutional review board) or ERB (ethics review board) must be included so that the Editors and reviewers can provide appropriate feedback during the review process.

Authorship of Editors

Editors for the AATS journals may submit manuscripts for consideration for publication in *JTCVS Structural and Endovascular*. The editors are not involved in making decisions about papers which:

- they have written themselves.
- have been written by family members or colleagues.
- relate to products or services in which they have an interest.

Any such submissions will be subject to the journal's usual procedures and peer review will be handled independently of the editor involved and their research group.

Declaration of Generative AI in Scientific Writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyze and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship

implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

What happens when authors violate the AI policy?

- If a reviewer suspects that an author has utilized generative AI in their manuscript, then the reviewer should contact the AATS Journals Editorial Office (journals@aats.org) with a clear description of their suspicion.
- If journal editors or reviewers suspect infringement of the AATS Journals' AI policy, then the AATS Journals Editorial Office will contact the authors with a clear description of their suspicion and will request a detailed response from the authors.
- If journal editors find possible evidence of the authors' undisclosed use of AI-assisted technologies in the writing process, then the AATS Journals and/or the AATS may take further action. Authors may be sanctioned by the AATS Journals and prohibited from submitting manuscripts for up to two years. In some cases, an ethical complaint may be provided to the AATS Ethics Committee for further review.

Disclosure Instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled "Declaration of Generative AI and AI-assisted technologies in the writing process."

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

Use of Generative AI in Peer Review

The AATS Journals are published by Elsevier and follow Elsevier's policies for the use of generative artificial intelligence (AI) in the peer review process. Elsevier's full Reviewer Policy is available [here](#). Please see "The use of generative AI and AI-assisted technologies in the journal peer review process."

The AATS Journals prohibit reviewers from using generative AI and AI-assisted technologies to evaluate manuscripts.

When a researcher is invited to review another researcher's paper, the manuscript must be treated as a confidential document. Reviewers should not upload a submitted manuscript or any part of it into a generative AI tool as this may violate the authors' confidentiality and proprietary rights and, where the paper contains personally identifiable information, may breach data privacy rights.

This confidentiality requirement extends to the peer review report, as it may contain confidential information about the manuscript and/or the authors. For this reason, reviewers should not upload their peer review report into an AI tool, even if it is just for the purpose of improving language and readability.

Peer review is at the heart of the scientific ecosystem and the AATS Journals abide by the highest standards of integrity in this process. Reviewing a scientific manuscript implies responsibilities that can only be attributed to humans. **Generative AI or AI-assisted technologies should not be used by reviewers to assist in the scientific review of a paper**, as the critical thinking and original assessment needed for peer review is outside of the scope of this technology and there is a risk that the technology will generate incorrect, incomplete, or biased conclusions about the

manuscript. The reviewer is responsible and accountable for the content of the review report.

What happens when reviewers violate this policy?

- a. If authors suspect that a reviewer has utilized generative AI to produce the submitted reviewer comments, then authors should contact the AATS Journals Editorial Office (journals@aats.org) with a clear description of their suspicion.
- b. If journal editors or authors suspect infringement of the AATS Journals' AI policy regarding the use of AI-assisted technologies in the peer review process, then the AATS Journals Editorial Office will contact the reviewers with a clear description of the suspicion and will request a detailed response from the reviewer.
- c. Reviewers should be aware that the AATS Journals Editorial Office may run reviewer comments through AI detection software and include reports from those tools in their communication as possible evidence of AI use.
- d. If Journal editors suspect that a reviewer has used AI-assisted technologies to produce their review, then the journal and/or the AATS may take further actions. Reviewers may be sanctioned by the AATS Journals and prohibited from reviewing manuscripts for up to two years. In some cases, an ethical complaint may be provided to the AATS Ethics Committee for further review.

PEER REVIEW GUIDELINES

Review Process

JTCVS Structural and Endovascular uses a single-blind peer review process: peer reviewer identities are confidential; author identities are made known to reviewers. Reviewers can choose to reveal their names in their reviews.

Guidelines for Reviewers

The Journal requires reviewers to maintain confidentiality about the manuscripts they review. Reviewers shall not share the contents of a manuscript under review with a third party, nor

divulge any information about a manuscript they have reviewed or are in the process of reviewing. The editors should be informed immediately of any request to share information about specific manuscripts and/or the editorial decisions regarding a specific manuscript.

Reviewers are requested to recommend papers for publication with the greatest scientific competence and accuracy, papers which are important to the practice of thoracic and cardiovascular surgery and those which will have the greatest clinical, theoretical, and/or educational impact on the field. Reviewers are asked to consider the following:

- What is the importance of the research question or subject field of study?
- Are the methods and experimental techniques of the highest scientific standard?
- Are the results reliable and presented clearly?
- Is the discussion relevant?
- Are the conclusions justified by the results presented?
- Are the illustrations and references appropriate and necessary?
- Is the abstract informative and intelligible to readers not working in the specific area?
- Is the organization of the paper sound and the writing clear?
- Is the material original?
- Will the paper impact the specialty?

Reviewers are requested to recommend acceptance, revision, or rejection and to provide a priority by indicating a grade for the paper. Only papers with the potential to achieve a high priority will be accepted or returned to authors for revision.

If reviewers believe that a paper can be shortened, they should provide this information in their review in the “Comments to Author” section, indicating where specifically the paper can be abbreviated and/or which figures or tables could be omitted or placed for online viewing only with a reference in the text.

The copy editor will identify typographical and syntactic errors. Reviewers should focus their “Comments to Authors” on queries and constructive criticism. Reviewers should promptly report any conflicts of interest they may have with the manuscript and/or authors.

Reviewer Scoring Scale

Editors score all reviews using the scale below.

100-90 Outstanding

Clear and concise review; insightful and accurate comments were provided to the editors. Comments to the authors demonstrate a clear understanding of the strengths and weaknesses of the manuscript and suggested revisions will significantly improve the manuscript. This level of review would be comparable to that seen from a co-author of the manuscript.

89-80 Excellent

Good review; thoughtful and accurate comments were provided to the editors. Comments to the authors demonstrate a good understanding of the strengths and weaknesses of the manuscript and suggested revisions will improve the manuscript. Some of the suggestions were unclear or had minor importance. This level of review would contain sufficient substance to guide revision and improvement of the manuscript.

79-70 Helpful

Adequate review but lacking important observations and the comments to the editors do not clearly define the strengths and weaknesses of the manuscript. Comments to the authors are helpful but some are confusing and/or miss the big picture and dwell on minor facets of the report. This level of review would be of uncertain, minor or negligible value to the authors as they revise their manuscript.

69-60 Marginal

Review missed the key strengths and weaknesses of the manuscript and the comments to the editors are of limited value. Comments to the authors do not adequately assess the paper or offer sufficient useful suggestions for revisions to improve the manuscript.

59-50 Not helpful

Review of the manuscript is superficial and the comments to the editors are arbitrary and unsupported. Comments to the authors are either very skimpy, very negative, or do not suggest opportunities for revision.

49-20 Poor

Reviewer clearly needs direction. Comments to the editors are absent or of limited value at best, and the comments to the authors are not helpful and at times too critical or inconsistent.

Editorial Board Requirements

The requirements for Editorial Board membership include: 1) accept and complete at least 80% of your invitations; 2) complete at least 80% of your reviews on time; 3) 80% of completed reviews must have a grade of 70 or above; and 4) complete at least 12 reviews per year.

Deputy Statistical Editor Requirements

The requirements to be a Deputy Statistical Editor include: 1) accept and complete at least 80% of your reviews; 2) complete at least 80% of your reviews on time; and 3) 80% of completed reviews must have a grade of 70 or above.

Manuscript Transfers from *Journal of Thoracic and Cardiovascular Surgery*

Authors who have submitted to the *Journal of Thoracic and Cardiovascular Surgery* may be offered transfer to *JTCVS Structural and Endovascular* if the article does not achieve sufficient priority for publication in *JTCVS*. Prior to the decision to transfer, each paper receives a full review by the *JTCVS* Editors and modifications are requested to meet our exacting standards for both *JTCVS* papers and those recommended for transfer to *JTCVS Structural and Endovascular*. Articles are also reviewed by the *JTCVS* statistical reviewers and editors to ensure the conclusions are justified by the results presented. Authors will be asked to revise their article to the journal's rigorous

standards before transfer and publication in *JTCVS Structural and Endovascular*.

***JTCVS Structural and Endovascular* Article Publishing Charges (APCs)**

JTCVS Structural and Endovascular is open access, and authors are requested to pay an article publishing charge (APC) for publication after an article has been accepted. For details on specific APCs for full-length manuscripts and brief communications, visit here: <https://www.elsevier.com/journals/jtcvs-structural-and-endovascular/2950-6050/open-access-journal>

When authors agree to transfer their paper from the *JTCVS* site, the final manuscript files are automatically transferred to the *JTCVS Structural and Endovascular* Editorial Manager site. The author will receive an email asking them to log in to Editorial Manager to confirm that the correct files were transferred. Authors should expect the same author services and manuscript editing as provided to articles published in *JTCVS*. The editorial office will prepare the manuscript for publication and authors can expect the article to be published online in 2-3 weeks.

When authors decline transfer, the manuscript is designated as withdrawn and the authors are free to submit the manuscript elsewhere. However, we would appreciate it if the authors could indicate why they decided to withdraw their paper.

ARTICLE TRANSFER

This journal uses Elsevier's Article Transfer Service to find the best home for your manuscript. This means that if an editor feels your manuscript is

more suitable for an alternative journal, you might be asked to consider transferring the manuscript to such a journal. The recommendation might be provided by a journal editor, a tool assisted recommendation, or a combination. If you agree, your manuscript will be transferred, though

you will have the opportunity to make changes to the manuscript before the submission is complete. Please note that your manuscript will be independently reviewed by the new journal. For more information about Elsevier's article transfer services, please click [here](#).