

# MEDIASTINUM

AN OPEN ACCESS JOURNAL FOR HIGH-QUALITY RESEARCH IN MEDIASTINUM

## Instruction to Authors

Thank you for your interest in *Mediastinum*. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

### TABLE OF CONTENT

1. ABOUT THE JOURNAL
2. MANUSCRIPT CATEGORIES
3. PREPARATION OF THE TEXT
4. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS
5. ELECTRONIC SUBMISSIONS
6. COPYRIGHT
7. STYLE OF THE MANUSCRIPT
8. ETHICAL CONSIDERATIONS
9. STATEMENT OF ETHICS APPROVAL
10. INFORMED CONSENT
11. AUTHORS' RESPONSIBILITY AND CONFLICTS OF INTEREST FORM
12. ACKNOWLEDGMENTS
13. AUTHORS CONTRIBUTIONS
14. PROOFS
15. TRACKING MANUSCRIPTS
16. NO PUBLICATION FEES
17. MEDIASTINUM ONLINE

### 1. ABOUT THE JOURNAL

*Mediastinum* (ISSN 2522-6711) is an open access and peer-reviewed medical journal aiming at better understanding and management of mediastinal diseases. It is a professional platform for the sharing of knowledge and experience between interested peers so as to finally benefit the patients. As a unique journal, it is not limited to diseases primary to this narrow space, but encompassing all disorders related to or affecting the mediastinum (including metastatic lesions from other parts of the body, local manifestation of systemic changes, as well as disease extension from neighboring organs or compartments). By allocating most up-to-date clinical and basic researches, state-of-the-art therapeutic approaches, and rich material for education, *Mediastinum* aims to provide high level evidence and useful resources for all healthcare professionals engaged in delivering quality care to their mediastinal patients.

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### 2. MANUSCRIPT CATEGORIES

#### (1) ORIGINAL ARTICLE

**Word limit:** 5,000 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Structured. 450 words (Max)

**References:** No maximum.

**Figures/tables:** No maximum, but 10 figures should be sufficient.

**Videos\***: 3 (Max)

\*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

**Description:** Originality and clinical impact are essential for acceptance of Original Articles.

Such an article is to present original basic science or clinical research findings by the authors in the field of mediastinum. The abstract should contain the following subheadings: **Background, Methods, Results** and **Conclusions**. Original articles should entail a section describing the contribution of each author to the manuscript as well as Statement of Ethics Approval. See section “Authors’ Contribution” and section “Statement of Ethics Approval” for details. Meta-analysis will be categorized into this type.

\* When concerning experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). Furthermore, authors also need to confirm that the patient has given their consent for the publication. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section as: “Written informed consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal.”

\* When concerning experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

## (2) REVIEW ARTICLE

**Word limit:** 4,000 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Unstructured. 300 words (Max)

**References:** No maximum

**Figures/tables:** Minimum 1 image or figure

**Videos\***: 3 (Max)

\*Playback time of all videos should be no more than 10 min - to be distributed amongst the videos as authors see fit.

**Description:** Reviews are comprehensive analyses of specific topics. *Mediastinum* emphasizes that an acceptable Review Article should not be a ‘book chapter’ generally covering a topic, but should be a focused application of literature to address a relevant clinical issue. The Editors submit them upon invitation. Proposals for reviews may be submitted; however, in this case authors should only send

an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author to the manuscript. See section “ Authors’ contribution’ for details.

## (3) BRIEF REPORT

**Word limit:** 2,500 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Unstructured. 250 words (Max)

**References:** 35 (Max)

**Figures/tables:** 8 (Max)

**Videos\***: 3 (Max)

\* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

**Description:** Manuscripts containing pertinent and interesting observations concerning mediastinum and reports on new observations or studies that do not warrant publication as a full research article will be considered for the brief report. These submissions will undergo full peer review.

## (4) CASE REPORT

**Word limit:** 2,500 words (Max) excluding references, tables and figures

**Abstract:** Unstructured. 250 words (Max)

**References:** 20 (Max)

**Figures/tables:** 8 (Max) in total

**Videos\***: 3 (Max)

\* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.

**Description:** New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in mediastinum covering all fields. The text should be arranged as follows: **Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls, Discussion**.

The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: “Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written

consent is available for review by the Editor-in-Chief of this journal.”

If the patient has passed away, informed consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, informed consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the ‘Consent’ section of the manuscript should be amended accordingly.

Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as other article types.

#### (5) iMDT Corner

In terms of the case report, *Mediastinum* gives a priority in publishing the reports with International Multidisciplinary Team (iMDT) discussion, which include the opinions of all relevant international health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient, to provide high quality, precision treatment options and management of the individual patient’s needs.

The above includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing thoracic disease. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients’ identification must be carefully masked.

The format of this category is recommended as follows:

**Introduction:** a brief descriptions of background information including current acknowledgment of diagnosis and treatment for the following cases.

**Case presentation:** Reports highlighting unusual presentations of thoracic diseases, treatment outcome, toxicity, etc.

**iMDT (Expert opinion1, 2, 3...):** Invited international expert gave their opinions on the difficulty of diagnosis and treatment of the presented cases. Auhtors should simplify their opinion by using written language.

**Treatment and follow-up:** a brief introduction of therapeutic strategies and the efficacy and follow-up.  
**Discussion (Question1, 2, 3...):** the authors proposed a series of valuable and meaningful questions related to the diagnosis and treatment of the presented cases. Invited

international expert gave their perspectives to these questions.

**Conclusions:** the authors summarized the cases and what readers could learn from the case. No abstract is needed. Length should be 4,000 maximum excluding references, tables and figures. An example is available at: <http://med.amegroups.com/article/view/4667/html>.

#### (6) CLINICAL GUIDELINE

**Word limit:** 6,000 words (Max) including abstract but excluding references, tables and figures

**Abstract:** Unstructured. 450 words (Max)

**References:** No maximum

**Figures/tables:** Minimum 1 image or figure

**Description:** Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

#### (7) EDITORIAL

**Authors:** 5 (Max)

**Abstract:** Not required

**Text:** 2500 words (Max)

**References:** 25 (Max), including the article discussed

**Figures and Tables (combined):** 2 (Max)

**Videos\***: 2 (Max)

\* Playback time of all videos should be no more than 5 mins - to be distributed amongst the videos as authors see fit.

**Description:** Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.

#### (8) EDITORIAL COMMENTARY

**Word Limit:** 2,500 words maximum excluding references, tables and figures.

**Abstract:** not required for this manuscript type.

**References:** 25 maximum.

**Figures/Tables:** 2 maximum.

**Description:** The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

## **(9) LETTER TO THE EDITOR**

**Word limit:** 1,000 words (Max) excluding references, tables and figures

**Abstract:** Not required

**References:** 10 (Max)

**Figures/tables:** 1 (Max) in total

**Description:** Letters on content published in Mediastinum or on other topics of interest to our readers are welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. Correspondence is also referred to as Letter to the Editor.

## **(10) SURGICAL TECHNIQUES**

**Word limit:** 2,500 words (Max) excluding references, tables and figures

**Abstract:** Unstructured. 250 words (Max)

**References:** 20 (Max)

**Figures/tables:** 8 (Max) in total

**Videos\*:** 3 (Max)

**Description:** Surgical Techniques is a featured section that publishes illustrated articles. These articles must include four subheadings – **Abstract, Introduction, Operative Techniques and Comments**. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors.

## **(11) IMAGES IN CLINICAL MEDICINE**

**Word Limit:** Should contain no more than 150 words. No abstracts are required.

**Title:** Should contain no more than eight words.

**Authors:** No more than two authors may be listed.

**References:** Not allowed.

**Description:** Images in Clinical Medicine are classic images of common medical conditions. Images are an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Images in Clinical Medicine are not intended as a vehicle for case reports. Original, high-quality images are considered for publication (subject to editing and abridgment) provided

they do not contain material that has been submitted or published elsewhere. Images in Clinical Medicine will be reviewed and decided to be accepted or not by the (Deputy) Editor(s)-in-chief without peer-review process. To submit an image for publication in the Journal, please follow the submission instructions below. Please include a title for your submission. The title should contain no more than eight words. No more than two authors may be listed. The maximum length is 150 words. No abstracts are required.

## **3. PREPARATION OF THE TEXT**

**Document structure.** The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:

Title page

Abstract

Keywords

Main text (see content specifications section above)

References

Tables

Figures

Videos

Legends

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be British or American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated.

### **Title page**

The title page should include:

- 1) A brief and descriptive title of the article (no abbreviations allowed);
- 2) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
- 3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
- 4) The contribution made by each author should be briefly stated in the Authors' Contributions section with required format (See "Authors' Contributions" for details) in Original Articles and Review Articles.
- 5) Footnote section: Conflicts of Interest (See specific statement in the following Policy of "Conflict of

Interest”);  
6) Acknowledgments (All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section and all sources of funding for the work should be included in this section).

## Abstract

The Abstract should conform to the requirements noted in the Content Specifications section above. **It should not contain any abbreviations or reference citations.**

## Keywords

Following the Abstract, 3-5 keywords should be given.

## Main text

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. Authors must use the following sub-headers to divide the sections of their Original Article manu-script: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, Review Article, Editorial and others do not have those clear sections, they can be written in several sections with their own headers according to the topic (see detailed requirements in the previous part of MANUSCRIPT CATEGORIES)

If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

## References

A list of references to the literature should be arranged sequentially following appearance in the text. Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “denocarcinoma (29,30)”). If cited in tables or figure legends, number according to the first identification of

the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

## Journals

- [1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. Eur J Cardiothorac Surg 2012; 41:248-255.

## Books

- [2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. Cardiac Surgery, WB Saunders, 2003:11-17.

## Multi-author books

- [3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac function. In: Reed RK, McHale NH, Bert JL, Winlow CP, Laine GA, editors. Interstitium, connective tissue and lymphatics, London: Portland Press, 1995:271-282.

## Online publications

- [4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children . Multimed Man Cardiothorac Surg doi: 10.1510/mmcts.2008.003160.

or

- [5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. CTSNet [published 12 May 2008, accessed 30 November 2011]. Available from: <http://www.ctsnet.org/sections/clinicalresources/adultcardiac/>

## Tables

Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the Tables should be defined at the

bottom. All tables should be numbered consecutively in the order of reference in the text. Each Table should be on a separate page (tables must be typed and editable; tables should not be inserted as images).

Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and \*, \*\*, \*\*\* should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

If tables have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials during paper submission.

### Figures

Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter/permission from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be submitted as supplemental materials. **Figures should be numbered consecutively in the order of reference in the text. Figures should be provided separately.**

**Specifications:** .tiff or.jpg files; resolution: 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

### Videos

*Mediastinum* will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: <http://med.amegroups.com/pages/view/submit-multimedia-files>

**Duration:** Video files should be limited to 20 minutes.

**Quality:** Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280\*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

**Text in video:** All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

**Video legends:** Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

### Legends

Legends are required corresponding to each individual table, figure and video (do not repeat legend information in the text) and provided in the manuscript while the tables, figures and videos are provided separately.

## 4. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

Permission to reproduce copyright material, for print and online publication in perpetuity, must be cleared and if necessary paid for by the author; this includes applications and payments to DACS, ARS and similar licensing agencies where appropriate. Evidence in writing that such permissions have been secured from the rights-holder must be made available to the editors. It is also the author's responsibility to include acknowledgments as stipulated by the particular institutions. Please note that obtaining copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totaling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

## 5. ELECTRONIC SUBMISSIONS

All articles are now submitted electronically, and the total review process is electronic. The electronic format is through OJS system. Accordingly, the system is well designed and functions very well with minimal difficulties.

New users will find it user friendly, but if problems arise, there is a web link to the managing editor. Just contact us ([med@amegroups.com](mailto:med@amegroups.com)), and we will help solve the problem. Please make sure the publication ethics (<http://med.amegroups.com/public/addition/med/med-publication-ethics.pdf>) are followed strictly before your submission.

Please note that change of author information (except for grammatical error) and retraction of manuscript is not allowed after the manuscript is accepted.

Submit via: <http://med.amegroups.com/login?source=%2Fauthor%2Fsubmit>

Complete the online submission form carefully and upload the following items as specified:

1. **Cover letter:** a submission letter to the Editor must be included in the ‘cover letter box’.
2. **Text** (including title page, main text and tables (tables must be typed; tables should not be inserted as images) plus any embedded artwork – optional) combined into ONE word processor file (.doc) – upload as ‘**Manuscript file**’ (filename eg. text.doc).
3. **Artwork:** .jpg or .tif files prepared according to the afore-mentioned specifications. One file per figure – upload as ‘Image files’ (filename eg. Figure 1). Figures with composite parts A, B, C... should be mounted into one image/one electronic file.
4. **Videos:** Uploading large files (up to 200 MB) is possible if you have a good reliable Internet connection, but it will take time – upload as ‘Multimedia file’ at: <http://med.amegroups.com/pages/view/submit-multimedia-files>.

Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service as you know.

## 6. COPYRIGHT

All rights of the submitted article is to be transferred and assigned to AME Publishing Company, for sole right to print, publish, distribute and sell in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company ([permissions@amegroups.com](mailto:permissions@amegroups.com)) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in case of the authors asking permission to reuse the materials (figure, tables) for non-commercial purposes.

## 7. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at:

<http://www.ICMJE.org/>. Author name: Each author’s given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster’s Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>. Abbreviations: Must be used sparingly—only where they ease the reader’s task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

## 8. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: <http://www.wma.net/en/30publications/10policies/b3/%20index.html>. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

### ❖ For studies in the following categories:

**Randomized controlled trials or other intervention research:** This category includes any study that carries out medical intervention(s) on patients or healthy individuals. **Case-control study:** A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

**Prospective cohort study:** In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

**Cross-sectional studies:** Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

#### **Basic or translational medical research using human specimens:**

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

#### **❖ For other categories:**

**Retrospective and ambispective cohort studies:** In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record

system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

#### **Systematic review and meta-analysis, review, opinion, hypothesis, and editorial**

- No statement on medical ethics is required.

#### **Case report and visualized surgery:**

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRB might be required.
- Informed consent must be obtained from the subjects or their caregivers.

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

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

**Nested case-control study:** In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the

patients.

- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

**Post hoc analysis:** In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

## 9. STATEMENT OF ETHICS APPROVAL

Statement of Ethics Approval: We require every research article submitted to include a statement that the study obtained ethics approval (or a statement that it was not required and why), including the name of the ethics committee(s) or institutional review board(s), the number/ID of the approval(s), and a statement that participants gave informed consent before taking part. The statement should be described in the method section.

## 10. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for [Case report, original/research articles and visualized surgery](#). The statement should be included in the footnote. It may be possible to publish without explicit consent if the

report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

## 11. AUTHORS' RESPONSIBILITY AND CONFLICTS OF INTEREST FORM

### (1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree AME publishing company, to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript, and assure that the authors will pay for Article Processing Charges (APC).

### (2) Conflicts of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

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