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MANUSCRIPT CATEGORIES

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Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Descriptions of the following points are critically evaluated.

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The study rationale, trial design, and number of cases
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Research Highlights are brief reports of important research findings that have been recently published in the field of thoracic disease. Manuscripts containing pertinent and interesting observations concerning reports on new observations or studies that do not warrant publication as a full research article will be considered for Research Highlights. These submissions will undergo full peer review. They are usually solicited by editors. The text is limited to 3000 words. The abstract is limited to 300 words.

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“Visualized Surgery” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these
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The AES publishes case reports with new findings that may alter the disease concept of thoracic disease. The former 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 abstract is limited to 300 words.

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Genetics Reports
Previously undescribed pathogenic germline mutation in a hereditary cancer syndrome or related diseases will be reported in this section as a pedigree case report. Similarly high penetrance polymorphisms or mutations associated with significant adverse drug reactions will be also accepted. A case report with known mutation or polymorphism may also be considered if the report can be expected to contribute substantially to the advancement and/or accumulation of the current knowledge in the field of clinical cancer genetics. The nucleotide sequence of the mutation or polymorphism must be defined on the genomic DNA. The method of the mutation/polymorphism detection should be described explicitly, such as with PCR conditions and primer sequences. Whenever appropriate, a pedigree (family tree) must be presented. The pedigree should be drawn according to the “Recommendations for Standardized Human Pedigree Nomenclature”, Am J Hum Genet 1995;56:745-52.

Strict care should be taken to prevent the identification of the patients and any other relevant family members. It is the responsibility of authors to obtain appropriate informed consent for publication.

No running head or mini-abstract is necessary. An abstract of fewer than 150 words should be provided as well as a genetic summary describing disorder, ethnicity, gene and its GenBank, EMBL or DDBJ accession number and chromosomal assignment, type of DNA variant, mutation, allelic frequency, method of mutation detection, etc.

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Before submission, please prepare the main document
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The second page should carry an abstract of no more than 450 words (see also instructions for specific categories above). Do not use reference, table or figure in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

Provide three to five key words. Use terms from the medical subject headings (MeSH) list of Index Medicus.

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The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “denocarcinoma (29,30)”]. Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus. List all authors, but if the number exceeds three, give three followed by “et al.”

For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

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Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as P=0.230 instead of the term ‘N.S.’ or ‘not significant’.

For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data-.doc, .rtf, Excel or PowerPoint files because tables submitted as image data cannot be edited for publication.) The Journal may reject manuscripts if remarkable deviation from this instruction is found.

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Cumulative survival rates are usually calculated with the Kaplan-Meier’s method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

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The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

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Describe which statistical methods were used for which analyses. A P value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact P values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

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The Supplementary Appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article’s reference list.

The Appendix must be submitted in a Word file. The Appendix will not be edited for style. It will be presented online as additional information provided by the authors.

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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.

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This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

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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/index.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).

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