

Last updated April 2010

CHEST GUIDELINES FOR MANUSCRIPT PREPARATION

Authors should have read the [Journal Publication Policies and Procedures](#) while writing their manuscript.

Manuscripts must be submitted online at <http://mc.manuscriptcentral.com/CHEST>. If you need guidance on how to submit online, go to [Instructions for Online Submission](#).

FORMAT OF THE MANUSCRIPT

File format: standard word processing software (Microsoft Word preferred). (Figures should each be in a separate file; see next section for instructions)

Text: double-spaced, 10 to 12 point type; Times Roman or Helvetica font. Pages should be numbered consecutively and line numbered throughout the paper

Parts of paper (each to begin a new page):

- Title page
- Abstract (if applicable)
- Abbreviation list
- Body of paper
- Acknowledgments
- References
- Figure legends
- Tables

Title Page

Each manuscript must include a title page including the following:

- word counts for the text and Abstract (if applicable) in the upper left-hand corner;
- full article title;
- full first and last names
 - use initials if appropriate
 - provide highest academic degrees for all authors
 - provide e-mail addresses and institutional affiliations for all authors
 - provide corresponding author full address

[Please verify spellings and information with coauthors; the way that each author is provided ON THE TITLE PAGE is how the name will be processed for PubMed and other indexing services]; if authors are added or dropped post-submission, CHEST may ask for a new start to peer review and/or fees to change proofs);

-
- the institution(s) at which the work was performed;
- Research funded by NIH/Wellcome Trust: Because *CHEST* now deposits articles on behalf of authors (began with the July 2009 issue) who are funded by these bodies, research funded by the National Institutes of Health (NIH) and the Wellcome Trust and their agencies **MUST** include the grant number in square brackets (*eg*):

This work was supported by the National Institutes of Health [Grant XXXX].

Multiple grant numbers should be separated by a comma and a space. Where the research was supported by more than one agency, the different agencies should be separated by a semi-colon with “and” before the final funder:

This work was supported by the Wellcome Trust [Grants XXX, YYY]; and the National Institutes of Health [Grants ZZZ, AAA].

Funding from these agencies may not be cited without a grant number.

When one or more authors are NIH employees, the following footnote must be included:

This research was supported [in part] by the Intramural Research Program of the National Institutes of Health [name of institute].

- disclosure of any personal or financial support or author involvement with organization(s) with financial interest in the subject matter – or any actual or potential conflict of interest – and if no conflicts exist, a statement to that effect must be included for each author.

[*Note:* The corresponding author is responsible for providing the current e-mail addresses for all coauthors so that they can receive notification to complete an electronic Author Agreement/Conflict of Interest disclosure form. In addition, the corresponding author is responsible for summarizing the COI disclosures for all authors on the title page of the manuscript. A separate statement is required for each author, *eg*, Dr. Smith has no conflicts of interest to disclose. Dr. Jones has no conflicts of interest to disclose. Dr. Weston has received an honorarium from GlaxoSmithKline.]

Abstract

See Tables 1 and 2 at the end of this document for guidance on the need and length of Abstracts.

For **Original Research**, provide a structured abstract not to exceed 250 words. Structured abstracts should consist of four sections, labeled as Background, Methods, Results, and Conclusions. For a more detailed explanation of how to structure the sections, see Foote.¹ The sections should briefly describe, respectively, the problem being addressed in the study, how the study was performed (including numbers of patients or laboratory subjects), the significant results, and what the authors conclude from the results. The abstract should include the number of patients or number of laboratory animals used in the study. For all clinical trials (see [Journal Publication Policies and Procedures](#)), the clinical trial registry name and registration number must be stated at the end of the Abstract as a final paragraph.

Please be sure that you include the Abstract in the manuscript file that you upload to ScholarOne Manuscripts in addition to pasting it into the Abstract field during the submission process.

Abbreviation List

On a separate page in your manuscript, please provide an alphabetical list of all abbreviations used in the paper, followed by their full definitions. Each abbreviation should be expanded at first mention in the text and noted parenthetically after expansion. To aid readers, please use abbreviations sparingly.

Body of Paper

Subheads should be used to provide guidance for the reader; this format can be flexible, but the subheads in Original Research would ordinarily include sections such as Introduction, Methods and Materials, Results, and Discussion.

Detailed instructions on how to prepare and format articles are posted at <http://chestjournal.chestpubs.org/site/misc/ifora.xhtml> for the following sections: Correspondence, Chest Imaging and Pathology, Pulmonary and Critical Care Pearls, Transparency in Health Care, and Pectoriloquy.

When mentioning products such as drugs or equipment, use the generic (nonproprietary) name, followed in parentheses by the brand or trade name, manufacturer name, and manufacturer location, as in the following example: The patient was treated with bilevel nasal positive pressure (BiPAP; Respironics Inc; Murrysville, PA).

Reporting information from randomized controlled trials. Papers that are reports of results from randomized controlled trials should be registered (see “Abstracts” above and *CHEST* policies). In addition, authors must follow the CONSORT statement checklist (www.consort-statement.org) checklist and provide a CONSORT diagram as Figure 1 in their papers. A tool for generating this diagram is available at <https://swolpin.cirg.washington.edu/CSD/>.

See *CHEST* Policy Instructions for available checklists for other types of papers, eg, PRISMA for systematic reviews. Links to other checklists are available at <http://www.equator-network.org>.

Acknowledgments

Each Original Research paper must have an Acknowledgments section that describes the role of each author in the preparation of the manuscript. Each paper must have a section that provides information on the funding sources for the paper. Any person who contributed to the paper without qualifying for authorship should be acknowledged. If a professional medical writer or editor was used, the source of payment should be referenced. See recent issues for guidance on how to format.

References

Authors are responsible for the accuracy and completeness of citations. In text, references must be given as superscript numerals, numbered consecutively in the order in which they appear in the text.

The full citations must be listed on a separate sheet in numerical order at the end of the text. Each reference must contain, in order, the following: authors (last name, initials) [all listed if up to six; first three followed by “et al” in the case of more than six authors], title of article (lower case, no quotation marks), source (italicized), year of publication, volume, issue, and inclusive page numbers. No spaces should be used from the year of publication through the final page number. References to abstracts or letters may be included but must be noted as such. Abbreviations of journal names must conform to *Index Medicus* style (available online at <ftp://nlmpubs.nlm.nih.gov/online/journals/ljweb.pdf>). Please note that no periods should be used after authors’ initials or after journal abbreviations; however, periods should be inserted after the publication name and at the end of each reference.

Following are examples of the most common formats.

Journal Article

1. Sillen MJH, Speksnijder CM, Eterman R-MA et al. Effects of neuromuscular electrical stimulation of muscles of ambulation in patients with chronic heart failure: a systematic review of the English-language literature. *Chest*. 2009;136(1):44-61.
2. Barker E, Haverson K, Stokes CR, Birchall M, Baily M. The larynx as an immunological organ: immunological architecture in the pig as a large animal model. *Clin Exp Immunol*. 2006;143(1):6-14.

Book

2. Shields TW, LoCicero J III, Reed CE, Feins RH. *General Thoracic Surgery*. 7th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2009:200-232.

Book Chapter

3. Stone AC, Klinger JR. The right ventricle in pulmonary hypertension. In: Hill NS, Farber HW, eds. *Pulmonary Hypertension*. New York, NY: Humana Press; 2008:93-126.

Abstract

4. Garg N, Garg G, Christensen G, Singh A. Acute coronary syndrome caused by coronary artery mycotic aneurysm due to methicillin-resistant *staphylococcus aureus* [abstract]. *Chest*. 2008;134(suppl):1001S.

For assistance in formatting other types of references, please refer to the *American Medical Association (AMA) Manual of Style*.^{2 (p 39-80)}

Figure Legends

All illustrations must be cited in consecutive numerical order within the text of the manuscript. A legend for each illustration should be provided on a separate page of the manuscript, not on the figure itself. Please identify stains and magnifications for all photomicrographs.

If permission was needed for a figure, please acknowledge the source in the caption and provide the full reference in the reference list. If there is a possibility that an individual can be identified, *CHEST* must receive a copy of the release, and a statement that permission to use the image was granted should be in the caption.

Tables

Tables should be self-explanatory and should not duplicate textual material. They must be numbered and cited in consecutive order in the text, and each must have a succinct title, and (where appropriate) a legend describing abbreviations and footnotes at the bottom of the table. See past issues for guidance on how to format footnotes. Tables consisting of more than 10 columns are unacceptable. It is important to keep tables concise and easy to synthesize.

FIGURES

Figures should be professionally designed or photographed. They should be saved (by scanning if necessary), as .tiff, .jpg, or Powerpoint (.ppt) formats at these resolutions: 1200 dpi for line art (eg., graphs, drawings that have no gray tones), 300 dpi for black and white and color photographs with no labeling, and 600 dpi for combination figures (photographs with labeling).

You can check the quality of your figures at Digital Expert at <http://dx.sheridan.com/onl/rgb/>

Signed statements of consent to publish their image must accompany a photograph if there is a possibility the subject could be identified.^{2 (p 121)}

If an image must be manipulated to show detail, the manipulation should be applied to the entire figure; it is not acceptable to adjust specific elements of a figure. Any manipulation to the figure must be disclosed and explained in the caption.

Color Figures—updated March 2010

CHEST encourages the inclusion of color illustrations and will share the expense of reproduction and printing. The author's share of this cost is \$500 per color figure (images may be combined into one multipart figure [eg, Figure 1A-D] to minimize cost). When submitting a color figure, please indicate in *CHEST* ScholarOne Manuscripts that it is to be published in color. By specifying that you want to publish a figure in color, you agree to share the reproduction costs. Because color may be an integral part of the understanding of a figure, if a color figure is submitted, the Editor in Chief may, at his discretion, stipulate that payment for color is a condition for acceptance, even if you have not indicated that you agree to pay at the time of submission.

Please do not send payment with the submission; the corresponding author will be sent an e-mail verifying the final costs upon acceptance, and must agree to them before *CHEST* will proceed with production. These costs will be invoiced once an article has been accepted to *CHEST*. Payment of color charges is expected before publication can be finalized.

SUPPORTING MATERIAL

Online-Only Material

CHEST accepts and publishes online-only material. See link at http://chestjournal.chestpubs.org/site/misc/Supplemental_material.pdf for guidance.

Permissions Updated 3/2010

When use of tables and figures from copyrighted sources is necessary, authors should (1) obtain permission for all print, online and licensed uses from the copyright holder (usually the publisher); (2) provide copies of the permission with their submissions (use “supplemental material” as the file type when uploading into *CHEST* ScholarOne Manuscripts; (3) acknowledge the source in the caption; (4) provide the full citation in the reference list; and (5) ensure that any language requirements of the copyright holder have been met (eg, “Reproduced with permission from XXX”). If the copyright holders ask for payment, it is the responsibility of the authors to pay any fees.

If you use a PART of a table from a copyrighted article or book for a table in your submission, *CHEST* requires that you obtain permission from the copyright holder as if it were the entire table. Pieces of data are not copyrighable, but the formatting and summarizing of them are.

Proper Use of Survey Instruments/Questionnaires Updated 3/2010

Many papers submitted to *CHEST* are based on survey instruments/questionnaires. It is the responsibility of researchers to know if the survey instrument they use is copyrighted and, if so, to comply with the copyright terms.

If a copyrighted survey instrument has been used, authors are responsible for receiving permission to use the survey from the copyright holders. It is generally unacceptable to adapt surveys, and especially unacceptable without the permission of the developer(s) of the survey.⁴ A copy of the permission to use a copyrighted survey must be attached with the manuscript submission (attach it as “supplemental material” in the file upload area).

Surveys that have been translated must be validated and undergo a new psychometric analysis. Authors should confirm that a translated survey has been so validated.

JOURNAL SECTIONS

For a complete list of current sections for *CHEST*, see Tables 1 and 2 at the end of this document. Authors should review the information in these tables, because requirements differ among the various sections. For example, each section contains its own maximum length requirements. Special instructions for many sections can be found at <http://chestjournal.chestpubs.org/site/misc/ifora.xhtml>.

REFERENCES

1. Foote M. Some concrete ideas about manuscript abstracts. *Chest*. 2006;129(5):1375-1377.
2. JAMA and Archives Journals. *American Medical Association manual of style: a guide for authors and editors*. 10th ed. New York, NY: Oxford University Press.

See <http://chestjournal.chestpubs.org/site/misc/ifora.xhtml> (general Information for Authors page) for more detailed guidance on specialized sections.

Table 1--Current unsolicited sections of CHEST and maximum length requirements (As of January 2010)

Section	Abstract (words)	Text (words)*	References (No.)
Original Research	250	2500	50
Special Features	250	3500	75
Medical Ethics	250	3500	75
Selected/Case Reports	150	750	5
Commentary	250	2500	50
Transparency in Health Care			
Case Series/Reports	150	1600	20
Commentary	250	2500	50
Special Feature/Review	250	3500	50
<i>Postgraduate Education Corner</i>			
Chest Imaging and Pathology for Clinicians†	N/A	1600	20
Pulmonary and Critical Care Pearls‡	N/A	1200	10
Correspondence	N/A	400	5

*Does not include title, abstract, or references. Refers to the body of the text.

†An approximate breakdown of the clinical, radiological, and pathological findings and discussion should be approximately 500 words. Whenever appropriate, plain chest radiographs should be included.

‡Case presentation 150 to 250 words, discussion 850 words, not counting pearls and references.

Table 2--Current invited sections of CHEST and maximum length requirements (As of January 2010)

Section	Abstract (words)	Text (words)*	References (No.)
Editorials	N/A	1000	12
Recent Advances in Chest Medicine	250	3500	75
Translating Basic Research into Clinical Practice	250	2500	50
Medical Ethics	250	3500	75
Topics in Practice Management	250	2500	30
Global Medicine	250	3500	75
Consensus Statements (and Clinical Practice Guideline Chapters)†	250	3500	75
Transparency in Health Care (can be invited)			
Case Series/Reports	150	1600	20
Commentary	250	2500	50
Special Feature/Review	250	3500	50
<i>Postgraduate Education Corner</i>			
Contemporary Reviews in Sleep Medicine	250	3500	75
Contemporary Reviews in Critical Care Medicine	250	3500	75
Case Records of the University of Colorado‡	N/A	N/A	N/A
Medical Writing Tip of the Month§	N/A	1500	7

Those wishing to submit to these sections should contact the Editor in Chief before they begin to write. CHEST strongly discourages inquiries from anyone but the submitting author/principal investigator; inquiries and requests should not come from third-party medical writers and medical writing companies.

*Does not include title, abstract, or references. Refers to the body of the text.

†Clinical Practice Guidelines (CPG) and Consensus Statements are generated by the American College of Chest Physicians (ACCP) under well-defined development guides (see <http://www.chestnet.org/accp/guidelines> for more information on CPG and

<http://www.chestnet.org/accp/consensus-statements> for Consensus Statements). Authors and organizations outside of the ACCP are generally discouraged from submitting CPG or Consensus Statements to *CHEST*. If the authors strongly believe that *CHEST* is the proper forum for publishing these types of papers, at a minimum authors should 1) review the existing and in-process CPG and Consensus Statements from ACCP (available at the Web sites above) to ensure that they are not duplicating ACCP statements, 2) contact the Editor in Chief of *CHEST* before embarking on such projects, and 3) be willing to use the same grading system and format as followed by ACCP CPG and Consensus Statements. *CHEST* will likely have any such submissions evaluated by the relevant ACCP Committees as part of the review process.

‡Submitted by Section Editor.

§Submitted by professional medical writers and *CHEST* editors.

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