



# VATS

VIDEO-ASSISTED THORACIC SURGERY

## INSTRUCTION FOR AUTHORS

Thank you for your interest in the journal *Video-Assisted Thoracic Surgery (VATS)*. 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.

The journal *Video-Assisted Thoracic Surgery* (ISSN: 2519-0792; Video-assist Thorac Surg; VATS); vats.amegroups.com) is an open-access, peer-review, international journal which publishes Invited Articles and Free Submissions on visualized thoracic surgical procedures, reporting the cutting-edge findings, knowledge and techniques in the field of video-assisted thoracic surgery. Besides normal publications of the Journal, articles in defined areas will be collected and published in Themed Editions.

The VATS journal will serve as a dedicated place where key questions in the field of VATS surgery may be answered by publishing flexible and diverse article genres in a fast electronic publication mode. Technical questions will easily be addressed because of its ability to publish video. VATS also aspires to establish fruitful collaborations between surgeons across the globe in order to help answer important questions facing the field. The aim of VATS is to provide a professional platform for communication and education of scientific knowledge, techniques and opinions in video-assisted thoracic surgery between peers, and so move forward the field and benefit all patients. In addition, VATS strongly emphasizes the multi-disciplinary nature of modern surgery and requests that video articles highlight the roles of each member of the multi-disciplinary surgical team (including surgeon, trainees, anesthetists, physicians of all specialties, nurses, physiotherapists, other allied health professionals, and so on as appropriate).

All submissions are reviewed by the Editors-in-Chief, Associate Editors and Editorial Board Members, as well as invited referees and statisticians when appropriate.

Permission to reproduce any kind of existing material, whether online or in print, must be obtained from the Publisher prior to submission.

**Conflict of interest:** The Editor requires authors to disclose any commercial associations that might pose a conflict of interest in connection with the submitted articles. All sources

of funding for work should be acknowledged in a footnote on the title page, as should all institutional affiliations of the authors (including corporate appointments). Other kinds of associations, such as consultancies, stock ownership or other equity interests or patent licensing arrangements should be disclosed to the Editor in the covering letter at the time of submission. If no conflict of interest exists, please state this on the title page and in the covering letter. The Editor reserves the right to reject manuscripts that do not comply with the above-mentioned requirements.

**Video content:** VATS has by necessity defined a standard presentation for the streaming video used on the site - MP4. This is to give a consistent presentation across the site and assure rapid video streaming online. It is understood that many authors will have difficulties preparing their videos to our required specification. Although VATS does not offer a video pre-editing service, staff will be happy to provide technical assistance if requested.

**Editors-in-Chief:**

Lunxu Liu, MD, PhD

Mark W. Onaitis, MD

**Journal Abbreviation:** Video-assist Thorac Surg  
Publisher: AME Publishing Company

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### 1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

VATS accepts articles in the categories below. Video clips should focus on vital/novel information pertaining to the surgical technique. Routine parts of the procedure such as standard incisions, cannulations, etc. may be omitted. The requirements for each submission category are as follows:

#### (1) ORIGINAL ARTICLE

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

**Word limit:** 6,000 words maximum including abstract but excluding references, tables and figures.

**Abstract:** Structured. 450 words maximum.

**References:** No maximum.

**Figures/tables:** No maximum, but 8 figures should be sufficient.

**Videos:** 3 maximum.

**Description:** Such an article is to present original basic science or clinical research findings by the authors in the field of video-assisted thoracic surgery. 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. See section "Authors' Contribution" for details. Meta-analysis will be categorized into this type.

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

\*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:** 6,000 words maximum including abstract but excluding references, tables and figures.

**Abstract:** Unstructured. 300 words maximum.

**References:** No maximum.

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

**Videos:** 3 maximum

\*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. VATS 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. They are submitted upon invitation by the Editors. 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) MINI REVIEW

**Word limit:** 4,000 words maximum including abstract but excluding references, tables and figures.

**Abstract:** Unstructured. 300 words maximum.

**References:** No maximum.

**Figures/tables:** 6 maximum in total.

**Description:** Mini Reviews are shorter reviews of specific topic. They are submitted upon invitation by the Editors. 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.

#### (4) SURGICAL TECHNIQUE ARTICLE

Such an article is focused on introducing an original video-assisted thoracic surgery procedure or idea, and should aim at



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teaching others how to perform that procedure. The sections should contain the following parts: Abstract, Introduction, Patient selection and workup; Pre-operative preparation; Equipment preference card; Procedure; Role of team members; Post-operative management; Tips, Tricks and Pitfalls.

**Authors:** 10 maximum – but no more than 7 per specialty/discipline

**Abstract:** 200 words maximum

**Text:** 2000 words maximum

**References:** 20 maximum

**Figures and Tables (combined):** 10 maximum

**Videos:** 5 maximum

VATS strongly recommends that authors include at least one member of each specialty/discipline in the multi-disciplinary team (e.g. surgeon, trainees, anesthetists, physicians of all specialties, nurses, physiotherapists, other allied health professionals, etc)

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

### (5) Troubleshooting VATS: Tips and Tricks

Such an article is focused on one particular problem encountered by surgeons performing a single step of the procedure and the solution that they have hit upon and successfully used.

**The sections of the article include:**

Problem

Solution

Special equipment required

Operative description

Video / Artwork

Results of series (Optional)

**Authors:** 10 maximum – but no more than 7 per specialty/discipline

**Abstract:** 200 words maximum

**Text:** 1000 words maximum

**References:** 20 maximum

**Figures and Tables (combined):** 10 maximum

**Videos:** 5 maximum

### (6) CLINICAL GUIDELINE

**Word limit:** 6,000 words maximum including abstract but excluding references, tables and figures.

**Abstract:** Unstructured. 450 words maximum.

**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) PERSPECTIVE

Perspective can be more personal, forward-looking or speculative, compared with reviews of a scientific topic. A paper presenting controversial positions or papers of the same topic advocate opposite sides will be published as Perspective. Most of Perspectives will be solicited by the editors; however, we also welcome timely, unsolicited Perspective. Proposals for perspective may be submitted; however, in this case authors should send an outline of the proposed article prior to submission.

**Word limit:** 3,000 words maximum including abstract but excluding references, tables and figures.

**Abstract:** Unstructured. 300 words maximum.

**References:** 25 maximum, including the article discussed.

**Videos:** 2 maximum

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

### (8) EDITORIAL

Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief. Length should be 2,500 words maximum excluding references, tables and figures with no more than 25 references and no more than 2 figures/tables. No abstracts are required.

**Authors:** 5 maximum

**Abstract:** Not required

**Text:** 2500 words maximum

**References:** 25 maximum, including the article discussed.

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

**Videos:** 2 maximum

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

### (9) COMMENTARY

Commentary, upon Editor's invitation, discusses a paper or report or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentary may be submitted; however, in this case authors should only send an outline of the proposed



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paper for initial consideration.

**Authors:** 5 maximum

**Abstract:** Not required

**Text:** 1500 words maximum

**References:** 20 maximum, including the article discussed.

**Figures and Tables (combined):** 3 maximum

**Videos:** 2 maximum

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

### (10) VIEWPOINT

**Word limit:** 1,200 words maximum excluding references, tables and figures.

**Abstract:** Not required.

**References:** 10 maximum.

**Figures/tables:** 1 maximum in total.

**Description:** Viewpoints may address virtually any important topic pertaining to video-assisted thoracic surgery and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors.

### (11) CORRESPONDENCE

**Word limit:** 1,000 words maximum excluding references, tables and figures.

**Abstract:** Not required.

**References:** 10 maximum.

**Figures/tables:** 1 maximum in total.

**Description:** Correspondence on content published in VATS or on other topics of interest to our readers is 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.

### (12) CASE REPORT

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

**Abstract:** Unstructured. 250 words maximum.

**References:** 20 maximum.

**Figures/tables:** 8 maximum in total.

**Description:** New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in thoracic oncology. The text should be arranged as follows: Introduction, Case Report, Discussion.

**Videos:** 3 maximum

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

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 died, then 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, then 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.

### (13) BRIEF REPORT

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

**Abstract:** Unstructured. 250 words maximum.

**References:** 35 maximum.

**Figures/tables:** 8 maximum in total.

**Description:** Manuscripts containing pertinent and interesting observations concerning video-assisted thoracic surgery 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.

## 2. 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)

Tables

Legends

References

Figures



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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) A running head of no more than 60 characters including spaces;
- 3) 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);
- 4) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author;
- 5) The contribution made by each author should be briefly stated in the Authors' Contributions section (See "Authors' Contributions" in detail);
- 6) Footnote section: Conflicts of Interest (See specific statement in the following Policy of Conflict of Interest);
- 7) Acknowledgements (All sources of funding for the work should be included in this section).

### Abstract and Keywords

The Abstract should conform to the requirements noted in the Content Specifications section above. The abstract should state the main problem, methods, results, and conclusions. Do not use reference, table or figure in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the results is discussed") should be avoided. The abstract of an original article, systematic review and meta-analysis should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be unstructured.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at:

<http://www.nlm.nih.gov/mesh/meshhome.html>

### Main text

The text part should be arranged into concise/sharp paragraphs, which are best suited for reading on-screen. VATS strongly discourages lengthy text descriptions. Authors are instead urged to use videos and figures to explain their points. The text should be considered as the matrix which cites and binds the multimedia components together. **IMPORTANT:** supporting description concerning the multimedia objects should be contained within the Legends only and NOT repeated in the text. The company name, city and country of any commercial material must be included at first mention within parentheses in the text.

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.

### Tables

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. 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 from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

### Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce



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the material, must be attached to the covering letter.

**Size:** Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

**Resolution:** Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

**Color figures:** Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

**Line figures:** Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

**Text sizing in figures:** Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

**Figure legends:** Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

### Videos

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 via: <http://vats.amegroups.com/pages/view/submit-multimedia-files>.

**Duration:** Video files should conform to the requirements noted in the Content Specifications section above. Generally, the duration should be limited to 20 minutes.

**Format:** The acceptable video formats include mp4, flash video (.flv), MPEG video files, DVD video format, mov, avi and wmv format. But we would suggest MP4 video codec with H264 and audio codec with AAC.

**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 video 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.

**Audio:** To improve the understanding of the procedure described, short and clear commentaries can be incorporated

into the video file. Commentaries should supplement the complete description given in the legend of 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.

**Music:** Do not insert music into the video, unless the authors can provide the written permission from the publisher for the re-use of the music while submitting the video.

### Legends

Legends are required corresponding to each individual table, figure and video (do not repeat legend information in the text).

### Author Contribution

This section is only required for **original article, review article, systematic review and meta-analysis article**.

It describes the contribution each author has 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. 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet conditions 1, 2, 3, and 4, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”). Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The “Author Contributions” section should be completed as follow:

- (1) Conception and design:
- (2) Administrative support:
- (3) Provision of study materials or patients:
- (4) Collection and assembly of data:
- (5) Data analysis and interpretation:
- (6) Manuscript writing: All authors.**
- (7) Final approval of manuscript: All authors.**

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contribution description is not required when there is only one author.

### Acknowledgment

a. All contributors who do not meet the criteria for authorship



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should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged.

b. **Funding:** Details of all funding sources for the work in question should be included in the Acknowledgment section. The following rules should be followed: The sentence should begin: 'This work was supported by ...'; The full official funding agency name should be given, i.e. 'National Institutes of Health', not 'NIH' (full RIN-approved list of UK funding agencies);

Grant numbers should be given in brackets as follows: '[grant number xxxx]'. Multiple grant numbers should be separated by a comma as follows: '[grant numbers xxxx, yyyy]';

Agencies should be separated by a semi-colon (plus 'and' before the last funding agency);

Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number 'to [author initials]';

An example is given here: 'This work was supported by the National Institutes of Health [AA123456 to C.S., BB765432 to M.H.]; and the Alcohol & Education Research Council [hfygr667789]';

c. When there is nobody or funding to be acknowledged, please describe as "None".

### Footnote

a. **Conflicts of Interest:** Please refer to 6. POLICIES ON CONFLICT OF INTEREST for detailed description.

b. **Financial Disclose:** Some variables, such as "measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period". When there is no financial disclose, this section should be removed.

### References

The Vancouver system of referencing should be used (examples are given below). 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)"; "malignancies (14-18)"]. 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 four or more, 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. Names of journals should be abbreviated in the style used in PubMed. Authors are responsible for the accuracy of the references.

#### • **Journal article**

1. Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. *Cancer Genet Cytogenet* 1986; 19: 254-52.

#### • **Online article not yet published in an issue**

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

1. Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? *Int J Urol*. DOI: 10.1111/j.1442-2042.2009.02314.x

#### • **Book**

2. Ernstoff M. *Urologic Cancer*. Blackwell Science, Boston, 1997.

#### • **Chapter in a Book**

3. Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). *Bladder Reconstruction and Continent Urinary Diversion*. Year Book Medical, Chicago, 1987; 204-5.

### Equation

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

### Survival curves

Survival curves 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.

Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.

Censored cases should be shown as short vertical lines ("whiskers") on the curves. Alternatively, the exact numbers



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of the cases at each unit time should be shown in an attached table as “No. at risk”.

Events such as death and relapse must not be shown as marks such as open circles or triangles, but as simple stepdowns of the curves.

Labels for curves can be written in the graph area when the curves are far enough from each other.

### Abbreviations and symbols

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.

### Statistics

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.

### Appendix

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.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online.”

### 3. PERMISSION TO REPRODUCE FIGURES, TABLES, VIDEOS 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 acknowledgements 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 totalling 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.

### 4. COPYRIGHTS AND LICENCE

Upon receipt of accepted manuscripts, authors will be required to complete an online copyright licence to publish form. Please note that by submitting an article for publication you confirm that you are the corresponding/submitting author and that VATS Publications may retain your email address for the purpose of communicating with you about the article. You agree to notify the editorial office of VATS immediately if your details change. If your article is accepted for publication the editorial office will contact you using the email address you have used in the registration process. Please note that VATS does not retain copies of rejected articles.

Work submitted for publication must be original, previously unpublished, and not under consideration for publication elsewhere. If previously published figures, tables, or parts of text are to be included, the copyright-holder’s permission must have been obtained prior to submission. For more information on how to obtain permissions, please consult Rights and Permissions.

### 5. PUBLICATION ETHICS

VATS takes publication ethics very seriously. If misconduct is found or suspected during the review process or after the manuscript is published, the journal will investigate the matter and reserves the right to pursue further action to protect the journal and its readers. This may include notification of the authors’ institute or supervisory body. If the offending article has been published, it may be subsequently retracted. Specific guidelines could be referred to: <http://vats.amegroups.com/>





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public/addition/vats/vats-publication-ethics.pdf.

### 6. ETHICAL CONSIDERATION

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.
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- 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:**

- 1) No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- 2) 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.
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- 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.
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- 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:
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