Guide for Authors

Guidance for Specific Article Types

Article Types

Original Research

Article Element Requirements

Abstract length	300 words, structured format, include clinical trial information for randomized controlled trials
Text length	3,200 words
Reference count	50 references

Format

In formatting original research manuscripts for submission to *CHEST* journal, authors are encouraged to consult the following formatting guide [PDF].

A structured abstract should be provided. The abstract should be divided into the following sections: Background, Research Question, Study Design and Methods, Results, Interpretation, and Clinical Trial Registration Number (where applicable). The body of the text should be divided into the following sections: Introduction (not labeled), Methods, Results, Discussion, and Interpretation. Acknowledgements can follow (including author guarantor statement and contributions), then References. Finally, a Take-Home Point pullout will be published. Please provide a sentence for the Study Question, Results, and Interpretation.

Institutional Review Board (IRB) Approval

Most Original Research manuscripts must include a statement relating to institutional review board (or equivalent) approval in the "Methods" section. *CHEST* requires that authors include the committee name and approval number. In multicenter studies, the list of relevant committees and approval numbers may be included as an e-Appendix. See more information on IRB approval.

As they prepare their original research manuscripts, authors are encouraged to review the *CHEST* supplement, "An Overview of Study Design and Statistical Considerations."

Randomized Controlled Trials (RCTs)

CHEST defines a randomized controlled trial (RCT) as "any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes." Authors preparing reports of RCTs for submission to *CHEST* should follow the CONSORT (Consolidated Standards of Reporting Trials) checklist and must include a CONSORT flowchart as Figure 1. Templates for the generation of CONSORT flowcharts are available online.

In addition to following CONSORT, *CHEST* requires investigators to register their clinical trials in an approved public trials registry (see Registration of Clinical Trials and Systematic Reviews below). Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) do not require registration.

For additional information, authors should consult the article entitled "Randomized Controlled Trials" from the *CHEST* supplement on study design and statistical considerations.

Systematic Reviews and Meta-analyses

Authors preparing systematic reviews and meta-analyses for submission to *CHEST* should follow the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) checklist and must include a PRISMA flow diagram as Figure 1 on submission. CHEST strongly

encourages registration of systematic reviews with the PROSPERO registry (see Registration of Clinical Trials and Systematic Reviews below). Additionally, authors are expected to address all items in the checklist in the writing of the manuscript. Those seeking additional guidance regarding the preparation of a systematic review can also consult the Cochrane Handbook for Systematic Reviews of Interventions at http://www.cochrane.org/handbook and the Institute of Medicine's Standards for Systematic Reviews available at http://www.nationalacademies.org/hmd/Reports/2011/Finding-What-Works-in-Health-Care-Standards-for-Systematic-Reviews.aspx.

For additional information, authors should consult the article entitled "Meta-Analysis" from the *CHEST* supplement on study design and statistical considerations.

Registration of Clinical Trials and Systematic Reviews

Authors of reports of clinical trials and systematic reviews should record their investigations in a viable registry (eg, ClinicalTrials.gov, PROSPERO [https://www.crd.york.ac.uk/prospero/]). Approved public trials registries are those that meet the criteria established by the World Health Organization (WHO). To register a trial, authors must submit the details directly to any one of the WHO primary registries. *CHEST* reserves the right to reject papers if it deems the disclosure at the registry to be incomplete. An IRB statement is not a substitute for an approved clinical trial registration.

Authors should update their registrations to reflect any changes in outcomes, including primary and secondary end points, or protocols before participants are enrolled. The methods described in the published report must accord with those previously published in the study registration to avoid even the appearance of scientific misconduct. Furthermore, any changes to the original registration (eg, substituting a secondary outcome as the primary outcome) should be described in detail in the Methods section of the manuscript. Authors who modify their methods should post those changes on the online registry before submitting their manuscripts to *CHEST*.

Surveys/Questionnaire-Based Studies

Investigators who administer surveys and questionnaires as part of their study should obtain copyright permission if needed; no surveys should be adapted without the permission of the developer. Any unapproved changes in how PRO instruments are used or approved changes that have not been psychometrically studied and found to be reliable and valid will invalidate the results.

Authors of studies based on surveys or questionnaires should report on data that have been collected within two years of submission, including supporting reliability and validity data. All survey-based studies should describe the method used to achieve the response rate (eg, Dillman's tailored design method) and should provide a convincing rationale for why lower response rates provide important and generalizable information. Nonrespondents should be characterized well enough to allow for assessment of potential for nonresponse. Authors are encouraged to report outcome rates for most surveys using standardized definitions and metrics (eg, those proposed by the American Association for Public Opinion Research). This information must be detailed in the methods section.

Other Study Types

The Equator Network provides checklists for other types of studies such as the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) statement. Checklists are also available for cohort, case-control, and cross-sectional studies, and authors are encouraged to follow these.

Confidence Interval

For clinical studies, the primary outcome should be expressed as the difference between groups with a confidence interval (CI) around that difference provided in the Abstract and in the main article. In most cases, *P* values should not be presented without an accompanying effect estimate and CI. The CI is useful to readers because it indicates the precision of an estimated population value.

For additional information, authors should consult the article entitled "Statistical Analysis and Reporting Guidelines for CHEST" from the CHEST supplement on study design and statistical considerations.

Matching Language to Level of Evidence

CHEST endorses the HEART Group Statement [1] calling for better matching language in original research to the evidence found in different study designs. [2] In short, in observational studies investigators should use descriptive statements such as "we observed a lower risk" rather than a more definitive statement such as "reduced the risk by" that are more appropriate to RCTs.

1. Editors of Heart Group Journals. Statement on matching language to the type of evidence used in describing outcomes data. *J Am Coll Cardiol.* 2012;60(23):2420.
2. Kohli P, Cannon CP. The importance of matching language to type of evidence: avoiding the pitfalls of reporting outcomes data. *Clin Cardiol.* 2012:35:714-717.

Research Letter

Guidelines and Consensus Statements

Invited Content

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