# CHEST Instructions for authors

CHEST uses Editorial Manager (<https://www.editorialmanager.com/chest>) for manuscript submission and peer review. Submissions received by e-mail or mail will not be considered. Each submission is assigned a manuscript tracking number that will appear in the e-mail that confirms your submission has been received. Please contact [Researcher Support](https://service.elsevier.com/app/home/supporthub/publishing/) for all technical queries related to Editorial Manager. Please provide this tracking number on any correspondence regarding the manuscript.

#### **Peer Review Information**

Authors are encouraged (and in the case of Original Research required) to provide the names of qualified reviewers who have had experience with the subject matter, but who are not affiliated with the same institution(s) as the author(s). CHEST will make the final selection of peer reviewers.

This journal uses double anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](https://www.elsevier.com/reviewers/what-is-peer-review) is available on our website. To prepare your manuscript for submission, please upload the following separately:

1. **Cover Letter**
2. **2. Title page (with complete author details)**: This should include the title; authors' names; affiliations; author acknowledgments; complete institutional review board information, including the approving organization and approval number (as relevant); and a complete mailing address for the corresponding author including an e-mail address.
3. **Anonymized manuscript (no author details):** The main body of the paper (including the references, figures, tables and disclosures) should not include any identifying information, such as the authors’ names or affiliations. More information on what to include in the manuscript is below:
   * **Key words list**
   * **Abbreviations list**
   * **Abstract**
   * **Text**
   * **Acknowledgments (include in Title page)**
   * **References**
   * **Tables**
   * **Figure legends**
4. **Figure files**
5. **Supplemental material**
6. **Permissions**
7. **Patient consent**
8. **Conflict of Interest form**

## MANUSCRIPT FILE

#### [**Your Paper Your Way**](https://www.elsevier.com/authors/tools-and-resources/your-paper-your-way)

To simplify the submission process for authors, CHEST journal does not require any specific formatting at original submission. The Journal will request that authors format their manuscripts at the revision stage.

#### **Title Page**

The title page should be submitted as the first page of the main manuscript file and should include the following elements:

* **Word counts** for the text and abstract in the upper left-hand corner
* **Title** and short title/running head (of 50 characters or less) to be used in mobile formats
* **Author list** showing all names in the order and format that they are to appear on the publication. Also, include any middle initials and the highest degree obtained, as well as institutional affiliations. NOTE: Complete author information, including names, e-mail addresses, and institutional affiliations must also be entered in Editorial Manager to facilitate the collection of the required forms.
* **Institutional review board** (or equivalent) approval information, including the name of the approving organization and the approval number, where applicable
* **Corresponding author information** with full mailing address and e-mail address (will appear on publication). Do not include phone or fax numbers on the title page.
* **Summary conflict of interest statements** for each author (or a statement indicating no conflicts exist for the specified author[s])
* **Funding information** including any **NIH grant numbers** where applicable
* **Notation of prior abstract publication/presentation** including the name, date, and location of the relevant meeting
* **Acknowledgement** of all authors' contribution(s) to the research and manuscript.

#### **Key Words List**

An alphabetical list of ideas or topics central to the study.

#### **Abbreviation List**

An alphabetical list of all abbreviations used in the paper, followed by their full definitions, should be provided on submission. Each abbreviation should be expanded at first mention in the text and noted parenthetically after expansion. Abbreviations should only be used for terms that appear more than three times in text. To aid readers, please use abbreviations sparingly.

#### **Abstract**

For Original Research studies (clinical trials, interventional studies, cohort studies, case-control studies, epidemiologic assessments, surveys, systematic reviews, and meta-analyses), the abstract should consist of the following sections:

1. Background
2. Research Question
3. Study Design and Methods
4. Results
5. Interpretation
6. Clinical Trial Registration (registrar, website, and registration number), where applicable

For all other manuscript types requiring abstracts, *CHEST* requires a narrative (unstructured) abstract. More information is available in [Guidance for Specific Article Types](https://journal.chestnet.org/authinfo_articletype).

#### **Text**

##### **Subheadings Within Articles**

No more than 8 subheadings per article (in addition to headings such as as Study Design and Methods, Results, Discussion, and Interpretation). Each subheading can consist of only 5 words, including words such as a, an, the, and and.

#### **Acknowledgments**

The acknowledgments section will vary slightly by article type. Possible elements include:

1. **Guarantor** statement, naming one author who takes responsibility for (is the guarantor of) the content of the manuscript, including the data and analysis ( **Original Research**)
2. **Author contributions** should define the individual contributions each author made to the development of the manuscript and should include at minimum the three criteria required for [**Authorship**](https://journal.chestnet.org/authinfo_gpp)as defined by CHEST (required for **Original Research**). If several authors made the same type of contributions, it is acceptable to combine them. An example author contribution line is: "MLM had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis, including and especially any adverse effects. MLM, MT, NAW, DRG, VAD, and EG contributed substantially to the study design, data analysis and interpretation, and the writing of the manuscript."
3. **Financial/nonfinancial disclosures** should match those provided on the title page
4. **Role of the sponsors** should detail what input or contributions, if any, were provided by the funding sources in the development of the research and manuscript
5. **Other contributions**

#### **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. If the first (or only) mention of a reference appears in a table, place the reference number after the table call out in text. For example, if a reference is in Table 3 and has not been called out any earlier in the text, then the text call out should be, eg, "Table 3 27...". This will preserve numbering in citation management software. The full citations must be listed in numerical order at the end of the text. Each reference must contain, in order, the following:

* **Authors** (last name and initials), listing all when there are up to six; first three followed by et al in the case of more than six authors
* **Title** of article (sentence case, no quotation marks)
* **Publication** source (italicized), when referring to a journal, the journal name should be abbreviated according to ***Index Medicus***
* **Year** of publication
* **Volume** number
* **Issue** number
* **Page** numbers (inclusive)

##### **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.

##### **In-Press Journal Article**

1. Annane D, Sebille V, Charpentier C, et al. Effect of treatment with low doses of hydrocortisone and fludrocortisone on mortality in patients with septic shock. JAMA. Forthcoming.

##### **Journal Article Published Ahead of Print (Online First)**

1. Kitajima TS, Kawashima SA, Watanabe Y. The conserved kinetochore protein shugoshin protects centromeric cohesion during meiosis [published online ahead of print March 21, 2010]. . doi:10.1038/nature02312 Nature. doi:10.1038/nature02312

##### **Book**

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

##### **Book Chapter**

1. 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**

1. 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 Manual of Style. 1  
  
References

1. American Medical Association. AMA Manual of Style: A Guide for Authors and Editors. 10th ed. New York, NY: Oxford University Press; 2007.

##### **Data References**

We encourage you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Tables

Tables should be self-explanatory and should not duplicate text material. They must be numbered and cited in consecutive order in the text. Each must have a succinct title, column and row headings, and (where appropriate) a legend describing abbreviations and lettered footnotes at the bottom of the table. Tables should not contain any shading or special symbols and any special formatting (bold, italics) must be explained in the legend. Tables consisting of more than 10 columns are unacceptable and will not be published. Tables should be provided as word processing documents, not in a spreadsheet file format or as an image file. Tables may be added at the end of the main document file.

Permissions for any republished tables should be noted in the legend.

Tables used to describe or compare literature should include a column with the following information from the source publication: lead author last name, year of publication, and a numbered citation that corresponds to the full reference in the manuscript reference list.

#### **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. Stains and magnifications for all photomicrographs should be included in the legend. Any image manipulation (eg, splicing) should be described in the legend. Permissions for any republished figures and any required patient consent lines for identifiable images also should be noted in the legend.

#### **Supplemental Guidance**

Additional information regarding formatting guidelines is available in the [contributor resources](https://journal.chestnet.org/resources/).

## FIGURES

Please make sure that artwork files are in an acceptable format (TIFF, JPEG, PDF, or EPS) and with the correct resolution. Color figures are published free of charge. Figure labels should follow AMA and *CHEST* journal style. For example:

* “P” should be capitalized and italicized in *P* values
* Add commas to numbers with four or more digits
* Use superscript letters (eg, a, b, c) for footnotes
* Use “control subjects” instead of “controls”
* Use capital “N” for total sample size
* Use “patients with COPD” instead of “COPD patients”

For further information on figure preparation, please see [https://www.elsevier.com/artworkinstructions.](https://www.elsevier.com/artworkinstructions)

Radiologic or other diagnostic examination figures or other diagnostic testing figures should have all patient-related numbering (including test date or medical record numbers) or wording removed prior to submission.

## INTERACTIVE DATA VISUALIZATION

Include interactive data visualizations in your publication, and let your readers interact and engage more closely with your research. Follow the instructions [here](https://www.elsevier.com/authors/author-resources/data-visualization) to find out about available data visualization options and how to include them with your article.

## SUPPLEMENTAL MATERIAL/APPENDICES

Authors may submit supplemental material (ie, material that will be published only with the online version of the journal) if it enhances a study. The main text must stand alone, and the use of supplemental material should be judicious. The same standards for ethics, copyright, permissions, and publication quality for the full-text article apply to all supplemental material. If any of the material included as supplemental material has been previously published, the authors are responsible for obtaining the required permissions and attributing the source material. Appendices no longer appear in CHEST articles, but may be included as supplemental material, labeled e-Appendix. Lists of study participants and multicenter institutional review board data are examples of content that is appropriate for e-Appendices.

#### **Numbering**

Each component of the supplemental material should be numbered and cited in consecutive order in the text of the article. Authors should not intersperse supplemental material consecutively with material for the print edition. The following convention should be used for labeling and numbering material:

* **e-Table:** number as e-Table 1, e-Table 2, etc.
* **e-Figure:** number as e-Figure 1, e-Figure 2, etc.
* **e-Appendix:** number as e-Appendix 1, e-Appendix 2, etc.
* **Audio:** number as Audio 1, Audio 2, etc.
* **Video:** number as Video 1, Video 2, etc. (note, if shorter videos are combined into a single file, label each portion, eg, Video 1A, Video 1B, etc.)

Example: The distribution of missed bronchoscopy skills data points across centers and bronchoscopy milestones are depicted in e-Figure 1.

#### **Formats**

The manuscript title, author list, and heading Supplemental Material should be included at the beginning of each file. The following formats can be uploaded as Online Content Only in Editorial Manager:

* **Video:** Quicktime (.mov), Windows media (.wmv), Audio Video Interleave (.avi), animated GIF (.gif), .mpeg, and .mp4. All movie clips should be provided at the desired size and length (10 MB or 5 min maximum). Before submitting, authors should verify that clips are viewable in QuickTime or Windows Media Player. In addition, a brief text description should be provided in a word processing document explaining the video. Authors are encouraged to supply a still image of the video file for inclusion as reference in the print version of the article
* **Audio:** .mp3, .wav, .au. In addition, a brief text description should be provided in a word processing document explaining the audio file.
* **Tables:** Must be provided as Word files.
* **Figures:** .tiff, .png, .jpeg, and .gif. One text document (in Microsoft Word) should be provided that contains brief captions for all figures.
* **Text:** Microsoft Word (.doc, .docx), .rtf, and .txt files.

#### **References**

References in supplemental material should be numbered consecutively beginning with 1; if a reference appears in both the main article and the supplemental material, it will likely have a different reference number. Supplemental material should be thought of distinctly in this regard.

## INCLUSIVITY

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader; should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture, or any other characteristic; and should use inclusive language throughout. Examples are included below; for additional information, see the AMA Manual of Style, 11th Edition, and JAMA. 2021;326(7):621-627. doi:10.1001/jama.2021.13304.

#### **Sex and Gender**

* Use gender-inclusive language, including nonbinary nouns and pronouns unless sex or gender is important to the message being conveyed (eg, artificial *not* manmade; individuals who are lactating *not* women who are breastfeeding).
* Avoid including information on sexual orientation unless it is important to the study or message being conveyed. Descriptions of sexual behaviors (eg, “men who have sex with men”) may be more appropriate than referring to sexual orientation.

#### **Race and Ethnicity**

Reporting in Research Articles

* All demographic information collected as part of a study should be described in the Study Design and Methods and reported in the Results.
* Methods should include an explanation of how race and ethnicity were determined (eg, self-reported, electronic health record)
* If race and ethnicity are collected and assessed, authors should include in their Methods an explanation for why.
* Categories for race and ethnicity should be presented in alphabetical order. The categories in “Other” should be defined and reported. Avoid the use of “non-White.”

Terms and Usage

* Do not use race or ethnic terms as nouns; use the adjectival form instead (eg, Asian patient).
* Use specific rather than general terms (eg, Navajo participants vs American Indians; ethnic minority groups vs minorities). This includes collective terms including "people of color.” Include all race and ethnicity categories being described for clarity.
* Capitalize all names of races, ethnicities, and tribes (eg, Alaska Native, Black, Latino, White).

#### **Persons with Disorders, Diseases, or Disabilities**

Use person-first language that puts the person before the disease, condition, or ability status being described. Avoid stigmatizing language. Examples:

|  |  |
| --- | --- |
| **Avoid** | **Preferred** |
| Lung cancer patient | Patient/person with lung cancer |
| Smoker | Patient/person with active tobacco use OR patient/person who smokes |
| Alcoholic | Patient/person with alcohol misuse disorder |
| Nicotine addict | Patient/person with nicotine dependence |
| Former smoker | Patient/person who previously smoked |
| Nonsmoker | Patient/person who doesn’t smoke |

Eliminate stigmatizing or blame language. Examples:

|  |  |
| --- | --- |
| **Avoid** | **Preferred** |
| Noncompliant | Unable to/Not able to |
| Patient progressed | Disease progressed |
| Prevention | Risk reduction |
| Chief complaint | Chief concern |
| Patient failed treatment | Treatment failed patient |

#### **Age**

Avoid ageism and “othering” terms that convey stereotypes (eg, senior, elderly). Instead, be specific (eg, aged 65 years and older) or use terms such as “older adult.”

#### **Socioeconomic Status**

Avoid terms that label the individual (eg, poor, unemployed). Use person-first language (eg, low income, no income).