



PROCEDURES FOR PREPARING MANUSCRIPT AND ONLINE SUBMISSION

Authors must submit all manuscripts electronically. To submit a manuscript, please prepare your manuscript according to the instructions set forth in detail at www.chestnet.org/misc/infora.shtml and at the *CHEST* Manuscript Central home page (<http://mc.manuscriptcentral.com/CHEST>). Please verify that your submission is complete, using the *CHEST* Manuscript Central checklist, to avoid return of your submission and attendant delays.

While preparing your manuscript, please read and comply with the *CHEST* policies provided here.

CHEST POLICIES

Uniform Requirements for Manuscripts Submitted to Biomedical Journals and Other Referenced Guidelines

CHEST has agreed to follow the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (the "Uniform Requirements") of the International Committee of Medical Journal Editors (ICMJE),¹ the full text of which is available at www.icmje.org. The manuscript submission instructions set forth at www.chestnet.org/misc/infora.shtml and the policies set forth here are generally in accordance with the February 2006 version of the Uniform Requirements. In several places below, we reference the Uniform Requirements and other requirements and guidelines that *CHEST* also has adopted (eg, recommendations from the World Association of Medical Editors [WAME]). Each author is responsible for fully understanding all requirements listed below and all requirements incorporated by reference. We recommend that authors view the full text of referenced requirements to ensure full comprehension.

Please read *CHEST's* rules and policies carefully. Authors are expected to adhere to strict ethical standards. *CHEST* has instituted many requirements to address ethical considerations. However, due to the difficulty of anticipating every ethical issue relating to manuscript submission, the list of requirements might not be all-inclusive. Nevertheless, authors' obligation to be ethical is all-inclusive. Before submission, you should ensure that your manuscript, and any research upon which it is based, complies with all of the requirements.

Ethics of Publication

Authorship and Contributorship

Following the recommendations contained in the Uniform Requirements,¹ *CHEST* defines "author" as a person who has participated sufficiently in the work to take public responsibility for portions of the content. Specifically, an author is a person who (1) has made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; (2) has drafted the submitted article or revised it critically for important intellectual content, and (3) has provided final approval of the version to be published. Any person who does not meet all three of the listed criteria does not qualify as an author and should not be designated as an author. By way of example, a person does not qualify for authorship by acquiring funding, collecting data, providing technical help or writing assistance, and/or generally supervising the research group.

When authorship is attributed to a group, all authors must meet the listed criteria and must be responsible for the quality, accuracy, and ethics of the work. All authors must participate in determining the order of authorship, and each author must be prepared to explain the order in which authors are listed in the submission. For reports containing original data, at least one author (eg, the principal investigator) must indicate that he or she had full access to all the data in the study and that he or she takes responsibility for the integrity of the data and the accuracy of the data analysis. The corresponding author is the guarantor, and must assume full responsibility for the integrity of the submission as a whole, from inception to published article. *CHEST* reserves the right to clarify each author's role, based upon information collected from authors in connection with their submission.

Those persons who contribute to the submitted manuscript, without qualifying as authors, should be listed (with their written permission) in an acknowledgments section, together with a description of their individual contributions and institutional affiliations.

Avoidance of Ghost Authorship

In accordance with the policies of ghost authorship adopted by WAME as outlined at www.wame.org/wamestmt.htm#ghost, authors must acknowledge all persons who have made substantial contributions to writing a manuscript. (See discussion above regarding

Instructions to Authors

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contributorship.) This requirement covers any and all editorial or authorship contributions made on behalf of outside organizations, persons, funding bodies, or persons hired by funding bodies, with a commercial interest in the topic covered by the manuscript. At the same time, authors must include a specific statement regarding funding for the work and fully disclose any potential competing interests.

Privacy and Informed Consent

Authors must omit from their manuscripts any identifying details regarding patients and study participants, including patients' names, initials, social security numbers, or hospital numbers. Patient details may be included only if reporting the details is essential for scientific purposes and authors obtain written informed consent for publication from the patient or parent or guardian. Authors should indicate in their manuscripts that they have obtained informed consent. In addition, all authors are responsible for ensuring that their manuscript complies with the Health Insurance Portability and Accountability Act (HIPAA) (www.hhs.gov/ocr/hipaa). Authors must also obtain Institutional Review Board (IRB) approval (see "Study Design and Ethics" section below) for all studies involving patients.

Duplicate/"Salami" Publication

Submissions will be considered for publication in *CHEST* only if they are submitted solely to *CHEST* and do not overlap substantially with a published article.² Any manuscript that has similar or near similar hypothesis, sample characteristics, methodology, results, and conclusions to a published article is a duplicate article and is prohibited. *CHEST* also prohibits so-called "salami" publishing, which involves slicing of data collected from a single research process or during a single study period, into different pieces, that form the basis of individual manuscripts published in different journals or the same journal. If any material related to the submission (other than a brief abstract or meeting abstract) has been published in any medium, is in preparation, or has been submitted or accepted for publication elsewhere, authors must provide copies of all such manuscripts and other materials, as well as outline the relationship of all materials to one another to avoid any possibility of duplicate publication. For this purpose, authors must disclose republication of a paper in another language and publications in journals with a different reader base, as well as articles that relate to the same or similar pool of data described in the submitted article.

Although *CHEST* does not treat publication of an abstract as a duplicate publication, *CHEST* requires disclosure of the publication. Authors should refrain from holding press conferences to publicize their abstract results. In *CHEST* Manuscript Central you can attach electronic copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript to be considered by *CHEST*.

Preliminary Reporting

After a submission is accepted for publication in *CHEST*, authors must obtain *CHEST's* advance approval before reporting any scientific information in their article to public media, governmental agencies or manufacturers. To view *CHEST's* embargo policy on release of information to the press about upcoming content, go to www.chestnet.org/about/press/embargopolicy.php

Ethics of Investigation

Registration of Clinical Trials

CHEST defines a clinical trial according to the ICMJE definition. A clinical trial is any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention (eg, drugs, devices, surgical procedures) and a health outcome.

CHEST requires investigators to register their clinical trials (other than phase 1 trials) in a public trials registry. *CHEST* requires that clinical trial begun after July 1, 2005, be registered for the paper to be considered for publication. Even if the trial was begun before that date, *CHEST* requests authors to register with a clinical trials database. To be satisfactory, the registry must be open to all trials free of charge, electronically searchable, and otherwise meet the ICMJE requirements. As an example, registering at the National Library of Medicine registry (available at www.clinicaltrials.gov/) is permissible. *CHEST* reserves the right to decline papers if, in its discretion, it deems the disclosure at the registry to be incomplete.

Instructions to Authors

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Study Design and Ethics

High quality research should be well justified, well planned, and appropriately designed. Outcomes and statistical issues should be addressed and specified at the beginning of the study, and data must be well documented and analyzed according to strict quality control standards. Any fabrication, falsification, concealment, deceptive reporting, or misrepresentation of data constitutes scientific misconduct. *CHEST* may require authors to provide documentation to demonstrate compliance with the requirements described here, as well as the data on which the manuscript is based. **It is particularly important that authors report any adverse effects discovered in the course of their investigation and any changes to the protocol that were implemented after the study began.**

In manuscripts that report data from randomized clinical trials, authors should follow the flow diagram or checklist in Consolidated Standards of Reporting Trials (CONSORT) format and provide all of the information required by the CONSORT checklist. If necessary, information may be submitted in a separate document accompanying the manuscript submission. The CONSORT information is available at www.consort-statement.org.

For all human research, authors must specify whether the procedures used were in accordance with the recommendations found in the Helsinki Declaration of 1975.³ Appropriate informed consent must have been obtained from the subjects (see requirement above). Investigational protocols must have been reviewed and approved by a formally constituted IRB for human studies.⁴ Authors must state in their Methods section that they have received IRB approval for their study or have received a statement from the IRB that IRB approval was not necessary for the following reasons: When in doubt, authors should obtain IRB approval, even in the case of retrospective studies. In the submission of selected series such as case reports that have no Methods sections, authors must address the IRB issue in the cover letter to *CHEST*.

For all animal studies, research must conform to National Research Council guidelines⁵ as well as local and state regulatory principles or requirements. The guidelines are posted at www.nap.edu/readingroom/books/labrats/.

Author Disclosures of Conflicts of Interest

Each and every author *must* disclose all personal or financial relationships that have any potential to inappropriately influence (bias) his or her actions or manuscript, even if the author believes that the relationship cannot and will not affect his or her judgment or actions. If no such relationships exist, the author *must* include the statement “no financial or other potential conflicts of interest exist.” A conflict of interest includes involvement with any organization with a direct financial, intellectual, or other interest in the subject of the manuscript (eg, an author is an employee, consultant, shareholder, or paid expert witness of the organization). **This required disclosure must be listed on the title page of the manuscript, together with a statement of all grants and sources of financial support related to the topic or topics of the manuscript.**

Any other potential conflicts of interest must be outlined in the cover letter to *CHEST*. For example, authors must describe conflicts of interest stemming from personal relationships, academic competition and/or intellectual passion, as well as financial or other involvement with any organization having an indirect interest in the subject of the manuscript. An organization has an indirect interest, if, for example, it holds a minority ownership interest or has a relevant marketing arrangement.

A good rule of thumb is: when in doubt, disclose. Having a conflict of interest will not automatically preclude publication of a manuscript in *CHEST*, but the conflict and its proper disclosure (and, in some cases, elimination) are relevant to the editorial decision. Note, for example, that Editorials present a special case. Because Editorials often contain individual opinions and personal interpretation of literature and data, authors of Editorials should not have any material financial interest in a company or other organization that makes or supports a product (or competitor of any product) discussed in the Editorial.

If an article is accepted for publication, *CHEST* will determine what, if any, pertinent parts of an author's conflicts of interest disclosures will appear with the article. Failure to disclose an actual or potential conflict of interest is unethical and is prohibited by *CHEST*.

Instructions to Authors

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Tobacco Policy

CHEST will not consider manuscripts that have been supported by tobacco companies or contain the results of research that was funded by tobacco companies.

CHEST Author Agreement

Each submission must include a copy of the *CHEST* Author Agreement signed by each and every author (including federal government employees). A copy of the Author Agreement can be found in each issue of the journal and on the journal web site (available at www.chestjournal.org/misc/chest4.shtml). Authors should download the agreement and complete, sign, and fax it to 847-498-5460. By signing the agreement, each author agrees to his or her obligations and makes certain representations in connection with the submission. Among other things, each author is asked to represent that: 1) he or she has participated sufficiently in the research and analysis of data, as well as the writing of the manuscript, to qualify as an "author" under *CHEST's* definition; 2) no portion of the work or a related work has been published previously or is in preparation for or under consideration for publication elsewhere, except as outlined either on the title page of the manuscript or in the cover letter accompanying the submission; 3) all actual and potential conflicts of interest have been disclosed; and 4) all information provided to *CHEST* in connection with the submission is true and complete, and complies with *CHEST's* policies.

COPYRIGHT ASSIGNMENT

By signing the *CHEST* Author Agreement, as required, each author assigns all of his or her intellectual property rights (including U.S. and foreign copyrights) in the submission to *CHEST*, subject to the exceptions specified in the *CHEST* Author Agreement. An author's intellectual property rights transfer to *CHEST* only if a manuscript is accepted for publication. If a manuscript is rejected, each author retains his or her original intellectual property rights.

Responding to Allegations of Possible Misconduct

Whenever *CHEST* has concerns, or receives allegations, of scientific misconduct or other unethical conduct, *CHEST* reserves the right to proceed according to the procedures described below and to the guidelines issued by the Office of Research Integrity (ORI).⁶ *CHEST* might not learn about every instance of actual or

possible misconduct. However, *CHEST* recognizes its responsibility to appropriately address concerns and allegations of misconduct that *are* known or brought to *CHEST's* attention.

CHEST's policy and procedures cover all types of misconduct. Some examples of misconduct include falsification of data, plagiarism (both plagiarism of others and self-plagiarism), improper designations of authorship, duplicate publication, misappropriation of others' research, failure to disclose conflicts of interest, and failure to comply with applicable legislative or regulatory requirements. Misconduct also includes failure to comply with any of *CHEST's* other ethical rules and policies not specifically enumerated here, and other behaviors specified in the ORI guidelines.⁶

All concerns or allegations of misconduct will be referred to *CHEST's* ethics subcommittee for review, with notice to *CHEST's* publisher, The American College of Chest Physicians. The ethics subcommittee will then request from all of the involved parties a written explanation of the circumstances surrounding the potential misconduct, and may consult experts who are blinded to the identity of the individuals and institutions involved. The subcommittee's goal will be to determine whether there is a reasonable possibility of misconduct.

CHEST's Editor in Chief has final authority to respond to any reasonable possibility of misconduct identified by the ethics subcommittee. Responses may vary depending on the apparent severity of possible misconduct, the surrounding circumstances, and responses received from the individuals and institutions involved. Responses may include one or more of the following:

- Sending a letter of explanation only to the person(s) involved or against whom the allegation is made. This response might be appropriate if the person(s) seemed to have acted with a genuine and innocent misunderstanding of policy or procedure.
- Sending a letter of reprimand to the same person(s), warning of the consequences of future, similar instances. This response might be appropriate if the misunderstanding of policy or procedure appears to be not entirely innocent.

Instructions to Authors

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- Sending a letter to the relevant head of the educational institution and/or financial sponsor of the person(s) involved, expressing *CHEST's* concerns and including the information collected by *CHEST's* ethics subcommittee. This response might be appropriate if actual misconduct seems probable, in which case a formal review and determination are advisable. *CHEST* might request a written report of the findings of the investigation.
- Publishing in *CHEST* a notice of duplicate publication, "salami" publishing, plagiarism, or other misconduct, if unequivocally documented. In cases of ghost-written manuscripts, the notice may include the names of the responsible companies as well as the submitting author(s).
- Providing specific names to the media and/or government organizations, if contacted regarding the misconduct.
- Formally withdrawing or retracting the manuscript at issue from *CHEST*, and informing readers and indexing authorities, if an institution makes a formal finding of misconduct.
- Posting a notice on the WAME Listserve and/or communicating within other forums regarding the circumstances of the misconduct.
- Banning an author or authors from publishing any manuscript in *CHEST* for a specified time period, with notice to the author(s)' institution.

REFERENCES

- 1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Available at: www.icmje.org. Accessed June 7, 2006
- 2 Block AJ. Duplicate publication [editorial]. *Chest* 1998; 114:951.
- 3 World Medical Association Declaration of Helsinki. Recommendations guiding physicians in biomedical research involving human subjects. *JAMA* 1997; 277:925-926
- 4 Code of Federal Regulations Title 45 (Public Welfare) Part 46 (Protection of Human Subjects). Available at: www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm. Accessed June 7, 2006
- 5 Institute of Laboratory Animal Resources, National Research Council. Guide for the care and use of laboratory animals. Washington, DC: National Academy Press, 1996. Available at: www.nap.edu/readingroom/books/labrats/. Accessed June 7, 2006
- 6 Office of Research Integrity. Managing allegations of scientific misconduct: a guidance document for editors. Available at: <http://ori.dhhs.gov/>. Accessed June 7, 2006

MANUSCRIPT HANDLING

Tracking and Correspondence

Receipt of a manuscript is acknowledged via e-mail from the Editorial Office through the *CHEST* Manuscript Central system. Each submission is assigned a manuscript tracking number, which will appear in that e-mail. Please provide this tracking number on all correspondence regarding the manuscript.

CHEST will correspond with only one author on each submission. It is the responsibility of the designated corresponding author to communicate with the coauthors.

Peer Review

All submissions are subject to peer review. *CHEST* will send manuscripts to outside reviewers selected from an extensive database. Authors are invited to provide the names of particularly qualified reviewers who have had experience in the manuscript subject, but who are not affiliated with the same institution(s) as the author(s). Authors may also suggest names of individuals who they would prefer not to review their paper. *CHEST* reserves the right to make the final selection of peer reviewers. *CHEST* also reserves the right, in its discretion, to determine the number and kind of manuscripts sent for review, the number of reviewers, the reviewing procedures, and the use made of reviewer's opinions. In addition to scientific merit, the Editor in Chief reserves the right to evaluate papers without external peer review based on the Editor in Chief's opinion on how well the subject matter relates to the interest of readers of *CHEST*.

Effort is made to complete the review process in a timely manner. There is no guarantee regarding turnaround time.

Instructions to Authors

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Manuscript Editing

All accepted manuscripts are subject to copyediting for conciseness, clarity, grammar, spelling, and *CHEST* style. The corresponding author will receive galley proofs to review before publication. Care should be exercised in this stage of review so as to avoid publication of errata or retractions.

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