

# ANNALS OF CARDIOTHORACIC SURGERY

## STANDARDIZED STRUCTURE FOR SYSTEMATIC REVIEW WITH/WITHOUT META-ANALYSIS

The *Annals of Cardiothoracic Surgery* (ACS) is a premier multimedia journal that has a focused theme in each issue. We emphasize on a standardized reproducible publication structure that is designed so that it is easy for the authors and readers to follow. This document is a structured template for writing a Systematic Review with/without Meta-analysis.

### FONT

The preferred text format is a Microsoft Word document. A readable font (e.g., Arial, Calibri, Times New Roman, or Verdana) with 10 or 12 pt. font size is preferred. Line spacing should be 1.5. There should be a space between each paragraph/bullet point.

### TITLE PAGE

**Title:** maximum 200 characters

**Authors:** include those who have contributed intellectually and practically. For all authors please include first name, middle initial (if appropriate) and last name.

**Institutions:** primary and affiliated institutions, including Department, Institution, City and Country.

**Corresponding author:** include first name, middle initial (if appropriate), last name, postal address (including Department, Institution, City and Country) and e-mail address. Also include the telephone number and fax number for the corresponding author.

**Keywords:** 3-5 keywords

**Running head:** 60 characters maximum

### STRUCTURED ABSTRACT

The structured abstract is limited to 300 words. The abstract should contain the following subheadings: *Background, Methods, Results and Conclusions.*

**Background:** preferably 2 to 3 sentences about the topic under investigation, controversies, and the primary objective(s) of the review.

**Methods:** one brief paragraph about search strategy, population/intervention of interest, inclusion and exclusion criteria.

**Results:** one paragraph about the main research results,

including demographic data, primary outcome measures (eg. short-, mid- or long-term outcomes) and secondary outcome measures.

**Conclusions:** preferably one sentence on the main conclusion and/or clinical implications. This should be limited to the primary results of the study, without any further discussions.

### BODY OF TEXT

The following sections must be written in proper narrative prose with complete sentences. The word limit is 6000 words. Systematic reviews/meta-analyses should follow the IMRaD style (*Introduction, Methods, Results and Discussion*), and comply with the PRISMA checklist.

**Introduction:** Should be succinct. Suggested content includes background to the topic, existing clinical practice/understanding, current controversy and reasons for undertaking this review, and primary and secondary objectives.

**Methods:** Preferably three or four paragraphs that focus on the following subheadings:

*Literature search strategy:* summary of databases and time limits, search terms, any other sources (eg guidance from other experts).

*Eligibility criteria:* details of inclusion and exclusion criteria. For example, the type of study (randomized trials, observational studies, comparative studies), patient population, intervention, size of study.

*Data extraction and critical appraisal:* summary of how the data is extracted (eg number of researchers, resolution of conflicts), and how the quality of the evidence is to be evaluated. Also detail how risk of bias will be assessed.

*Statistical analysis:* explain how the results will be presented (as mean, median, or range etc), and what statistical method will be used to analyze/summarize the data. Identify the statistical software used if relevant.

**Results:** Preferably include structured subheadings:

*Quantity of evidence:* summary of results of the search strategy, including total number of studies identified, and final number of included articles. Please include a PRISMA diagram, as well as any other pertinent information related to the search.



*Quality of evidence:* summary of the quality of the studies, including methodological quality, internal/external validity, and any other formal quality assessment instrument used. Also detail assessment of risk of bias.

*Basic demographics:* if applicable, include basic demographics of the patient set and relevant surgical indications/procedures/details.

*Assessment of primary and secondary endpoints:* results should be tabulated; a statistical summary of relevant outcomes should be provided; and primary and secondary outcome measures need to be systematically presented (eg. safety and efficacy, survival, quality of life, cost analysis, etc).

**Discussion:** should be structured, including but not limited to: 1) statement of principal findings; 2) interpretation and discussion of the principal findings

in relation to other studies, (important differences in results); 3) weaknesses and limitations of the study (level of evidence, sample size, confounding factors, lost to follow up and other reasons for bias); 4) meaning of the study: generalizability to other populations and implications for clinicians and policymakers; and 5) unanswered questions and future research.

## REFERENCE

No limits

## ACKNOWLEDGMENTS

Study funding/potential competing interests.

## SUBMITTING ONLINE

Manuscripts should be submitted online (<http://www.annalscts.com/author/submitYourManuscript>).

