

AORTA

Author Instructions

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SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:

<https://www.editorialmanager.com/aorta>

- AUTHOR INFORMATION**
 - All authors: full name, academic degree(s), departmental and institutional affiliation(s)
 - Corresponding author: full name, academic degree(s), department, affiliation, mailing address, telephone and fax number, e-mail address
 - Conflict of interest statement in respect to all authors
- MANUSCRIPT FILE**
 - Must be digital - hard copy submissions are not accepted. See the section Article Types for word limit and main text structure
- ABSTRACT AND KEYWORDS**
 - See the section Article Types for word limit and abstract structure
- REFERENCES**
 - Cited sequentially in AMA style
- TABLES & FIGURES**
 - Cited sequentially in the main document
 - Tables must be included in the main document file and Table captions should appear above every table
 - Must be saved separately from the main document
 - The main document should have a "Figure Captions" section (if figures are used)
- VIDEOS**
 - Cited sequentially in the main document, must be saved separately from the main document
 - The main document should have a "Video Captions" section (if videos are used)
- PERMISSIONS**
 - Required if you plan to reproduce content from a published source or include a photograph of a patient
 - Patient permission forms available at www.thieme.com/journal-authors

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General Manuscript Format

The Editors of *AORTA* are pleased to welcome submissions in the form of original articles, brief communications, review articles, case reports, and submissions in other categories (see below) on topics pertaining to the aorta and its first order branches. We welcome multi-disciplinary submissions dealing with anatomy, pathology, pathophysiology, embryology, imaging, clinical care, surgical care, endovascular care, genetics, molecular genetics, engineering analysis, and technical innovations or products. We welcome review articles accepted submissions will be published as State-of-the-Art reviews. The Editors aim specifically to appeal to a broad variety of disciplines and specialties and to bring these disciplines together for cross-fertilization of ideas.

Article Types

The following graph shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Total number of words in the text (including the abstract, manuscript text, references, figure captions)	Abstract Limit	Keywords Limit	Title Limit (characters excluding spaces)	Figures/ Tables	Maximum # of References
Original Research Article	5,000 words	300 words	3-5 keywords	120 characters	Up to 8 figures/tables	25 references
Review Article	7,000 words	300 words	3-5 keywords	120 characters	Up to 8 figures/tables	45 references
Case Report	1,500 words	75 words	3-5 keywords	120 characters	Up to 5 figures/tables	8 references
Images in Aortic Diseases	500 words	75 words	3-5 keywords	120 characters	Up to 5 figures	5 references
How I Do It	2,500 words	75 words	3-5 keywords	120 characters	Up to 5 figures/tables	8 references
Historical Perspective	5,000 words	75 words	3-5 keywords	120 characters	Up to 8 figures/tables	45 references
Basic Science for the Clinician	5,000 words	300 words	3-5 keywords	120 characters	Up to 8 figures/tables	45 references
Letter to the Editor/ Editorial Commentary	500 words	Abstract not required	3-5 keywords	60 characters	1 figure or 1 table	5 references
Special Feature Article*	5,000 words	75 words	3-5 keywords	120 characters	Up to 8 figures/tables	25 references

* Please review the additional information regarding Special Feature articles in the "Specific Guidelines" section below

Specific Guidelines for Each Article Type

Original Research Article

- We encourage submission of Original Research articles based on clinical or laboratory work in any of the disciplines related to the aorta and its branches.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 5,000 words (excludes tables).
- The Original Research articles should be structured under the following section headings:
 - Abstract (structured)
 - Introduction
 - Materials and Methods
 - Results
 - Discussion
 - Conclusions
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Original Research articles is limited to 300 words and should be structured under the following headings:
 - Background
 - Methods
 - Results
 - Conclusions
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 25.
- Figures/Tables should not exceed 8 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Review Article

- We encourage submission of Review articles on relevant and timely topic related to the aorta and its first order branches.
- Accepted Review articles will be published as State-of-the-Art Reviews.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 5,000 words (excludes tables).
- The Review articles should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Main text of the review divided into several sections and subsections
 - Conclusions
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Review articles is limited to 300 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 45.
- Figures/Tables should not exceed 8 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Case Reports

- Reports of interesting cases are encouraged.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 1,500 words (excludes tables).
- Case Reports should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Case Presentation
 - Discussion (conclusion section must be incorporated into the discussion)
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Case Reports is limited to 75 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 8.
- Figures/Tables should not exceed 5 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Images in Aortic Diseases

- Dramatic images of aortic pathology (or first order branches) can be submitted in this category. We encourage submission of interesting or unusual images by any modality (chest X-ray, echocardiogram, CT scan, MRI scan, PET scan, photograph, or other).
- The entire paper, including Abstract, Manuscript, References, and Figure/ Video captions should not exceed 500 words.
- Images in Aortic Diseases should be structured under the following section headings:
 - Abstract (non-structured)
 - Main text of the manuscript without sections and subsections
 - References (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Images in Aortic Diseases is limited to 75 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 5, but references are not required for this submission type.
- Tables are not permitted in this submission type.
- Figures should not exceed 5 (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 3 except in special circumstances that must be approved by the Editors.

How I Do It

- We encourage submissions about novel or unusual approaches to surgical or interventional problems. These are expected to be well illustrated.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 2,500 words (excludes tables).
- How I Do It manuscripts should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Technique and Results
 - Discussion (conclusion section must be incorporated into the discussion)
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in How I Do It manuscripts is limited to 75 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 8.
- Figures/Tables should not exceed 5 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Historical Perspective

- We encourage submissions that provide historical perspectives on aortic assessment and care. We feel that it is important to learn from the past, especially in the words of those who made the advances in earlier eras. These articles will often be invited by the Editorial Board, but spontaneous submissions are welcome as well.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 5,000 words (excludes tables).
- The Historical Perspective articles should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Main text of the manuscript divided into several sections and subsections
 - Conclusions
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Historical Perspective articles is limited to 75 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 45.
- Figures/Tables should not exceed 8 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Basic Science for the Clinician

- We welcome papers that review basic science investigations and modalities (eg. genetics, engineering, molecular biology) in language accessible to a clinical audience. These articles will often be invited by the Editorial Board, but spontaneous submissions are welcome as well.
- These manuscripts are intended as review articles. Original basic science investigations in the field of aortic/vascular diseases should be submitted as Original Research articles.
- The entire paper, including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 5,000 words (excludes tables).
- The Basic Science for the Clinician articles should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Main text of the review manuscript divided into several sections and subsections
 - Conclusions
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Basic Science for the Clinician articles is limited to 300 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the second (abstract) page.
- The number of references should not exceed 45.
- Figures/Tables should not exceed 8 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

Letter to the Editor/Editorial Commentary

- We encourage Letters to the Editor, which comment on, either to corroborate or refute or expand on, articles published in earlier issues.
- Editorial Commentaries will be invited by the Editorial Board.
- The entire paper, including the Manuscript, References, and Figure/Table/Video captions should not exceed 500 words.
- The title of these submissions should be short and not exceed 60 characters.
- Letters to the Editor and Editorial Commentaries should be structured under the following section headings:
 - Main text of the manuscript without sections and subsections
 - References
 - Table and table caption (optional)
 - Figure caption (optional)
 - Video caption (optional)
- The abstract is not required for Letters to the Editor and Editorial Commentaries.
- 3-5 keywords are required and should be included on the title page.
- The number of references should not exceed 5.
- Either 1 figure or 1 table is permitted for this type of submission.
- Authors should not exceed 3 except in special circumstances that must be approved by the Editors.

Special Feature Articles

- We encourage submissions in a number of Special Features of AORTA, which include:
 - Promising concepts: Manuscripts reporting novel approaches to clinical or surgical problems in the early stages of development, often before large series are accomplished.
 - Engineering Page: Reports from engineers working on biological tissues related to the aorta, on grafts or graft materials, or on mechanical devices applicable to aortic care. Please ascertain that all terminology and concepts are rendered in forms accessible to and of interest to the clinical reader.
 - “What I Did”: Extraordinary or unusual clinical approaches, be they surgical or interventional, which authors might describe colloquially to a colleague as “You won’t believe what I did!” We feel that the entire readership will often benefit from exposure to such innovative work. Please feel free to include submissions concerning how you “got out of trouble” in a difficult situation.
 - New Technology: Announcement of new technical products available or soon to be released that are relevant to aortic care. Submissions must emphasize scientific and clinical merit in a non-commercial fashion. Objective and non-commercial presentation (conflict of interest will be assessed) will be obligated by the Editorial Board.
 - Roundtable Discussions: We will occasionally convene experts in a particular discipline, often from different points of view (e.g. surgical and endovascular) to opine in live discussions on clinical or scientific issues. These discussions will then be transcribed into text for the readership. These segments will often be organized by the Editors, but spontaneous submissions and suggestions are welcome.
 - PRO-CON Debates: We will frequently pit opposing thought leaders against each other in (we hope “heated”) text debates on controversial topics. These segments will often be organized by the Editors, but spontaneous submissions and suggestions are welcome.
 - Poll the Editors: It is often instructive to know how a panel of experts approaches a controversial or evolving clinical topic (e.g. methods of brain protection). We encourage readers to submit questions of such a nature to be submitted to a poll of our Editorial Board. We will publish the results, along with brief, pithy, especially pertinent comments from individual Editors that may emerge during the polling.
- The entire paper of Special Feature Articles including Abstract, Manuscript, References, and Figure/Table/Video captions should not exceed 5,000 words (excludes tables).
- The Special Feature Articles should be structured under the following section headings:
 - Abstract (non-structured)
 - Introduction
 - Main text of the manuscript divided into several sections and subsections
 - Conclusions
 - Acknowledgements (optional)
 - References
 - Tables with captions (optional)
 - Figure captions (optional)
 - Video captions (optional)
- The abstract in Special Feature Articles is limited to 75 words and should not be structured under any headings.
- 3-5 keywords are required and should be included on the title page.
- The number of references should not exceed 25.
- Figures/Tables should not exceed 8 in total (except in special circumstances with a request submitted to the Editor).
- Authors should not exceed 7 except in special circumstances that must be approved by the Editors.

General Manuscript Preparation Guidelines

- The manuscript must submit as a digital copy through an online submission and peer-review system. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. If accepted, we will set your manuscript according to our style—do not try to “design” the document.
- The manuscript main document should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file. This main document should include in this order: 1) title page, 2) abstract + keywords page, 3) main text of the manuscript, 4) references, 5) tables with captions (if any), 6) figure captions (if any), 7) video captions (if any).
- Figures should be submitted as high-resolution TIFF or EPS format files (minimum resolution 300 dpi for black-and-white and color figures and 1200 dpi for line drawings). Each figure should be saved as its own separate file. **Do not embed figures within the manuscript file.** This requires special handling by Thieme’s Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the text.
- The manuscripts should be written in consistent British or American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.

Title Page

AORTA journal adheres to a single-blinded peer-review policy. Therefore, all submissions should start with a title page, which should include the following information:

- Title of the manuscript:
 - Please use a concise and informative title;
 - Avoid using abbreviations in the title.
- Brief running title (short title):
 - Should be no longer 50 characters (including spaces).
 - Avoid using abbreviations in the running title.
- List of authors and their full affiliations:
 - Full names of authors need to be provided and should include the first name, middle initial (if applicable), and last name.
 - The names of authors need to be accompanied by their academic degrees (i.e. MD, PhD, etc.).
 - Each author’s affiliations should be listed in the following format: department, institution, city, state (if applicable), and country.
 - If authors have different (or multiple) affiliations, superscript numbering should be used to indicate which authors have which affiliation.
- Corresponding author information:
 - This should include the corresponding author’s full name, full institutional mailing address (street address, city, state (if applicable) postal code, country), phone number (with country code), fax number (with country code), email address.
- Statement of conflict of interest:
 - Any potential conflict of interest of any of the co-authors listed on the submission should be disclosed on the title page.
 - If no conflict exists for any of the authors, this should be clearly stated as well.
- Word count:
 - Indicate the total word count for the entire manuscript including the abstract, manuscript text, references, table captions, figure captions (exclude tables themselves).

Abstract and Keywords

- The abstract and keywords should appear on the second page of the submission, following the title page. Insert a page break between the end of the title page and the start of the abstract page.
- The abstract should concisely outline the content of the article and any conclusions it may reach.
- See the section Article Types (above) for word limits for the abstract for each type of submission.
- Different types of submission require either a structured (Background, Methods, Results, and Conclusions) or a non-structured abstract (see the Specific Guidelines section below for instructions).
- Abbreviations are permitted in the abstract, but should be kept to a minimum and the full term should be expanded at first mention followed by the abbreviation in parentheses.
- References are not permitted in the abstract.
- The keywords should be a listing of words or terms that a reader would be likely to use in searching for the content of the article.

Main Document

- The main text of the manuscript should follow the structure corresponding to the type of submission (see the Specific Guidelines section below for instructions);
- Insert a page break between the end of the abstract page and the start of main text.
- Papers including human or animal subjects must include a statement of approval by appropriate agencies (i.e. Institutional Review Board, Ethics Committee, etc.) in the text. The authors should also indicate whether or not individual consent for the study was obtained, or whether it was waived.
- Use generic names of drugs or devices. If a particular brand was used in a study, insert the brand name along with the name and location of the manufacturer in parentheses after the generic name when the drug or device is first mentioned in the text.
- Quantities and units should be expressed in accordance with the recommendations of the International System of Units (SI), 8th edition 2006 (https://www.bipm.org/utis/common/pdf/si_brochure_8_en.pdf).
- When abbreviations are used in the main text of the manuscript, provide the full term followed by the abbreviation in parentheses the first time it is mentioned in the text. If the full term of the abbreviation was provided in the abstract, it still needs to be expanded at first use in the main text of the manuscript.
- Clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes. Keep the formatting to a minimum.
- Insert page or section breaks after each of the following: 1) title page, 2) abstract + keywords page, 3) main text of the manuscript, 4) references, 5) tables with captions (if any), 6) figure caption (if any), 7) video caption (if any).
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word. All tables should be typed and not submitted as figures.

Acknowledgments

- The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments.

Conflict of Interest

- AORTA uses the standardized Conflict of Interest form developed by the International Committee of Medical Journal Editors. To access this form, please click (or copy and paste into your browser the following link) <http://www.icmje.org/conflicts-of-interest> to download a Conflict of Interest form.
- The authors' statement of conflict of interest should be included on the title page (please see the section Title Page above). For accepted manuscripts, this statement will be published at the end of the manuscript after the Acknowledgements section and before the References section.
- All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might

constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper.

- Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.
- A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'.

References

- References should be the most recent and pertinent literature available.
- It is essential that references are complete and thoroughly checked.
- If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine (www.nlm.nih.gov); Books in Print (www.booksinprint.com); PubMed: (www.ncbi.nlm.nih.gov/PubMed/); or individual publisher Web sites.
- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) as they appear in the text using superscript numbers.
- Abstracts should not contain reference citations.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- References should be styled per the following examples:
 1. Citing a journal article:
Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. *N Engl J Med* 1986;315:341–347
 2. Citing a chapter in a book:
Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. *Renal Vascular Disease*. Philadelphia: WB Saunders; 1995:47–62
 3. Citing a book:
Stryer L. *Biochemistry*. 2nd ed. San Francisco: WH Freeman; 1981:559–596
 4. Citing a thesis:
Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994
 5. Citing a government publication:
Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22
 6. Citing an online article:
Rosenthal S, Chen R, Hadler S. The safety of acellular pertussis vaccine vs whole-cell pertussis vaccine [abstract]. *Arch Pediatr Adolesc Med* [serial online]. 1996;150:457–460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996
 7. Citing a symposium article:
Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

Tables and Table Captions

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the references starting on a new page. Insert a page break between the end of the references and the start of the tables.
- Tables must be double-spaced and numbered in the same sequence they are cited (called out) in the text. A short descriptive title/caption should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file (see section Digital Artwork Preparation below).
- Abbreviations are permitted in the table captions, but should be kept to a minimum and the full term should be expanded at first mention followed by the abbreviation in parentheses (even if the term has been previously expanded in the main text of the manuscript).
- For tables borrowed or adapted from another publication (used with permission), add a credit line as the first footnote beneath each table. This credit line should be a complete bibliographical listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example, "Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357." ("Data from . . ." or "Adapted from . . ." may also be used, as appropriate.)
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be fully explained/expanded at the end of the table in a footnote.

Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited (called out) sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be provided on a separate page after the tables (after the reference list if no tables are used). Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part/panel (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
- Abbreviations are permitted in the figure captions, but should be kept to a minimum and the full term should be expanded at first mention followed by the abbreviation in parentheses (even if the term has been previously expanded in the main text of the manuscript).
- All abbreviations shown on the figure itself should be expanded at the end of the figure caption.
- For a figure borrowed or adapted from another publication (used with permission), add a credit line in parentheses at the end of each figure caption. This credit line should be a complete bibliographic listing of the source publication (as a reference), or other credit line as supplied by the copyright holder. For example (Reprinted with permission from Calfee DR, Wispelwey B. Brain abscess. *Semin Neurol* 2000;20:357). The use of "Based on data from . . .", or "Adapted from . . .", or "Modified with permission from . . ." may also be used, as appropriate.
- Be sure to check that the figures **do not** contain any patient identifiers (personal health information) such as names, date of birth, medical record number, date of imaging study or procedure, etc.
- For detailed information on preparation of Figures please see the section Digital Artwork Preparation below.

Videos and Video Captions

- Authors may submit accompanying videos to enhance presentation of their material. Submission of videos is encouraged.
- Videos will be published as supplementary material with a link embedded into the text of the main text of the manuscript.
- The following video formats are acceptable: *.avi, *.mov, *.mpg, *.wmv, or animated gif.
- For supplementary videos, the length should not exceed 4 minutes, and a caption of no more than 40 words per video or per sequence is required.
- If including a voice over, it must be in clear English. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound quality.
- Authors should make every effort to keep video file sizes reasonable.]
- Authors must also provide a still image from each video file in TIFF, EPS or JPG format.
- Video captions should be provided on a separate page after the figure captions. Insert a page break between the end of figure captions and the start of video captions.
- Abbreviations are permitted in the video captions, but should be kept to a minimum and the full term should be expanded at first mention followed by the abbreviation in parentheses (even if the term has been previously expanded in the main text of the manuscript).

Editor's Questions and Comments Feature

- A select number of articles will be followed by Editor's Questions, in which the Editors ask the authors key questions, for which brief, concise answers are expected. This feature is designed to anticipate questions that each reader may have on his mind after digesting a particular article. These questions will be sent to you in written form along with the letter of acceptance to the journal.
- An Editor's Commentary (by one of the Editorial board members) may follow a select subset of articles in an effort to provide a concise summary of key findings, to express concerns or limitations of the paper, and to provide overall perspective on the topic. This feature will speed and enhance the reader's assimilation of data.

Thieme Language Editing Services

- Thieme offers a language editing service for manuscripts, abstracts and theses in partnership with Enago, a world-leading provider of author services to researchers around the world. Authors can choose from a range of editing services and get their manuscripts edited by Enago's professional medical editors. Authors who wish to use this service will receive a 20% discount on all editing services. To find out more information or get a quote, please visit <https://www.enago.com/thieme>

DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format (EPS files may also be acceptable). Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final file size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.
IMPORTANT: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

Black-and-White Art

- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white (or yellow) in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- When multiple panels are used in one figure, each panel should be labeled with a capitalized letter in alphabetical order (A, B, C, D, etc.). These labels should appear on the figure in black font on a white square or circle (white background) in one of the corners.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.

MANUSCRIPT SUBMISSION PROCEDURE

Article Processing Charge (APC)

During the submission process, you will be prompted to confirm that you accept to pay the APC if your manuscript should be chosen for publication. Please refer to the first page of this document for the exact pricing. You will be billed based on the year in which you submitted your manuscript, but you will not receive the bill until and unless your manuscript has been accepted for publication.

Submission Procedure

- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Please note: **There are no submission charges to submit your manuscript to this journal.**
- Manuscripts must be submitted electronically at the following link: <http://www.editorialmanager.com/aorta>
- Always review your manuscript before submitting it. You may stop a submission at any phase and save it to submit later. After submission, you will receive a confirmation email. You can also check the status of your manuscript by logging in to the submission system. The Editor in Chief will inform you via email once a decision has been reached.
- At least two reviewers will be assigned to each full-length article. We aim to provide feedback to the authors within six weeks of receipt of the manuscript.
- Submissions will be judged on scientific merit, quality of expression, relevance and interest to the readership, novelty vis-a-vis the previously published literature, clarity of illustrations, and originality. We are pleased to accept early stage investigations and interesting clinical and/or technical reports.

Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- Log In to the submission system and find your article, which will be marked for revision.
- Prepare a marked copy of your manuscript, which highlights the newly added text (using the Color Text Highlight Tool, preferably yellow color) and deleted text (using strikethrough) that you have made based on the comments/suggestions of the reviewers and editors. Please **DO NOT** use MS Word tracked changes function to highlight the changes. At the same time, please prepare a non-marked copy of your revised manuscript (without the color highlighting and strikethrough markings). Both versions will need to be submitted - the marked one for review purposes, the non-marked version for manuscript production purposes. Please identify the two versions of the manuscripts clearly in the title of the files that you will be uploading and in the File Description field during online resubmission.
- Prepare a point-by-point response in line with the reviewers' comments. Please mark your responses clearly by starting your responses with the word "RESPONSE:" on a new line. Be as specific as possible in your response. Remember to indicate whether changes related to a specific comment were made in the manuscript. Please note, these responses will need to be copied and pasted into the "Response to Reviewers" text box of the Electronic Manuscript submission website. This text-box does not support rich-text formatting, and automatically converts to plain text. Please keep this in mind if using bold/italic/underline fonts to highlight your responses, as those will not be visible. You can also upload your responses as a separate supplemental file.
- Your original files will still be available after you upload your revised manuscript, so you should delete any redundant files before completing the submission.

PRODUCTION PROCEDURE

Page Proofs

Page proofs will be sent to you via email. The proofs will be in a PDF file format, which should be opened using Acrobat Reader software. You will receive further instructions with your proofs. Take this opportunity to check the typeset text for typographic and related errors. Elective alterations are difficult to accommodate owing to the associated time and expense of introducing them. Therefore, please be sure that when you submit your manuscript, it is accurate, complete, and final.

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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
3. Final approval of the version to be published

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Informed Consent

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Humane Animal Care

All papers reporting experiments using animals must include a statement in the Methods section giving assurance that all animals have received humane care in compliance with the Guide for the Care and Use of Laboratory Animals (<http://www.nap.edu/catalog/5140.html>).

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