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## Instructions for Authors

Articles are accepted on the basis of significance, scientific merit and applicability. Authors are requested to base their reports on the basis of original work carried out by themselves or their groups. Manuscripts should not be submitted to more than one journal at a time.

All articles are processed through a system of peer-reviewing. Lung India follows a 'double blind review process'. In fact, we follow a two stage review process. The article initially is assessed in a double blind manner by a group of editorial board members for suitability of subjecting it to peer review process. This followed by a double blind peer review process by sending the manuscript to a group of referees from India and abroad usually three to four in number. The comments are sent back to the authors for revision, as required. The final decision lies with the Editor/Editor-in-Chief.

Original research articles are preferred. In order to widen the scope of communications, the following formats are made available: Editorials, original articles, case reports, clinical reviews, research un-searched, bronchoscopy / radiology quiz,

practical applications, clinical problem series, clinico-pathological conferences, commentaries, anecdotes, medical humanities, general perspectives, letter to editor /Book review, correspondence column and so on.

All articles should be submitted online at the journal website (<https://review.jow.medknow.com/lungindia>). **No manuscripts will be accepted without registration into the system and submission via <https://review.jow.medknow.com/lungindia>. Submission via email or hard copy will not be entertained.**

Presentation of manuscripts should conform with the Uniform Requirements for Manuscripts submitted to Bio-medical Journals (See Ann Intern Med 1997; 126:36-47).

Note - Hard copy of article files/images are not required to be submitted unless specifically asked for.

### **SALIENT FEATURES OF THESE RECOMMENDATIONS**

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· A statement of financial or other relationship that might lead to a conflict in interest.

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The name, address, and telephone number of the corresponding author, who is responsible for communicating with other authors about revisions and final approval of the proofs. The letter should give any additional information that may be helpful to the editor, such as the type of article in the particular journal that the manuscript represents and whether the author(s) would be willing to meet the cost of reproducing colour illustrations. The manuscript must be accompanied by copies of any permission to reproduce published material, to use illustrations or report information about identifiable people, or the name people for their contributions.

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**In view of growing problem of plagiarism, the Editorial Board of Lung India has decided to deal with plagiarism found in submitted manuscripts as follows:**

#### **A. Manuscripts with slight plagiarism (only a few copy paste of full or part of a sentence without proper attribution)**

The manuscript will be sent back to authors for modification.

#### **B. Manuscripts with considerable plagiarism (copy paste of paragraphs with minor modifications, copy of tables or figures without permission)**

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Example (Dummy formats) of manuscript segments may be seen in the form of templates given on website of the journal. Manuscripts should be prepared using any standard word processing software. One should preferably use Times New Roman, 12 point size font with adequate space left on both sides and should prepare following segments:

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The 'First Page File' should carry

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### **Acknowledgements**

Acknowledgements may be made to contributions that need acknowledging but do not justify authorship, such as:

General support by a department chair

Acknowledgements of technical help

Financial and material support

- A statement of conflict of interests should be made

#### **2. Main article file**

##### **Title**

##### **Abstract and key words**

This file should carry an abstract (of no more than 150 words for unstructured abstracts or 250 words for structured abstracts). 'Structured abstract' means a description that is constructed using sub-headings, e.g., background, methods, results and conclusions (see dummy example on website). The abstract should state the purpose of the study or investigation, basic procedures (selection of study subjects of laboratory animals; observational and analytical methods), main findings (giving specific data and their statistical significance, if possible), and the principal conclusions. It should emphasize new and important aspects of the study or observations.

Below the abstract, authors should provide and identify as such, 3 to 8 key words or short phrases that will assist cross-indexing the article and may be published with the abstract.

## Introduction

State the purpose of the article and summarize the rationale for the study or observation. Give only strictly pertinent references and do not include data or conclusions from the work being reported.

## Materials and Methods

Describe your selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. The definition and relevance of race and ethnicity are ambiguous. Authors should be particularly careful about using these categories. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedure in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods. Provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

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Reports of randomized clinical trials should present information on all major study elements, including the protocol (study population, interventions or exposures, outcomes, and the rationale for statistical analysis), assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the methods of masking (blinding). Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. Consolidated Standards of Reporting Trials (CONSORT) flow chart is essential in case of a randomized controlled trial submitted to Lung India. Trials must be registered at or before the onset of patient enrolment. The clinical trial registration of India (CTRI) number should be included in the first page file otherwise manuscript may be rejected without notification. Studies containing health-related interventions like use of drugs, devices, surgical procedures, behavioral interventions, dietary interventions, and changes in process of care and/or health outcomes like pharmacokinetic measures and adverse events must be registered. Registration is not required for an entirely observational study in which no intervention has been planned. For any clarification, please contact Editorial Office at [editor@lungindia.com](mailto:editor@lungindia.com) (<mailto:editor@lungindia.com>)

## Editorial policy for making decisions on manuscripts on drug trials

Recommendations of the Expert Committee

1. **Conflict of Interest and Sponsorship statement:** The manuscript should precede with a detailed statement clearly describing the sponsorships, financial disclosures of the author/s and other relevant (direct or indirect) relationships with the Company and the product being reported. A simple statement of 'No Conflict of Interest' should not suffice. The role of the sponsor (funding, protocol development and finalisation, monitoring, data analysis, manuscript preparation and review) must be defined clearly.
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v. A publication steering committee should have been formed early wherein authors and contributors agree to the roles in the development of the article or presentation.

### 3. **Registration and approval:**

- i. The clinical trial must have been registered with an appropriate registry, for example the ICMR Registry.
- ii. Permission for the trial of the drug must have been obtained from office of the Drug Controller of India if a new drug/combination/indication is under investigation.
- iii. The clinical trials must have been approved by a properly constituted Ethics Committee as defined by the ICMR. If it is a multi-centre trial, Ethics Committee of each centre should independently review and approve the protocol.

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- iii. **The journal should add a footnote that publication does not imply endorsement of results and opinions.**

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Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important quantitative information. Discuss the eligibility of experimental subjects. Give details about randomization. Describe the methods for and success of any blinding of observations. Report complications of treatment. Give numbers of observations. Report losses to observation (such as dropout from a clinical trial). References for the design of the study and statistical methods should be standard works when possible (with pages stated) rather than to papers in which the designs or methods were originally reported. Specify any general use computer program used, e.g. SPSS, etc.

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Present your results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations.

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Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the introduction or the results section. Include in the discussion section the implications of the findings and their limitations, including those for future research. Relate the observations to other relevant studies. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not completely supported by the

data. In particular, authors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

## Acknowledgements

At an appropriate place in the article (the title page footnote or an appendix to the text, see the journal's requirements), one or more statements should specify:

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- Letter to editor: 500 words and 5 references. The manuscript should not have more than 2 figures.
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Following should be observed while citing the references:

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

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If more than six authors, list the first six authors followed by et al. Write last name first followed by initial letters of first and middle names in capital letters without full stop. The title should be exactly the same as that of article. Journal name should be standard PubMed abbreviation, full journal name should not be written. This is followed by year of publication. Then the volume number is written. Finally, page numbers appear (380-390 to be written as 380-90). Thus, a standard journal article is written as:

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If an article is written by some organization in place of particular author (s), reference should start with name of organization. For example-

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. Med J Aust 1996; 164:282-4.

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Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med. In Press 1996.

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## Books and other Monographs

It also starts with authors names in same style as mentioned in journal article. Then editor's name, text books title, edition number and publishers name should appear in sequence. This is followed by year and page numbers. For example-

### a) Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996. Editor(s), compiler(s) as author Norman IJ, Redfern SJ. editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996. 5.

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Name(s) of author (s) of the chapter is followed by title of chapter. Other information is written in the similar style as above:

Philips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York : Raven Press: 1995. p. 465-78. 6.

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Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

## Summary of manuscript preparation

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