Instruction to Authors

Longhua Chinese Medicine (LCM; Longhua Chin Med ISSN 2616-2806; lcm.amegroups.com) is an international, open access journal focusing on the Chinese medicine. It aims to promote Chinese Medicine to the world by providing an international academic exchange platform. LCM generates researches of Chinese Medicine, and ensures the researches meet with high standard of ethics and conducts, which are approved after the peer review.

Published articles include Invited Articles and Submitted Papers, e-Comments on all published articles, and Editorials in all sub-specialties. Besides regular issues of the Journal, articles in defined areas will be collected and published in Themed Collections. The high quality of its content is assured by a rigorous review process, supervised by a strong editorial board.

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MANUSCRIPT CATEGORIES

Original article
Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The length should be 5,000 words maximum excluding abstract, references, tables and figures. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions.

Original article should entail a section describing the contribution each author made to the manuscript. See section “Author contributions” for details. Meta-analysis will be categorized into this type.

Review Article
A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words. Review Article should entail a section describing the contribution each author made to the manuscript. See section “Author contributions” for details.

Editorials
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Commentaries, upon Editor’s invitation, discuss a paper or report or event within the past few months or so, or in the near future. They should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentaries may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. The length should be 1500 words maximum with no more than 20 references (including the article discussed) and 2 maximum figures or tables. No abstracts are required.

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Viewpoints may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors. The length should be no more than 1200 words with no more than 10 references and only one table or figure. No abstracts are required.

Perspectives
Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial
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Research Highlights are brief reports of important research findings that have been recently published in the field of thoracic disease. Manuscripts containing pertinent and interesting observations concerning reports on new observations or studies that do not warrant publication as a full research article will be considered for Research Highlights. These submissions will undergo full peer review. They are usually solicited by editors. The text is limited to 3000 words. The abstract is limited to 300 words.

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This is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. This section requires a 1500-word mini-review or an editorial to be submitted together with the Keynote Lecture file.

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The LCM publishes case reports with new findings that may alter the disease concept. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing disease. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report.

Information that can be linked to the patients' identification must be carefully masked. The abstract is limited to 300 words.

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The LCM publishes protocol digests of prospective clinical trials that have been approved and commenced by established clinical groups. A clinical trial note will include concise description of trial backgrounds and rationale, endpoints, eligibility criteria, treatment methods, scheduled analyses and statistical consideration. Trial resources and approval by institutional review board should also be shown. Importance and possible impact of the study can be briefly discussed. Any preliminary results of the trial must not be included. A non-structured abstract of fewer than 350 words and only essential references should be provided. A copy of the original protocol (in English) should be sent to the editorial office by post, or Email to: lcm@amegroups.com.

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Originally-devised techniques for diagnosis or treatment are published as a Technical note. The backgrounds are briefly described in introduction and the technique is intelligibly explained using clear illustrations. The advantage and possible benefit to use the new technique should be highlighted. The abstract is limited to 300 words.

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**Text**
Before submission, please prepare the main document including the title page and save it as a Microsoft Word document (.doc), Rich Text Format (.rtf), or PostScript (.ps) file. Set the page layout of A4 or letter-size paper with margins of at least 25 mm. Use a large, clear font (e.g. 12-point or larger Times New Roman or Arial) and
double-spacing throughout. Number pages consecutively, beginning with the title page.

**Title page**
The title page should carry: a) the title of the article; b) authors’ names with institutional affiliations; c) corresponding author’s name with phone and fax numbers, street address and E-mail address; d) a running head of no more than 45 characters including spaces.

**Abstract and key words**
The second page should carry an abstract of no more than 450 words (see also instructions for specific categories above). Do not use reference, table or figure in the abstract. The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be non-structured. An abstract is not required for Letter.

Provide three to five key words. Use terms from the medical subject headings (MeSH) list of Index Medicus.

**References**
The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., “cancer-related mortality (19)”; “denocarcinoma (29,30)”). Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus. List all authors, but if the number exceeds three, give three followed by “et al.”


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Number all tables consecutively in the order of reference in the text. Each column must carry an appropriate heading and, if measurements are given, the units should be given in the column heading. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all nonstandard abbreviations that are used in each table. When statistical methods are used, exact P values should be given, such as P=0.230 instead of the term ‘N.S.’ or ‘not significant’. For online submission, insert tables at the end of the text to be saved as a part of the main document, or save them as separate image files. (Note that when a manuscript is accepted for publication, tables must be submitted as data-.doc, .rtf, Excel or PowerPoint files-because tables submitted as image data cannot be edited for publication.) The Journal may reject manuscripts if remarkable deviation from this instruction is found.

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Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

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Survival curves
Cumulative survival rates are usually calculated with the Kaplan-Meier’s method and the differences are evaluated with the log-rank test. Survival curves are preferably drawn in the following style.

Characters should be clear, written with simple fonts such as Arial or Helvetica, and large enough to be legible after reduction for publication.

Censored cases should be shown as short vertical lines (“whiskers”) on the curves. Alternatively, the exact numbers of the cases at each unit time should be shown in an attached table as “No. at risk”.

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Abbreviations and symbols
The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. If many (>20) abbreviations are used, they should also be listed and explained at the foot of the first page of the text.

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Describe which statistical methods were used for which analyses. A P value or confidence interval should be cited in the abstract and in the text for any statistically significant finding reported; wherever possible, exact P values should be given. Outcome variables should generally be given as point estimates, with 95% confidence intervals rather than standard deviations or standard errors.

Appendix
The Supplementary Appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article’s reference list.

The Appendix must be submitted in a Word file. The Appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

“Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online.”

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All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section “Acknowledgement”).

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This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 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; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

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(V) Data analysis and interpretation:
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Ethical considerations
Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

◆ For studies in the following categories:
Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.
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Basic or translational medical research using human specimens:
• Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
• The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
• Also, the authors should state whether the study outcomes will affect the future management of the patients.

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Retrospective and ambispective cohort studies: In these studies, the patients’ exposure to risk factor(s) were
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For more information on statement of ethics, please feel free to consult our editorial staff.

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Acknowledgements
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Details of all funding sources for the work in question should be included in the Acknowledgement section.

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The full official funding agency name should be given, i.e. ‘National Institutes of Health’, not ‘NIH’ (full RIN-approved list of UK funding agencies) Grant numbers should be given in brackets as follows: ‘[grant number xxxx]’

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FOOTNOTE
a. Conflicts of Interest: See section “Conflict of interest” for details.
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