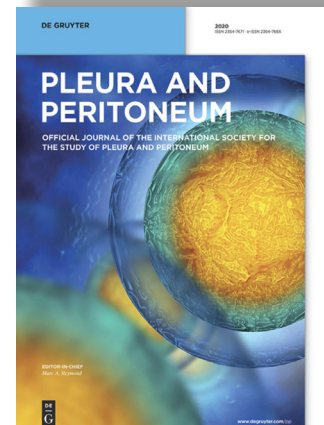




Pleura and Peritoneum

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Scope and general policies of the journal

Scope

Peritoneal and pleural infections and oncological diseases often result in life-threatening conditions. However, the pleura (serous membrane, which forms the lining of the pleural cavity) and the peritoneum (serous membrane, which forms the lining of the abdominal cavity) have been relatively poorly studied, as compared to other organs. This might be explained by the fact that these organs cannot be seen, neither by clinical examination nor by radiological methods.

Pleura and Peritoneum wants to change this by creating a high-level exchange platform for basic scientists, clinical researchers and physicians. The journal focusses on the clinical aspects of the diagnosis and treatment of diseases of the human organs pleura and peritoneum, and publishes reviews, mini reviews and opinion papers in this field. It is giving a large place to images and videos obtained during laparoscopy and thoracoscopy. *Pleura and Peritoneum* also covers research articles of experimental and clinical results, and biochemical and anatomical findings.

Pleura and Peritoneum is the official journal of the [International Society for the Study of Pleura and Peritoneum](#) (ISSPP).

Pleura and Peritoneum is an open access journal published quarterly. All contributions submitted for publication in *Pleura and Peritoneum* are subject to single-anonymized peer review by at least two experts in the field, selected and invited by the Editor-in-Chief. *Pleura and Peritoneum* publishes only English-language articles in the categories listed below.

Article categories

- Research Article
- Review Article
- Opinion Paper
- Editorial
- Letter to the Editor and Reply
- Short Communication
- Clinical Images
- Congress Abstracts

Submissions in the following fields are welcome

- Diagnosis and treatment of diseases of the human organs pleura and peritoneum
- Pleural effusions
- Laparoscopy
- Thoracoscopy
- Surgery
- Gynecology
- Imaging
- Oncological diseases
- Anatomy
- Cytology
- Gene therapy
- Radiotherapy
- Systemic drug therapy

Special issues and special issue section

Pleura and Peritoneum endeavors to publish a regular program of special issues or special issue sections dealing with the topics covered by the journal. Ideas for special issues and special issue sections are proposed by the journal's editorial board, but the journal will also consider proposals for special issues submitted by members of the wider research community. All proposals are assessed for quality and relevance by the Editor-in-Chief and the editorial office.

The journal has established a rigorous process to ensure that all manuscripts submitted for special issues follow the same high-quality standards and peer review process as regular manuscripts. Each special issue has a ded-

icated Guest Editor who is responsible for coordinating the peer review process of all manuscripts submitted for the special issue (section). The Editor-in-Chief checks the initial manuscript and assigns it to the appropriate Guest Editor. The Guest Editor invites reviewers and makes recommendations on revisions and final decisions. The Editor-in-Chief has an oversight of the entire process within the online submission system and is responsible for the final decision on all manuscripts.

Submission of manuscripts

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Scientific misconduct

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- relevance: the content conforms to the scope and goals of *Pleura and Peritoneum*,
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- formal correctness: the formal criteria have been met (also in view of the manuscript being written in understandable English),
- ethical guidelines: national and international ethical standards for studies with human and/or animal subjects are fulfilled (where applicable).

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Acknowledgments

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Provide a short descriptive title, column heads, and (if necessary) footnotes to make each table self-explanatory. In column heads, separate units with a comma and use parentheses or square brackets for additional measures (e.g., %, range, etc.). Use footnotes in alphabetical order (superscript a, b, c, etc.) to give emphasis or further information. Explain the abbreviations used in tables in the footnotes.

If case bold font type is used to highlight information, please explain its meaning in the footnote. Italic font type should be used only for species, genes and alleles.

Avoid color, shading, vertical lines, and other cell borders. Note that most horizontal lines within the table body will be removed during the production process.

Indicate where to place the table approximately (e.g., [Place Table 1 near here]). Do not end the text immediately preceding the suggested positioning of a table with a colon and avoid expressions such as “in Table 1 below/above”, as the exact positioning of these elements cannot be determined until after the manuscript has been typeset. Note that tables will usually be placed on the top or the bottom of the page in the final layout.

Abbreviations

The use of abbreviations and acronyms is permitted provided that they are written out in full with the abbreviation in parentheses when used the first time (applies to abstract and main text). Please use them consistently thereafter. Avoid using non-standard abbreviations unless they appear more than three times in the text. We recommend providing a list with an overview of all abbreviations.

Equations and symbols

Equations should be well-aligned and not crowded. Use only Latin and Greek alphabets. Avoid complicated superscripts and subscripts by introducing new symbols. Avoid repetition of a complicated expression by representing it with a symbol. For MS Word submissions create equations using the Microsoft equation editor or a corresponding add-on. Do not submit math equations as images, but as editable text. Number displayed equations consecutively with Arabic numerals (if referred to in the text). Refer to equations in the text as Eq. 1 or Eqs. 1 and 2.

Scientific names and non-abbreviated Latin expressions

Gene acronyms, alleles, genus, species, and non-abbreviated Latin expressions should be written in italic font type.

Capitalize the first letter of the genus, but not the species. Format all binomial names in italics. After the first use, genus names should be abbreviated to a first initial. For genus names starting with the same letter differentiate by including the second letter.

‘sp.’, ‘spp.’, ‘ssp.’, ‘var.’, ‘L.’, ‘subsp.’, etc. should be Roman.

Units

Units of measurement: All SI units should be in Roman, italics are not allowed. All units should be consistent in usage. Multiple units should be either spaced out or have a middle dot. A narrow non-breaking space (unicode hex value: U+202F) should be presented between numbers and units, except for °. °C and % should be spaced with a narrow non-breaking space.

Use capital L for liter.

Time units: Please use the following units:

Second: s

Minute: min

Hour: h

Day: day/days

Week: week/weeks

Month: month/months

Year: year/years

Manufacturer details

For all products used (such as reagents and apparatus), supply the manufacturer name, city, (state abbreviation, if applicable), country.

E.g., Cobas® EGFR Mutation Test CE-IVD (Roche Molecular Systems, Pleasanton, CA, USA)

Audio and video

For all examples connected to an audio/video recording, supply audio/video clips. Deliver these clips as separate files and do not integrate them directly into the manuscript.

Name all your clips using the following convention:

e.g., audio-1-smith.MP3, video-1-smith.MP4,

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Indicate the position in the article by placing a marker as follows:

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Provide a short caption for each media file and number them consecutively. Any other media files can be included as part of the supplementary material.

File naming: audiosupplement-1-smith.MP3,

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The following formats are preferred: audio files in MP3 (at least 16 bit) and video files in MP4 (at least a height of 480 pixels and a frame rate of 25). However, other common formats are also permitted.

Appendices

Use appendices for information that supports your findings but is not essential for the understanding of your paper (e.g., lengthy mathematical proofs, tables, graphics, etc.). Cite appendices within the main text. Tables and figures in the appendix should be numbered consecutively as follows: Figure A.1, Table A.1, Figure A.2, Table A.2, etc. The appendix is placed at the end of the main text before the reference list.

Supplementary material

Supplementary material, which may offer further information on your work but does not belong to the core part of the article, will not be part of the typeset article PDF. The material will be made available as a separate download in the online version of the article. Supplementary material may contain questionnaires for discussed surveys, protocols, code samples, datasets, extensive tables, additional figures, multimedia files (audio, video, animations), etc.

Please provide supplementary material data as separate file(s) of no more than 10 MB per file during submission. Do not integrate supplementary material into the main text. Please make sure to choose the file designation "Supplementary Material" only for the files which are to be published as supplementary material. Note that the material should be publication-ready (clean files, not in tracked changes mode), as it will not be typeset, but published exactly as supplied. Within the text, the supplementary material must be cited consecutively and be referred to as supplementary material data (e.g., see Supplementary Material, Figure S1, Table S1, etc.).

REFERENCE STYLE VANCOUVER

Full guide

In-text citation

Single reference

[1]

Series of references

[2, 8, 25]

Range of references

[5–12]

Citation order

Sequential

Reference type

Issue number

Not included

Author initials

Abbreviated without dot and unspaced

Reference list label/order

Numbered without bracket

Journal

1. Raustorp A, Mattsson E, Svensson K, Costa PT Jr. Physical activity, body composition and physical self-esteem: a 3-year follow-up study among adolescents in Sweden. *Scand J Med Sci Sports* 2006;16:258–66.

Journal with supplement/article number

2. Sallis JF, Saelens BE. Assessment of physical activity by self-report: status, limitations, and future directions. *Res Q Exerc Sport* 2000;71(2 Suppl):S1–14.

et al. usage

(more than 6 authors = 6 authors + et al.);

4. Kaye K, Day RD, Hair EC, Moore KA, Hadley AM, Teixeira PJ, et al. Parent marital quality and the parent-adolescent relationship: effects on sexual activity among adolescents and youth. *Marriage Fam Rev* 2009;45:270–88.

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5. Mason EB, Burkhart K, Lazebnik R. Adolescent stress management in a primary care clinic. *J Pediatr Health Care* 2018 Sep 3. <https://doi.org/10.1016/j.pedhc.2022.05.019> [Epub ahead of print].

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6. Tappy L, Lara KA. Metabolic effects of fructose and the worldwide increase in obesity. *Physiol Rev*, in press.

Book/monograph

7. Shek DTL, Sun RCF, Merrick J. University and college students. Health and development issues for the leaders of tomorrow. New York: Nova Science; 2013.

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8. Joannopoulos JD, Johnson SG, Winn JN, Meade RD. Photonic crystals: molding the flow of light, 2nd ed. Princeton, NJ: Princeton University Press; 2008:350 p.

Edited book

9. Shek DTL, Ma C, Yu L, Merrick J, editors. Human developmental research. Experience from research in Hong Kong. New York: Nova Science; 2014.

Edited book with chapter title (and editors)

10. Halpen-Felsher BL, Morrell HE. Preventing and reducing tobacco use. In: Berlan ED, Bravender T, editors. Adolescent medicine today: a guide to caring for the adolescent patient [Internet]. Singapore: World Scientific Publishing Co.; 2012.

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11. Forghieri F, Tkach RW, Chraplyvy AR. Optical fiber telecommunications, Kaminov IP, Koch TL, editors. San Diego, CA: Academic; 1997, vol IIIA.

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12. Musaka K, Akasaka Y, Suzuki Y, Kamiya T. Novel network fiber to manage dispersion at 1.55 μm with combination of 1.3 μm zero dispersion single mode fiber. In: Proceedings of the symposium on robotics, mechatronics and animatronics in the creative and entertainment industries and arts. SSAISB 2005. University of Hertfordshire, Hatfield, UK; 2005.

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13. IASO. Epidemiology of childhood overweight & obesity in India: a systematic review. International Association for the Study of Obesity; 2012. Available from: <http://www.iaso.org/iotf/obesity/obesitytheglobalepidemic>

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14. IPAQ Group. Guidelines for data processing and analysis of the international physical activity questionnaire (IPAQ) – short and long forms [Online]. Available from: <https://sites.google.com/site/theipaq/scoring-protocol> [Accessed 4 Apr 2013].

[For all documents on the web that do not have a DOI, a URL and access date must be provided.]

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15. Cotruvo, J. Kinetic model for chlorophyll degradation [Ph.D. thesis]. Cambridge, MA: Massachusetts Institute of Technology; 1996.

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16. Rowe IL, Carson NE. Medical manpower in Victoria. East Bentleigh (AU): Monash University, Department of Community Practice; 1981. 35 p., Report No. 4.

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17. Pagedas AC. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent 20020103498, 2002.

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18. Frequency response and bias, NERC Reliability Standard BAL-003-0.1b, May 2009 [Online]. Available from: http://www.nerc.com/files/BAL-003-0_1b.pdf

Corporate publication

3. WHO. The diagnosis and management of non-alcoholic fatty liver disease: practice guideline by the American Association for the Study of Liver Diseases, American College of Gastroenterology, and the American Gastroenterological Association. *Hepatology* 2012;55:2005–23.