





# 29th ESTS MEETING

20 - 22 JUNE 2021

EUROPEAN CONFERENCE ON GENERAL THORACIC SURGERY



Manuscripts should be prepared and submitted according to the Instructions to Authors (follow relevant link):

- [EJCTS](#)
- [ICVTS](#)

The manuscript submission is online only at: <https://ejcts.oxfordjournals.org/>

Please mention "Presented at the 29<sup>th</sup> European Conference on General Thoracic Surgery of the European Society of Thoracic Surgeons 2021, on the title page of the manuscript.

ESTS requires that all speakers competing for the Brompton & Young Investigators Prizes sessions submit full manuscripts by e-mail to the ESTS Executive Director ([sue@ests.org.uk](mailto:sue@ests.org.uk)) one month before the meeting at the latest, since these papers are included in the total scoring by the jury. The audio-visual recording of the scientific presentations will be the property of the ESTS.

## **ABSTRACT SESSIONS**

Papers are allocated 7 minutes presentation time followed by a discussion period of 3 minutes. Please note that only data projection will be available.

## **INTERACTIVE CASE PRESENTATION SESSION**

The Program committee invites submissions of case reports for interactive presentation. It is an opportunity for any thoracic surgeon, particularly trainees and young surgeons, to present a case for discussion by the meeting and the experts who will be present. We encourage you to submit cases that are of interest in any of the followings:

- An uncommon clinical problem
- A particularly challenging problem of diagnosis or management
- An innovative surgical technique
- A clinical lesson
- A particularly illustrative case of interest for the thoracic community

The interactive presentations should be 5 minutes long including interactive discussion of 5 minutes. Video clips are welcomed but must be included within the time limit. The speaker should present the clinical case only, NOT a literature review or case series.

We would like you to explain in the abstract (300 words) what your case is about, what you think is of special interest for the audience and its clinical implications.

## **POSTER SESSION**

All the e-posters will have the following structure at the E-Congress platform:

Allocated in a specific area by topic, e-poster upload, 2-minutes prerecording presentation and option to send an email to the author.

### Format & Size

E-poster presentation accepted format is vertical (1 slide) corresponding to the following dimensions:

90 cm x 142 cm (35.4 in x 55.9 in). Please download the PowerPoint template file [here](#).

### Weight

We recommend a maximum of 30MB only in PDF or PowerPoint format.

### Font

Recommended Arial-Helvetica or Verdana.



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## VIDEO SESSION

Submitted videos should be uploaded online in a compact-sized, average-quality format up to 100 MB for scoring by reviewers. The film should be 7 minutes maximal duration and it will be followed by a 3-minute discussion. The following formats are supported to upload:

PC formats: .WMV and .AVI  
MAC formats: .MOV

Sound is acceptable but not necessary. However live narration by the principal surgeon is a requirement of participation.

Authors will be asked to present their video at the meeting in a high-quality format without changes if accepted.

## NO-SHOW AND WITHDRAWALS

**Presenter:** please note that if you accept to present your paper and then subsequently do not show up for presentation at the virtual meeting 2021 you will be excluded from presenting at the next three annual ESTS meetings. If you are experiencing any unexpected problems to attend the meeting, please notify the Program Committee and ask one of your co-authors to replace you as presenter of the abstract. Only co-authors may present.

**If you WITHDRAW your presentation less than four weeks prior to the meeting, the Presenter will be considered as No-Show**

## DUPLICATE SUBMISSION

**We will use special software to check for duplicate submission. Duplicate submission will be defined according to the below indicated joint statement. For duplicate submission, the first author will be excluded from presenting abstracts to the next three ESTS meetings. The first author will not be permitted to be included in the list of authors for the next three years.**

## JOINT STATEMENT ON REDUNDANT (DUPLICATE) PUBLICATION BY THE EDITORS OF THE UNDERSIGNED CARDIOTHORACIC JOURNALS

Full Text: [http://www.jtcvsonline.org/article/S0022-5223\(15\)01306-9/fulltext](http://www.jtcvsonline.org/article/S0022-5223(15)01306-9/fulltext)

The co-signatory Editors hereby declare that they adhere to a process of information exchange and cooperation aimed at eliminating redundant (duplicate) publication in their journals.

Briefly, redundant publication is a paper that overlaps substantially with one submitted elsewhere or published without adequate cross-referencing and justification. We consider redundant publication to be unethical for the following reasons: The author unjustifiably receives 2 or more citations for only 1 article; the time of unpaid peer reviewers and editors is wasted on duplicate submissions; the burden of extra work slows the peer review process; the already extensive scientific literature is further inflated making literature search even more cumbersome; valuable journal pages are wasted. Furthermore, meta-analysis of multiple studies may become flawed when the same material is published repeatedly.

We intend to combat redundant publication by: using electronic search applications to identify potential duplications; sending doubtful papers for review by other journal editors; exchanging information about conference submissions and joint collaboration in Program committees; publishing joint statements exposing offenders in clear cut cases; imposing bans where necessary; and following up on potential copyright infringements.



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For the purposes of this declaration, redundant publication is defined as follows:

- 1. The numbers or sample sizes are similar.
- 2. The methodology is identical or nearly so.
- 3. The results are similar.
- 4. At least 1 author is common to both reports.
- 5. Little or no new information is made available.

To classify as redundant publication all of points 1-5 must apply. Exceptions may include publications in local or regional journals, abstracts at scientific meetings, or original publication in a language other than English. The authors must bring these exceptions to the Editor's attention. The Editor's judgment decides if points 1-5 apply for a specific case. The authors will be informed and will be given the opportunity to respond. Because redundant publication constitutes serious academic misbehavior, instances may be reported to specialty society ethics committees for review and possible disciplinary action.

We hope that the authorship of our journals and the scientific community at large will support us in this endeavour, which we believe to be in the best interests of all.

Editor, A. Sampath Kumar, *Asian Cardiovascular and Thoracic Annals*  
Editor-in-Chief, Friedhelm Beyersdorf, *European Journal of Cardio-Thoracic Surgery*, and  
*Interactive CardioVascular and Thoracic Surgery*  
Editor, Harold L. Lazar, *Journal of Cardiac Surgery*  
Editor-in-Chief, A. Robert Denniss, *Heart, Lung and Circulation*  
Editor, G. Alexander Patterson, *The Annals of Thoracic Surgery*  
Editor-in-Chief, Richard D. Weisel, *The Journal of Thoracic and Cardiovascular Surgery*