Pleura and Peritoneum – Information for Authors

1. Scope and general policies of the Journal
2. Ethical conduct of research
3. Submission of manuscripts
4. Preparation of manuscripts
5. Post-acceptance

1. Scope and general policies of the Journal

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. In sharp contrast to the skin, which is recognized as an organ and object of a medical specialty, pleura and peritoneum are only considered as membranes. 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 – an unmet need so far.

Pleura and Peritoneum focusses on the clinical aspects for 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. The Journal also covers research articles of experimental and clinical results, and biochemical and anatomical findings.

Pleura and Peritoneum is an Open Access journal, which is issued quarterly. It publishes only English-language articles in the following categories:

- Research Articles – Reports of original research.
- Review Articles – Systematic, narrative, and focused reviews. Review Articles are normally published by invitation, but suggestions to the Editors are welcome.
- Opinion Papers and Editorials.
- Letters to the Editor.
- Short Communications – Reports of early research results and pilot studies.
- Point/Counterpoint Papers

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Peer review Pleura and Peritoneum is a single-blind journal. Manuscripts are reviewed anonymously by at least two independent reviewers selected by the Editors.

Turnaround times Pleura and Peritoneum aspires to notify authors about the review decision within 3-4 weeks from submission date. Revised manuscripts should be returned within 6 weeks. Accepted articles are published online within 4 weeks after acceptance.

Rejection Manuscripts dealing with subjects that have been well studied in the literature, or that do not resolve questions raised by previous studies, or manuscripts that are statistically underpowered, are likely to be rejected without peer review. Reporting of negative results must be justified by prior evidence that a positive result would be expected. Manuscripts are also returned to authors if they do not comply with the Information for Authors.
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3. Submission of manuscripts

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*Background, Methods, Results, Conclusions; ** Background, Content, Summary and Outlook.

Reviews All systematic reviews and meta-analysis must agree to the guidelines outlined in the Preferred Reporting Items for Systematic Reviews and Meta- Analyses statement (PRISMA), which is designed to improve manuscript quality [1]. It is strongly recommended that the PRISMA statement is used in conjunction with the PRISMA Explanation and Elaboration Document [2] and PRISMA abstracts guidelines[3]. The PRISMA for abstracts checklist gives authors a framework for condensing their systematic review and meta-analysis into the essentials for an abstract. Authors must include a suitable PRISMA flow chart in their submission. The flow diagram depicts the flow of information through the different phases of a systematic review. A template of the PRISMA flow diagram is available here as a PDF and Word document.

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- **Articles in journals:** Szulkin A, Sztamári T, Hjerpe A, Dobra K. Chemosensitivity and resistance testing in malignant effusions with focus on primary malignant mesothelioma and metastatic adenocarcinoma. Pleura and Peritoneum 2016;1:119-33.
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