Indian Journal of Medical and Paediatric Oncology

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Regular	None

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SUBMISSION CHECKLIST
All manuscripts must be submitted at the following link: https://www.manuscriptmanager.net/ijmpo
AUTHOR INFORMATION - All authors: full name, degrees, department, affiliation, e-mail address - Corresponding author: mailing address, telephone number
MANUSCRIPT FILE - Must be digital - hard copy submissions are not accepted
ABSTRACT AND KEYWORDS - See the section Article Types for word limit
CONFLICT OF INTEREST - Every named author must disclose their conflicts or lack thereof through ICMJE COI forms
REFERENCES - Cited sequentially in AMA style
FIGURES AND TABLES - Cited sequentially and included in the main document
ART FILES - Must be saved separately from the main document
PERMISSIONS - Required if you plan to reproduce content from a published source or include a photograph of a patient - Patient permission forms available at www.thieme.com/journal-authors

CONTENTS	
MANUSCRIPT FORMAT	4-14
Article Types	4
General Guidelines	9
Cover Letter	10
Title Page	10
Blinded Article File	11
Conflict of Interest	11
Main Document	12
Acknowledgments	12
Clinical Trial Registry	12
References	13
Figure Legends	14
Tables	14
Videos	14
DIGITAL ARTWORK PREPARATION	15
General Guidelines	15
Black and White Art	15
Color Art	15
Art Labels	15
SUBMISSION PROCEDURE	16-17
Submission Procedure	17
Revision Procedure	17
Peer Reviewing Process _	17
Appointment of Reviewer Team	17
PRODUCTION PROCEDURE	18
Page Proofs	18
POLICY STATEMENTS	19-20
Statement on Liability	19
Definition of Authorship	19
Copyright Statement	19
Conflict of Interest Resolution	19
Statement of Ethics	20
Patient Permission Policy	20
EDITORIAL CONTACTS	21

About the Journal

Indian Journal of Medical and Paediatric Oncology (IJMPO) is a bi-monthly peer-reviewed international journal published by Thieme Medical Publishers on behalf of the Indian Society of Medical and Paediatric Oncology. The journal's full text is available online at www.thieme.com/ijmpo.

Scope of the journal

The journal publishes articles on medical and pediatric oncology, haemato-oncology, onco-pathology, onco-radiology and allied subjects. The journal will cover technical and clinical studies related to the above subjects including ethical and social issues. Articles with clinical interest and implications will be given preference.

Pre-submission Inquiries

Certain article types, are usually solicited by the editors at IJMPO for submission in advance. However, authors interested in proposing ideas for article types like editorials, trainee's corner, grand round, oncology beyond science, news and fillers, commentary on international publication, how I treat and courting controversy may also send presubmission inquiries on ijmpo.office@gmail.com. An IJMPO editor will respond within a week.

MANUSCRIPT FORMAT

Article Types

The following table shows what types of articles are accepted for publication, and what requirement they may have.

Article Type	Abstract Limit	Keywords Limit	Title Limit	Tables/Figures Limit	References Limit
Original article (up to 3,500 words)	Up to 350 words (Structured: Introduction, Objectives, Materials and Methods, Results, Conclusion)	3 to 7 keywords	Up to 35 words	Up to 5 tables/figures	Up to 40 references
Review article (up to 4,000 words)	Up to 400 words (Unstructured abstract), Structured for systematic review and meta-analysis	3 to 7 keywords	Up to 35 words	Up to 5 tables/figures	Up to 75 references
Case report with review of literature (Up to 3,000 words)	Up to 250 words	2 to 5 keywords	Up to 35 words	Up to 2 tables/figures	Up to 30 references
Editorial (up to 1,500 words)	N/A	N/A	N/A	N/A	Up to 15 references
Brief Communication (Up to 2,000 words)	Unstructured (up to 200 words)	3 to 7 keywords	Up to 35 words	Up to 2 tables/figures	Up to 20 references
Letter to Editor (up to 500 words)	N/A	N/A	N/A	N/A	Up to 5 references
Drug Review (Up to 1,500 words)	Up to 150 words	3 to 7 keywords	Up to 35 words	Up to 2 tables/figures	Up to 15 references
Oncology Beyond Science (Up to 3,000 words)	N/A	N/A	Up to 35 words	Up to 6 tables/ figures	Up to 10 references
Report on International Publication (Up to 1,000 words)	N/A	N/A	Up to 35 words	Up to 2 tables/figures	Up to 15 references
Grand Round (Up to 1,000 words)	N/A	N/A	Up to 35 words	Up to 5 tables/ figures	Up to 20 references
Courting Controversy (Up to 1,000 words)	N/A	N/A	N/A	N/A	Up to 10 references
How I treat (Up to 2,000 words)	N/A	N/A	Up to 35 words	Up to 5 tables figures	Up to 20 references

Article Type	Abstract Limit	Keywords Limit	Title Limit	Tables/Figures Limit	References Limit
Policy brief (Up to 2,000 words)	N/A	N/A	Up to 35 words	Up to 2 tables/figures	Up to 30 references
Perspective (Up to 3,000 words)	N/A	N/A	Up to 35 words	Up to 2 tables/figures	Up to 30 references
News (Up to 1,500 words)	N/A	N/A	Up to 35 words	Up to 5 tables/ figures	Up to 20 references
Trainee's Corner					
Resident's Voice (Up to 1,000 words)	N/A	N/A	Up to 35 words	Up to 2 tables/figures	Up to 5 references
Notes on The Exam Selection (NOTES) (Up to 1,500 words)	N/A	N/A	Up to 35 words	Up to 3 tables/figures	Up to 15 references
Debate on Journal Article (Up to 1,500 words)	N/A	N/A	Up to 35 words	Up to 2 tables/figures	Up to 15 references
Year in Review (Up to 2,500 words)	Up to 300 words	N/A	Up to 35 words	Up to 4 tables/figures	Up to 25 references

Abstract and Keywords

See the section Article Types for word limits. The abstract should briefly outline the content of the article and any conclusions it may reach. The keywords should be wording a reader would be likely to use in searching for the content of the article.

- Original Article: These include observational studies, randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3,500 words (excluding Abstract, References and Tables) should be divided into sections with the headings Abstract (Structured format: Introduction, Objectives, Materials and Methods, Results, Conclusions) up to 350 words, Key-words (3–7 MeSH words), Introduction (contains Objectives), Materials and Methods, Results, Discussion, Conclusion, References, Tables and Figure legends.
 Please upload Ethics Committee Approval, Informed Patient Consent Forms, Consent Waiver form (if applicable) and Proforma (if applicable). Please mention Declaration of Helsinki wherever applicable. A Sub-section for statistics for original articles is required.
- Review Article: It is expected that these articles would be written preferably by individuals who have done substantial work on the subject or are considered experts in the field. The prescribed word count is up to 4,000 words excluding tables, references and abstract. The manuscript may have about 75 references. The manuscript should have an unstructured Abstract (350–400 words) representing an accurate summary of the article. A total of five figures/tables can be incorporated. The section titles would dependupon the topic reviewed. Authors submitting systematic review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. The journal expects the contributors to give post- publication updates on the subject of review. The update should be brief, covering the advances in the

- field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.
- Case report with review of literature: These include new, interesting and rare cases. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. Please provide a thorough literature review of the topic of the case. Case reports without an extensive literature review will not be considered for formal review. The text of case reports amounting to up to 3,000 words (excluding abstract, references and tables) should be divided into section with the headings Abstract (unstructured, up to 250 words: Introduction, Patient's main concerns and Important Clinical Findings, Primary Diagnoses, Interventions, Outcomes and Conclusion), Key words (2 to 5), Introduction, Case Report, Discussion, References (up to 30), Tables and Figure legends. Please upload Informed Patient Consent Form (if applicable) or Informed Consent of Legally Authorized Representatives (if applicable) or Ethics Committee Waiver/Approval form for publication of case report.
- Editorial: Editorials are solicited by the editorial board or Editor-in-Chief; should be up to 1,500 words and with no more than 15 references.
- **Brief Communication:** The word limit for this type of manuscript is up to 2,000 words. A total of up to 20 references can be cited. A maximum of two figures/tables can be incorporated. Please follow general guidelines for figures and tables.
- Letter to the Editor: These should be short and decisive observations. They should preferably be: 1. A rare, interesting new case or finding or method or observation, 2. Reply to previous letter, 3. In response to published article in IJMPO, 4. Any comment or issue/policy of public importance/breakthrough. The letter could have up to 500 words and five references. It could be generally authored by not more than four authors.
- **Drug Review:** The text of drug review amounting to up to 1,500 words (excluding abstract, references and tables) should be divided into section with headings Abstract (unstructured, up to 150 words: Introduction, Discovery, Mechanism of Action, Uses, FDA and DCGI approval status, Dose and Administration instructions, Common/important toxicities, Important/Landmark trial, Cost effectiveness, Applicability to India and Take-home points). All the text headers are **mandatory**. Atotal oftwo tables/figures (all inclusive) can be incorporated. Maximum number of 15 references are allowed. Maximum of five authors are allowed.
- Images in Oncology: This section is intended for clinical, pathological and radiological images which invoke the attention of onco-physicians in practice and in training, which might help in help in clinical practice. The images should have clinical significance and visual impression. The workup related to the image can be complete or incomplete if it is a clinical highlight paving to differential diagnosis and appealing to sense of visual diagnosis. The images should be of high quality, unique and should not have been submitted or being considered for publication elsewhere. These should be original and free of plagiarism. Mention the type of images in oncology in the cover letter as follows: 1. Challenging Image or 2. Spot the Diagnosis.
 - 1. Challenging Image: This format is for images with diagnostic and therapeutic challenge, with an educational or informative message. These must be associated with clinical significance or decision making. Cases just solely for the rarity will not be considered. The word limit for this type of manuscript is up to 500 words. A total of up to eight references can be cited. A maximum of four authors are allowed. A maximum of two figures are allowed (a collage of maximum four photographs is acceptable to be considered as a single figure). Please follow general guidelines for figures/tables.
 - 2. Spot the Diagnosis: The images can be from Medical Oncology, Surgical Pathology, Hematopathology and Radiology. This format is preferred for images which have incomplete workup or undiagnosed or lost to follow up but still merit attention because of clinical significance. The text can be in a question-and-answer format after brief description. e.g., "what is the differential diagnosis?", "what are the initial investigations you would like to ask for?" etc. The word limit for this type of manuscript is up to 500 words. A total of up to five references can

be cited). A maximum of four authors are allowed. A maximum of two figures are allowed (a collage of maximum four photographs is acceptable to be considered as a single figure). Please follow general guidelines for figures/tables.

- Oncology beyond Science: This section is created to deal with topics not targeting core oncology subjects and yet highly relevant to oncologists. Time and again, research falls short to address all dilemmas in the minds of oncologists, issues that one faces on day-to -day basis. From integration of artificial intelligence platforms to clinical leadership, burn-out, physical fitness etc. there are unmet needs to touch these nuances in oncology journals. Through this section, IJMPO endeavours to contribute not only towards excellent oncology write-ups but to fill in this existing gap and provide the reader an assortment of topics. The word limit for this type of manuscript is up to 3,000 words. A total of six figures/tables (all inclusive) can be included. A maximum of ten references can be cited A maximum of six authors are allowed. Please follow general guidelines for figures/tables.
- Report on International Publication: This section is to highlight an article published in an international journal and comment on its relevance in the Indian landscape. You could also comment on the usefulness to our population. The word limit for this type of manuscript is up to 1,000 words. A total of two figures/tables (all inclusive) can be included. A maximum of 15 references can be cited A maximum of six authors are allowed. Please follow general guidelines for figures/tables.
- **Grand Round:** This type of article includes presentation of a case followed by a question-and-answer section. The section would enable readers to test their breadth of knowledge about the given topic in turn helping them in practical situations. The text of grand round amounting to up to 1,000 words (excluding references and tables) should be divided into section with the headings Introduction (75 to 100 words), Case Presentation (50 to 100 words), Questions/Answers (up to 5), Discussion, Conclusion, Declaration of Patient Consent, Acknowledgement, Sponsorship, Conflicts of Interest and References (up to 20). A total of five figures/tables (all inclusive) can be included. A maximum of ten authors are allowed. Please follow general guidelines for figures/tables.
- Courting Controversy: It is essential that the first author of this type of manuscript is a senior faculty member. This type of article consists of invited articles which deal with an area of controversy in oncology where the way forward is not clear and practice varies from practitioner to practitioner. The word limit for this type of manuscript is up to 1,000 words. A maximum of six authors are allowed. A maximum of ten references can be cited. Please follow general guidelines for figures/tables.
- How I treat: It is essential that the first author of this type of manuscript is a senior faculty member. Please contact ijmpo.office@gmail.com for further details. This type of article allows the author to describe the process of treatment used by them for a specific condition. The word limit for this type of manuscript is up to 2,000 words. A total of five figures/tables (all inclusive) can be included. A maximum of 20 references can be cited. A maximum of ten authors are allowed. Please follow general guidelines for figures/tables.
- Policy brief: Policy briefs are a key tool to present research and recommendations. They serve as a vehicle for providing evidence-based policy advice to help readers make informed decisions. A strong policy brief distils research findings in plain language and draws clear links to policy initiatives. The best policy briefs are clear and concise stand-alone documents that focus on a single topic. The text of manuscript amounting to 2,000 words (excluding tables and references) should be divided into sections with the headings Executive Summary, Recommendations, Introduction, Methods (Data extraction), Discussion, Future Directions, Conclusions and References. A maximum of two tables/figures are allowed. A maximum of 30 references can be cited. Please follow general guidelines for figures/tables.
- **Perspective:** This type of manuscript includes perspective on any topic of clinical relevance, management principles and controversy, recent clinical trial data, research data etc. The text of manuscript amounting to 3,000 words (excluding tables and references). A maximum of two tables/figures are allowed. A maximum of 30 references can be cited. Please follow general guidelines for figures/tables.

- **News and Fillers:** This section has two sub-types: 1. News and 2. Fillers. Please mention the specific sub-type in the cover letter. Please contact ijmpo.office@gmail.com for further details on all the sub-types.
 - News: This article type offers readers latest developments in oncology research, techniques, treatment
 approaches etc. The word limit for this type of manuscript is up to 1,500 words. A total of five
 figures/tables (all inclusive) can be included. A maximum of 20 references can be cited. A maximum
 of five authors are allowed.
 - 2. Fillers: Fillers may include jokes, poems, crosswords and any other oncology related item that you feel relevant to practising oncologists. The submission must be original. It should not be under consideration for publication elsewhere
- Trainee's Corner: It is essential that the first author of this type of manuscript is a medical oncology trainee. Trainee's corner has four sub-sections: Resident's Voice, Notes On The Exam Selections (NOTES), Debate, Year in Review and Quiz. Please mention the specific sub-type in the cover letter. Please contact impo.office@gmail.com for further details on all the sub-types.
- 1. **Resident's Voice**: This type of manuscript will be accepted only through invitation through IJMPO editorial board. Resident–Mentor Narrative /Perspective on different aspects in oncology. The word limit for this type of manuscript is up to 1,000 words. Maximum of two figures/tables are allowed (all inclusive). A maximum of six authors are allowed. A total of five references are allowed. Please follow general guidelines for figures/tables. Please contact ijmpo.office@gmail.com for further details.
- 2. Notes On The Exam Selections (NOTES): This type of manuscript will be accepted only through invitation through IJMPO editorial board. This type includes Resident written short notes. Please contact ijmpo.office@gmail.com for further details. The word limit for this type of manuscript is up to 1,500 words. A total of three figures/tables (all inclusive) can be included. A maximum of 15 references can be cited. A maximum of six authors are allowed. Please follow general guidelines for figures/tables.
- 3. **Debate on Journal Article:** This type of manuscript will be accepted only through invitation through IJMPO editorial board. One article from a previous issue is selected as per the research value and residents are invited to prepare written debate for and against some important practice changing information from the article. The word limit for this type of manuscript is up to 1,500 words. A total of two figures/tables (all inclusive) can be included. A maximum of 15 references can be cited. A maximum of six authors are allowed. Please follow general guidelines for figures/tables.
- 4. **Year in Review:** This will include a short review of important journal articles in the topic during one year period, summary of all the key trials for that year etc. An unstructured abstract of up to 300 words should be included in this sub-type. The word limit for this type of manuscript is 2,000 to 2,500 words. A total of four figures/tables (all inclusive) can be included. A maximum of 25 references can be cited. A maximum of ten authors are allowed. Please follow general guidelines for figures/tables.

General Guidelines

- · You must submit a digital copy of your manuscript. Hard copy submissions are not accepted.
- Keep the format of your manuscript simple and clear. We will set your manuscript according to our style—do not try to "design" the document.
- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font, Times New Roman with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. <u>Do not</u> embed figures within the manuscript file.
 This requires special handling by Thieme's Production Department.
- Keep abbreviations to a minimum and be sure to explain all of them the first time they are used in the
 text.
- The manuscripts should be written in American English.
- The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.
- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as "Supplementary Material" and will be published only online (not in print).

The following is a list of formatting requirements for submitted manuscripts. Papers that deviate from this will be returned with a request for changes, and will not undergo review until these changes have been made. Each of the following sections should be submitted as a separate document.

- 1. Cover Letter: The cover letter should include the following:
 - i. Editor's name
 - ii. Manuscript Title
 - iii. Name of the Journal you are submitting to
 - Statement that your paper has not been previously published and is not currently under consideration by another journal
 - v. Brief description of the research you are reporting in your paper, why it is important, and why you think the readers of the journal would be interested in it
 - vi. If the manuscript was presented as part at a meeting, mention the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. (copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter)
 - vii. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
 - viii. Confirmation that you have no competing interests to disclose
 - ix. The information should be contained in one page.
- 2. <u>Title Page</u>: The title page should include the following:
 - i. The type of manuscript (original article, case report, review article, etc.)
 - Title and running title of the manuscript (running title must be included for all article types.
 50 60 characters long including spaces and can include standard abbreviations)
 - iii. Names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use doc files, do not zip the files
 - iv. Total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article
 - v. Source(s) of support in the form of grants, equipment, drugs, or all of these
 - vi. Acknowledgement, if any
 - It could contain: a) contributions that need acknowledging but do not justify authorship b) acknowledgments of technical help; and c) acknowledgments of financial and material support, which should specify the nature of the support.
 - vii. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship (Pg. 18) have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
 - viii. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs
 - ix. Criteria for inclusion in the authors'/ contributors' list. Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review.
 - x. Contact information for you and any co-authors

- xi. Conflicts of Interest of each author/contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
- 3. **Blinded Article File:** The manuscript **must not contain** any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can be provided. Manuscripts not in compliance with the journal's blinding policy will be returned to the corresponding author. The manuscript:
 - i. Must include the main text of the article (beginning from the abstract till references, including tables)
 - ii. Must be a doc file. Zip files will not be accepted
 - iii. Must have pages numbered consecutively, beginning with the first page of the blinded article.
 - iv. Must not incorporate images
 - v. Legends for the figures/images should be included at the end
 - vi. Must clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
 - vii. As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple fonts and font sizes.
 - viii. Do not insert page or section breaks, except, where noted in the Author Instructions.
 - ix. Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
 - x. Use only one space, not two, after periods.
 - xi. Create tables using the Table function in Microsoft Word.
- **4. Figures/Artwork:** Please refer to the general guidelines for Digital Artwork Preparation for submitting figures.

The Conflict of Interest (COI) form: All authors (including corresponding and co-authors associated with the manuscript) must make a formal statement at the time of submission indicating any potential conflict of interest that might constitute an embarrassment to any of the authors if it were not to be declared and were to emerge after publication. Such conflicts might include, but are not limited to, shareholding in or receipt of a grant or consultancy fee from a company whose product features in the submitted manuscript or which manufactures a competing product. Should the article be accepted for publication, this information will be published with the paper.

Types of conflicts include: Consulting, Royalties, Research Support, Institutional Support, Ownership, Stock/Options, Speakers Bureau, and Fellowship Support. Any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for those disclosed in the Acknowledgments section, are potential conflicts.

This journal follows the guidelines of the International Committee of Medical Journal Editors and an ICMJE disclosure of potential conflicts of interest (COI) form must be submitted for each author at the time of manuscript submission. Forms must be submitted even if there is no conflict of interest. It is the responsibility of the corresponding author to ensure that all authors adhere to this policy prior to submission.

A conflict of interest statement must also be included in the manuscript after any "Acknowledgements" and "Funding" sections and should summarize all aspects of any conflicts of interest included on the ICMJE form. If there is no conflict of interest, authors must include 'Conflict of Interest: none declared'. Please click http://www.icmje.org/conflicts-of-interest to download a Conflict of Interest form. The disclosure information is important in article processing. If the provided forms are incomplete or missing, it can cause delays in publishing of article.

Main Document

- This journal adheres to a double-blinded peer-review policy. Please do not disclose author-related information in the main document.
- Please clearly distinguish the hierarchy of headings within the manuscript by using capital letters, underline, italic, and bold styles as necessary.
- As needed, use italic, superscripts, subscripts, and boldface, but otherwise do not use multiple
 fonts and font sizes.
- Do not insert page or section breaks except, where noted in the Author Instructions.
- Use hard returns (the Enter key) only at the end of a paragraph, not at the end of a line. Allow lines of text to break automatically in your word-processing software. Do not justify your text.
- Use only one space, not two, after periods.
- Create tables using the Table function in Microsoft Word.
- Once submitted the order of the names of authors cannot be changed without written consent of all the contributors.
- The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should justify if the number of authors exceeds these limits.

Acknowledgements

The source of any financial support received and recognition of personal assistance for the work being published should be indicated at the end of the article, just before the Reference section, under the heading Acknowledgments. Please note that Acknowledgments should NOT include source of author's identity.

Clinical Trial Registry

Indian Journal of Medical and Pediatric Oncology (IJMPO) would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: http://www.anzctr.org.au/; http://www.anzctr.org.au/; http://www.ctri.nic.in/; http://www.anzctr.org.au/; http://www.anzctr.org.au/; http://www.trialregister.nl/trialreg/index.asp; and http://www.trialregister.nl/trialreg/index.asp; and http://www.trialregister.nl/trialreg/index.asp; and http://www.trialregister.nl/trialreg/index.asp; and http://www.umin.ac.jp/ctr. This is applicable to clinical trials that have begun enrolment of subjects in or after June 2008. Clinical trials that have commenced enrolment of subjects prior to June 2008 would be considered for publication in Indian Journal of Medical and Pediatric Oncology only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees. The manuscript MUST mention CTRI or relevant trial identification number.

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- In-text references should appear after the fact, quotation or idea being cited outside periods and commas, inside colons and semi-colons, as superscript Arabic numbers. If citing more than one reference at the same point, separate the numbers with commas and no spaces between.
- Avoid citing a personal communication unless it provides essential information not available from a
 public source, in which case the name of the person and date of communication should be cited in
 parentheses in the text. Such personal communication many need to be made available to the editorial
 board on request.
- References should be styled per the following examples:
- 1. Citing a journal article:

Newburger JW, Takahashi M, Burns JC, et al. The treatment of Kawasaki syndrome with intravenous gamma-globulin. N Engl J Med 1986;315:341–347

2. Citing a chapter in a book:

Toma H. Takayasu's arteritis. In: Novick A, Scoble J, Hamilton G, eds. Renal Vascular Disease. Philadelphia: WB Saunders; 1995:47–62

3. Citing a book:

Stryer L.Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559-596

4. Citing a thesis:

Stern I. Hemorrhagic Complications of Anticoagulant Therapy [Ph.D. dissertation]. Evanston, IL: Northwestern University; 1994

5. Citing a government publication:

Food and Drug Administration. Jin Bu Huan Herbal Tablets. Rockville, MD: National Press Office; April 15, 1994. Talk Paper T94-22

6. Citing an online article:

Rosenthal S, Chen R, Hadler S. The safety of acelluler pertussis vaccine vs whole-cell pertussis vaccine [abstract]. Arch Pediatr Adolesc Med [serial online]. 1996;150:457–460. Available at: http://www.ama-assn.org/sci-pubs/journals/archive/ajdc/vol_150/no_5/abstract/htm. Accessed November 10, 1996

7. Citing a symposium article:

Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC

Figure Legends

- Figure legends should not more than 40 words
- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure legends) sequentially in the order they are cited in the text.
- Figure legends should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure legends should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
- Tables must be double-spaced. A short descriptive title should be provided for each table.
- If a table contains artwork, supply the artwork separately as a digital file.
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Videos

- The following formats are acceptable: *.avi, *.mov and *.mpg.
- For supplementary videos, the length should not exceed 4 minutes, and a legend of no more than 40 words per video or per sequence is required (it should also be included in the main document).
- All videos should include a clear, English language voice over explaining the demonstration or operation being
 presented. Be precise, informative, and clear in your speech. Re-record audio in post-production for sound
 quality.
- Be slow and deliberate in all movements. Be cautious of bad lighting, and white balance the camera each time
 you turn it on. Place the camera on a tripod and obscure the faces of any patients, or obtain a signed Statement
 of Consent.

DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Acceptable figure file formats are .tif, .eps, .jpg, .pdf.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line
 art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of
 the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Black-and-White Art

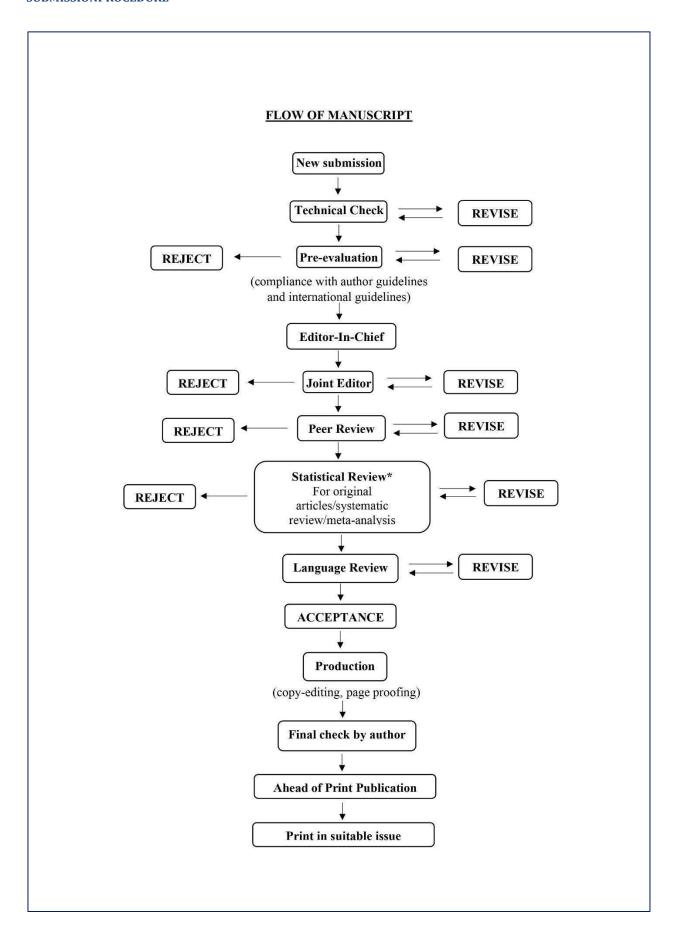
- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can
 check the results and confirm in advance that no critical details are lost or obscured by the change to blackand-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly
 dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable
 printing quality.

Color Art

• All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light
 or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are
 reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.



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