

Annals of Cancer Research and Therapy

Guidelines to Authors

Aims and Scope

The Annals of Cancer Research and Therapy (ACRT) is the official peer-reviewed and open-access scientific journal of the Japanese Society of Strategies for Cancer Research and Therapy (JSCT).

ACRT offers an excellent and rapid medium for publication of research from all parts of the world. The purpose of the Journal is to publish the results of original manuscripts in molecular, investigative, and clinical areas of oncology in relation to cancer therapy and the quality of life of concerns of cancer patients. The Journal is published twice a year.

Article Types

The ACRT publishes a variety of different article types. Once you have determined the adequate Article Type, it is imperative that you read the Manuscript Preparation guidelines before you submit your manuscript:

1. Review articles

Review articles provides a broad and comprehensive overview and updates on a specific field or topic in medical science. The articles are generally submitted at the request of the Editor.

2. Original papers

Original papers should present detailed studies of original research, highlighting new and compelling findings that are impactful to other medical practitioners and researchers.

3. Case reports

Case reports present the details of rare medical or clinical cases that have significant educational importance for diagnosis and treatment.

4. Rapid communications

Rapid communication may report on early clinical data or studies that are not sufficiently developed as Original papers but have the potential to make a significant impact on research areas and/or patient care.

5. Perspectives

Perspectives deal with updating recent topics of interest in the areas of cancer research and therapy. These articles provide an opportunity to propose new perspectives about existing research or personal viewpoints, supported by evidences.

6. Letters-to-the-editor

Letters-to-the-editor are brief, constructive commentaries that can be submitted in response to a recently published article in ACRT.

Manuscript Preparation

The Journal requires that all manuscripts be prepared in accordance with the guidelines and best practices including Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) by the International Committee of Medical Journals Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing (a joint statement by the Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the World Association for Medical Editors (WAME) and the Open Access Scholarly Publishers Association (OASPA); (<http://doaj.org/bestpractice>)).

Authors wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for publication and to include evidence that such permission has been granted when submitting their papers. Authors must cite the source to use such materials in the corresponding figure or table caption, as required by the copyright owner(s).

If authors are non-native speakers of English, the manuscript must be edited by a native English speaker prior to submission, preferably one with a specialized knowledge of medical editing.

Manuscripts that do not follow the instructions below will be returned to the submitting author for technical revision before undergoing peer review.

General Formatting

All articles should be written in English and correctly formatted according to the guidelines outlined below. All text should be double-spaced using the Times New Roman 12-point font. Manuscript is required to be in MS Word.

The organization of the manuscript should be in the following order:

- Title Page
- Abstract
- Key Words
- Main Text
- References
- Figure Legends

- Tables
- Figures

Title Page

The title page should be prepared separately from the main document and must include the following information: The format of title page should be used and separately sent via e-mail.

- Type of the manuscript
- Title of the manuscript
- Running title (no more than 45 characters)
- Full names of all authors
([First name Last name] or [First name Initial of Middle name Last name])
- Institutional affiliations of all authors, including city and country location of an author's institution.
- Corresponding author's name, address, telephone number and e-mail address
- Conflicts of interest and Sources of Funding

Abstract and Key Words

Manuscript should include an abstract of no more than 250 words that includes the following headings, depending on the article type:

- Original papers: Structured Abstract (Introduction; Methods; Results; Conclusions)
- Review articles, Case reports, Rapid communication and Perspectives: Unstructured Abstract (No headings required)
- Letters-to-the-editor: Abstract is not necessary.

The Abstract, regardless of the Article Type, should contain 3 - 5 key words.

Main Text

For each Article Type, authors must organize and order their content using the following formats:

- Review article:
Word Limit: up to 6,000 words
Tables/Figures: up to 6
References: up to 100
- Original papers:
Headings: Introduction, Materials and Methods (or Patients and Methods), Results, Discussion

Word Limit: up to 5,000 words

Tables/Figures: up to 10

References: up to 50

- Case reports:
Headings: Introduction, Case Report, Discussion
Word Limit: up to 2,000 words
Tables/Figures: up to 6
References: up to 30

- Rapid communication:
Word Limit: up to 2,000 words
Tables/Figures: up to 5
References: up to 30

- Perspectives:
Word Limit: up to 2,000 words
Tables/Figures: up to 5
References: up to 30

- Letters-to-the-editor:
Word Limit: 600 words
References: up to 5

References

The authors are responsible for the accuracy of their references. Authors must cite references in the text in the order of their appearance. If there are more than three authors, name only the first three authors and then use “et al.” Journal names should be abbreviated in the standard form as they appear in the NLM Catalog. If the journals are not included in the NLM Catalog, use the ISSN List of Title Word for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

Examples of Journal references are as follows:

- *Journal article*
 1. Guiot BH, Khoo LT, Fessler RG. A minimally invasive technique for decompression of the lumbar spine. *Spine*. 2002;27(4):432-8.

- *Journal article in a language other than English*
 2. Paroussis D, Papaoutsopoulou C. [Porcelain laminate veneers (HI-ERAM)]. *Odontostomatol Proodos*. 1990;44(6):423-6. Greek.
- *Online journals*
 3. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>Article
- *Entire book*
 4. Jenkins PF. *Making sense of the chest x-ray: a hands-on guide*. New York: Oxford University Press; 2005. 194 p.
- *Book chapter*
 5. Riffenburgh RH. *Statistics in medicine*. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; 2006. Chapter 24, Regression and correlation methods; p. 447-86.

For reference styles pertaining to other media formats or further details, please refer to *Citing Medicine*, which is published by the National Library of Medicine (US).

Units of Measurement

Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter) or their decimal multiples. Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. All measurements should follow the International System of Units (SI).

Use a capital letter "L" for liter in the units of measurements in the Text, Figures, and Tables (e.g., g/dL, mg/dL, IU/L, and mEq/L).

Abbreviations

Define abbreviations at their first appearance in the text and in each Table and Figure and use the abbreviations consistently thereafter.

Names of Drugs, Devices, and Other Products

Do not use the specific brand names of drugs, devices, and other products and services, unless it is essential to the discussion. Otherwise, please use descriptive name.

Figures and Tables

Figures and Tables must be cited in the text and numbered in the order they are cited. If any copyrighted or previously published material, edited or otherwise, are used in the manuscript, it is the author's responsibility to obtain the permission from the copyright owner(s) prior to

making a submission. Also, the authors must cite the source and indicate the permission to use such materials in the corresponding Figure or Table caption, as required by the copyright owner(s).

Figure Legends

Legends must be prepared for all Figures presented in the manuscript. Authors must list Figure Legends on a separate page after the References section.

Figures

Figures must be cited in order in the text using Arabic numerals. Figures should be submitted in the following digital format:

- Minimum Resolution: 300 dpi
- Maximum width: 8.5 cm (half) or 16.5 cm (full)
- Maximum height, entire figure: 22 cm
- File type: JPEG or TIFF

Tables

Tables must be cited chronologically in the text using Arabic numerals. Each appropriately numbered table should be typed on a separate sheet. Tables are required to be in MS Word (.doc/.docx).

Article Type	Abstract		Main Text		Tables/ Figures	References
	Style	Words	Headings	Words		
Review Article	Unstructured	250	-	6,000	6	100
Original papers	Structured	250	Introduction, Materials and Methods, Results, Discussion	5,000	10	50
Case reports	Unstructured	250	Introduction, Case Report, Discussion	2,000	6	30
Rapid communication	Unstructured	250	-	2,000	5	30
Perspectives	Unstructured	250	-	2,000	5	30
Letters-to-the-Editor	Not necessary		-	600	-	5

Clinical Trials

In accordance with ICMJE's policy on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment. ICMJE defines clinical trials as any research project that prospectively assigns people or a group of people to an

intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions include, but are not limited to, those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

ACRT requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.

Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the [ICMJE site](#). The journal accepts registration from the following list of registries as well as others listed at [ICMJE site](#):

- [Clinical Trials](#)
- [Australian New Zealand Clinical Trials Registry](#)
- [ISRCTN Register](#)
- [Netherlands Trial Register](#)
- [UMIN Clinical Trials Registry](#)
- [EudraCT](#)

In reporting randomized clinical trials, authors must comply with published [CONSORT guidelines](#). The recommended checklist must be completed and provided to the journal at the time of manuscript submission. The recommended trial flow diagram should be presented as a figure.

Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.

- [CONSORT](#) for randomized clinical trials
- [CARE](#) for case reports
- [STROBE](#) for observational studies
- [PRISMA](#) for systematic reviews and meta-analyses
- [STARD](#) for studies of diagnostic accuracy

Please access the [EQUATOR \(Enhancing the QUALity and Transparency Of health Research\) Network](#) to find the guideline that is appropriate for your study.

It is extremely important that when you complete any Reporting Guideline checklist that you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the appropriate reporting checklist. The purpose of a reporting guideline is to guide you in improving the reporting standard of your manuscript. The objective is not to solely complete the reporting checklist, but to use the checklist itself in the writing of your manuscript. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript, while also potentially enhancing its chances for eventual publication.

Data Sharing

ACRT encourages the authors of manuscript which includes clinical trials to share their de-identified research data including, but not limited to raw data, processed data, software, algorithms, protocols, methods, materials, study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.

As required by ICMJE, all manuscripts that report the results of clinical trial must include a data sharing statement with a link to the trial registration. The statement should include the following information:

- Available types of data,
- Available documents (study protocol, statistical analysis plan, informed consent form, clinical study report, or analytic code)
- Available dates
- With whom the data are available.
- Types of analyses the authors are willing to share the data
- Method of requesting the data.

The statement is published alongside their paper.

Manuscript Submission

Corresponding authors should send their manuscript files to the Editorial Office of the Japanese Society of Strategies for Cancer Research and Therapy, 2-2-3 Nakano, Nakano-ku, Tokyo 164-0001 Japan, by e-mail (npo-jsct@herusu-shuppan.co.jp). We accept files saved by Microsoft Word for text.

Notification of manuscript submission will be made via e-mail to corresponding author.

Peer Review Process

Upon submission, the manuscript will be checked for plagiarism by using Similarity Check. Thus, accepted manuscripts will be stored in Turnitin database.

General Peer Review Policy

Articles submitted to ACRT are subject to a single-blind peer review process.

All submitted manuscripts are first assessed by the Editor-in-Chief, who makes a decision whether to send paper for further review. The associate editors will assess the importance and originality of the research, suitability and interest to the readership of the journal, and the quality of the manuscript. The manuscripts that satisfy the screening criteria will be sent to normally two experts in the field of the study for peer review. The editors of the ACRT will review the peer review comments and make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection.

Editorial Role

ACRT adheres to COPE Ethical Guidelines for Peer Reviewers. Reviewers are not allowed to contact the authors directly before, during, or after the peer review process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information contained within the manuscript to a third party.

Editors and Journal Staff as Authors

Manuscripts submitted by editors, Editorial Committee members, or journal staff will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript. The manuscript submitted by editors, Editorial Committee, and journal staff of ACRT should include a statement that declares their personal conflict of interest with the journal.

Revised Manuscript

It is expected that any manuscripts receiving a revision decision will be fully amended according to the comments of both the reviewers and the editors. Authors must also include a detailed point-by-point response letter. Authors should submit the revised manuscript within 60 days from the date of prior decision. Revisions must be approved by all authors prior to submission of the revised manuscript.

Editorial Policy and Publication Ethics

Authorship/Contributorship

All authors listed in the manuscript must meet the following four contribution criteria as defined by the ICMJE in their Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals.

1. Substantial contributions to the conception or design of the research or the acquisition and analysis of data; and
2. Drafting the work or revising it critically for important intellectual content; and
3. Final approval of the version to be published; and
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The corresponding author must ensure that a manuscript is read and approved by ALL authors prior to submission.

Contributors who do not meet all four criteria above should not be listed as authors. Guest or honorary authorship is strictly prohibited. Those whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g., “Acknowledgements”), and their contributions should be specified (e.g., “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” “provided and cared for study patients”, “participated in writing or technical editing of the manuscript”).

Any authorship changes such as order, addition, and deletion of authors between the initial manuscript submission and the final decision should be discussed and approved by all authors by the end of the revision phase of the peer review process. Any request for such changes must be explained in writing and must be signed by all authors.

Adding, deleting, or changing the author names and their order is not permitted after the acceptance of the manuscript for publication.

Exclusive Submission

Articles that have been previously published or are being considered for publication in another journal in any language will not be accepted. Submission of a manuscript implies that: the work described has not been previously published; it is not under consideration for publication elsewhere; its publication has been approved by all co-authors. The editors make all decisions on the acceptance of the peer-reviewed manuscripts.

Secondary Publication

For acceptable secondary publication, authors should consult the ICMJE Recommendations.

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience provided the following conditions are met:

1. The authors have received approval from the editors of both journals (the editor concerned with secondary publication must have access to the primary version);
2. The priority of the primary publication is respected by a publication interval negotiated by both editors with the authors;
3. The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient;
4. The secondary version faithfully reflects the authors, data, and interpretations of the primary version;
5. The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere and the secondary version cites the primary reference;
6. The title of the secondary publication should indicate that it is a secondary publication of a primary publication.

Redundant or Duplicate Publication

Articles that are being considered for publication in another journal including advanced publications such as “in-press” or “E-pub ahead of print” articles in any language might be regarded as redundant or duplicate publication.

The author should notify the editor formally about all submission and the previous reports that could be regarded as redundant or duplicate publication of the same or similar work. Copies of such work should be included with the submission.

ACRT allows submissions of manuscripts that have been previously posted on preprint server. Authors submitting preprints to ACRT must state clearly in writing in the cover letter to the editors that the manuscript is a preprint. If the manuscript is accepted and published in ACRT, authors must update the preprint listing with the full citation line in ACRT, and a link to the final published version.

Abstracts or posters presented at scientific meetings are not considered as previously published work.

Editorial actions should be expected if redundant or duplicate publication is attempted or occurs without such notification. Editorial actions may include: immediate rejection of the submitted manuscript; retraction of published work; published notice of violation, and revocation of publishing privileges.

Conflicts of Interest and Sources of Funding

The ACRT's conflict of interest (COI) policy requires that all authors of all manuscripts must disclose any financial relations, activities, relationships and affiliations that exist, or have existed, in the 24 months prior to submission with 1) any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) any financial interest in or arrangement with a competing company, 3) any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition.

Any possible COI related to the study presented in the manuscript must be disclosed on the title page under the heading "Conflicts of Interest" using the following examples for each author:

"A (author name) received honoraria from Z (entity name); B holds an advisory role in Y; C is an employee of Company X."

If there are no COIs, the authors should state "The authors declare that there are no conflicts of interest".

All sources of funding from entities such as government or non-profit organizations, which are relevant to the study, should be acknowledged on the title page under the heading "Sources of Funding."

If the manuscript is accepted for publication, the disclosures will be published as they appear in this section.

Research Ethics

- A. Clinical research included in articles that report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki. In addition, it must be mentioned that the research was approved by the relevant institutional review board (IRB) of the authors' affiliated institutions. The approval code issued by the IRB and the name of the institution, which granted the approval should be included in the manuscript. If no approval from IRB was required, that must be explicitly stated in the manuscript. Those researchers who do not have access to an ethics review committees should follow the principles outlined in the Declaration of Helsinki.
- B. Articles reporting on data from animal testing must indicate in the manuscript the approval of the testing design by the affiliated institution's Animal Care and Use Committee.

- C. Authors of articles reporting on new DNA sequences must furnish that data to the GenBank and include the accession number for it in the article.
- D. For any studies involving human subjects it should be stated clearly in the text that written consent has been obtained from all patients (or parent or legal guardian) to publish the information, including their photographs.
- E. Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information which may identify patients must not be presented anywhere in the manuscript, including the Figures and Tables unless the information is essential for scientific purposes and the patient

Misconduct and Breach of Publication Ethics

- All members of the Editorial Committee of the ACRT promote and abide by the COPE International Standards for responsible research publication for authors, reviewers and editors when dealing with allegations of misconduct.
- All manuscripts submitted to the ACRT must represent the authors' original work and not duplicate any other previously published work in any language. The authors must understand, and guarantee, that the same manuscript is not simultaneously submitted to, or not under consideration in, another journal.
- All authors are fully responsible for the originality and contents of their submitted manuscripts. All records and data presented in the manuscript must be accurate, without any fabrication, manipulation, or falsification.
- Authors certify that the single research or dataset is not intentionally divided into several parts to increase the number of submission or publication with the ACRT or other journals over time ("salami publication").
- All information and contents, such as data, text, ideas, or theories that originate from other resources must be credited and cited, as guided in the "References" of Manuscript Preparation section.
- Any misconduct that is identified is subject to investigation by the Editorial Committee according to the guidelines recommended by COPE. If the allegation raises any valid concerns after the investigation, the author will be contacted to address the issue. The Editors in Chief may decide to publish an "Expression of

Concern” if suspicion is raised after the article has already been published. Should misconduct or the breach of publication ethics be established, regardless of the level or seriousness, this may result in retraction, publication of formal notice of the misconduct, formal notice to the author's institution, and a formal embargo on future contribution to the ACRT.

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