

CANCER

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Mission and Scope of the American Cancer Society and *CANCER*: The National Board of Directors of the American Cancer Society adopted the following mission statement November 9, 1994: "The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer through research, education, advocacy, and service." *CANCER* is a peer-reviewed publication of the American Cancer Society integrating scientific information from worldwide sources for all oncologic specialties. The objective of *CANCER* is to provide an interdisciplinary forum for the exchange of clinically applicable information among oncologic disciplines concerned with the etiology and course of human cancer. *CANCER* accomplishes this objective by publishing original articles, as well as other scientific and educational documents, that support the mission of the American Cancer Society by facilitating the transfer of knowledge from the laboratory to the bedside; contributing to cancer prevention, early detection, diagnosis, cure, and rehabilitation; and diminishing suffering from cancer.

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Length Limitations

Papers that grossly exceed the length limitations as described in this guide will not be considered for review.

- **Original Articles:** Scientific reports of the results of original clinical research. The text is limited to 6000 words including the title page, abstract, text, references, figures, figure legends, and tables. Abstracts are limited to 250 words.
- **Accelerated Publications:** A concise and timely presentation of significant data. The text should not exceed 2400 words with no more than 20 references and a total of four figures and tables. Expedited peer review and publication is rare and subject to approval by the Editor-in-Chief.

- **Book Reviews:** Reviews of selected books in oncologic medicine and surgery. Book reviews are generally solicited by the Editor-in-Chief.
- **Review Articles:** A timely, in-depth treatment of an issue. Review articles are generally solicited by the editors, but unsolicited materials will be considered. Review articles must be no longer than 8000 words including title page, abstract, text, tables, figures, figure legends, and references.
- **Editorials:** Opinions of recognized leaders in oncologic specialties. Editorials are generally solicited by the Editor-in-Chief and are related to a manuscript in the same issue. Length should not exceed 2400 words with no more than 20 references.
- **Commentaries:** Presents a point of view of general interest not related to an article in the same issue of *CANCER*.
- **Communications:** Brief notes on selected topics from organizations such as the American Cancer Society, the Commission on Cancer of the American College of Surgeons, and the American Joint Committee on Cancer.
- **In Memoriam:** Highlights the accomplishments of distinguished individuals who are deceased for their contributions to oncology.
- **Correspondence:** Commentaries related to papers previously published in *CANCER*. Letters must be submitted within three months of the online publication date of the article discussed in order to be considered. The authors of the original publication will be given the opportunity to respond in the same issue of *CANCER*. Letters and responses must not exceed 400 words in length, must be limited to three authors and five references, and should not have tables or figures. Financial associations or other potential conflicts of interest must be disclosed.
- **Case reports of single cases will not be considered.**

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Electronic submission

All manuscripts **must** be submitted electronically using the Cadmus Rapid Review System available at <http://www.rapidreview.com>. **Manuscripts may not be submitted by E-mail.** Submit text files only as .DOC or .RTF file formats. DOCX and other file formats are not permitted and should be converted to DOC. In addition to submitting online, authors are required to mail, e-mail, or FAX the following to the *CANCER* Editorial Office: the "Authorship Responsibility, Financial Disclosure, and Copyright Transfer" form signed by all authors; any permissions that may have been obtained for figures or tables; any permissions required for patient consent. **Please include the permanent manuscript number on all correspondence.**

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MANUSCRIPT COMPONENTS

General Style

Prepare the manuscript using American spelling and grammar. Use the following sources as guidelines for manuscript preparation and style:

- Matters of spelling, capitalization, punctuation, hyphenation, reference format, and general style: *American Medical Association Manual of Style*, 9th ed.¹
- Citing cancer stages: *American Joint Committee on Cancer Staging Manual*, 6th ed.² or *UICC TNM Classification of Malignant Tumours*³

- Histologic classification of tumors: *World Health Organization International Histological Classification of Tumours*⁴
- Drug naming: *USP Dictionary of USAN and International Drug Names*, 1997⁵
- Chemical terms: *Naming and Indexing of Chemical Substances for Chemical Abstracts*⁶
- Terms relating to diseases, operations, and procedures: *ICD-O: International Classification of Diseases for Oncology*, 2nd ed.,⁷ *Physicians' Current Procedural Terminology: CPT*, 1995,⁸ and *SNOMED International*⁹
- Presenting statistical material: *Cancer Treatment Reports*¹⁰
- Abbreviating journal titles in references: *Index Medicus*¹¹
- Units of measure: Système International (SI) or metric system.

Manuscript Format

The following components are required for a complete manuscript: cover letter, title page, abstract, text, references, figure legends, publication quality figures, and tables. Include page numbers on the document, beginning with the title page as number 1. Please use standard 10- or 12-point font size.

Title page

The following items are required on the title page:

- Manuscript title
- Running title: a short version of the title (up to 40 characters including spaces)
- Each author's name, academic degrees, and affiliation
- Complete mailing address, telephone, facsimile, and E-mail for correspondence and reprints
- Total number of each: 1) text pages, including title page, references, and figure legends; 2) tables; and 3) illustrations
- Sources of support that require acknowledgment and/or financial disclosure statements (including NIH grant numbers)
- Condensed abstract for use in the Table of Contents: two concise sentences that state the significant conclusion(s) or message of the manuscript (not required for In Memoriam or Correspondence)
- Abstract: Original and Review Articles **must** contain an abstract of approximately 250 words. Abstracts for Original Articles must have four specified subtitles: Background, Methods, Results, and Conclusion(s). Abstracts are not required for In Memoriam, Editorials, Commentaries, Communications, or Correspondence. Abstracts published in *CANCER* are submitted to the International Cancer Research Data Bank (ICRDB), supported by the National Cancer Institute. This facilitates broad circulation of cancer-related abstracts. If the ICRDB edits an abstract significantly, it is indicated by a notation "modified." Authors are hereby made aware of this procedure in advance of submitting a manuscript to *CANCER*.
- Keywords: 4 to 10 key words or terms to be used as index terms. Use terms from the medical subject headings list of *Index Medicus*.¹¹

Drugs

Use generic name (or generic name followed by trade name in parentheses), manufacturer and their location (city and country).

Abbreviations

Use only standard abbreviations and spell out all abbreviations at first use in the text followed by the abbreviation in parentheses.¹

Appendices

Supplemental materials presented as appendices are not permitted. These materials must either be placed within the manuscript or eliminated.

Classification and staging

AJCC/UICC TNM Classification and Stage groupings are to be used. If another staging system is stated, the AJCC/UICC TNM equivalent must also be given.^{2,3} The stage grouping is a combination of the individual T, N, M classifications (e.g., Breast Carcinoma Stage IIA is T2 N0 M0. Please note IIA is the stage. T2 N0 M0 is a combination of T, N, M classifications that satisfy the criteria for Stage IIA.). Reference to any T, N, M component is a *classification* and not a stage (e.g., the T2 classification); it is not correct to state the classification as a stage (e.g., the T2 stage). When a stage or classification is used in the manuscript, a reference citing the staging system must be provided. The first time a stage is used it must be accompanied by the T, N, M and the verbal translation of the numerical identifier (e.g., Breast Carcinoma Stage IIA [T2 N0 M0]: tumor more than 2 cm but not more than 5 cm in greatest dimension [T2], no regional lymph node metastasis [N0], no distant metastasis [M0]).

Statistical analysis

The following guidelines should be followed including statistical analyses:

- Report the sample size *n* for each study and each analysis
- Describe the power analysis to justify the sample size if appropriate
- Identify all statistical methods and verify the assumptions for all statistical tests
- Provide alpha (the probability of a Type I error) for all statistical tests
- Specify whether tests are one- or two-sided
- Report the descriptive statistics (*n*, mean, median, and standard deviation) for all continuous variables
- Report *n* and the sample proportion for binary variables
- Adequately explain complex statistical procedures such as multivariate logistic regression and the Cox proportional hazard regression model and verify the assumptions of each such procedure
- Report the actual P-values and explain what is meant by statistical significance
- Discuss and describe adjustments for multiple testing

References

If using EndNote (recommended), the *CANCER* reference style can be downloaded at www.interscience.wiley.com/jendnotes/. For assistance using EndNote, contact endnote@isiresearchsoft.com or visit www.endnote.com/support.

Format. Submit references per the following instructions:

- List references double-spaced in a separate reference section immediately following the text.
- Verify all references prior to submission.
- Use the *American Medical Association Manual of Style, 9th ed.*¹ for reference format style and *Index Medicus*¹¹ for standard journal abbreviations (examples to follow).

- Number references sequentially in the order cited in the text; do not alphabetize. Remove automatic numbering and linked citations; number references manually.
- Do not cite personal communication, unpublished observations, and submitted manuscripts. Reference to a paper accepted but not yet published can be listed as “in press.” “In press” references must be updated by the authors as soon as publication data are available.
- Provide names of all authors in a reference when there are six or fewer; if there are seven or more authors, list only the first three, followed by “et al.”

Reference types. Following are requirements and examples for common reference types:

- **Journal references** include the specified information listed in the following order—authors, article title and subtitle, journal abbreviation, year, volume number in Arabic numerals, and inclusive pages.
Example: 1. Cohn KH, Ornstein DL, Wang F, et al. The significance of allelic deletions and aneuploidy in colorectal carcinoma: results of a 5-year follow-up study. *Cancer*. 1997;79: 233–244.
- **Book references** include the following: authors, title, edition (if other than the first), volume (if more than one), city, publisher, and year. When referencing a **book chapter**, the order changes as follows: authors of the chapter, title of the chapter, “In:”, editors/authors of the book, title of the book, edition (if there are more than one), volume (if there are more than one), city, publisher, year, and inclusive pages of the chapter.
Example: 2. Givan AL. *Flow Cytometry: First Principles*. 2nd ed. New York: John Wiley & Sons, Inc., 2001.
Example: 3. Luketich JD, Ginsberg RJ. Diagnosis and staging of lung cancer. In: Johnson BE, Johnson DH, editors. *Lung Cancer*. New York: Wiley-Liss, Inc., 1995:161–173.
- **Electronic sources** should include the type of medium (such as “computer program” or “CD-ROM”), the version used, and the supplier. References to **online sources** should include the type of medium (such as “serial online” or “monograph online”), the date of that specific reference (if applicable), the uniform resource locator (URL), and the date that the source was accessed. For web pages, please include the name of the page referenced. A source accessed online should always be referenced accordingly, even if it is also published in printed form.
Example: 4. Nakamura S, Yao T, Aoyagi K, Ikeda M, Fujishima M, Tsuneyoshi M. *Helicobacter pylori* and primary gastric lymphoma: a histopathologic and immunochemical analysis of 237 patients. *Cancer* [serial online] 1997;79:3–11. Available from URL: <http://www.interscience.wiley.com/cancer> [accessed Dec 1, 1998].
Example: 5. American Cancer Society. Cancer reference information. Available from URL: http://www.cancer.org/docr007/CRI/CRI_0.asp [accessed January 26, 2006].

Authors are responsible for the accuracy and completeness of their references and for correct text citation.

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The number of authors on a manuscript should not exceed 10. Manuscripts exceeding this limit will be returned without review. However, group authorship may be used in any of the following three formats as appropriate:

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Photographs with identifiable patients. In photographs, sonograms, CT scans, etc., the physical identification of a patient should be masked whenever possible. If a patient is identifiable, written permission to use the photograph must be obtained from the patient or guardian and sent to the *CANCER* Editorial Office upon manuscript submission. Clearly state in the manuscript that informed consent has been obtained.

Randomized controlled trials

Reports of Randomized Controlled Trials (RCTs) must state explicitly how the comparison groups were generated, so that readers will be able to assess the method of randomization. In the title, précis, and abstract, specify that the manuscript is a report of an RCT. Prior to submitting an RCT manuscript, authors should refer to the CONSORT checklist.¹³

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Authors of reports of diagnostic tests are encouraged to submit the STARD flow diagram and checklist.¹⁴

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CANCER

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Please use this checklist to ensure that all required pieces accompany your submission. Failure to provide these items may result in a delay of review.

☐ Length limitations: Manuscripts exceeding the following length limitations will be returned without review—Original Articles (6,000 words); Review Articles (8,000 words). All elements including title page, abstract, text, figures, figure legends, tables, and references are included in the word count.

Title Page:

☐ Corresponding author with all contact information

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☐ All financial disclosures, funding considerations (including NIH funding), and conflicts of interest

☐ A statement confirming patients' informed consent, if applicable

☐ A page count along with a count of tables and figures

☐ **Condensed Abstract:** two concise sentences summarizing all significant findings

☐ **Abstract:** must contain Background, Methods, Results, and Conclusions

☐ **Keywords:** between 4 and 10 keywords must follow the abstract.

Text and formatting:

☐ Double-spaced throughout, ragged right margin, and size 10- or 12-point font

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