

INSTRUCTIONS TO AUTHORS

The *Chinese Journal of Clinical Oncology* (CJCO) is produced six times a year and publishes original work, reviews, articles of interest and letters under a broad scope of topics relevant to the latest research achievements in basic theory, prevention, diagnosis, treatment, and clinical experience related to clinical oncology.

All papers are published in English although submission of articles in other languages will not prejudice editorial consideration. The author (s) will be responsible for translation into English if the article is accepted for publication.

Manuscripts should be prepared in the Vancouver Style (see e.g. *Br Med J* 1979; 1: 532–35). They should not normally exceed 3500 words but review articles may be twice this length. Letters intended for publication should be marked "For Publication". Manuscripts should be typewritten in double spacing on one side of the paper only with margins of at least 2.5 cm. All pages should be numbered.

Manuscripts should be arranged as title page, abstract, introduction, materials and methods, results, discussion, acknowledgements, references, tables, and figures. Accepted manuscripts become the permanent property of the *Chinese Journal of Clinical Oncology* (CN12–1359/R), and may not be reproduced by any means, in whole or in part without the written permission of both the authors and the publisher. We reserve the right to copy and edit accepted manuscripts. Investigations in human subjects must conform to accepted ethical standards (the World Medical Association Helsinki Declaration, adopted in 1964 and amended in 1996). Authors should also follow the guidelines for the care and use of laboratory animals of their institution or national animal welfare committee.

Manuscripts should be prepared in MS–Word and submitted in triplicate along with a 3.5" floppy disk to: **Chinese Journal of Clinical Oncology, Tianjin Cancer Institute and Hospital, Huanhuxi Road, Tiyuanbei, Hexi District, Tianjin 300060, P.R. China.** E–mail submissions (cocr@eyou.com) are welcome.

Authors should retain one copy of the text, tables and illustrations, as the editors will not hold any responsibilities for the loss or damage to typescripts, and will not return the manuscripts to the author (s). An acknowledgment with a manuscript number will be sent to the author (s) upon a manuscript being received. It is the authors' responsibility to check with editorial office for updated status of their manuscripts.

MANUSCRIPT PREPARATION

Manuscript style should conform to CJCO format and the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, as presented in *Ann Intern Med*, 1997; 126:36–47 (fifth edition).

Cover letter

Disclose all possible conflicts of interest (e.g., funding sources for consultancies or studies of products). A brief indication of the importance of the paper to the field of clinical oncology is helpful in gaining peer review.

Title page

It should be a separate page and include the manuscript title, authors, affiliations of each author, the institution and department where the work was accomplished, first author's brief introduction, and acknowledgment of any financial support for the research. The name, full address, Tel/Fax number and e–mail of the corresponding author should be typed in the lower left corner of the title page. Titles should be concise and informative. A short running title (less than 40 letters) should be provided. The authors' names are listed as follows; initials and/or first name middle name or initial(s) and family name such as Xi Shan Hao.

Abstract

An informative and structured abstract of no more than 300 words should accompany each manuscript. Abstracts for original contributions should be divided by

individual headings into paragraphs entitled: **OBJECTIVE** (including background), **METHODS** (including subjects), **RESULTS** (including important data), and **CONCLUSION**. Authors should use complete sentences, and spell out acronyms at first mention.

Key words

For all submissions, including Commentaries, give a list of not more than eight MeSH headings in alphabetical order below the abstract. MeSH headings should be selected from main headings listed in Medical Subject Headings in Index Medicus (published by the National Library of Medicine) <http://www.nlm.nih.gov/mesh/MBrowser.html>.

Text

It should include sections, introduction, **MATERIALS AND METHODS**, **RESULTS**, **DISCUSSION**, **ACKNOWLEDGMENTS**, **REFERENCES**, tables and figures.

Text headings

The main headings used in Original Contributions are **MATERIALS AND METHODS**, **RESULTS**, and **DISCUSSION** (These headings may not apply to statistical and review papers.) Place them flush left on the page in capital letters; do not underline or use bold lettering. Do not use "introduction" as a heading. Second-level headings are flush left with only the first letter of the first word upcased. Do not underline. Third-level headings are italic and begin the paragraph (with only the first letter of the first word upcased), followed by a period. Do not number the sections of the paper.

Table

Three-line tables should be cited in the text, and self-contained, self-explanatory and should complement but not duplicate the information contained in the text. One horizontal line is under the title, a second under the column heads, and a third at the end of the table, above any footnotes. Tables should be numbered consecutively in Arabic numerals and their titles should be set on the top of their tables with common units for the whole table on the top right. Vertical and italic lines should be omitted.

Figure

It should be cited in the text and self-explanatory on a separate page with a brief but complete title below the

figure. Pictures should be high quality black and white photographs labeled on the back with the figure number and the orientation of an arrow. High quality color pictures are welcome.

Acknowledgments

Brief acknowledgments of persons who have made genuine contributions and who endorse the data and conclusions are included. Authors are responsible for obtaining written permission to use any copyrighted text and/ or illustrations.

References

References should be cited fully in the text, tables and legends and put by Arabic numerals in superscript in the order in which they first appear in the text. References are typed only in English, and double-spaced on sheets separated from the text and numbered consecutively in the order in which they appear in the text. Titles of journals should be abbreviated in the reference list according to the style used in "Index Medicus". Unpublished observations and personal communications should not be listed as references. The style and punctuation of the references conform to ISO standard and the Vancouver style (fifth edition).

Examples

Journal article

Boudreau N, Myers C. Breast cancer-induced angiogenesis: multiple mechanisms and the role of the microenvironment. *Breast Cancer Res.* 2003;5:140-146.

Book

Givan AL. *Flow cytometry : first principles.* 2nd ed. New York: Wiley-Liss; 2001.

Book chapter

Luketich JD, Ginsberg RJ. Diagnosis and staging of lung cancer. In: Johnson BE, Johnson DH, eds. *Lung Cancer.* New York: Wiley-Liss. 1995;161-173.

Web-site reference

Nakamura S, Yao T, Aoyagi K, et al. Helicobacter pylori and primary gastric lymphoma: a histopathologic and immunochemical analysis of 237 patients. *Cancer [Serial online]* 1997;3 -11. <http://www.interscience.wiley.com.cn>

Statistical expression

The correct preparation of statistical manuscripts is particularly important and the precise nature and position of each symbol must be clear. Statistical symbols are automatically set in italics and need not be underlined except to prevent ambiguity, e.g. when an isolated letter, such as *a*, occurs in the text. For example: (1) *t*-test is expressed as *t*; (2) *F*-test is expressed as *F*; (3) Chi-square test is expressed as χ^2 ; (4) Correlation coefficient is expressed as *r*; (5) Degree of freedom is expressed as *d.f.*; (6) Number of sample is expressed as *n*; (7) Probability is expressed as *P*. Symbols should not be used to start a sentence.

Abbreviations

To improve clarity and readability, the Journal strictly limits the use of abbreviations. Standard abbreviations should be defined in the abstract and on first mention in the text. In general, terms should not be abbreviated

unless they are used repeatedly and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) Published by The Royal Society of Medicine, London. Some commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, mAb, etc, can be used directly.

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