Translational Lung Cancer Research

INSTRUCTION FOR AUTHORS

Thank you for your interest in *Translational Lung Cancer Research*. Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

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1. ABOUT THE JOURNAL

Translational Lung Cancer Research (TLCR) is an international, peer-reviewed, open-access journal indexed by Science Citation Index Expanded (SCIE), PubMed/PubMed Central and Scopus, focusing on cutting-edge development on the transition from preclinical to clinical research, including but not limited to multimodality therapy, markers, imaging, tumor biology, pathology, chemoprevention, and technical advances related to lung cancer and relevant thoracic diseases.

Frequency: Quarterly (2012); Bimonthly (from 2013)
ISSN: 2218-6751
Journal Abbreviation: Transl Lung Cancer Res

2. REVIEW PROCESS

Manuscripts are assigned sequentially to Associate Editors-in-Chief or a Member of Editorial Board. Associate Editors-

in-Chief or Editorial Board solicit reviewers (typically, two external reviews are sought). The reviewers' evaluations and comments from Associate Editors-in-Chief or Editorial Board are compiled by the Editors-in-Chief for disposition and transmittal to the authors. A decision is made usually within six weeks of the receipt of the manuscript.

The Editors-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without outside review if the Editors-in-Chief and Associate Editors-in-Chief find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast-track decisions' will normally occur within one week of receipt of the manuscript.

Authors may provide the Editors-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editors-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editors-in-Chief.

The Editors-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editors-in-Chief.

All journals Manuscripts should be written so that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

3. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLES

Originality and clinical impact are essential for acceptance of Original Articles.

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, with sub-headers. Abstract should contain the following subheadings: Background, Methods, Results and Conclusions. There should be no subheaders, figures, tables, or references in the abstract.

References: no limit.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/ tables: no limit.

Description: Full-length reports of current research in either basic or clinical science.

Original article should entail a section describing the contribution each author has made to the manuscript. See section "Author Contributions" for details. Meta-analysis will be categorized into this type.

(2) EVIDENCE-BASED MEDICINE

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: Structured. 450 words maximum.

References: No maximum.

Figures/tables: No maximum.

Keywords: 3 to 5.

Running title: less than 60 characters

Description: This section addresses contemporary topics within the field of translational research of lung cancer, based on the principles of evidence-based medicine. Clinicians who are experienced in conducting such high-quality systematic review/meta analyses are invited to contribute, with the aim of identifying, appraising, and synthesizing the highest-level evidence available in the current literature. Submissions should be state-of-the-art science confined mostly to the best available evidence. All meta-analyses of randomized trials must adhere to the guidelines outlined in the PRISMA statement, designed to improve manuscript quality. Authors must include a suitable PRISMA flow chart in their submission. TLCR will consider for publication Cochrane review articles that have been substantially shortened and rewritten for an audience, but such submissions must state this on the title page of the manuscript, and copies of the original article must be sent to the Editorial Office for consideration. You must also apply for permission from the Cochrane Library – further information on how to do this is available in the Cochrane Manual. Submissions must relate to important clinical subjects and be accompanied by author analysis leading to conclusions. The abstract should contain the

following subheadings: Background, Methods, Results and Conclusions. The articles of Evidence-Based Medicine should entail a section describing the contribution each author made to the manuscript. See section "Author Contributions" for details.

(3) REVIEW ARTICLES

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum. There should be no subheaders, figures, tables, or references in the abstract.

References: no maximum.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/tables: minimum 1 image or figure.

Description: Reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

Review articles should entail a section describing the contribution each author has made to the manuscript. See section "Author Contributions" for details.

(4) CLINICAL GUIDELINES

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, no subheaders, figures, tables, or references in the abstract.

References: no maximum.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/tables: minimum 1 image or figure.

Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

Clinical Guideline should entail a section describing the contribution each author made to the manuscript. See section "Author Contributions" for details.

(5) CONTROVERSIES ON LUNG CANCER: PROS AND CONS

The Special Section "Controversies on Lung Cancer: Pros and Cons" of TLCR aims to provide a platform for discussing controversial issues in lung cancer, so as to help clinicians and younger researchers refine their own opinion and formulate research strategies.

Each topic is identified from ongoing controversies by the journal's Section Chairs and Editorial Board. The journal editor will invite Key Opinion Leaders in relevant field to submit their opposing perspectives in the first stage with 1500 word limit and no more than 20 references; and their rebuttals in the second stage with 700 word limit and 7 references limited. Suggestions for suitable topics from readers are also welcome, and they should contact the journal for detailed instructions.

(6) KEYNOTE LECTURES

This is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. This section requires a 1500-word mini-review or an editorial to be submitted together with the Keynote Lecture file.

(7) EDITORIALS

Editorials are opinions of recognized leaders in lung cancer specialties. Editorials are generally solicited by the Editors-in-Chief.

Word limit: 2500 words maximum.

References: 20 maximum, including the article discussed.

Keywords: 3 to 5.

Running title: less than 60 characters.

(8) EDITORIAL COMMENTARIES

Word Limit: 2,500 words maximum excluding references, tables and figures.

Abstract: not required for this manuscript type.

References: 25 maximum.

Figures/Tables: 2 maximum.

Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

(9) CASE REPORTS

The TLCR publishes case reports with new findings that may alter the disease concept of lung cancer. The former includes unreported adverse events of remarkable effects of a new therapy; novel suggestions or pitfalls in diagnosing

lung cancer. Authors are requested to clarify in Discussion what readers could learn from the case. A pathologist should be included as an author when the histological findings play a key role of the report. Information that can be linked to the patients' identification must be carefully masked. The abstract is limited to 300 words. There should be no subheaders, figures, tables, or references in the abstract. Keywords(3 to 5) and running title(less than 60 characters) should be provided.

(10) MEETING REPORTS

Word limit: 3,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 250 words maximum, with sub-headers.

References: no limit.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/tables: no limit, but 8 figures should be sufficient.

Description: Brief reports of symposia and conferences in cancer research. Reports must be submitted within 2 months of the meeting date in order to maintain their timeliness. Only those Meeting Reports dealing with topics of interest to the readership and that contain novel information and insights from the meeting are accepted for publication. A Meeting Report should be a thoughtful, critical commentary which shows an appreciation of the connections among the various presentations and reveals the consensus, if any, which emerged at the meeting. Before submitting a full Meeting Report, authors should only send an outline of the proposed paper for initial consideration.

(11) TECHNICAL NOTES

Word limit: 1,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers, figures, tables, or references).

References: Up to 35.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/tables: Up to 4 in total.

Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

(12) BRIEF REPORTS

Word limit: 1,500 words including abstract but excluding references, tables and figures.

Abstract: 250 words, unstructured (no use of sub-headers, figures, tables, or references).

References: Up to 35.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/tables: Up to 4 in total.

Description: Manuscripts containing pertinent and interesting observations concerning lung cancer research and reports on new observations or studies that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

(13) LETTERS TO THE EDITOR

Word limit: 1000 words maximum excluding references, tables and figures.

Abstract: not required.

References: 10 maximum.

Figures/tables: 1 maximum.

Description: Letter to the Editor on content published in the journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. Presentation of interesting clinical cases can be published in this format. Letters of any matter of interest to readers of the TLCR are also published.

4. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

TITLE PAGE

The title page should contain (i) the title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that

will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. Do not use abbreviations in the title. A running title of no more than 60 characters including spaces.

ABSTRACT AND KEYWORDS

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should state the main problem, methods, results, and conclusions. Do not use reference, table or figure in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. ''the significance of the results is discussed'') should be avoided. The abstract of an original article should be structured into four paragraphs with headings of Background, Methods, Results and Conclusions. The abstracts for all other manuscript types should be unstructured.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: http://www.nlm.nih.gov/mesh/meshhome.html

TEXT

Authors must use the following subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Conclusions, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. However, review, perspective, viewpoint and commentary articles do not have those clear sections, they can be written in several sections with their own headings according to the topic.

AUTHOR CONTRIBUTIONS

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

(I) Conception and design:
(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: All authors
(VII) Final approval of manuscript: All authors

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

ACKNOWLEDGMENTS

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate 'Acknowledgements' section as 'None'.

TLCR policy requires that all authors of all manuscripts sign a statement revealing: 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. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section

of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

FOOTNOTE

a. Conflicts of Interest: See section "Conflict of interest" for details.
b. Financial Disclose: Some variables, such as "measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period". When there is no financial disclose, authors should also indicate "Financial Disclose" section as "None".
c. Ethical statement: the authors are 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. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

REFERENCES

The Vancouver system of referencing should be used (examples are given below). In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., "cancer-related mortality (19)"; "denocarcinoma (29,30)"; "malignancies (14-18)"]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when four or more, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

• Journal article

1. Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. Cancer Genet Cytogenet 1986; 19: 254-52.

•Online article not yet published in an issue

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.

1. Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesiculitis? Int J Urol. DOI: 10.1111/j.1442-2042.2009.02314.x

• Book

2. Ernstoff M. Urologic Cancer. Blackwell Science, Boston, 1997.

• Chapter in a Book

3. Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds). Bladder Reconstruction and Continent Urinary Diversion. Year Book Medical, Chicago, 1987; 204-5.

TABLES

Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

FIGURES

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

Size: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

Resolution: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1,000 dpi.

Color figures: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the Journal.

Line figures: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

Text sizing in figures: Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

Figure legends: Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

VIDEOS

TLCR will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://tlcr.amegroups.com/pages/view/submit-multimedia-files.

Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

Video legends: Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

5. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: http://www.ICMJE.org/.

Author name: Each author's given name should be followed by family name.

Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region

Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT captilize the first letter and use a hyphen to connect it with its anterior word.

Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster's Collegiate Dictionary.

Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr

Abbreviations: Must be used sparingly – only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

6. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

◆ **For studies in the following categories:**

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

◆ **For other categories:**

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial

- No statement on medical ethics is required.

Case report and visualized surgery:

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients

are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

7. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for **Case report, original/research articles and visualized surgery**. The statement should be included in the footnote.

It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

8. POLICIES ON CONFLICT OF INTEREST

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (http://www.icmje.org/index.html). Conflict of interest would be included in the FOOTNOTE section.

(1). PARTICIPANTS

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. AUTHORS

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. PEER REVIEWERS

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. EDITORS AND JOURNAL STAFF

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

(2) REPORTING CONFLICTS OF INTEREST

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest; and
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

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If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: "The author has no conflicts of interest to declare" or "The authors have no conflicts of interest to declare".

9. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria:

(1) accessible to the public at no charge;
(2) searchable by standard, electronic (Internet-based) methods;
(3) open to all prospective registrants free of charge or at minimal cost;
(4) validates registered information;
(5) identifies trials with a unique number; and
(6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com); (3) the Australian Clinical Trials Registry (http://www.actr.org.au); (4) the Chinese Clinical Trials Register (http://www.chictr.org); and (5) the Clinical Trials Registry - India (http://www.ctri.in).

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