Thank you for your interest in Annals of Cancer Epidemiology (ACE). 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.

1. ABOUT THE JOURNAL
Annals of Cancer Epidemiology (ACE) is an international, peer-reviewed, open-access journal with the goal to help human apply epidemiological studies to fight against cancers by providing an open-access platform and user-friendly facilities to worldwide cancer researchers, clinicians, scientists and policy makers, and shape an effective communication and collaboration amongst them.

The scope of Annals of Cancer Epidemiology includes but not limited to the following aspects: cancer statistics, descriptive epidemiology, studies of affecting factors for diseases, prevention, evaluation of interventions, screening, early detection, precise diagnosis, methodological issues and theory, etc.

All submissions and review processes of ACE are conducted electronically to expedite the reviews and publication process. ACE will spare no effort to minimize the duration of review and publication processes whilst maintaining the highest standards of each, and will maintain innovative efforts to meet readers’ need.

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Journal Abbreviation: Ann Cancer Epidemiol

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Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, with sub-headers (background, methods, results and conclusions).
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Description: Originality and clinical impact are essential
for acceptance of Original Articles. Such an article is to present original basic science or clinical research findings by the authors in the field of cancer epidemiology. Systematic review with meta-analysis in ACE is addressed as original article. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Original articles should entail a section describing the contribution of each author to the manuscript as well as Statement of Ethics Approval. See section “AUTHORS’ CONTRIBUTION” and section “STATEMENT OF ETHICS APPROVAL” for details.

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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 (it is recommended that figures, tables and videos are provided in separate files).

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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”.
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The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.
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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.

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  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.

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