



Information for Authors

2006

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The Oncologist is designed specifically for the busy, practicing oncologist and hematologist entrusted with the care of cancer patients. With its emphasis on clear interpretation rather than extensive data, this international peer-reviewed journal publishes original papers, reviews, and commentaries addressing the multimodality diagnosis and treatment of the cancer patient. The journal covers all aspects of oncology:

- Breast Cancer
- Cancer Biology
- Cancer Diagnostics and Molecular Pathology
- Cancer Imaging
- Cancer Medicine: Case Discussion
- Clinical Genetics and Genetic Counseling
- Clinical Pharmacology
- The Community Oncologist
- Dialogues in Oncology
- Endocrinology
- Epidemiology, Access, and Outcomes
- Gastrointestinal Cancer
- Genitourinary Cancer
- Geriatric Oncology
- Gynecologic Oncology
- Head and Neck Cancers
- Hepatobiliary Cancer
- Immunotherapy, Monoclonals, and Vaccines
- Leukemias
- Lung Cancer
- Lymphoma
- Medical Ethics
- Melanoma and Cutaneous Malignancies
- Myelomas
- Neuro-Oncology
- Pediatric Oncology
- Prevention
- Radiation Oncology
- Reflections
- Regulatory Issues: FDA and EMEA
- Sarcomas
- Schwartz Center Rounds
- Symptom Management and Support Care

EDITORIAL POLICY

The Oncologist is a communications platform for the introduction of new medical treatments and technologies that will impact the practice of oncology and bridge clinical trials with practice. Emphasizing the cancer patient, diagnosis, treatment, and quality of life, *The Oncologist* places a high priority on rapid publication. The peer-review process generally averages no more than 3 weeks; hence, the entire process, from manuscript acceptance to publication, will take approximately 3 months.

The Oncologist abides by a policy of anonymous peer review. Acceptance of manuscripts is based on originality and importance to the field as assessed by the Editors. Manuscripts are reviewed anonymously by the Editorial Board with ad hoc assistance of external reviewers. Publication decisions are made by the Editorial Board. See the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," published by the International Committee of Medical Journal Editors (ICMJE) and available at <http://www.icmje.org/index.html>, for further information.

Submission of a manuscript to *The Oncologist* is predicated on the explicit understanding that it represents original work not previously published (with the exception of abstracts) and not being considered elsewhere for publication. Further, it is understood that all authors listed on a manuscript have agreed to its submission (see Authorship, below). Authors submitting a manuscript do so with the understanding that if it is accepted for publication, copyright, including the right to reproduce the article in all forms and media, shall be assigned exclusively to the publisher, AlphaMed Press. It is the author's responsibility to obtain written permission to reproduce illustrations, tables, etc., from other publications (see Permission, below).

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Authorship should be limited to those who have contributed substantially to the work. The Corresponding Author must have obtained permission from all authors for the submission of each version of the paper and for any change in authorship. In addition, the Corresponding Author must complete a Potential Conflict of Interest Disclosure Form and a Copyright Transfer and Agreement form and return them to the Editorial Office before the paper can be published.

REQUIRED FORMS FOR AUTHORS

Potential Conflict of Interest Disclosure Form

All authors are required by *The Oncologist* to reveal any financial commitment or obligation with a company or its competitor who manufactures products that are discussed within the manuscript or with a company making a competing product. Additional relationships that might be considered competing interests, such as holding equity or paid consultancy, must be stated in the manuscript cover letter. All information concerning potential conflicts of interest will be kept confidential until provisional acceptance (and on file thereafter). The authors are obligated to sign a Potential Conflict of Interest Disclosure Form. The Editorial Office will work with the Corresponding Author to formulate a disclosure statement for publication, should the manuscript be accepted. Prior to online submission, the signed Potential Conflict of Interest Disclosure Form (available online at <http://theoncologist.alphamedpress.org/misc/ifora.shtml> under Other Related Documents) must be faxed to the Editorial Office at 919-680-4411.

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- I confirm all authors are prepared to abide by the policies of this journal.
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Manuscript Submission Cover Sheet

This form is available online at <http://theoncologist.alphamedpress.org/misc/ifora.shtml> under Other Related Documents and must accompany all submissions.

ETHICAL GUIDELINES

Internal Review Board guidelines for medical research involving human subjects

All studies that involve human subjects must abide by the rules of the appropriate Internal Review Board and the tenets of the (recently revised) Declaration of Helsinki (<http://www.wma.net/e/policy/b3.htm>).

Furthermore, all published studies that involve human subjects should not mention subjects' identifying information (e.g., initials) unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. See Section II (Ethical Considerations in the Conduct and Reporting of Research) of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" at <http://www.icmje.org/index.html> for further information.

Animal welfare

Manuscripts reporting on studies that involve experiments with animals must include a statement verifying that care of animals was in accordance with institutional guidelines.

Guidelines for stem cell research

Research with embryonic stem cells should adhere to the guidelines established by the National Academy of Sciences, as published in the National Academy Press, at <http://nap.edu/books/0309096537/html>.

Appropriate institutional review committee approval must be stated in the Materials and Methods section for human or animal subjects involved in experimental investigations. This statement should also show how informed consent was obtained for human subjects. Such manuscripts must include a statement verifying that the human investigations were preceded by local institutional review board approval and, if appropriate, in accordance with an assurance filed with and approved by the U.S. Department of Health and Human Services.

Recombinant DNA research guidelines

Any recombinant DNA research must follow the National Institutes of Health Guidelines for Research Involving Recombinant DNA Molecules (available at <http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html>) and should be described within the manuscript.

Case descriptions

For manuscripts reporting on studies involving human subjects, signed consent statements from persons, parents, and/or legal guardians of minors who can be identified from the text or photographs must accompany the

manuscript at the time of submission. If a pedigree or family tree is depicted, a statement must be included verifying that written informed consent was obtained from each living individual represented and that the authors have not modified the pedigree or family tree in any manner to avoid identification of the subjects.

Data sharing

The Oncologist supports the efforts of the National Academy of Sciences (NAS) to encourage the open sharing of publication-related data. *The Oncologist* adheres to the beliefs that authors should include in their publications the data, algorithms, or other information that is central or integral to the publication, or make it freely and readily accessible; use public repositories for data whenever possible; and make patented material available under a license for research use. For more information, see the NAS website (<http://books.nap.edu/books/0309088593/html/1.html>).

Distribution of reagents

In January 1998, the Editors of *The Oncologist* adopted the policy that any readily renewable resources mentioned in a Journal article not already obtainable from commercial sources shall be made available to all qualified investigators in the field. The policy stems from the long-standing scientific principle that authenticity requires reproducibility. Publication in *The Oncologist* constitutes a de facto acceptance of this policy. Included are reagents that can be easily provided—specifically, nucleic acid sequences, cDNA and genomic clones, cell lines, and monoclonal antibody clones. Small amounts (sufficient for the replication of any in vitro work reported) of novel protein reagents are also considered easily transferable.

Although the Editors appreciate that many of the reagents mentioned in *The Oncologist* are proprietary or unique, neither condition is considered adequate grounds for deviation from this policy. Suitable material transfer agreements can be drawn up between the provider and requester, but if a reasonable request is turned down and submitted to the Editor-in-Chief, the Corresponding Author will be held accountable. The consequence for noncompliance is simple: the Corresponding Author will not publish in *The Oncologist* for the following 3 years.

DNA SEQUENCES, MICROARRAY DATABASES, CLINICAL TRIALS REGISTRY

Submission of sequences to GenBank®

Original DNA sequences reported in *The Oncologist* must also be submitted to GenBank. Instructions for submission can be found at the following address: <http://www.ncbi.nlm.nih.gov/Genbank/>. An accession number should be supplied parenthetically at a relevant location in text.

Microarray databases

The Oncologist supports the efforts of the Microarray Gene Expression Data Society to standardize the presentation of microarray data, and we recommend that authors follow their guidelines and checklist (http://www.mged.org/Workgroups/MIAME/miame_checklist.html). In addition, the Journal strongly recommends the supplemental microarray data be deposited in a public database such as Gene Expression Omnibus (or GEO, at <http://www.ncbi.nlm.nih.gov/geo/>) or Array Express (<http://www.ebi.ac.uk/arrayexpress/>) or submitted for peer review with the initial submission of the manuscript.

Clinical trials registry

In accordance with the guidelines published by ICMJE, *The Oncologist* will require, as a condition of consideration for publication, that all clinical trials be registered in a public trials registry (for example, at www.clinicaltrials.gov). For more information, go to www.icmje.org and see Section III.J (Obligation to Register Clinical Trials).

Authors must comply with published CONSORT guidelines (<http://www.consort-statement.org/>). The completed checklist must be provided to AlphaMed Press along with the manuscript submitted. The recommended trial flow diagram should be presented as a figure.

JOURNAL CONTENT

Original articles

Original articles (may include case studies) describing new findings of major importance should contain no more than 4,000 words of text (excluding abstract, tables, figures, legends, and references), and are limited to a total of seven figures/tables. If additional figures/tables are needed, they will be treated as supplemental data (see Supplemental data section below).

Review articles

Although most review articles are solicited by the Editors, unsolicited reviews will also be considered. Review articles should contain no more than 4,000 words of text and no more than seven figures/tables.

Commentaries

Editorial commentaries are most often solicited by the Editors, but unsolicited commentaries will be considered for publication. Commentaries may discuss any feature of the journal, including original articles, illustrations, and review articles. Editorials should contain no more than 1,000 words of text.

Letters to the Editors

Letters may comment on work previously published in *The Oncologist* or on current topics in oncology and should contain fewer than 500 words of text.

Art, poetry, personal reflections

The Reflections section is reserved for the thoughts, feelings, and deep concerns of caregivers, their cancer patients, and their loved ones. The editors encourage our readers to share their art, poetry, and personal reflections.

Announcements

Announcements of meetings and conferences that are of interest to the readership of *The Oncologist* should be received by the Editorial Office at least 3 months before the event. These are posted online only.

FORMAT OF MANUSCRIPTS

Send manuscripts and correspondence to:

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Executive Editor, *The Oncologist*
318 Blackwell St., Suite 260
Durham, North Carolina 27701, USA
Telephone: 919-680-0011; Fax: 919-680-4411
e-mail: Submissions@TheOncologist.com

A CD-ROM containing the complete manuscript and all tables and figures should accompany the submitted manuscript.

Papers are published in English (with American spellings), and authors who are not fluent in this language are advised to seek editorial help before submitting their papers.

Submission cover letter

Submissions should be accompanied by a cover letter briefly describing the work's significance and identifying the Corresponding Author, with:

- complete mailing address
- telephone and fax numbers
- e-mail address
- website address (if available)

Title page

The first page of the manuscript should contain the following information:

- a running head of the title that is no more than 50 characters
- the title
- name(s) of authors
- name(s) of institution(s) in which the work was done
- correspondence information for Corresponding Author [name, address (including postal code), telephone and fax numbers, e-mail address, and website (if available)]
- disclaimers, if any
- a brief acknowledgment of grants, equipment, or drugs for research support
- four to six key words or phrases, using terms from the most recent Medical Subject Headings of Index Medicus (<http://www.nlm.nih.gov/tsd/serials/lji.html>)
- three learning objectives [see *The Oncologist* Continuing Medical Education (CME) Online section below]

Abstract

An abstract is required for all Original Articles and Review Articles. The abstract should:

- contain no more than 250 words
- clearly state the paper's primary objective
- if appropriate, describe materials and methods and results
- discuss the implications of the work
- summarize any conclusions
- be readable by nonspecialists as well as experts in the field
- define abbreviations and acronyms on first usage

The abstract should not contain:

- footnotes
- statistical significance values
- references
- proprietary names

Text

The text should be divided into the following sections (when appropriate):

- Introduction
- Materials and Methods
- Results
- Discussion
- Conclusion and/or Summary
- Acknowledgments
- References
- Tables
- Figures and figure legends

Within the text:

- Acronyms, abbreviations, and symbols must be clearly defined on first usage.
- Footnotes are not allowed, except within tables.
- References, tables, and figures must be numbered in the order in which they are cited in the text.

All submitted material should be typed double-spaced, leaving left and right margins of at least 2.5 cm. Do not justify the right-hand margin. Number each page consecutively. The CD-ROM accompanying the manuscript must contain exactly the same data as the hard copy.

Drug names

Proprietary drug names are typically given once, at the first mention of the generic drug name in the text. They must be accompanied by the generic drug name. The use of proprietary names of drugs or devices requires that the name and location of the manufacturer also be included. Proprietary drug names will not be published in article titles; accepted manuscript titles will be modified to contain the generic drug name only.

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 given in degrees Celsius.
- Blood pressures should be given in millimeters of mercury.
- Abbreviations for units of measurement need not be defined (e.g., 5 cm, 20°C, 120 mmHg).
- All hematologic and clinical-chemistry measurements should be reported in metric in terms of the International System of Units (SI). Editors may request that alternative or non-SI units be added by the authors before publication.

Symbols and abbreviations

Define abbreviations and acronyms the first time used, both in the abstract and body of the article. Author-created abbreviations should be avoided, but if used, they must be clearly defined the first time they are used, both in the abstract and in the paper.

Footnotes

Footnotes should not be used except within table legends.

References

References must be numbered consecutively, without periods after the reference numbers, and ordered as they appear in the text (i.e., citation by number). References must be typed double-spaced in a separate reference section that follows the body of the text. Manuscripts “in preparation” or “submitted” are not included in the reference list.

Reference format:

- List all authors when there are three or fewer.
- If more than three authors, list the first three followed by “et al.”
- List authors by last name first, followed by their initials (no periods).
- Abbreviations for titles of medical periodicals should conform to those in the latest edition of Index Medicus (<http://www.nlm.nih.gov/tsd/serials/lji.html>) and on MEDLINE (<http://medline.cos.com>).
- Use full beginning and ending page numbers (e.g., 10270–280 is not acceptable).

Examples of references:

Standard journal article with three or fewer authors

Thull DL, Vogel VG. Recognition and management of hereditary breast cancer syndromes. *The Oncologist* 2004;9:13-24.

Standard journal article with more than three authors

Anderson CD, Pinson CW, Berlin J et al. Diagnosis and treatment of cholangiocarcinoma. *The Oncologist* 2004;9:43-57.

Article in journal supplement

Mamounas EP. Can we approach zero relapse in breast cancer? *The Oncologist* 2005;10(suppl 1):9–17.

Journal article, in press

Wasil T, Lichtman SM. Clinical pharmacology issues relevant to the dosing and toxicity of chemotherapy drugs in the elderly. *The Oncologist* 2005 (in press).

Authored book

Metcalf D. Blood Lines: An Introduction to Characterizing Blood Diseases of the Post-Genomic Mouse. Durham, NC: AlphaMed Press, 2005:1–251.

Book with Editor, Compiler, or Chairman as author

Perez CA, Brady LW, Halperin EC et al., eds. Principles and Practice of Radiation Oncology, Fourth Edition. Philadelphia: Lippincott Williams & Wilkins, 2003:1-2368.

Chapter in a book

Shaheen M, Broxmeyer HE. The humoral regulation of hematopoiesis. In: Hoffman R, Benz E, Shattil S et al., eds. Hematology: Basic Principles and Practice, 4th ed. Philadelphia: Churchill Livingstone, 2005: 233–266.

Abstract

Schnell FM. Chemotherapy-induced nausea and vomiting: The importance of acute antiemetic control. *The Oncologist* 2003;8:187a.

Letter to the Editor

Coiffier B. Response to “Effect of patient exclusion criteria on the efficacy of erythropoiesis-stimulating agents in patients with cancer-related anemia [letter].” *The Oncologist* 2005;10:762–763.

Internet resource

Ries LAG, Eisner MP, Kosary CL et al., eds. SEER cancer statistics review, 1975–2000. Bethesda, MD: National Cancer Institute, 2003. http://seer.cancer.gov/csr/1975_2000, accessed January 5, 2004.

Internet resource with digital object identifier (doi)

Metcalf D, Mifsud S, DiRago L. Murine megakaryocyte progenitor cells and their susceptibility to suppression by G-CSF. *Stem Cells* 10.1634/stem-cells.2004-0164.

Tables

Tables must be titled and cited in numerical order in the text using Arabic numbers. Each table should be double-spaced and typed on a separate page. Use superscript lowercase letters to denote footnotes within a table in the order they appear. Each table must include definitions of all abbreviations that have been used. Abbreviations must be used more than once; if not, do not abbreviate but write out. Tables should be created in Microsoft® Word using the table feature. Failure to comply with these specifications may result in publication delay.

Figures

Figures must be titled and cited in numerical order in the text using Arabic numbers. We encourage the submission of illustrations in color. Submit illustrations in electronic format whenever possible. Figures should be labeled with the Corresponding Author name, the appropriate figure number, and orientation (e.g., “top”). The type font used within the figures should be 12-point Helvetica. Figures are reproduced at the author’s expense. There is a \$20 fee per figure for reproduction. There are additional charges for color illustrations (see Color charges) for any non-invited manuscript.

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Figure legends

Figure legends should be typed double-spaced on separate pages and should contain a brief title and explanation of the figures (maximum of 55 words for title and explanation). In addition, the magnification and stain used for photomicrographs should be stated, and any pertinent notes and definitions of all abbreviations used in the figure must be included.

Supplemental data

The submission of supplemental data that enhance the understanding of the science discussed in the manuscript is encouraged. Supplemental data should be submitted for peer review when the initial submission of the paper occurs. The Editors will review the supplemental data along with the manuscript. Supplemental data are published online only.

Videos

Videos for use on the website must be approved by AlphaMed Press. The preferred file format is compressed Windows Media® player-compatible (.wmp or .mpg). Video file size should be kept as small as possible while maintaining good resolution and screen size. Video files submitted to *The Oncologist* are published online only as Supplemental Data. Within the text of your manuscript, you may cite the videos as, for example, "supplemental online video 1."

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THE ONCOLOGIST CONTINUING MEDICAL EDUCATION (CME) ONLINE

Continuing Medical Education (CME) credits are important to clinicians to maintain their currency with science and accreditation for both medical licensure and hospital privileges. Oncologists are now able to obtain AMA PRA category 1 credits through *The Oncologist* CME Online. The following types of manuscripts meet the overall objectives for CME selection:

- Articles that discuss new approaches to the diagnosis, prevention, and treatment of specific cancers
- Articles that review evolving topics in basic science that have clinical implications in cancer medicine
- Articles that are relevant to risk management, a specific area of emphasis required by some states for medical licensure

Three learning objectives are required with each manuscript submission. In the event that a manuscript is selected for *The Oncologist's* CME Online program, these will be used as the learning objectives that the reader should expect to accomplish once they have successfully completed the specific CME activity.

ELECTRONIC SUBMISSION OF ARTICLES

Authors must send the final, accepted version of their manuscript on CD-ROM to the editorial office or via e-mail to Submissions@TheOncologist.com. Submit only the final version of the manuscript, both on the CD-ROM and in the hard copy. Place references, tables, and figure legends at the end of the file.

Storage medium

CD-ROM (preferred) or zip disk in IBM MS-DOS[®] or Windows[®] format. Macintosh[®] format may also be used for tables and figures only.

Software

Microsoft[®] Word is preferred; however, we can accept most other word-processing programs. If not submitted in Microsoft Word, rich text format is preferred.

Format

Avoid complex format/style or automatic formatting features. Bold and italics are permitted.

Illustrations

Submission of electronic illustrations is preferred, but not required. Submit line art, grayscale, and color figure illustrations on Iomega[®] zip disks or CD-ROM in *.eps or *.tif format. All scans, files, graphics, and output settings should be at 300 dpi for halftones and 1,200 dpi for line art. Color proof is required. Laser or inkjet proofs (such as Iris) are acceptable but not recommended for color accuracy. Microsoft PowerPoint[®] figures are not acceptable for either the print or online version. Chromalin or Color keys are also acceptable but not recommended for color accuracy. For close color match at press, a Matchprint or a Halftone SWOP-compliant digital proof is recommended.

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Business matters

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