

Information for Authors

MISSION

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, including:

- Breast Cancer
- Cancer Biology
- Cancer Diagnostics and Molecular Pathology
- Cancer Imaging
- Cancer Treatment Reports
- Clinical Genetics and Genetic Counseling
- Clinical Pharmacology
- Clinical Pharmacology: On the Horizon
- The Community Oncologist
- Endocrinology
- Epidemiology and Community Health
- Gastrointestinal Cancer
- Genitourinary Cancer
- Geriatric Oncology
- Gynecologic Oncology
- Head and Neck Cancers
- Hepatobiliary Cancer
- Leukemias
- Lung Cancer
- Lymphoma
- Medical Ethics
- Medical Ethics: Schwartz Center Rounds
- Melanoma and Cutaneous Malignancies
- Myelomas
- Neuro-Oncology
- Pediatric Oncology
- Prevention
- Radiation Oncology
- Reflections: Art, Poetry, and Personal Reflection
- Regulatory Issues: FDA and EMEA
- Sarcomas
- Symptom Management and Supportive Care

EDITORIAL POLICIES

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. *The Oncologist* therefore places a high priority on rapid publication. The peer-review process generally averages no more than 3 weeks; the entire process, from manuscript acceptance to publication, will take approximately 3 months.

Editorial review

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.

Permissions and copyright

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, accountability, and sponsorship, 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. Procedures and policies for permission to publish borrowed material are available online at http://theoncologist.alphamedpress.org/misc/Permission_Form.pdf.

Authorship, accountability, and sponsorship

The Oncologist's conflict of interest policy requires complete transparency between the Journal's editors, the investigator-author(s), and any medical writer(s). The Journal requires identification of medical writer(s) and clarification of their role (i.e. review of literature, proofreading, research, etc.). The Journal does not accept "editorial/writing assistance" as clarification. As part of this policy, the Journal requires that the Corresponding Author stipulate his/her *principal* authorship and responsibility for the content of the paper. The policy further requires that any and all correspondence from manuscript submission onward must be conducted exclusively by and between the Corresponding Author and the Journal editors.

Authorship entails both accountability and independence. A submitted manuscript is the original intellectual property of its authors, not the study's sponsor (e.g., a pharmaceutical company or contract research organization). The Journal will not review or publish articles based on studies that are conducted under conditions that allow the sponsor to have sole control of the data or to withhold publication. We encourage investigators to use the revised *International Council of Medical Journal Editors* (ICMJE) requirements on publication ethics to guide the negotiation of research contracts. Those contracts should entitle researchers to a substantial say in trial design, access to the raw data, responsibility for data analysis and interpretation, and the right to publish; these are the hallmarks of scholarly independence and, ultimately, academic freedom. By enforcing adherence to these requirements, we as editors endeavor to assure our readers that the authors of an article have had a meaningful and truly independent role in the study that bears their names. The authors, therefore, will stand behind the published results, and so can the Journal. [Adapted from ICMJE, www.icmje.org/sponsor.htm.]

The Oncologist does not consider submissions from authors whose work was supported by tobacco funding.

Ethical guidelines

Human subjects

All studies that involve human subjects must abide by the rules of the appropriate Internal Review board and the tenets of the World Medical Association's Declaration of Helsinki (<http://www.wma.net/e/policy/b3.htm>).

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.

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.

No published studies that involve human subjects should 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.

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 belief 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/openbook.php?record_id=10613&page=35).

Guidelines for stem cell research

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

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://oba.od.nih.gov/rdna/nih_guidelines_oba.html) and should be described within the manuscript.

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.

Registries/database reporting

Clinical trials registry In accordance with the guidelines published by ICMJE, *The Oncologist* requires, 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.

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.html>). In addition, the Journal strongly recommends that the supplemental microarray data be deposited in a public database such as Gene Expression Omnibus (GEO) (<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.

Author rights and open access

Author rights

As an author, you are granted rights for a large number of author uses, including use by your employer (institution or company). These rights are granted and permitted without the need to obtain specific permission from the copyright holder, AlphaMed Press, provided a full credit line is prominently placed (i.e., author names(s), journal name, copyright year, volume number, inclusive pages, and copyright holder). These author rights are granted and apply only to articles for which you are named as the author or co-author. The author rights include:

- The right to make copies of the article for your own personal use, including for your own classroom teaching use;
- The right to make copies and distribute copies (including via e-mail) of the article to research colleagues, for the personal use by such colleagues (but not commercially or systematically, e.g., via an e-mail list or listserv);
- The right to present the article at a meeting or conference and to distribute copies of such paper or article to the delegates attending the meeting;
- For the author's employer, if the article is a "work for hire," made within the scope of the author's employment, the right to use all or part of the information in (any version of) the article for other intracompany use (e.g., training);
- Patent and trademark rights and rights to any process or procedure described in the article;
- The right to include the article in full or in part in a thesis or dissertation (provided that this is not to be published commercially);
- The right to use the article or any part thereof in a printed compilation of works of the author, such as collected writings or lecture notes (subsequent to publication of the article in the journal);
- The right to prepare other derivative works, to extend the article into book-length form, or to otherwise reuse portions or excerpts in other works, with full acknowledgment of its original publication in the journal; and

- The right to self-archive the work by posting the work as the final peer-reviewed author's manuscript (but not published layout) on their own website and their institution's website (website only, NOT repository) no earlier than 6 months after print publication in **The Oncologist** provided that a link is made to the AlphaMed Press version.

Open access

NIH-funded articles Pursuant to NIH mandate, the accepted version of contributions authored by NIH grant-holders will be posted to PubMed Central upon acceptance. This accepted version will be made publicly available 12 months after publication. For further information, see <http://publicaccess.nih.gov>.

Wellcome Trust-funded articles Since October 1, 2006, Wellcome Trust grantees are required to submit an electronic copy of the final manuscripts of their research papers to PMC or UKPubMed Central (UKPMC). The Wellcome Trust requires that the author's work be made available to the public via PMC and PMC mirror sites no later than 6 months after final publication. AlphaMed Press has established a policy that will allow authors who publish in **The Oncologist** to comply with these requirements.

AlphaMed Press authorizes Wellcome Trust-funded authors whose papers are accepted and published in **The Oncologist** to deposit the author's peer-reviewed manuscript (but not published format) in PMC and UKPMC no earlier than 6 months after the print publication in **The Oncologist**. Additionally, the author is authorized to replace the peer-reviewed author manuscript with the final published version 12 months after print publication in **The Oncologist**. Further information on the Wellcome Trust policy is available at <http://www.wellcome.ac.uk/node3302.html>.

Howard Hughes Medical Institute (HHMI)-funded articles AlphaMed Press complies fully with the HHMI requirements that its funded articles be deposited in PMC and also made publicly available online within 6 months of publication, as **The Oncologist** articles are available online upon publication. Further information on the HHMI policy is available at: <http://www.hhmi.org/about/research/sc320.pdf>.

Disclaimer

While the publisher and Editorial Board make every effort to see that no inaccurate or misleading data, opinion, or statement appears in this journal, they wish to state that the data and opinions in the articles and advertisements in **The Oncologist** are the responsibility of the contributor or advertiser concerned. Accordingly, the publisher, the Editorial Board, and their respective employees, officers, and agents accept no liability whatsoever for the consequences of any such inaccurate or misleading data, opinion, or statement. While every effort is made to ensure that drug doses and other quantities are presented accurately, readers are advised that new methods and techniques involving drug usage described within this journal should be followed only in conjunction with the drug manufacturer's own published literature. It is the responsibility of the treating physician or other health care professional, relying on independent experience and knowledge of the patient, to determine drug dosages and the best treatment for the patient. This is particularly serious if the agent to be administered is a new one or one that is infrequently used. Because of the uniqueness of each patient and the need to take into account a number of concurrent considerations, this information should be used by physicians only as a general guide to determining the best treatment for each patient.

JOURNAL CONTENT

The following categories of submissions will be considered for inclusion in *The Oncologist*.

Original articles

Original articles 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.

Editorials and commentaries

Editorials and commentaries are most often solicited by the Editors. These may appear in any section of the Journal, depending on the content of the article, and should contain no more than 1,500 words. The commentary format may be used for ongoing dialogues, pro-and-con discussions of controversial issues, or subjective articles of interest in any field of oncology. Contact the Editor-in-Chief before submission to determine the suitability of the piece for publication.

Correspondence

Letters and eLetters to the Editor Letters should comment on work previously published in *The Oncologist* and should contain fewer than 500 words of text. The Editor-in-Chief may, at his discretion, invite a reply to a given letter. The Editor-in-Chief may consider publication of an item that is not a response but contains valuable information or observations; note, however, that Letters to the Editor should not be used to circumvent the peer-review process.

Case reports

Correspondence in the form of case reports will also be considered for publication if found to be of educational benefit to the oncology practitioner. Such reports should provide an overview of the case, a concise literature review, and any relevant high-resolution images (including x-rays or scans); case reports should not exceed 1,500 words. Any information that would identify a patient must be excluded; however, written consent of each patient (or legal representative) must be submitted even though identifying details are removed. Individually identifiable health information is subject to applicable privacy laws and requires a HIPAA-compliant authorization form.

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 6 weeks before the event. These are posted online only.

CANCER TREATMENT REPORTS

Cancer Treatment Reports provide information about clinical trials that did not meet their anticipated endpoints, in each case assessing the success or failure of the clinical trial's design.

The sponsor, coordinating site, and participating sites will be identified. Publication of these clinical trials will ensure their availability with all major library repositories such as PubMed, MEDLINE, MEDLARS, EMBASE/Excerpta Medica, Chemical Abstracts, Biology Digest, and Cumulative Index to Nursing and Allied Health Literature. Each published report will be assigned a unique Digital Object Identifier (DOI; www.doi.org) that permanently identifies it as unique and

fully citable. These published results will be available to all search engines (e.g., Google, Google Scholar, Yahoo!, etc.) and, therefore, accessible to the medical/scientific community.

The full manuscript and all supportive documentation will be published online at www.TheOncologist.com. Full manuscripts will consist of no more than 2,000 words. Extended abstracts of approximately 400 words will also be published in the Journal's print edition. Each abstract will consist of four sections: Background, Methods, Results, and Discussion.

Content

The online publication will consist of:

- 1) *Introduction* – The introduction details the rationale for conducting the trial and specifically addresses the “gap” between the current practice and best practice, and how this study was designed to help bridge that gap.
- 2) *Methods* – The methods provide a clear explanation of the study's design, protocol, patient selection criteria, primary efficacy variable on which the sample size was based, the differences in outcome sought, projected size sample, accrual rates and method of analysis.
- 3) *Results* – The results summarize observed outcomes of the clinical trial and/or reasons why the trial was terminated. The section should include a statement of whether the trial completed planned accrual in a timely manner and, if not, the reasons for premature closure. A calculation of the statistical power of the incomplete trial to answer the question posed should be provided.
- 4) *Discussion* – The discussion, in addition to reporting the results, addresses the shortcomings of the study, if any, and reasons why the results might have been negative, and explores possible next steps regarding how and why this study may be useful to patient care and further research. Include response to this question: “If this could be done over again, would you use the same or different design?”
- 5) *Bibliography* – Only references that facilitate the peer-review process will be included.
- 6) *Supportive Documents* – Additionally, authors will provide the Clinical Protocol along with the registration identification number and URL for the clinical trial's registry, in accordance with the guidelines published by ICMJE (International Committee of Medical Journal Editors). **The Oncologist** requires, as a pre-publication consideration, that all clinical trials be registered in a public trials registry such as www.ClinicalTrials.gov. All regulatory agency documents, original Institutional Review Board (IRB) – approved protocol documents, Informed Consent Documents (ICDs) from study volunteers, and contact information for further inquiries will also be submitted. Only the original IRB documents will be posted online.

Datasets

Authors are requested to submit and discuss only those data necessary for peer review. Authors and/or sponsors are not obligated to disclose full datasets, but they may allow readers to request further information.

Review

Only well-executed studies, as attested by peer review, will be accepted for publication. These manuscripts will be rigorously reviewed by *The Oncologist's* internationally recognized editorial board (www.TheOncologist.com/misc/edboard.dtl), as well as by ad hoc reviewers with relevant expertise.

The criteria used by reviewers to evaluate the potential value of the study include the number of patients in the study, trends seen in patient subsets, *p*-values, primary outcome(s) of the study, and statistical analyses.

Time from submission to publication

Since it is essential that the results of these studies be reviewed and published with dispatch, peer review will be completed within 3 weeks of manuscript receipt. Accepted papers will then be published ahead-of-print online within 2 weeks. Hence, the gestation from manuscript submission to online publication will be approximately 5 weeks.

MANUSCRIPT PREPARATION

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 (shortened version of the title) that is no more than 50 characters
- the title
- name(s) of author(s)
- 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>)

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

Gap between current and best practice

Original and review articles selected for publication in *The Oncologist* should focus on the “gap” between the reader’s current practice and best practice. Authors should explain how their articles will bridge that gap and describe the impact that their articles will have on readers’ competence or performance and/or how the articles might ultimately impact patients’ health. Please complete the following table and include it with your submission.

Current Practice	Best Practice	The Resulting Gap

Learning objectives

Learning objectives are tools to assist readers in understanding how the article will bridge the knowledge and/or performance gaps between current practice and best practice.

Please provide a minimum of two learning objectives that readers should expect to accomplish once they have read your article.

Text

The text should be divided into the following sections (as 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.

Language

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

Proprietary names

Proprietary names of drugs and devices are typically given once, followed (in parentheses) by the name and location of the manufacturer. 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, in both 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, in both the abstract and the paper.

Footnotes

Footnotes should not be used except within tables.

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 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. If an article has been accepted and published online-ahead-of-print, please provide full citation including URL or DOI.

When unpublished material is cited as personal or private communication, please provide the full name, academic degree, and affiliation of the person with whom the communication took place and the date on which it took place. In addition, please provide proof of permission from that individual to use the cited communication in your article.

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 may be found at
http://theoncologist.alphamedpress.org/misc/TO_references.pdf.

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 in which they appear. Each table must include definitions of all abbreviations 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/illustrations

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”). Panel labels (A, B, C...) on figures should be 12-point Helvetica bold capital letters, generally positioned at the top left of the panels, outside the image area.

For information and resources to help you with the creation and submission of digital art, go to the Cadmus KnowledgeWorks digital art support website (<http://cjs.cadmus.com/da/index.asp>).

Figure legends should be 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. Critical information or figures required for the interpretation, understanding, and evaluation of the research must be included in the manuscript and **must not** be submitted as supplemental data. Supplemental data are published online only.

Videos

Videos for use on the Journal's 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."

Permission for reproduction

Authors must obtain permission if required for reproduction or adaptation of figures or tables from copyrighted (previously published) material. Written permission must be obtained from the publisher of the journal or book concerned. (A form for your use is provided online at http://theoncologist.alphaamedpress.org/misc/Permission_Form.pdf.) Copies of all permission documents must be provided with the manuscript submission. The publication from which the figure or table is taken or adapted must be listed in the reference section. Within the legend of a reprinted or adapted table or figure should appear the following: "Reprinted [Adapted] with permission" along with the appropriate reference. All permission listings must be shown in the submitted manuscript; they cannot be entered on proofs.

MANUSCRIPT SUBMISSION

Electronic submission is preferred via the online submission portal located at <http://manuscriptsubmissions.theoncologist.com>.

Software/format

Microsoft® Word is preferred; however, we can accept most other word-processing programs. If not submitted in Microsoft Word, rich text format is preferred. Avoid complex format/style or automatic formatting features. Bold and italics are permitted. All submitted material should be double-spaced, leaving left and right margins of at least 2.5 cm. Do not justify the right-hand margin. Number each page consecutively.

Submit line art, grayscale, and color figure illustrations in *.eps or *.tif format. All scans, files, graphics, and output settings should be at 300 dpi for color images, 600 dpi for grayscale images, and 1,200 dpi for line art. Color proof is required.

Processing fee

A processing fee of \$50 must be submitted with each manuscript. Invited manuscripts (including invited editorials and commentaries), Letters and eLetters to the Editor, and Reflections are exempt from this requirement.

Forms required for submission

Forms are to be completed at <http://manuscriptsubmissions.theoncologist.com> and submitted online.

The Corresponding Author must complete and submit the following forms online:

- [Author Contribution Form](#)
- [Corresponding Author's Responsibilities and Agreement Form](#)

Each author (including the Corresponding Author) must complete and submit the following forms online:

- [Potential Conflict of Interest Disclosure Form](#)
- [Copyright Transfer Form](#)

Author Contribution Form

The Corresponding Author must submit the Author Contribution Form on behalf of every author. 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. Authorship should be limited to those who have contributed substantially to the work. The nature of the contribution of every author should be made clear. Each author should have participated sufficiently in the work to take public responsibility for the content. Contributors who do not meet sufficient criteria for authorship should instead be noted in an Acknowledgments section.

If an article has been substantially written by a contracted writer different from those whose names appear at the beginning of the article, this fact needs to be acknowledged on the Author Contribution Form. All authors, including contracted authors, must submit a Potential Conflict of Interest Disclosure Form (as described below). In addition, when a contracted writer has contributed to a manuscript, the following table must be completed:

Question		Yes	No
1a	Did the medical writer meet the three criteria for authorship, as specified by the ICMJE? ° Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data ° Drafting the article or revising it critically for important intellectual content, and ° Final approval of the version to be published		
1b	If not, has the writer been identified and the role clarified in the acknowledgments?		
2	Has the source of funding for the medical writer's services been identified in the acknowledgments?		
3	Did the author(s) make the final decision on the main points to be communicated in the manuscript, particularly in the conclusion?		
4	Did the author(s) make the final decision on the primary and secondary outcomes and relevant data to be reported in the manuscript?		
5	Can the medical writer provide evidence that the manuscript was prepared in accordance with international guidelines for ethical medical writing (e.g., Uniform Requirements for Manuscripts Submitted to Biomedical Journals; Good Publication Practice for Pharmaceutical Companies; Position Statements from the European or American Medical Writers Associations or the International Society for Medical Publication Professionals)?		

Corresponding Author's Responsibilities and Agreement Form

The Corresponding Author must complete the Responsibilities and Agreement Form to ensure compliance with the publisher's submission policies.

Potential Conflict of Interest Disclosure Form The purpose of the Potential Conflict of Interest Disclosure Form is to fully inform *The Oncologist's* editors, reviewers, and readers of the existence of any financial relationships that may be pertinent to the article and thus ensure full transparency of the peer-review and publication processes.

Each author is 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, patent rights, etc., must also be stated. All information concerning potential conflicts of interest will be revealed to the peer reviewers and thereafter kept confidential (and on file by the Journal's editorial office). The Editorial Office will work with the Corresponding Author to formulate a disclosure statement for publication, should the manuscript be accepted.

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- Articles that discuss new approaches to the diagnosis, prevention, and treatment of specific cancers
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Program objective

The objective of the CME program of the Society for Translational Oncology is to create educational interventions that improve physician competencies and strategies for the screening, prevention, diagnosis, treatment, and management of patients with cancer and enhance performance-in-practice.

Those authors whose articles are selected for CME credit will be asked to provide practice strategies and post-test questions.

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