MISSION AND FOCUS

Oncology and hematology professionals are charged with continually staying on the cutting-edge of new medical treatments and technologies to foster better cancer patient care and practice management. To that end, The Oncologist is dedicated to translating the latest research developments into best multimodality practice. Established by oncologists for oncologists, the Journal is committed to providing timely and useful information that allows physicians to excel in a challenging and ever-changing environment and to ensure their patients’ rights to the highest level of care, from screening and prevention to diagnosis, treatment, and management of the disease.

Designed specifically for the busy practitioner, The Oncologist is devoted to medical and practice issues for surgical, radiation, and medical oncologists. With emphasis on clear, concise interpretation that adds value to data, the Journal aims to enhance the practice of oncology and to facilitate communication that leads to continual improvement and advancement of the field.

The Oncologist's Senior Editors believe that the various oncology subspecialists should share the same information base and read the same journal. It is up to us, as leaders in this field, to defend the patient's needs and rights and to assure that the patient has an advocate. In order to do so, we have to be united and fully informed. We pledge to put the best and latest information on cancer management before our readership, to help prepare them to do their best to improve outcomes and quality of life for all patients.
The Oncologist challenges its readers to understand what is new and better and to glimpse the future, not only in terms of research, but also in terms of new team approaches to disease management. In short, we want our readers to explore how cancer medicine could be and will be practiced now and throughout the 21st century.

Disclaimer
While the publisher and Editorial Board make every effort to see that no inaccurate or misleading data, opinions, or statements appear in the journal, they wish to state that the data and opinions in the articles and advertisements herein 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 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 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, drug usage information described within the journal should be used by physicians only as a general guide to determining the best treatment for each patient.

Scope
The Oncologist accepts proffered manuscripts on the following topics:

- Breast Cancer
- Cancer Diagnostics and Molecular Pathology
- Clinical Trial Results
- Economics of Oncology
- Endocrinology
- Gastrointestinal Cancer
- Genitourinary Cancer
- Geriatric Oncology
- Global Health and Cancer
- Gynecologic Oncology
- Head and Neck Cancers
- Hepatobiliary
- Leukemias
- Lung Cancer
- Lymphoma
- Medical Ethics
- Melanoma and Cutaneous Malignancies
- Myelomas
- Neuro-Oncology
- New Drug Development and Clinical Pharmacology
- Outcomes Research
- Radiation Oncology
- Regulatory Issues: FDA and EMA
- Sarcomas
- Symptom Management and Supportive Care

EDITORIAL POLICIES

The Oncologist’s Editorial Policies follow the recommendations of the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), and the Committee on Publication Ethics (COPE) for guidance on policies and procedures related to publication ethics. The policies for The Oncologist have been adopted from those three advisory bodies and, where necessary, modified and tailored to meet the specific content, audiences, and aims of The Oncologist.

Submission of a manuscript 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. Authors submitting a manuscript do so with the understanding that if it is accepted for publication, the 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 corresponding author’s responsibility to obtain written permission to reproduce illustrations, tables, etc., from other publications.

Questions related to this policy should be directed to the editors at Editors@TheOncologist.com.
Conduct Policy
As a leading publication in the continuously evolving field of medical oncology, The Oncologist is dedicated to translating the latest research developments into best multimodality practice for physicians entrusted with cancer patient care. This mission requires ongoing, scrupulous attention to the quality and integrity of the Journal’s publications, and irreproachable conduct on the part of its authors, reviewers, and Editors. In pursuit of this goal, The Oncologist has adopted a Conduct Policy that reflects and supports the Journal’s unwavering commitment to the quality and integrity of work it publishes.

The Conduct Policy, found below, outlines the standards of professional behavior expected of authors, reviewers, and Editors, and addresses the Journal’s policy for handling potential instances of misconduct.

For any questions or concerns regarding the Conduct Policy, please contact the editorial office for The Oncologist at Editors@TheOncologist.com.

Author Responsibilities
It is the responsibility of submitting authors to ensure that the data and work represented in their manuscript are accurately presented at the time of submission. For all submitted papers, accurate representation includes the submission of only original and unpublished material, proper acknowledgment of all author contributions, properly credited references and resources, and presentation of all relevant data and results in their true, unaltered form. The journal requires a statement disclosing any financial relationship that is relevant to the work and that might be perceived as a conflict of interest.

In addition, if manuscript content is based on scientific research, then that research is required not only to meet accepted scientific standards, but also to adhere to any applicable legal and ethical requirements regarding informed consent and standards for use of experimental animals.

Authorship & Contributions

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.

If an article has been substantially written by a contracted writer not named in the byline, this fact needs to be noted in the Acknowledgments section of the manuscript. In addition, all other contributors who do not meet sufficient criteria for authorship should also be noted in the Acknowledgments section. Each author’s contribution to the manuscript will be declared during the online submission process.

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 the medical writer(s) and clarification of their role. 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.

Sponsorship
Authorship entails both accountability and independence. A submitted manuscript is the 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 give the researchers 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 can 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.

**Conflict of Interest and Financial Disclosure**

Upon submission, authors are required to disclose any financial relationships that may present a potential conflict of interest in the communication of nonbiased scientific information. The purpose of the Potential Conflict of Interest and Financial Disclosure Form is to fully inform the journal’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.

It is the policy of *The Oncologist* to ensure fair balance, independence, objectivity, and scientific rigor in all of its educational activities through the disclosure of financial interests and other relationships. Additionally, *The Oncologist* abides by the policy of the Accreditation Council for Continuing Medical Education (ACCME) stating that commercial support must be acknowledged and that all persons who affect the content of an educational activity regarding the products or services of a commercial interest must disclose any financial relationships with that commercial interest.

To this end, the corresponding author and all co-authors for each article are required by *The Oncologist* to complete a Potential Conflict of Interest and Financial Disclosure Form to disclose any financial commitment or obligation occurring within the last 12 months relevant to the subject matter of the article submitted. Additional relationships that might be considered competing interests, such as holding equity or paid consultancy, patent rights, etc., must also be stated. All authors will receive emails from the Editorial Office with links to the Financial Disclosure and Copyright Assignment forms once the manuscript is processed. The authors will need to log into their accounts to complete and submit the forms.

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. Any potential conflicts of interest found will be reviewed by the Editorial Board with the ad hoc assistance of external reviewers and resolved prior to publication.

**Editors and Reviewers**

Editors and reviewers are required to disclose financial interests or relationships and answer the same questions as authors. Reviewers are asked to disclose financial information when accepting a review assignment.

**Defining a Conflict of Interest**

A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of an article about the product or services of that commercial interest. Nothing in this policy statement should be regarded as creating a presumption of impropriety in the existence of financial relationships. Rather, it is the purpose of this policy to inform the peer reviewers, and subsequently the readers, of the existence of financial relationships pertinent to the article in the interest of full transparency in the peer review and publication processes.

**Criteria for Disclosure of Conflicts of Interest**

A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (not including providers of clinical services). Relationships with governmental agencies (e.g., the NIH), do not have to be disclosed. In addition, honoraria (or fee-for-service) or consulting funds from a Continuing Medical Education CME provider do not need to be disclosed. In addition to personal disclosure, you must disclose any financial relationships your spouse or life partner has with applicable commercial interests.

Authors who identify contracted writers should disclose the funding source. Contracted medical/science writers are also required to submit a Potential Conflict of Interest and Financial Disclosure Form.

**Misconduct**

Instances involving potential author misconduct can relate to either submitted or published manuscripts. The Journal’s author misconduct policy does not apply to “honest” mistakes of judgment or interpretation, which may be resolved through subsequent publication of an erratum.
Examples of potential author misconduct may include, but are not limited to, the following circumstances:

- Falsifying, manipulating, or omitting data or results, images, or any other materials, processes, or content, such that the research record is not faithfully presented and preserved.
- Fabricating data or results
- Plagiarizing or otherwise not appropriately crediting the work of others or oneself (includes ideas, processes, words, results, etc.)
- Misappropriating the data or results of others and representing them as one’s own
- Submitting or publishing the same, or essentially unchanged, material in more than one publication
- Using published images, charts, tables, etc. without first obtaining appropriate permissions
- Removing or failing to include or properly credit a contributing author or writer, including a paid professional writer.
- Inappropriately assigning author status to a “guest” author or “ghostwriter” whose contributions do not meet the authorship criteria as defined by the International Committee of Medical Journal Editors (ICMJE; www.ICMJE.com); such contributions should be noted instead in the “Acknowledgments” section in the manuscript.
- Failing to appropriately disclose any potential conflicts of interest (see additional information in Information for Contributors regarding The Oncologist’s disclosure requirements)
- Failing to abide by applicable legal and ethical standards regarding the treatment of research subjects

**Potential Author Misconduct Notification and Investigation**

**Notification of Potential Misconduct/Response to Notifying Party**

When a potential breach of conduct is brought to the Journal’s attention, the Journal will contact the notifying party to acknowledge receipt of the notification. Unless the notifying party has been personally affected by the alleged misconduct, correspondence with that individual will end with the acknowledgment that notification of the concern has been received.

Potential author misconduct may also be discovered by the Journal’s staff, editors, and/or reviewers, in which case the same investigative process applies.

**Misconduct Notification and Investigation**

Following a receipt of notification of potential author misconduct, the Journal will initiate a preliminary investigation in order to determine whether a formal investigation is warranted. In this phase of the investigation, published and submitted manuscripts, manuscript reviews, and editorial decisions will be evaluated as appropriate. Input will be sought from all individuals affected by the alleged misconduct. If the evidence found is substantial enough to warrant further investigation, then the Journal will notify the corresponding author of the manuscript in question and request a full explanation. Should the corresponding author not respond (or not respond in a timely manner) or provide an inadequate or otherwise unsatisfactory response, the Journal will contact the corresponding author’s institution and/or co-authors.

If the potential misconduct involves a work published elsewhere, the Journal may also contact that publication. Should the potential misconduct involve specific scientific research, the Journal may also contact the institution where the research was conducted in order to further investigate the accuracy, authenticity, and legitimacy of the published data and results. Lastly, the Journal may also request the assistance of the U.S. Department of Health and Human Services Office of Research Integrity.

During the investigative process, the Journal will follow the guidelines and requirements outlined by the Committee on Publication Ethics (COPE) and the ICMJE to identify any misconduct and fairly gauge its severity. These references are available online at [http://publicationethics.org/resources/flowcharts](http://publicationethics.org/resources/flowcharts) and at [http://www.icmje.org](http://www.icmje.org).

**Sanctions**

Potential instances of author misconduct will be investigated and considered on a case-by-case basis. Should misconduct be established or admitted, the Journal will proceed with sanctions as deemed commensurate with the severity of the misconduct committed. All decisions regarding sanctions or notices of misconduct will be reviewed by the senior editorial board of *The Oncologist* to seek their advice and agreement with the planned action.
Sanctions are applied at the discretion of the Editor-in-Chief, the senior editorial board, and the publisher and may vary based on the severity of the misconduct and whether the manuscript in question was submitted or published.

Appropriate sanctions for author misconduct may include, but are not limited to, the following:

- Publication of an erratum or Statement of Concern by the Journal Editors
- Rejection of the manuscript or retraction of the publication in which the misconduct was committed
- A letter of notice of sanctions to the author(s)
- A letter of notice to the author’s institution and/or the institution where the study was conducted
- Prohibition of further submissions to or publications in the Journal by the offending author for a period of time to be determined by the Editor-in-Chief
- Once the decision on sanctions has been determined, the Journal will notify the author.

Editors and Reviewers

Editors and reviewers are also required to abide by the Conduct Policy and therefore should be familiar with the Journal’s policy regarding conflicts of interest and should be prepared to recuse themselves from any situation that would potentially place them in violation of that policy.

In addition to knowing when to recuse themselves from a review, editors and reviewers should also keep in mind that all information submitted for review purposes is confidential in nature and should be treated as such.

Recusal of Editors and Reviewers

In order to provide authors with a fair and unbiased review process, Editors (Senior and Associate Editors and Lead Reviewers), and reviewers are required to recuse themselves from the review of a manuscript when faced with a potential conflict of interest. Examples of situations that would require recusal on behalf of an editor or reviewer include but are not limited to:

- An editor or reviewer is the spouse, domestic partner, parent, child, sibling, or other family member of an author on the manuscript in review
- An editor or reviewer is involved in research collaboration with an author on the manuscript in review
- An editor or reviewer is under the employ of, or otherwise works at, the same institution as an author on the manuscript in review
- An editor or reviewer has a strong intellectual bias either for or against the position taken by the author
- An editor or reviewer has a financial interest in an agent or device relevant to the study, or has a financial relationship with a commercial sponsor of the study in question.
- In addition to self-recusal, editors and reviewers are also required to recuse themselves from the review of a manuscript when requested to do so by the Editor-in-Chief.

Questions regarding the recusal policy may be directed to Editors@TheOncologist.com.

Misconduct of Editorial Board Members

The Oncologist holds its Editorial Board members, as ambassadors of the Journal, to the same high standards of ethical conduct as are expected for authors. Editorial Board members who act as reviewers must honor the confidentiality of all information in the reviewer packet.

If an Editorial Board member is the subject of an accusation of misconduct as an author, reviewer, or editorial board member, the accusation will be referred to the Journal’s executive office and Editor-in-Chief for review and appropriate action.

Ethical Guidelines

Internal Review Board Guidelines for Medical Research Involving Human Subjects

A goal of The Oncologist is to ensure that all articles reflect work that is morally acceptable. Authors must abide by the rules of a formally constituted research ethics committee, and/or their Institutional Review Board (IRB), and the tenets of the World Medical Association’s Declaration of Helsinki. Ethical aspects of any submitted work that involves human participants, including research, audit, and sometimes debate, should be appraised. The Oncologist’s policy on these issues has been developed with the help and advice of the Senior Leadership Ethics Committee and its key elements are explained here.
To facilitate an ethics appraisal, every research article submitted to *The Oncologist* is required to include a statement that the authors obtained ethics approval (or a statement that it was not required), including the name of the ethics committee or Institutional Review Board, the number/ID of the approvals, and a statement that participants gave informed consent before taking part. This applies to all types of articles, including trials involving active interventions, non-intervention studies, and audits.

All trials involving an active intervention, either treatment or diagnostic, must be accompanied by a statement of approval by the local IRB or similar ethics committee, and a statement guaranteeing that all patients gave written informed consent.

Non-intervention studies, including survey studies regarding patient opinion, quality of life, or attitudes toward cancer, should also be accompanied, on submission, by a statement verifying that the study has been approved, or determined exempt, by an independent ethics committee, that informed consent has been obtained even if documentation of informed consent has been waived, and that the information contained is kept confidential and all identifiers have been removed prior to submission for publication.

We believe that studies referred to as audits also need consideration of an ethics committee. While the distinction between "research," which investigates what should be done, and "audit," which investigates whether it is being done, may be unclear, the assumption that audit or analysis of previously collected data is never unethical may not be justified.

Investigators are invited to explain in detail how the ethics of their study were justified. We also welcome the submission of any informational sheets that were provided to participants. If such detail does not easily fit into the manuscript, this information should be provided in the cover letter or uploaded as a supplemental file when submitting the article. This detailed information may not be published, but we may make it available to peer reviewers and editorial committees. Peer reviewers are asked to consider and comment on the ethics of submitted work.

Editorial appraisal of ethical issues goes beyond simply deciding whether participants in a study gave informed consent, although this is a very important issue to consider. Editors should judge whether the overall design and conduct of each piece of work is morally justifiable, as summed up by the following questions:

- How much does this deviate from current normal (accepted, local) clinical practice?
- What is the (additional) burden imposed on the patients (or others)?
- What (additional) risks are posed to the patients (or others)?
- What benefit might accrue to the patients (or others)?
- What are the potential benefits to society (future patients)?

A study that has been approved by a research ethics committee or institutional review board may nevertheless raise concerns about its ethics. Editors may then ask authors for more detailed information about how they justified the ethical and moral basis of the work. Editors may also contact the ethics committee that reviewed the work for additional clarification.

Editors may seek informal consultation with editorial colleagues regarding a study’s ethics, and any responses from the authors or the approving ethics committee. They may also seek formal consultation and advice from the Senior Leadership Ethics Committee or the Committee on Publication Ethics (COPE). Problems referred to COPE or the Senior Leadership Ethics Committee will be considered as anonymized summaries of the relevant articles, written by the editors concerned.

By addressing issues of unethical audit or research, the Journal upholds its mission to protect patients from unethical practice while advancing the goal of improving patient care through improvements in diagnosis, treatment, and management of cancer.

If *The Oncologist*, with or without the advice of its Senior Leadership Ethics Committee and/or COPE, considers the work in a submitted article to be ethically unsound, the editor may seek further advice or recommend investigation or action. The rejection of an article for other scientific or editorial reasons would not prevent the editor from taking further action on serious ethics problems.

In rare instances, *The Oncologist* might publish an article despite ethics concerns in the work it reported. The usual reason would be that work done in one setting might not reach the ethical standard of work done in another setting, because of differing local resources and standards for health care and research. In deciding to publish
such an article, we would consider carefully the context of the study and aim to balance the overall benefit to society against the possible harm to the research participants.

**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: 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. The Journal requires that microarray data be deposited in either the Gene Expression Omnibus (GEO) at http://www.ncbi.nlm.nih.gov/geo/ or in Array Express at http://www.ebi.ac.uk/arrayexpress/.

In *The Oncologist* submission, the accession number and the complete website link for this deposit must be listed in the figure legends or supplemental figure legends of your manuscript, as the Journal will no longer accept for review microarray data that are submitted as figures or files.

**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 http://www.clinicaltrials.gov). For more information, go to http://www.icmje.org and see Section III.J (Obligation to Register Clinical Trials).

The ICMJE lists the following registries as fully compliant:

- www.anzctr.org.au
- www.clinicaltrials.gov
- www.ISRCTN.org
- www.umin.ac.jp/ctr/index/htm
- www.trialregister.nl

Authors can post their results in clinical trial registries as part of these requirements without it being considered previously published or overlapping publication.

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.

**PEER-REVIEW PROCESS**

All articles are reviewed by the Editor-in-Chief or Deputy Editor and assigned Section Editors. Based on editorial judgment, some submissions are rejected initially without external review. Manuscripts selected for external review are reviewed by two or more subject experts, who provide comments for the Editors and the authors. Section Editors consider the comments of the external reviewers but issue recommendations based on their own judgment. The recommendations of the Section Editors must be endorsed by the Editor-in-Chief.
Acceptance of manuscripts is based on originality and importance to the field, as assessed by the Editors. Editors also consider the work’s priority for publication, presentation of the material, and its relevance to the Journal’s readership.

If review is required, authors may expect an initial decision within four weeks. Upon completion of review, the Editors’ decision will be e-mailed to the contact author, along with the reviewers’ comments. The Oncologist abides by a policy of single-blind peer review, in which authors do not know the identity of the reviewers.

The author will receive one of the following decisions:

**Reject**: The Editors did not select your manuscript for publication. Many factors contribute to acceptance including, but not limited to, the following:

- Importance of the research to the field of oncology
- Originality of the work
- Quality of the study
- Priority of the work to The Oncologist and its readership

If an author disagrees with the editorial decision, cordial inquiry is invited. The response must be timely and include a detailed rebuttal.

**Major Revision**: The Editors believe that your article contains information of potential importance but a number of major issues were raised. If you believe that you can address the issues raised, the Editors would be willing to reconsider your manuscript, but cannot guarantee acceptance, particularly if you cannot address the concerns.

**Minor Revision**: The Editors found your manuscript potentially acceptable for publication provided you make some minor adjustments.

**Acceptance**: The Editors selected your manuscript for publication. Additional information will be provided regarding embargo policies and the production process.

Authors are given three months to complete a request for major revision and three weeks to complete minor revisions or revisions on a revised manuscript.

Upon acceptance, manuscripts are published expeditiously, generally within 12 weeks.

For further information, see the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals,” published by the International Committee of Medical Journal Editors (ICMJE): http://www.icmje.org/urm_main.html.

## MANUSCRIPT TYPES

### Quick Reference Table

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Description</th>
<th>Abstract format</th>
<th>Total word count</th>
<th>Display items</th>
<th>Maximum # references</th>
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<tr>
<td>Original Article</td>
<td>Reports new findings of major importance. Highest priority is given to manuscripts with clear potential for application to the current or future practice of cancer medicine. The manuscript should include an Abstract, Introduction, Methods, Results, and a Discussion and Conclusion</td>
<td>Structured, with the following sections: Background, Methods (including a description of patient population studied, if appropriate), Results (key data), and Conclusions (succinctly summarizing the most salient points).</td>
<td>4,000</td>
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that place the findings in context and examines the implications for cancer management.

### Review Article

Reviews should address the impact of new concepts or information on clinical disease management, including prognosis, treatment, prevention, or diagnosis. Systematic reviews and meta-analyses should follow the PRISMA guidelines.

| Structured or Unstructured, according to author preference. | 4,000 | 7 | 150 |

### Clinical Trial Results

Results of phase I and phase II trials that provide valuable insight into the pharmacology, drug interactions, and biomarker correlates of response for experimental agents or experimental combinations. Trials that do not have positive therapeutic outcomes but provide valuable insight into pharmacology, drug interactions, and reasons for drug failure.

| Structured, with the following sections: Background, Methods, Results, and Conclusion | Print: Abstract + 350-450 word brief discussion; extended discussion and full data set published online | 1 or 2 | No maximum. References appear online |

### Commentary/Editorial

Usually solicited by the Editors. May appear in any section of the Journal, depending on the content. 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.

| None | 1,500 | At the author’s discretion | 20 |

### Letters to the Editor

Letters should comment on work published in The Oncologist within the previous three months.

| None | 500 | 1 | 10 |

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**Original Articles**

Original Research Articles describing new findings of major importance, particularly those with direct relevance to the clinic, are welcomed by The Oncologist for review. We encourage submissions from all fields of cancer medicine, including medical oncology, surgical oncology, radiation oncology, pediatric oncology, cancer prevention and outreach, and population science. Highest priority is given to manuscripts with clear potential for application to the current or future practice of cancer medicine. Robust statistical analysis is required. Preclinical studies may be accepted for publication if their relevance to clinical oncological practice is apparent.

Original articles should meet the following criteria:

- The manuscript should include an Abstract, informative Introduction, clearly stated Materials and Methods, a succinct presentation of Results, and a Discussion that places the findings in context and examines the implications for science, clinical, and translational medicine disease management.
• Total word count (excluding the abstract, references, and text for figures and tables) should not exceed 4,000 words.
• Abstracts, which are limited to a maximum of 250 words, should clearly state the manuscript’s primary objective, discuss the implications of the work, and summarize any conclusions. Abstracts should be structured with the following headings: Background, Materials and Methods (or Patients and Methods), Results, Conclusion.
• Submissions must include “Implications for Practice, a brief statement (less than 100 words) that clearly defines the potential impact and importance of the manuscript, especially in terms of its clinical applications.
• Total number of figures and tables should not exceed seven (any additional figures and/or tables should be labeled as “supplemental” and will appear online only).
• A CONSORT diagram is required for all Randomized and Phase III trials (the diagram does not count toward the seven figure and table limit).

For manuscripts involving clinical trials, the manuscript also must include:

• The trial registry and registration identification number for the trial’s registry is required. This applies to any trial for which patient enrollment began on or after November 1, 2006.
• Any study related protocol information for all randomized clinical trials.
• Clear statement and approval from the ethical committee and others when animal or human material has been used.

In addition, please note:

• Negative results from clinical trials, important to the field but often underreported, are encouraged.
• The majority of the manuscript text, excluding the abstract and introduction, should present new data and discussion that address the impact of new concepts or information on clinical and translational medicine disease management.

References should not exceed 100 entries and should be limited to recent works.

Review Articles

The Journal publishes Review Articles that summarize the state-of-the-art in a disease area or therapeutic modality. The Journal accepts narrative reviews, systematic reviews, and meta-analyses. Systematic reviews and meta-analyses should follow the guidelines established by the PRISMA statement to ensure transparent and complete reporting of the data gathering and analysis.

While the majority of Review Articles are solicited by the Editors, The Oncologist also welcomes unsolicited reviews that address clinical topics or have direct relevance to the clinic and are of significant interest to the cancer research and cancer care community. Review Articles will be reviewed in the same manner as Original Articles. We will review manuscripts submitted by academic, government, or industry authors, but not medical writers or their paid representatives.

Prior to submitting an unsolicited manuscript, authors are asked to review published reviews on the same topic in recent editions of our journal, as well as in other widely read publications. Authors should submit a pre-submission inquiry to Editors@TheOncologist.com. All authors should be identified in the pre-submission inquiry. The author should explain in the pre-submission inquiry what new information or perspective justifies the manuscript as a candidate for publication in The Oncologist. In addition, the inquiry must also:

• Provide a detailed description of the primary concepts and discoveries addressed in the manuscript and discuss recent reviews on the same topic in our journal and related publications
• List specific clinical trials, if pertinent, to be discussed in the manuscript
• Disclose any potential conflict of interests for all authors

Review Articles should meet the following criteria:

• Abstracts (maximum of 250 words) should clearly state the manuscript’s primary objective, discuss the implications of the work, and summarize any conclusions. Abstracts of Review Articles may be
structured or unstructured according the authors’ preference. Note, however, that the PRISMA statement recommends a structure for abstracts of systematic reviews and meta-analyses.

- Submissions must include “Implications for Practice, a brief statement (less than 100 words) that clearly defines the potential impact and importance of the manuscript, especially in terms of its clinical applications.
- The majority of the manuscript text, excluding the abstract and introduction, should address the impact of new concepts or information on clinical disease management, including prognosis, treatment, prevention, or diagnosis.
- The Materials and Methods section should detail how the authors planned the review of the literature, what information was included or excluded, whether levels of evidence were used in assessing the value of each publication selected for inclusion, and whether unpublished material was included.
- Systematic reviews and meta-analyses should follow guidelines recommended by the PRISMA statement: http://www.prisma-statement.org/statement.htm
- Opinions not supported by clear evidence should be identified as such in the Discussion section.
- Total number of figures and tables should not exceed seven (any additional figures and/or tables should be labeled as “supplemental” and will appear online only).
- References should not exceed 150 entries, should be limited to recent works, and should be formatted based on the examples on the journal’s website (http://authors.theoncologist.com/manuscript-preparation-guidelines-). The authors may also include previous high-quality reviews that summarize earlier work on the subject of the review.

Clinical Trial Results
The Journal invites submission of results of clinical trials for publication in a brief print format, with full trial results online. We encourage trial results that provide valuable insight into the pharmacology, drug interactions, and biomarker correlates of response for experimental agents or experimental combinations, whether the trial produced a positive therapeutic outcome or not. This information should not be lost to the community of investigators and practitioners. The format accepts data from phase I or II trials; pharmacodynamic or pharmacokinetic trials with fixed dosing are also compatible.

Full Clinical Trial Results and all supportive documentation are published online at www.TheOncologist.com. Full Clinical Trial Results are accompanied by brief summaries published in print and online. Authors are required to submit their summary with the initial submission. This summary consists of a structured abstract of no more than 200 words with four sections: Background, Methods, Results, and Conclusion. Authors have two options for the Discussion: 350 words with two figures and/or tables; or 450 words with a single salient graphic, such as a table, schema, waterfall plot, image, or graph. The summary and the full Clinical Trial Results share a title and DOI. Authors must clearly identify the sponsor, coordinating site, participating sites, and investigators.

Editorials & 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.

Letters to the Editor
Letters should comment on work published in The Oncologist within the previous three months and should contain fewer than 500 words. Letters may be edited for clarity. The Editor-in-Chief may 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.

Narratives in Oncology
The Narratives in Oncology section gives voice to the human experience in oncology and welcomes submissions from physicians, nurses, caregivers, and patients. This section highlights what we’ve been through and what others can take away from our experiences.
FORMATTING YOUR MANUSCRIPT

Language

Papers are published in English (with American spellings), and authors who are not fluent in this language must seek editorial help before submitting their papers. Papers that do not meet basic standards for readability may not be considered for review, although lack of fluency with English is rarely the primary reason for rejection of a manuscript.

Companies that provide substantive editing after the authors draft a first version, including the following:

http://www.biosciencewriters.com
http://www.bostonbioedit.com
http://www.prof-editing.com
http://www.aje.com/
http://www.bluepencilscience.com
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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

For reference, download the cover letter template.

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, including spaces
• the title
• name(s) of author(s)
• name(s) of institution(s) at which the work was done
• correspondence information for corresponding author (name, degree, address [including postal code], telephone and fax numbers, and e-mail address)
• 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 National Center of Biotechnology information (http://www.nlm.nih.gov/mesh/)

Search Engine Optimization

Although all published articles are accessible online, authors can take steps to improve their article’s online discoverability. Search engine optimization (SEO) techniques can help boost The Oncologist’s content to high-ranking positions in search results, resulting in greater visibility, readership, and citations for your article.
Key techniques you can use to improve your article’s SEO are:

- Carefully select at least 5 relevant key words
- Lead with key words in the article title
- Repeat key words 3–4 times throughout the abstract
- Link to the published article on social media, blogs, and academic websites

Because they are highly utilized by search engines when ranking search results, selecting appropriate key words (i.e., search terms) and using them frequently and appropriately in the title, abstract, and article is critical.

**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

Abstracts for Original Articles should follow a structured format, containing the following headings:

Background, Materials and Methods, Results, and Conclusion.

Abstracts for Review Articles may be structured or unstructured, according the authors’ preference.

**Implications for Practice**

Submission of Original Articles and Review Articles should be accompanied by “Implications for Practice,” a summary statement that describes the overarching significance of the article. This brief statement (approximately 100 words) should clearly define the potential impact and importance of the manuscript, especially in terms of its clinical applications. Whenever possible, it should be written in language comprehensible by a lay reader.

**Gap between current and best practice**

Authors of Original and Review articles submitted for publication in *The Oncologist* should describe the best practice concerning their topics, the current practice, and the “gaps” between them (in other words, what needs to be learned on the subject). Authors should explain how their articles will bridge the 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.

**Learning objectives**

The gaps described by the author should lead to learning objectives explaining what the learner should be able to do after reading the article.

Please complete the following table and include it with your submission.
Text

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

- Introduction
- Materials and Methods
- Results
- Discussion
- Conclusion and/or Summary
- Acknowledgments
- Disclosure of Potential Conflicts of Interest
- References
- Figure legends
- Tables
- Figures

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 the pages consecutively.

Notes on Style

The Oncologist follows the style of the American Medical Association (Manual of Style: A Guide for Authors and Editors, 9th ed. [1998]). Please refer to the style book when preparing your manuscript. Some particular notes on style are included below.

Proprietary Names

Proprietary drug names 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. The use of proprietary names requires that the name, location, and website of the manufacturer also be included.

Units of Measurement

- Measurements of length, 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).

**Symbols and Abbreviations**

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

**Footnotes**

Footnotes should not be used except within tables.

**References**

References must be numbered consecutively 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 but instead are placed in parentheses in the text. However, articles that have been accepted for publication by a journal should be listed in the reference list as "in press."

**Reference format:**

- List all authors when there are three or fewer.
- If there are 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 MEDLINE journal abbreviations. Use full beginning and ending page numbers (e.g., 10270–280 is not acceptable).

**Examples of references:**

**Standard journal article**


**Standard journal article with more than three authors**


**Article in journal supplement**


**Journal article, in press**


**Book**


**Chapter in a book**

Abstract

Letter to the Editor

Internet resource

E-only Journals with digital object identifier

E-Pub Ahead of Print

Theses/Dissertations

Proceedings/Meeting Reports/Conference Presentations
Unpublished:

Published:

Foreign Language Titles Translated into English

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 used in it. Tables should be created in Microsoft Word using the Table feature. Tables must not be embedded within the manuscript but should be submitted as individual files in .doc format and designated as “figures” during the submission process. Failure to comply with these specifications may result in review 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 when they enhance the presentation of the data. Authors incur no additional charges for the publication of figures in color. Figures should be submitted as individual files and designated as “figures” during the submission process. Figures should be labeled with the Corresponding Author name, the appropriate figure number, and orientation (e.g., “top”). Figures may be submitted as multipart panels.
Acceptable Formats

Figures should be submitted in either .tif or .eps format. All other file types, such as Excel spreadsheets and PowerPoint presentations, are not accepted for review. Failure to comply with these specifications may result in review delay.

Size

Submit figures at their final publication size; do not scale figures. Prepare figures at 1-column width or, if necessary, 1½ column width. The 2-column width should not be used unless necessary.

<table>
<thead>
<tr>
<th>Columns</th>
<th>Inches</th>
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<td>2</td>
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</table>

The height of all figures must be less than or equal to 9.6” / 24.5 cm / 58 picas.

Figure text

Please use Calibri font for all figure text. Multipanel figures should be labeled using uppercase 12-point Calibri Bold. If Calibri font is not available, substitute a similar sans serif font, such as Arial or Helvetica. All text and numbers on a figure, including scale bars and axis labels, must be large and clear enough to be legible when printed. A minimum text size of 6 points is recommended.

Line and bar graphs

Lines in graphs should be bold enough to be easily read after reduction, as should all symbols used in the figure. Line or bar graphs or flow charts with text should be created in black and white, not shades of gray, which are difficult to reproduce in even tones. If more than two sets of data are represented, use of fill patterns or colors (not gray) is suggested to present the data clearly.

Figure brightness

Please make sure that images are sufficiently bright and high-contrast for detail to show up well when printed. Images that are too dark may require replacement.

Resolution

Minimum resolution is 300 dpi for color and grayscale figures, 600 dpi for combination halftones, and 1000 dpi for line art.

Image Integrity

No specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if they are applied to the whole image and as long as they do not obscure, eliminate, or misrepresent any information present in the original. The grouping of images from different parts of the same gel, or from different gels, fields, or exposures must be made explicit by the arrangement of the figure (e.g., dividing lines) and in the text of the figure legend. If the original data cannot be produced when requested, the acceptance of the manuscript may be revoked.

For more information on preparing figures for submission, please see AlphaMed Press’s Digital Art Guidelines, available here [LINK TO DIGITAL ART GUIDELINES]
Figure Legends

Figure legends, including those for supplemental figures, should be included in the manuscript after the references. They should be typed double-spaced and contain a brief title and explanation of the figures (maximum of 250 words for title and explanation). In addition, the magnification and stain used for photomicrographs should be stated, scale bars should be included if necessary, and any pertinent notes and definitions of all abbreviations used in the figure must be included.

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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 and included with the manuscript submission.

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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. Supplemental materials should be submitted as a single text document, supplemental figures as individual .tif or .eps file, supplemental tables as a single Word document, created using the Table feature. 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 and are not copyedited prior to publication.

Videos

Videos for use on the Journal’s website must be approved by AlphaMed Press and should be uploaded online with your manuscript files. 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 posted online only as supplemental data. Within the text of your manuscript, you may cite the videos as, for example, “supplemental online Video 1.” Prior to including a video in your submission, please read the Supplemental Data section above.

PREPARATION AND ONLINE SUBMISSION OF ARTICLES

General Instructions for Online Manuscript Submission

Formats

All manuscripts should be submitted in Microsoft Word format (.doc or .docx extension). All tables should be created in Microsoft Word using the table feature. All figures should be in .tif or .eps format. This applies to both Windows and Macintosh platforms. Files submitted in any other format may incur errors during the peer review process. Other file types, including Excel spreadsheets and PowerPoint presentations, are not recommended. Failure to comply with these specifications may result in review delay.

Fonts

Times New Roman provides optimum readability; however, other acceptable fonts are Arial, Courier, Helvetica and Times.
Submitting Your Manuscript

To submit manuscripts, authors should log in to The Oncologist Manuscript Submission Site, https://manuscriptsubmissions.theoncologist.com, and click on the “Manuscripts” button. Click the “Start a new submission” button to begin.

To submit Clinical Trial Results, authors should log in to the Clinical Trial Results submission site: http://clinicaltrialresults.theoncologist.com

Step 1: Manuscript Details (Title, abstract, contributions, and attributes)
• Select a manuscript type from the list.
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• Add at least four keywords to your manuscript submission.
• Select a ‘Primary Specialty’ from the drop down list.
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• Complete your author contributions by marking the appropriate boxes and respond if you are the only author of the manuscript.
• Provide the total number for each of the following fields: page, references, tables, figures, and supplemental materials
• Click “Continue to Next Page.”

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Step 3: Manuscript Details (Special Types and Fees)
• Mark if the paper was invited or a special type (e.g., Letter to the Editor, eLetter, Reflections piece)
• If required, provide payment for manuscript submission and publication fees. Note: Submission fees are collected only for proffered (i.e., unsolicited) original articles and review articles. Publication fees will only be charged in the event that the manuscript is accepted.
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Step 4: Learning Objectives, Gap Analysis and Consent
• If the manuscript is an original paper or review article, complete the learning objectives and gap analysis tables.
• Affirm that you have obtained the written consent of all authors to submit this manuscript on their behalf.
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Step 5: Complete Manuscript Submission Forms
• Complete all required fields, review and digitally sign the Author Responsibilities & Agreement, Financial Disclosure, and Copyright Transfer forms.

Step 6: Upload Files
• Upload all files associated with your manuscript by using the “Choose File” button to select them from your system and then the “Upload” button to transfer the file.
• Limit your combined total of tables and figures to no more than seven. Other tables and figures can be included for review and online publication only, and must be designated as ‘Supplemental Files’ in the file label.

Step 7: Authors and Institutions
• Enter information for each co-author of the manuscript. You must fill in the applicable fields and then click ‘Add’ for each author, before proceeding to the next. Every author’s name and information must be entered at this time.

Step 8: Review and Submit
• Review all information. (Completed steps will have a green checkmark, while incomplete steps will have a red X.)
• Click the links to download the individual files. If needed, use the red X next to the file to delete it from the submission.
• Verify that all steps show a green checkmark on the left.
• Click ‘Complete Submission Process’ to review the all the completed manuscript details. Use the ‘Go Back and Make Changes’ button to edit the manuscript details.
• Click ‘Submit’ to complete your submission.

A printable submission confirmation message will appear, and you will also receive confirmation by e-mail.

Submission of Revised Manuscripts
In addition to the sections described above, revised manuscripts must also contain a detailed point-by-point response to the comments of the reviewers and/or editors. The cover letter should summarize how the revised manuscript addressed these comments.

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• 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 his/her own website and his/her institution’s website and repository no earlier than six months after print publication in The Oncologist provided that a link is made to the AlphaMed Press version.

Corrections to Published Articles

If you believe a correction is needed to a published article, please send an e-mail to EditorialOffice@TheOncologist.com. Please include the full citation of the article, location of the error, and if possible, suggest the correction.

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NIH-Funded Articles

All final peer-reviewed manuscripts arising from National Institutes of Health (NIH) funds must be submitted to PubMed Central (PMC) upon acceptance for publication to be made freely available within 12 months of publication. AlphaMed Press has implemented a policy that allows The Oncologist authors to comply with the NIH Public Access Policy. AlphaMed Press authorizes NIH-funded investigators to submit an electronic version of their final, accepted manuscript to the NIH for publication on PMC immediately upon acceptance, to be replaced by the publisher with the final, print version after a six-month embargo. This authorization is a nonexclusive license only for the purpose stated in the NIH Public Access Policy. AlphaMed Press reserves all rights not specifically granted in this nonexclusive license. Further information on the NIH Public Access Policy is available at http://publicaccess.nih.gov/.

Wellcome Trust-Funded Articles

Since October 1, 2006, Wellcome Trust grantees have been 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 six 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* permission to deposit the author's peer reviewed manuscript (but not published format) in PMC and UKPMC no earlier than six months after the print publication. The publisher facilitates the deposit of Wellcome Trust-funded articles into PMC within six months of 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**

The Institute's policy on public access to publications takes effect for manuscripts submitted for publication on or after January 1, 2008, for which an HHMI scientist is a major author. HHMI has designated PubMed Central (PMC) as the repository for journals in the biological sciences.

The publisher facilitates the deposit of HHMI-funded articles into PMC and also makes them publicly available online within six months of publication. Further information on the HHMI policy is available at http://www.hhmi.org/about/research/policies.html.

**Embargo**

Materials submitted to *The Oncologist* are embargoed for release until 2 p.m. Eastern U.S. time on the day before the mailing date (for the print edition), or the date when the article is posted online, whichever comes first. This policy applies to members of the media, authors, institutions' public information officers, and the public. Authors may not discuss their work with the media until 1 week before the mailing date or 1 week before online posting of the article, whichever is earlier, and must ensure that the media representatives agree to abide by the embargo policy. *The Oncologist* may refuse to publish a manuscript, despite acceptance for publication, if it has been prematurely released to the press.

**Communication Among Scientists or Clinical Investigators**

*The Oncologist* does not wish to hinder communication among scientists or clinical investigators. Authors are permitted to discuss their manuscripts with their peers and to present their work to their peers at professional conferences. However, authors should not discuss or distribute any portion of an unpublished manuscript in a manner that may intentionally or inadvertently lead to the distribution of the material to the media or general public. Manuscript material may be projected onto a screen for viewing, but no handouts or photocopies of article proofs or preprints may be disseminated. Furthermore, we ask that comments to the media do not elaborate upon the content of your presentation. Finally, please inform *The Oncologist* that you are planning to make such a presentation.

Address any questions about the embargo policy to the Editorial Office of *The Oncologist* at EditorialOffice@TheOncologist.com

**The Oncologist Continuing Medical Education (CME) online**

Continuing Medical Education (CME) credits are important to clinicians for maintaining medical licensure and hospital privileges. Physicians are able to obtain AMA PRA Category 1 Credits™ through *The Oncologist* CME Online. Some manuscripts selected for publication in *The Oncologist* may also be selected for CME credit. 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

**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.

Information for Reviewers

General Information for Reviewers

The Oncologist uses an anonymous, single-blind peer-review process. Manuscripts selected for external review are reviewed by two or more subject experts, who provide comments for the Editors and the authors. Section Editors consider the comments of the external reviewers, but issue recommendations based on their own judgment. The recommendations of the Section Editors must be endorsed by the Editor-in-Chief.

Without reviewers, it would be impossible for The Oncologist to publish timely, high-quality manuscripts. Through their valuable contributions, reviewers enable the publication of only the best, cutting-edge studies, thereby advancing the science and the field. Reviewer contributions are, therefore, greatly appreciated. It is our hope that the general instructions that follow will assist reviewers in their efforts to provide the best review possible, but reviewers should not hesitate to contact the editorial office for additional assistance during the review process.

Review Confidentiality

As manuscripts under review are confidential documents belonging to the authors, treat all information assessed during a review as strictly confidential. By agreeing to review, the reviewer is agreeing not to disclose outside of the review parameters any information relating to the manuscript under review.

Should a reviewer wish to be assisted in their review by an appropriately qualified colleague, such requests should be addressed to the editor via the editorial office before any reviewing begins.

Reviewer Responsibilities

Reviewers should:

• Be aware of the journal’s scope, audience, and policies. The Oncologist is dedicated to translating the latest research developments into best multimodality practice. With emphasis on clear, concise interpretation that adds value to data, the Journal aims to enhance the practice of oncology and to facilitate communication that leads to continual improvement and advancement of the field.
• Be knowledgeable and qualified in regard to the subject matter that is to be reviewed.
• Be able to return a constructive, relevant, and unbiased review.
• Be able to return a review in a timely manner. (If extenuating circumstances prevent a reviewer from returning a review within the requested timeframe, the reviewer should alert the editorial office as soon as possible).
• Exercise tact and courtesy when making critiques.
• Cite specific pages, paragraphs, or lines in their comments so that the items in question can be easily found.

Reviewers should not:

• Agree to review a manuscript if there is an actual or perceived conflict of interest (all potential conflicts should be disclosed to the editorial office before agreeing to review a manuscript or as soon as the potential conflict has been discovered). Conflicts that may hinder a fair and unbiased review include, but are not necessarily limited to, those of a financial, institutional, philosophical, or personal nature.
• Agree to review any manuscript for which they will not be able to provide a fair, impartial review.
• Agree to review a manuscript if they anticipate not being able to return their comments in a timely manner.
• Disclose any identifiable information about themselves in their review (the peer review process is anonymous).
• Allude to either rejection or publication in their comments.
• Attempt to contact authors to discuss a manuscript.
• Reveal, cite, or otherwise disclose information about a manuscript prior to publication.
• Provide specific comments on minor errors regarding grammar, spelling, or style (these elements will be addressed at the copy-editing stage prior to publication).
• Engage the review assistance of another appropriately qualified colleague without first obtaining approval from the Editor.

Questions reviewers should ask themselves when reviewing:

• Is the manuscript topic appropriate for the journal?
• Is the manuscript novel? Will it have significant impact?
• Is the study’s objective clearly stated?
• Does the manuscript’s title appropriately reflect the study?
• Does it appear that the most appropriate materials and methods were used?
• Do the methods appear to be scientifically sound?
• Do the conclusions support the data?
• Does the study lend itself to producing replicable results?
• Are there any perceived conflicts of interest or other potential ethical issues regarding the study?
• If information presented in the manuscript is new, is it properly introduced and described?
• Does the manuscript include relevant and sufficient references?
• Does the manuscript use standard measurements and terminology?
• If statistical tests are included, are they appropriate to the study and well-described?
• Is there any question of violation of the journal’s principles for research involving animals and/or human beings?
• Does the manuscript include figures and/or tables? If so, do the figures/tables add to the manuscript or is the information illustrated redundant?
• Are the figures, tables, and legends clear and readable? Do the legends correlate to the appropriate figures/tables? Are there any concerns that make the reviewer question the suitability of the manuscript for publication (e.g., plagiarism, duplicate publication, ghostwriting, etc.)?
• Finally, are there any other concerns not listed above that call into question the manuscript’s suitability for publication (e.g., plagiarism, duplicate publication, ghostwriting, etc.)?

Reviewer Recommendations

After careful consideration of the manuscript, the reviewer should provide one of the following recommendations to the Editor regarding the manuscript’s suitability for publication:

Reject - for manuscripts of low quality or of low interest to readers. Rejection is recommended in these instances as revision will not sufficiently improve the manuscript.

Accept with Major Revision – for manuscripts that have moderate to substantial flaws that could potentially be addressed through major revisions. Acceptance is conditional upon modifications by the author.

Accept with Minor Revision – for manuscripts that have minor flaws that could potentially be addressed through minor revisions. Acceptance is conditional upon modifications by the author.

Accept without Revision – for manuscripts that are scientifically and editorially sound and acceptable as submitted. To be accepted without revisions, manuscripts should contain no flaws or only very minor flaws (errors in style, punctuation, spelling, etc., which can be appropriately addressed through copy-editing).

Confidential Comments for the Editors
In the field labeled, “Confidential Comments to the Lead Reviewer,” the reviewer should state their reasoning for the recommendation provided. Comments should be clear, helpful, and relevant and summarize the reviewer’s opinion on the manuscript’s strengths and/or weaknesses. Comments for the editors are not shared with the authors, so be sure that any critiques that should be addressed in a revision are made directly to the authors.

Any concerns related to authorship, possible conflict of interest, figure authenticity, or any other matter that could potentially constitute a breach of ethics and/or call into question the integrity of the manuscript, should be mentioned here.

Comments for the Authors

Comments entered in the field labeled “Comments for the Authors” will be included in the decision letter and thus made available to the authors. The reviewer should provide the author with clear, concise, and constructive feedback on the manuscript’s strengths and/or weaknesses. If additional information is needed to strengthen or validate claims or conclusions, the reviewer should endeavor to explain, in specific detail, what additional information should be provided in order to guide the authors toward an acceptable revision. It is especially helpful to include page numbers, paragraphs, line numbering, figure labels, etc. when critiquing specific items.

Reviewers should keep in mind that the most helpful reviews explain what is outstanding, what the fatal flaw is, or what specific changes could be made to move the manuscript toward a positive decision.

While reviewers are encouraged to plainly state their opinions and critiques, comments should refrain from harsh, unnecessary criticism and otherwise inappropriate language. Reviewers should also avoid alluding to either publication or rejection in their comments to the author. The journal reserves the right to remove comments that are deemed inappropriate or those that may otherwise hinder a constructive review.

Manuscript Score Card

In addition to review comments and an overall recommendation, reviewers are asked to complete a manuscript score card. The score card provides a place for reviewers to rate the manuscript with grades from substandard to outstanding based on the following criteria: significance of research, originality of work, accuracy of experimental design, statistical data, relevance of discussion, soundness of conclusions/interpretations, and clarity of writing. These ratings are not made available to authors as this information is used for review and editorial decision-making purposes alone.

An example of the manuscript score card is shown below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Outstanding</th>
<th>Good</th>
<th>Fair</th>
<th>Substandard</th>
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<tr>
<td>Appropriateness Of Topic</td>
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<td>Bridges gap between current and best practices</td>
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<td>Clinical relevance and significance to the field</td>
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<td>Scientific Quality</td>
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<td>Potential for positive impact on physician competencies and/or patient outcomes</td>
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<td>Usefulness to the Practitioner</td>
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<td>Clarity of Writing</td>
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<td>Scientific studies cited conform to standards accepted by the scientific community</td>
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<td>Patient treatment recommendations are evidence-based.</td>
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<td>Topic is fair, balanced, and free of commercial bias.</td>
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<td>Statistical data requires validation by a statistician.</td>
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<td>Article is appropriate for CME accreditation.</td>
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Specific Information for Reviewers

**Manuscript Types**

**Original Articles**
Original Articles should include: an abstract; an informative introduction; a clearly stated materials and methods section; a succinct presentation of results; and a discussion that places the findings in context and examines the implications for science, clinical, and translational medicine disease management. Total word count (excluding the abstract, references, and text for figures and tables) should not exceed 5,000 words. Abstracts, which are limited to a maximum of 250 words, should clearly state the manuscript’s primary objective, discuss the implications of the work, and summarize any conclusions. Total number of figures and tables should not exceed seven. A CONSORT diagram is required for all Randomized and Phase III trials (the diagram does not count toward the seven figure and table limit).

**Review Articles**
Review Articles summarize the state-of-the-art in a disease area or therapeutic modality. The Journal accepts narrative reviews, systematic reviews, and meta-analyses. Systematic reviews and meta-analyses should follow the guidelines established by the PRISMA statement to ensure transparent and complete reporting of the data gathering and analysis. Total word count (excluding abstract, references and text for figures and tables) should not exceed 4,000 words. Abstracts should not exceed 250 words and clearly state the manuscript’s primary objective, discuss the implications of the work, and summarize any conclusions. Total number of figures and tables should not exceed seven, and there should be no more than 150 references.

**FDA/EMA Approval Summaries**
FDA/EMA Drug Approval Summaries provide our practitioner readership with a clear rationale for the specific approval decision, context about the drug and its class, additional background on the essentials of the drug, including structure, mechanism of action, pharmacokinetics, and a brief summary, if appropriate, of its spectrum of antitumor activity and prior approval for other indications.

**Narratives in Oncology**
Narratives in Oncology are narrative essays that recognize the human experience of cancer from the perspective of patients and caregivers.

**Letters to the Editor**
Letters to the Editor may respond to material in published papers, or they may raise new issues. Letters should be no more than 500 words (excluding abstract, tables, figures, legends and references), and one figure and/or table is allowed. Authors of papers referenced in Letters to the Editor are given the opportunity to respond. Both the letter and the response are subject to peer review.

**Figures/Tables**
- Figures should open properly, be clear, readable, and add value to the manuscript.
- Figures must be titled and cited in numerical order in the text using Arabic numbers.
- Figure legends should be concise, well-labeled, and correlate to the appropriate figures.
- Figures and tables should not exceed the given limits (combining figure panels is allowed, i.e. 1a, 1b, 1c, etc.).
- Tables should be clear and use appropriate labels, terminology, and standard units of measurement.

**Supplemental Information**
All supplemental information is subject to peer review. Supplemental information will not be included in the print version of the article, but will be referenced in the text and hosted online. Supplemental files may be submitted in a variety of formats, but all content should be publication-ready as these files are not copy-edited prior to online posting.

Critical information or figures required for the interpretation, understanding, and evaluation of the research must be included in the manuscript, not submitted as supplemental data.
Reviewers should use the same strict criteria to assess supplemental material as they would for information and figures included in the text document (i.e. figures should open properly, be clear, readable, and of value; legends should be concise, well-labeled, and correlate to the appropriate figures; videos should open and play properly).

CONTACT
Request assistance with online submission and inquire about the status of submitted papers at: EditorialOffice@TheOncologist.com