

EDITORIAL POLICY AND GENERAL INFORMATION

Reports of Practical Oncology and Radiotherapy (RPOR) is an interdisciplinary bimonthly journal, publishing original contributions in clinical oncology and radiotherapy, as well as in radiotherapy physics, techniques and radiotherapy equipment. The Journal is published by Elsevier on behalf of the Polish Society of Radiation Oncology, the Czech Society of Radiation Oncology, the Hungarian Society for Radiation Oncology, the Slovenian Society for Radiotherapy and Oncology, the Polish Study Group of Head and Neck Cancer, the Guild of Bulgarian Radiotherapists, the Portuguese Society of Radiotherapy – Oncology and affiliated with Spanish Society of Radiotherapy and Oncology, and Italian Association of Radiotherapy.

These guidelines generally follow the „Uniform Requirements for Manuscripts Submitted to Biomedical Journals” The complete document appears at <http://www.icmje.org>

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EDITORIAL POLICIES

Review process. Manuscripts are evaluated on the basis that they present new insights to the investigated topic, are likely to contribute to a research progress or change in clinical practice or in thinking about a disease. It is understood that all authors listed on a manuscript have agreed to its submission.

Received manuscripts are first examined by the RPOR editors. Manuscripts with insufficient priority for publication are rejected promptly. Incomplete manuscripts not prepared in the advised style will be rejected without scientific review. The registered manuscripts are sent to independent experts for scientific evaluation.

The evaluation process usually takes 3–4 weeks. Submitted papers are accepted for publication after a positive opinion of the independent reviewers.

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The description of race, ethnicity or culture of a study subject should occur only when it is believed to be of strong influence on the medical condition in the study. When categorizing by race, ethnicity or culture, the names should be as illustrative as possible and reflect how these groups were assigned.

Randomised controlled trials. All randomised controlled trials submitted for publication in RPOR should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart. Please refer to the CONSORT statement website at <http://www.consort-statement.org> for more information. RPOR has adopted the proposal from the International Committee of Medical Journal Editors (ICMJE) which require, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. For this purpose, a clinical trial is defined as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g. phase I trials) would be exempt. Further information can be found at <http://www.icmje.org>.

Ethics. Work on human beings that is submitted to RPOR should comply with the principles laid down in the Declaration of Helsinki; Recommendations guiding physicians in biomedical research involving human subjects. Adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964, amended by the 29th World Medical Assembly, Tokyo, Japan, October 1975, the 35th World Medical Assembly, Venice, Italy, October 1983, and the 41st World Medical Assembly, Hong Kong, September 1989. The manuscript should contain a statement that the work has been approved by the appropriate ethical committees related to the institution(s) in which it was performed and that

subjects gave informed consent to the work. Studies involving experiments with animals must state that their care was in accordance with institution guidelines. Patients' and volunteers' names, initials, and hospital numbers should not be used.

Disclaimer. Every effort is made by the Editor-in-Chief and the Editorial Board of RPOR to see that no inaccurate or misleading data, opinion or statement appear in the Reports of Practical Oncology and Radiotherapy. However, they wish to make it clear that the data and opinions appearing in the articles and advertisements herein are the responsibility of the contributor, sponsor or advertiser concerned. Accordingly, the Editor-in-Chief and the Editorial Board accept no liability whatsoever for the consequences of any such inaccurate or misleading data, opinion or statement. Every effort is made to ensure that drug doses and other quantities are presented accurately. Nevertheless, readers are advised that methods and techniques involving drug usage and other treatments described in RPOR, should only be followed in conjunction with the drug or treatment manufacturer's own published literature in the readers own country.

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RPOR discourages the submission of more than one article dealing with related aspects of the same study.

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Accepted papers are published in the following journal sections:

- original articles (not more than 10 pages)
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- preliminary communications for rapid communication of preliminary data (not more than 4 pages)
- technical notes (not more than 2 pages)
- letters to the Editor for comments on recent articles (not more than 1 page)
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PREPARATION OF MANUSCRIPT

Submission of Articles. All manuscripts should be written in English. Either American or British

spelling is acceptable, but the form used must be consistent throughout the article. Authors whose native language is not English are encouraged to have their submission checked for spelling and grammar prior to submission.

The title page should contain the author(s) name and affiliation. The name of the author will be listed according to this pattern; given name (or names), which will be always initialized, followed by the family name. Please be sure of using this convention in the submitted paper.

An abstract should be no longer than 250 words and preferably structured (include aim, briefly materials and methods, results and conclusion). At the end of the abstract, key words (not more than four) must be included to be used for indexing and bibliography searching. The paper should be subdivided into sections; typically: Introduction; Theoretical Background (if applicable); Material and Methods; Results; Discussion; Conclusions; Acknowledgments (if applicable); References; Appendix (if applicable).

Background should contain scientific rationale and the general introduction to the article.

Aim should clearly describe of the study (in case of a review) purpose of the article.

Material and methods should describe clearly the selection of observational or experimental subjects (patients or laboratory animals) including controls, such as age, gender, inclusion and exclusion criteria, (the circumstances for rejection from the study should be clearly defined), randomization and masking (blinding) method.

The protocol of data acquisition, procedures, investigated parameters, methods of measurements and apparatus should be described in sufficient detail to allow other scientists to reproduce the results. Name and references to the established methods should be given. References and brief description should be provided for methods that have been published but are not well known, whereas new or substantially modified methods should be described in detail. The reasons for using them should be provided along with the evaluation of their limitations. The drugs and other chemicals should be precisely identified including generic name, dose and route of administration.

The statistical methods should be described in detail to enable verification of the reported results.

Provide information on patient's informed consent. Studies on patients and volunteers require informed consent documented in the text of the manuscript. Where there is any unavoidable risk of breach of privacy - e.g. in a clinical photograph or in case details - the patient's written consent to publication must be obtained and copied to the journal. Information on approval of a Local Ethical Committee should also be provided.

Results should concisely and reasonably summarize the findings. Restrict tables and figures to the number needed to explain the argument of the paper and assess its support. Do not duplicate data in graphs and tables. Give numbers of observation and report exclusions or losses to observation such as dropouts from a clinical trial. Report treatment complications. The results should be presented in a logical sequence in the text, tables and illustrations. Do not repeat in the text all the data from the tables or graphs. Emphasize only important observations.

Discussion should deal only with new and/or important aspects of the study. Do not repeat in detail data or other material from the Background or the Results section. Include in the Discussion the implications of the findings and their limitations, including implications for future research. The discussion should confront the results of other investigations especially those quoted in the text.

Conclusions should be linked with the goals of the study. State new hypotheses when warranted. Include recommendations when appropriate. Unqualified statements and conclusions not completely supported by the obtained data should be avoided.

Sections, subsections and sub-subsections are numbered in Arabic. Major headings should be typed in bold face; sub-headings in italic; sub-subheadings in uppercase letters and underlined. Use double spacing after headings and subheadings. No paragraph after sub-headings. List of items may be laid with each item marked by a dot, or numbered with lowercase Roman numerals or listed with lowercase Roman letters as in example below: item one item two or i) item one ii) item two or a) item one b) item two Displayed equations should be numbered consecutively in Arabic, with the number set flush right and enclosed in parentheses.

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Standard journal article

Lahita R, Kluger J, Drayer DE et al: Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. *N Engl J Med* 1979; 301: 1382-85

Article with published erratum

Koffler D, Reidenberg MM: Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide [published erratum appears in *N*

Engl J Med 1979; 302: 322-5]. *N Engl J Med* 1979; 301: 1382-5.

Article in electronic form

Drayer DE, Koffler D: Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: <http://www.cdc.gov/ncidod/EID/eid.htm>.

Article, no author given

Cancer in South Africa [editorial]. *S Afr Med J* 1994; 84: 15

Book, personal author(s)

Ringsven MK, Bond D: Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996

Book, editor(s) as author

Norman IJ, Redfern SJ, editors: Mental health care for elderly people. New York: Churchill Livingstone; 1996

Book, Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington, The Institute, 1992.

Chapter in a book

Phillips SJ, Whisnant JP: Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York, Raven Press, 1995. p. 465-78

Conference proceedings

Kimura J, Shibasaki H, editors: Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996

Conference paper

Bengtsson S, Solheim BG: Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland.

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INSTRUCTIONS FOR AUTHORS

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Acknowledgements. List all contributors who do not meet the criteria for authorship, such as technical assistants, writing assistants or head of department who provided only general support. Financial and other material support should be disclosed and acknowledged.

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