

Clinical Breast Cancer Instructions for Authors

Clinical Breast Cancer is a peer-reviewed bimonthly journal that publishes original articles describing various aspects of clinical and translational research of breast cancer. *Clinical Breast Cancer* is devoted to articles on detection, diagnosis, prevention, and treatment of breast cancer. The main emphasis is on recent scientific developments in all areas related to breast cancer. Specific areas of interest include clinical research and mechanistic approaches; drug sensitivity and resistance; gene and antisense therapy; pathology, markers, and prognostic indicators; chemoprevention strategies; multimodality therapy; and integration of various approaches.

Editorial Policies and Practices

Review Process

Types of Submissions Accepted

Submitting a Manuscript

eJournalPress™ Online Submissions and Review System

Manuscript Format

Editorial Policies and Practices:

Human Subject Studies: It is the responsibility of the authors to assure that all clinical investigations detailed in manuscripts submitted to *Clinical Breast Cancer* are conducted in accordance with the Declaration of Helsinki and to document that these studies have been approved by the appropriate institutional human research committee. Identifying information within written descriptions, photographs or pedigrees should not be published. If such information is included as essential scientific information, the authors must submit written consent of patient or guardian to publish such photographs in the print and electronic versions of the journal.

Animal Studies: It is the responsibility of the authors to assure that their experimental procedures are in compliance with the guiding principles in the "Care and Use of Animals" (published each month in the Information for Authors of the American Journal of Physiology or available online at <http://www.nap.edu/books/0309053773/html/>) and to document that these studies were approved by the appropriate institutional animal care and oversight committee.

Authorship: To qualify for authorship, each author should contribute substantially to the intellectual content of the work. Such contribution consists of: 1) participating in the conception and design or analysis and interpretation of data; 2) drafting the article or critically revising it; and 3) approving the final version submitted, and approving any subsequent revisions. All three conditions must be met to justify authorship. Each author is required to sign the Copyright Transfer Form indicating their agreement with the submission of the manuscript.

Clinical Trials: To ensure transparency of clinical trial endpoints and preplanned statistical analyses, any manuscript submitted to the *journal* referencing a study for which recruiting started on or after January 1, 2009, must have been registered at <http://www.clinicaltrials.gov>. Trial data may be submitted by sponsors legally responsible for conducting clinical trials, governmental or international agencies conducting or supporting clinical trials, and lead principal investigators who are responsible for conducting and coordinating the overall clinical study. For multisite studies, submission of data should be coordinated among the sites so that [clinicaltrials.gov](http://www.clinicaltrials.gov) does not receive multiple copies of the same trial. Each trial should follow the World Health Organization standard for minimal registration data set (http://www.icmje.org/clin_trialup.htm#table1). For more information, please see the frequently asked questions from [clinicaltrials.gov](http://www.clinicaltrials.gov) (<http://prsinfo.clinicaltrials.gov/faq.html>) or visit <http://www.clinicaltrials.gov/>). Authors must state in their cover letter that their study has been submitted to the clinical trials registry. Please include their **unique trial number** and their **trial registration date**. Authors must also include their unique trial number and their **trial registration date** on the title page of their manuscript.

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Prior Publication: The *Journal* will accept original manuscripts that contain material that has not been reported elsewhere, except in the form of an abstract of not more than 400 words, or an alternative short communication. If any preliminary report other than an abstract has been published or submitted, copies must be submitted with the manuscript and this must be noted in the cover letter to the editor. Prior abstract presentations must be described in a footnote to the title. Initial submissions must be accompanied by the copyright transfer form with original signatures of all authors.

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Sequence Data: If submitted manuscripts describe original nucleotide/amino acid sequence data, these data should be submitted to GenBank (<http://www.ncbi.nlm.nih.gov/Genbank/index.html>) by the authors, and the accession numbers should be included with the submitted manuscript.

Shared Material: As a condition of publication, cell lines, hybridomas, DNA clones, antibodies, biological reagents and animal models described in papers published in the *Journal* will be made available to scientists in non-commercial institutions for purposes of replicating the reported studies.

Review Process:

The Editorial team may triage a manuscript via initial review by the editorial staff, including the Editor and at least one Associate Editor, to ensure the paper meets certain criteria. Reasons that may include:

- insufficient direct relevance to the scope of the *Journal*,
- inadequate or unethical methodology,
- inadequate statistical power or assessment,
- insufficient innovation or contribution to the advancement of the field.

All other manuscripts will undergo the full peer review process, being referred to an Associate Editor, who will identify reviewers with the expertise to review the paper. At each Associate Editor's discretion, any manuscript may be referred specifically for statistical review relating to the appropriateness or otherwise of statistics used, adjustment for multiple comparisons, sample size issues and the like. Manuscripts with inadequate or inappropriate statistics will not be accepted. Authors are encouraged to suggest names of appropriate reviewers (include phone/fax/address/e-mail for each reviewer suggested) and may also request that a specific reviewer not be used.

Authors will receive a full response on their manuscript detailing any changes required by the Reviewers and Editorial team and the decision about the acceptance or otherwise of the manuscript. Only authors listed on the manuscript may receive information about a manuscript.

Authors who wish to object to an unfavorable decision must do so within two months of notification of a decision. Please note all communications must be addressed to the editorial office via email (maya.crawford@cigjournals.com). Any materials or communications sent to the Editor or Associate Editors will incur delays because they will be forwarded to the central Editorial Office for handling.

Types of Submissions Accepted

Comprehensive Reviews: Review articles (2000-5000 words) collate, describe, and evaluate prior publications of important clinical subjects related to lymphoma and/or myeloma, accompanied by critical analysis leading to rational conclusions.

Original Contributions: Original contribution articles (2000-4000 words) present results of original clinical research that is relevant to lymphoma and/or myeloma. Include a structured abstract.

Case Reports: Case reports (500-1500 words) of educational value may describe a single case or a small series of cases. Case reports should draw attention to important clinical situations, unusual clinical phenomena, new treatment protocols, or new complications.

Current Trials: Current trials (500-1500 words) of educational value describe the rationale, criteria, treatment plan, and anticipated results. They may describe a small series of cases.

Translational Medicine: Translational medicine articles (3000-5000 words) deal with basic research with clinical application, describing development of basic research and presenting basic research data as well as data obtained from human samples or patients. A discussion of how this translational approach impacts the treatment of patients with lymphoma/myeloma is essential.

Imaging in Lymphoma & Myeloma: Imaging articles deal with novel diagnostic imaging techniques, eg, MRI, CT, PET, SPECT. Modalities for diagnostic purposes, on outcome according to the pathologic grade or to monitor distant lesions, are of interest to the readership. Articles submitted may describe individual cases (1500-2000 words) or series of cases (2000-3000 words).

Clinical Concepts and Commentary: Clinical concepts articles and commentaries (1000-2500 words) are by invitation only and focus on clinical topics that are novel or controversial and require rapid dissemination.

Letters to the Editor: These articles should be brief (250-500 words). A few references, a small table, or a pertinent illustration may be used. While not all Letters to the Editor will be published, those that are judged worthwhile will be forwarded to the authors of the manuscript in question or to selected experts in order to provide the opportunity for a response to appear.

Brief Communications: Brief communication articles (500-1500 words) should include a maximum of 2 tables and 2 figures.

Other Items: *Clinical Breast Cancer* publishes highlights/reports of scientific meetings and book reviews. Please contact the editorial office for further information.

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Manuscript Format

We wish to emphasize the importance of clarity and succinctness of the presentation of material:

- Please respect the relevance of all material to the Introduction, Methods, Results and Discussion and avoid unnecessary repetition.
- Do not repeat the results and conclusions in the Introduction.
- Conclusions should NOT be stated throughout the Results section.
- Results should not be restated throughout the Discussion section.
- Avoid simply restating the Results in the Discussion rather than explaining how each result advances the overall conclusions of the study.
- The final part of the Discussion should refer back to the rationale for the study and explain how the findings have advanced the area.

We strongly recommend authors employ the format and guidelines detailed below.

Abbreviations and Nomenclature: Abbreviations and nomenclature should follow the recommendations of the *International Union of Pure and Applied Chemistry and the International Union of Biochemistry* [see <http://www.chem.qmul.ac.uk/iupac/icbn/>]. The International system of Units (SI units) is recommended. It is desirable to include appropriate conversion factors to aid the reader.

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Order

Title Page, Conflict of Interest Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Acknowledgments, References, Tables, Figures. (Number **ALL** pages consecutively).

Title page

- Manuscript Title
- Authors' names and affiliations
- All funding sources supporting publication of a work or study
- A running title of no more than 45 characters
- Corresponding author's name, street address, phone, fax numbers and email addresses.
- Number of Words/Characters in abstract and manuscript

Conflict of Interest Page

Authors should disclose all financial interests, direct or indirect (dual commitment) that might be construed as affecting the conduct or reporting of the work they have submitted. They could be in the form of corporate appointments, consultancies, stock ownership, other equity interests or patent licensing arrangements. The conflict of interest page should take the form of a statement such as the one below. If no author has a conflict, the statement should read: All authors have no conflicts of interest.

Example: *Conflict of interest:* Dr. Wheels serves as a consultant for X company, Dr. Staples is an employee of Y Company and Dr. Chip owns stock in Company Z. All other authors state that they have no conflicts of interest.

Abstract

The entire Abstract should not be more than 250 words. The abstract should be self-explanatory without reference to the text. Original Contributions should include a structured abstract with the following sections: Introduction/Background, Materials (or Patients) and Methods, Results, Conclusion. Five key words should be listed at the bottom of the abstract page.

Introduction

This should clearly and concisely review in 1-2 pages the rationale for the study and identify what issues were going to be addressed. It should clearly place the report within the area being studied. It should not describe the outcome of the study (in any detail).

Patients and Methods or Materials and Methods

This section should carefully describe the methods and materials used including sample size and statistical approaches in 1-3 pages. Commonly used techniques should be referred to appropriate references and not described in detail. However, unique experiments should be described in adequate detail to allow repetition by others. Sequence and source of unique constructs etc should be made available to other scientists to allow repetition (see section on Shared Material under Editorial Policies and Practices). The role of any outside organization in the collection of data, its analysis and interpretation and/or in the right to approve or disapprove publication of the finished manuscript must be described in the Methods section of the text. Any limitation to the full access of the Authors to all material must be disclosed, although such limitation may lead to failure to accept the manuscript. This is particularly important for any manuscripts detailing work supported in part or entirely by a pharmaceutical or instrument manufacturer/supplier. The sources of materials should be shown by supplier but, with the internationalization of many suppliers, geographical origin, i.e., city, state and country, are NOT required except for smaller perhaps local suppliers.

Results

This section should succinctly state in 2-4 pages the results without any lengthy discussion or interpretation of individual data. Conclusions presented as declarative headings are not preferred. Extensive conclusions do not belong in the Results section.

Where possible, data should be presented in graphical rather than tabular format. Small tables may best be incorporated into the text. Tabular data should not repeat that shown in the Graphs. Graphs should start the y axis at 0 or show a clear scale break in those cases where starting at 0 would be difficult. The numerals on graph scales should be sufficiently large and clear enough and spaced to allow the data to be interpreted and the nature of the scale, eg linear or log, readily appreciated. The scale numerals should be easily readable, even when printed at the reduced size that figures will usually be printed, ie column width.

Statistical tests should be clearly defined and statistical significance should be shown in both figures and tables by superscripts of a, b, c, rather than *, ¶, # or other non-sequential symbols.

Data in text or tables should be shown to numbers of significant digits consistent with the accuracy of each individual measurement and biological relevance. For example weight, usually measured to the nearest 0.5 kg, should be shown in mean and SD to at most one significant digit after the decimal point.

Discussion

The Discussion should summarize in 2-4 pages but not repeat the Results and should distinguish between logical explanations of the results reported and extrapolations or hypotheses drawn from the results. The Discussion should end with a succinct summary of the data and conclusions AND should put the findings into the context of the reason for the study as outlined in the Introduction. Where possible and reasonable, some conclusion should be made about the wider implications of the study findings.

Acknowledgments: Authors should acknowledge in the manuscript all support for the work, including funding, equipment and drugs.

Manufacturer Name: Please provide the manufacturer name of all products used in paper. Geographical location is not necessary unless it is a specific, perhaps local supplier.

Conclusion

In 1 to 2 pages, summarize the findings from the current study, including clinical implications and the need for additional research.

References

Authors are responsible for the accuracy of the references and significant errors in reference accuracy and/or style will delay publication of an accepted manuscript. Do not list references in alphabetical order, but list and number them as they appear in the paper. If it is necessary to cite an abstract, this should be so designated.

References should be presented in the following style. The reference that is used in the research for the paper (online or print) should be the reference listed.

Journal reference: Rueda Domínguez A, Márquez A, Gumá J, et al. Treatment of stage I and II Hodgkin's lymphoma with ABVD chemotherapy: results after 7 years of a prospective study. *Ann Oncol*, 2004; 15:1798-804

Articles in books: Franklin WA, Chanin T, Gonzalez A. Molecular and cellular pathology of lung cancer. In: Pass HI, Mitchell JB, Johnson DH, et al, eds. *Lung Cancer: Principles and Practice*, 3rd ed. Philadelphia, PA: Lippincott Williams & Williams; 2005:246

Books (entire): Travis WD, Colby TV, Corrin B, et al. *World Health Organization International Classification of Tumours. Histological Typing of Lung and Pleural Tumours*. 3rd edition. New York: Springer-Verlag, 1999.

Prescription information: Taxol (paclitaxel) Injection [prescribing information]: Princeton, NJ: Bristol-Myers Squibb; 2003.

Erratum: Loehrer PJ, Sr., Einhorn LH, Elson PJ, et al. A randomized comparison of cisplatin alone or in combination with methotrexate, vinblastine, and doxorubicin in patients with metastatic urothelial carcinoma: a cooperative group study [published erratum appears in: *J Clin Oncol* 1993;11:384]. *J Clin Oncol* 1992; 10:1066-73.

Non-English Language Translations: Zhang N, Gong K, Yang XY, et al. Expression of hypoxia-inducible factor-1-alpha, hypoxia-inducible factor-2alpha and vascular endothelial growth factor in sporadic clear cell renal cell carcinoma and their significance in the pathogenesis thereof. [in Chinese]. *Zhonghua Yi Xue Za Zhi* 2006; 86:1526-9.

References to Online Material

Online journal: Horton MA, Boyde A, Rimmer EF What is it all about? *Arch Pediatr Adolesc Med* [serial online] Available at: <http://www.ama-assn.org/sci-pubs.html>. Accessed November 10, 2001.

Online reference (website information, not journal related): Williams A, Lea A, Allen D Kidneys and Cartwheels. Available at: <http://www.science.com/>. Accessed November 10, 2001.

ClinicalTrials.gov Web Site: Clinicaltrials.gov [Web site]. A Phase 1/2 Study of HKI-272 in Combination With Trastuzumab (Herceptin) in Subjects With Advanced Breast Cancer. Available at: <http://www.clinicaltrials.gov/ct/show/NCT00398567>. Accessed: August 20, 2007.

References to articles published online before print

Rueda Domínguez A, Márquez A, Gumá J, et al. Treatment of stage I and II Hodgkin's lymphoma with ABVD chemotherapy: results after 7 years of a prospective study. *Ann Oncol*, Published online October 13, 2004; doi: 10.1093/annonc/mdn419.

Once the paper is published in the print version, it should be cited as follows:

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Figures and Tables

Tables and illustrations should complement and not reiterate the text. Tables/ illustrations should not include data that can be given in the text in one or two sentences. Each large figure may comprise about one-half printed page and a smaller figure about 1/4 of page. Type each table on a separate sheet of paper. Use Arabic numerals to number tables. (Multi-part figures must be labeled (i.e. A,B,C). Figures must be sent as TIFF or EPS files at no less than 300 dpi. Please use small non-bold, non-italic capital letters and place them in Arial font when using figure headings/labelings. Authors who would like to test their figures for publication quality should use Digital Expert: <http://dx.sheridan.com/>

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