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General Information

Cancer Translational Medicine is a peer-reviewed online journal with Bimonthly print on demand compilation of issues published. The journal's free full text is available online at <http://www.cancertm.com>. It allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The journal does not charge for submission, processing or publication of manuscripts and even for color reproduction of photographs.

Aim and Scope

Cancer Translational Medicine aims to publish articles focusing on information derived from laboratory and clinical experimentation so as to bridge the basic and clinical science, and thus improve the academic level of translational research, promote peer exchange, and build a globally recognized platform in the field of cancer research.

The journal covers innovative basic, clinical and translational cancer research studies that bridge the laboratory and the clinic. *Cancer Translational Medicine* is especially interested in cancer risk assessment, cellular and molecular characterization, prevention, detection, diagnosis and experimental therapeutics in the field of chemotherapy, radiotherapy and biotherapy (immune-therapy, gene-therapy, target-therapy, stem-cell-therapy and so on). Examples of content include:

- Translational, clinical, preventative, and epidemiologic cancer research
- Molecular and cellular level researches that reveal novel mechanistic insight into pathways and processes linked to cancer risk, development, and/or progression
- New molecular mechanisms and interactions that support cancer phenotypes
- An incisive rationale that could interest a broad audience
- A generalizable conclusion with potentially broad impact

Columns

Editorials are invited from editorial board members. They should focus on hotspots of cancer research in last two years.

Original articles should present significant new information gathered from basic research. They should report on novel and well-designed studies and present a complete body of work. Conclusions should not be based on unpublished work or preliminary summaries of data. Previous studies or precedents should be clearly and completely referenced.

Short communications may report on early clinical data or discovery-based studies that are not sufficiently developed for publication as Original Articles but have the potential to make a significant impact in research areas and/or patient care.

Reviews provide authoritative, comprehensive overviews on timely subjects geared toward the general cancer research community. These articles should include the author's point of view on how the subject relates to the current state of the field and how it could affect research and/or treatment. They should make a systematic review to focus on the status quo of research, the most important research topics, the problems that have now been resolved and remain to be resolved, and future research directions, or to introduce and comment on quality monographs of cancer research. No less than 90 references should be cited in reviews. The prescribed word count is up to 3000 words excluding tables, references and abstract.

Mini reviews focus on hotspots of cancer research and summarize the results in last two years. And research tendency can be forecasted.

Hypothesis articles may report on short presentations of original ideas and new insights relating to cancer causes and prevention.

Meta-analyses must adhere to alternative guidelines appropriate to the study design, and include the completed checklist and flow diagram to accompany the main text. Authors must complete the appropriate reporting checklist not only with page references, but also with sufficient text excerpted from the manuscript to explain how they accomplished all applicable items.

Case reports should report new, interesting and rare cases that can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority.

Publication Charges

The journal does not charge for submission, processing or publication fee on article from any author worldwide.

Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to CTM alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editors review all submitted manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the CTM readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in CTM are sent to two or more expert reviewers. During submission, the author is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selections of these reviewers are at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ acceptance with revision) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as "Ahead of Print" immediately on acceptance.

Appeals on editorial decisions should be sent to the Editor. Complaints related to how your paper was processed during peer-review and not resolved by the Editor, should be referred to the publisher (<http://www.cancertm.com/addresses.asp>) or if unsatisfied to COPE (www.publicationethics.org).

Manuscripts Preparation

Authors are advised to consult recent issues of the journal for the format. All manuscripts must be typed 1.5 spaced and in 12 pt Times New Roman. Margins of at least 0.8 inch (2 cm) must be left on all sides. Manuscript must be written in clear and concise American English. The responsibility for all aspects of manuscript preparation rests with the authors. Extensive changes or rewriting of the manuscript will not be undertaken by the Editors.

Title

Title must be informative, specific and short and no more than 16 words.

Running title

Provide a running title with less word (no more than 8).

Authorship

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript.

Authors' full name should be given (First name + Middle name (can be abbreviated) + Last name). Once submitted the order cannot be changed without written consent of all the contributors.

Author institution

The complete information of **department, institution, city, postcode, province/state** and **country** should be given. For example,

- Department of Internal Medicine, Second Xiangya Hospital, Central South University, Changsha 410011, Hunan, China
- Department of Radiation Oncology, Duke University Medical Center, Durham, NC 27710, USA

Correspondence

The corresponding author is responsible for communicating with the other authors about revisions and final approval of the proofs. The **name, title, institution, specific address**, and **e-mail** of the corresponding author should be given, and to have a prompt and better communication, providing an available telephone is greatly appreciated. For example:

Dr. Jing Cai, Department of Radiation Oncology, Duke University Medical Center, Box 3295, Durham, NC 27710, USA. E-mail: jing.cai@duke.edu

Abstract

Abstracts (200 words) of original article should be structured into the following four sections: aim, methods, results, and conclusion. Review, case report and hypothesis should have unstructured abstracts (200 and 100 words, respectively). Editorial has no abstract required. First person should not be used in Abstract.

Key words

Please list 5-7 key words, which reflect the content of the study.

Text

The section titles of original article should be: introduction, methods, results, discussion. The section titles of review should be: introduction, subsections with short and informative headings, and conclusion. The section titles of case report should be: introduction, case report, discussion. Other types of articles have unfixed section titles.

Results

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analysis of the data by variables such as age and sex should be included.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now? what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); controversies raised by this study; and future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analysis. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such.

Acknowledgments

One or more statements should specify:

- Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair;
- Acknowledgments of technical help;
- Acknowledgments of financial and material support, which should specify the nature of the support.



References

Generally, references within 5 years should account for 90% of all references. References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript without square bracket after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

All authors' names should be listed in the references. The names of journals should be abbreviated according to the style used in Index Medicus. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text.

The commonly cited types of references are shown here, for other types of references please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Standard journal article

- Personal authors.

Name of all authors. Title of the article cited. *Abbreviation of the journal name* Year;Volume(Issue):Page No.

Osowski CM, Hara T, Sullivan-Murphy BO, Kanekura K, Lu S, Hara M, Ishigaki S, Zhu LJ, Hayashi E, Hui ST, Greiner D, Kaufman RJ, Bortell R, Urano F. Thioredoxin-interacting protein mediates ER stress-induced β -cell death through initiation of the inflammasome. *Cell Metab* 2012;16(2):265-73.

- Both personal authors and organization as author.

Name of all authors; name of the organization. Title of the article cited. *Abbreviation of the journal name* Year;Volume(Issue):Page No.

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol* 2003;169(6):2257-61.

- Article not in English (translate article into English and specify the source language)

Zhang X, Xiong H, Ji TY, Zhang YH, Wang Y. Case report of anti-N-methyl-D-aspartate receptor encephalitis in child. *J Appl Clin Pediatr* 2012;27(4):1903-7. (in Chinese).

Books

- Book

Names of authors. Title of the book. Edition. Publication place: publisher; year. p. Page No.

Sherlock S, Dooley J. Diseases of the liver and biliary system. 9th ed. Oxford: Blackwell Sci Pub; 1993. p. 258-96.

- Chapter in a book

Authors of the chapter. Title of the chapter. In: name of the editor, editors. Title of the book. Publication place: publisher; year. p. Page No.

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. p. 93-113.

Language and grammar

- Uniformly American English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure.
- Numerals at the beginning of the sentence spelt out
- If a brand name is cited, supply the manufacturer's name and address (city and country).

Selection and description of participants

Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population.

Technical information

Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name (s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Statistics

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the "Results" section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as "random" (which implies a randomizing device), "normal", "significant", "correlations", and "sample". Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics ($P = 0.048$). For all P values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their numbers should be cited at the relevant places in the text.

Figures

- Upload the images in JPEG format. The file size should be within 2 MB in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.

- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 × 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the authors' names. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Abbreviations

In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Standard abbreviations should be defined in the abstract and in the text on first mention. Permissible abbreviations are listed in *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors* (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, ATP, *etc.*, can be used directly without further explanation. Abbreviations are not preferred in the title and key words. Abbreviations used in the tables and figures should be defined in the legends.

Units

Use SI units. There should be space between number and unit (i.e., 23 mL). Units can be omitted sometimes (i.e., 2-3 mL, 2 + 3 mL) while sometimes not (i.e., 2 cm × 3 cm). Hour, minute, second should be written as h, min, s.

Numbers

Numbers appearing at beginning of sentences should be expressed in English. When there are two or more numbers in a paragraph, they should be expressed as Arabic numerals; when there is only one number in a paragraph, number < 10 should be expressed in English and number > 10 should be expressed as Arabic numerals. 23243641 should be written as 23, 243, 641.

Italics

General italic words like *vs.*, *et al.*, *etc.*, *in vivo*, *in vitro*; *t* test, *F* test, *U* test; related coefficient as *r*, sample number as *n*, and probability as *P*; names of genes; names of bacteria and biology species in Latin.

Special Statements

Plagiarism

Plagiarism is the representation of others work as one's own original work. Authors should be responsible for their manuscripts and make sure all of the material in the paper either is original or is properly cited and has proper permission to be reproduced. Manuscripts containing plagiarized content will not be considered for publication.

If plagiarism is found after publication, the author, the author's institution and funding agencies will be notified. Depending on the extent of the plagiarism, the paper may also be formally retracted.

Ethics

When report studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration (available at <http://www.wma.net/en/30publications/10policies/b3/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/national/institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/or national guidelines. Ensure

confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). A statement on ethics committee permission and ethical practices must be included in all research articles under the "Methods" section. The journal will not consider any paper which is ethically unacceptable.

Cancer Translational Medicine favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. *Cancer Translational Medicine* would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in *Cancer Translational Medicine* only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Conflicts of Interest

Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest.

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should decline to review specific manuscripts if the potential for bias exists. Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration.

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Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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The submitted manuscripts that are not as per the “Instructions to Authors” would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

First page file

This file should provide

1. The type of manuscript (Editorial, Original Article, Short Communication, Review, Mini Review, Hypothesis, Meta Analysis, Case Report, and *etc.*), title of the manuscript, running title, and names of all authors/ contributors (with their highest academic degrees, designation and affiliations). All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
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3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
4. Acknowledgement, if any.
5. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
7. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
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9. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
10. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs.

Blinded article file

The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB**. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file. Legends for the figures/images should be included at the end of the article file.

Images

Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 × 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the “First Page” or “Covering Letter” file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the ‘referees’ remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

Clinical trial registry

The journal requires registration of clinical trials. The journal would consider publishing clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.chictr.org/cn/>; <http://www.ctri.in/>; <http://www.clinicaltrials.gov/>; <http://www.isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr> and any registry that is a primary register of the WHO International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictpr/network/primary/en/index.htm).

Data Sharing

We encourage authors to include a data sharing statement at the end of every research manuscript when submitting their article, in order to follow the requirement of International Committee of Medical Journal Editors (ICMJE) about data sharing for clinical trials.

Data sharing statements must indicate the following: whether individual deidentified participant data (including data dictionaries) will be shared; what data in particular will be shared; whether additional, related documents will be available (study protocol, statistical analysis plan, etc); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

If no such further data are available, please use this wording: "Data sharing: no additional data available".

More information:

- The DataCite organisation (<https://www.datacite.org/>) has a growing list of repositories for research data
- http://www.icmje.org/news-and-editorials/data_sharing_june_2017.pdf.

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Template provided below. The form has to be submitted in original with the signatures of all the contributors once the article has been accepted for publication. It should be sent as a scanned image, and No. and title of the article should be provided.

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