

Instructions to Authors

OVERVIEW

- The Journal of Radiological Science (JRS) publishes original contributions to the advancement of medical diagnosis, technical innovation, interventional treatment, related educational, safety, socioeconomic, and medicolegal issues.
- Submitted manuscripts should not contain previously published material or material under consideration for publication elsewhere unless specific permission is obtained.
- Regarding to redundant publication and multiple publications, we follow the description from The Council of Science Editors and Manuscript Submitted to Biomedical Journals. The Council of Science Editors (CBE Views 1996;19 (4):76-77) defines redundant publication as «reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)». Characteristics of potential redundant publication include (a) «at least one of the authors must be common to all reports; (b) «the subject or study populations are often the same or similar»; (c) «the methodology is typically identical or nearly so»; and (d) «the results and their interpretation generally vary little, if at all.» Guidelines for multiple publications are based on instructions described in the Uniform Requirements for Manuscript Submitted to Biomedical Journals (Ann Intern Med 1988; 108:258-265).
- The JRS follows the guidelines of the International Committee of Medical Journal Editors (ICMJE). The guidelines may be viewed at www.icmje.org. An author should have made substantial contributions to all the categories established by the ICMJE:
 - (1) Substantial contributions to conception and design, 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; and
 - (4) Agreement to be accountable for all aspects of the work.
- The ICMJE further states that acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Individuals who have contributed substantially to some but not all of the four categories, or in other areas, should be listed in Acknowledgments.
- We also recommend limiting the number of authors to not more than 9 in number. For manuscripts with 10 or more authors: The corresponding author will need to indicate that each author has contributed to **ALL of the above listed 4 areas** and outline in their cover letter each author's contribution to the manuscript.
- It is the Corresponding Author's responsibility to ensure that he/she has the correct authors' names, affiliations, addresses and author sequence when the final corrected proofs are submitted. JRS does not allow adding authors or changing the first or the corresponding authors, once its decision of Accept is made. Any change including deleting or the name order in the byline requires a letter signed by all authors indicating agreement with the same.
- All potential conflicts of interest including any research funding, other financial support, and material support, if any exists, need to be clearly identified in the unblinded Full Title Page. Studies submitted to JRS should follow established guidelines for reporting research studies.
- (<http://www.equator-network.org>). They are the Standards for Reporting of Diagnostic Accuracy (STARD) checklist for studies dealing with diagnostic accuracy, the CONSORT (Consolidated Standards of Reporting Trials) statement for randomized controlled trials, and PRISMA guidelines for Meta-analyses and systematic reviews.
- Any investigations involving animals and humans should be approved by the Animal Care Committee and Institutional Review Board, respectively, of the institution where the study took place. If experiments involve animals, the authors should also comply with NIH guidelines for the use of laboratory animals. Informed consent should be obtained, unless waived by the institutional review board, from patients who participated in clinical investigations.

- Manuscripts that do not conform to the JRS Author Guidelines may be returned to the author without review or put on hold until the submission is deemed in compliance with the requirements.
- Manuscript decisions are based on the Chief of editors and section deputy Editors' discretion and/or input from the peer review process. An unbiased review process shall be done by Reviewers receive manuscripts that have the author and affiliation information blinded.
- Authors of an accepted manuscript will be notified as to the scheduled publication date and when they can expect to receive the galley and page proofs via e-mail. If the corresponding author will be unavailable to review these proofs, arrangements should be made for a coauthor or colleague to read and return the proofs.
- For the policies on the research and publication ethics not stated in these instructions, "Guidelines on good publication (<http://www.publicationethics.org.uk/guidelines>)" can be applied. Articles will be edited to conform to the individual style of the JRS. Statements made in the article, including changes made by the Editor or manuscript editor, are the responsibility of the author and not of the JRS.

GENERAL GUIDELINES FOR ALL SUBMISSIONS

- Journal of Radiological Science publishes Original Articles (including meta-analysis), Reviews, Pictorial Essays (Case must-know), Case(s) Report, Audioslides, Letters to the Editor, and Editorials.
- The manuscript must be written in English. If English is not your native language and substantial editing would be required. We suggest that you may want to have your manuscript edited by a native speaker prior to submission. A clear and concise language will help editors and reviewers concentrate on the scientific content of your paper and thus smooth the peer review process. Otherwise, the manuscript will be returned to the authors before the review process.
- For medical terms such as proper nouns, generic names of medicines, and units of measurement, use the original term. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. Measurements and laboratory values should be in accordance with the International System of Units (SI) (resources: "SI Units in Radiation Protection and Measurements, NCRP Report no. 82" [August 1985]; "Now Read This: The SI Units Are Here," JAMA 1986; 255:2329-2339).
- Report *p* values to three decimal places (i.e., 0.xxx). For *p* values less than 0.001, report as "*p* < 0.001."
- The names and locations (city and state or country) of vendors of equipment and non-generic drugs should be given.
- All text files should be in Microsoft Word format (doc or docx). Do not upload texts files as pdfs.
- The manuscript should use 12-point font size and be double spaced on 21.6 cm by 27.9 cm (letter size) or 21.0 cm by 29.7 cm (A4) paper, with an approximate 3-cm margins.
- Do not mix tables with the text. Tables should be placed collectively in the Main Document after references on separate pages. Detail please see statement in the section about TABLES below.
- Please embed figures in end of the Word file after the TABLES for initial submissions, but upload tif/tiff format separately for revised manuscripts. Detail please see statement in the section about FIGURES below.

CONFLICT OF INTEREST

Authors submitting manuscripts to the JRS must appropriately disclose any financial relationship with a commercial organization that may have an interest in the content. Disclosures of each author, individually, must be stated in the cover letter and on the full title page submitted with your manuscript. If there are no disclosures, that fact must be explicitly stated. Please refer to the Copyright Agreement for more information on this topic.

COPYRIGHT

Materials published in the JRS are protected by copyright. Not a part of this publication may be reproduced without

written permission from the JRS or the Society. Requests for permission to use previously published material must be in writing and e-mailed or faxed to the editorial office of the JRS.

COVER LETTER

A cover letter to editor-in-chief is submitted separately from the Corresponding author and should mention about:

1. Title of the manuscript
2. A brief description of the study and the key finding(s) of this report in few sentences.
3. Conflict of interest.
4. English editing.

Manuscript Submission

Manuscripts include Original Articles (including meta-analysis), Reviews, Pictorial Essays (Case must-know), Case(s) Report, Audioslides, Letters to the Editor, and Editorials. The manuscript of original article is organized as follows: full title page, abstract, introduction, materials (or subjects) and methods, results, discussion, references, tables, figure legends, and figures. Other types of submission please see the individual statement in below. All manuscripts must be submitted using Microsoft Word.

ORIGINAL ARTICLE

Full Title Page

A FULL TITLE PAGE must include

- title of article
- affiliations, first name, middle initial, and last name of all author(s)
- names, email addresses, and complete institutional addresses (including zip code) of the Corresponding Author clearly identified
- present addresses of authors who have moved since study
- acknowledgment of grant support
- disclosure of any conflict of interest should be made
- a full statement to the editor about all previous publications and presentations, including theses and dissertation, that might be regarded as redundant publication of the same or very similar work
- IRB statement: statement that an appropriate institutional review board approved the study (for studies involving human subjects); if no IRB approval was required then that must be explicitly stated
- The FULL TITLE PAGE must be a separate Microsoft Word document from the main manuscript and uploaded in a separate file.

Blind Title Page

- title of article;
- keywords: 3 to 6

ABSTRACT

Abstract should start on a separate page and should be structured including Purpose, Materials and Methods, Results, and Conclusion. Do not use reference citations in the abstract. Abbreviations should be minimized and, if used, must be defined within the abstract by full terminology followed by abbreviation in parenthesis. Word limit is 250 in original paper, and 120 in case report. Narrative form is acceptable in case report.

MAIN MANUSCRIPT

The main manuscript should be divided into sections of introduction, materials (or subjects) and methods, results, discussion, references, tables, figure legends, and figures. They can put in one Microsoft Word file (*.doc / *.docx) in the initial submission, but the figures should be uploaded separately according to the statement in below.

➤ Introduction

Please write a brief introduction to the paper that outlines the Background/Purpose in further detail. This should not be longer than 1.5 pages of typed manuscript.

➤ Materials and methods

This section may be divided into subsections if it facilitates reading the paper. Describe the research plan, the materials (or subjects), the methods used, and statistical methods should be included. In paper regarding to treatment and technology, description of the approaching, device used, and consideration should be provided.

➤ Results

The findings of the methods are presented here. All results should flow in a clear, logical sequence from the methods described and not stray from the specific objective of the paper. If tables are used, do not duplicate tabular data in text, but do describe important trends and points. If subsection is used in “ Materials and methods”, data of result should be presented in the same order as possible. When the results can be summarized easily in a narrative form, do not use tables. Cite figures to illustrate findings.

➤ Discussion (Conclusion)

Briefly conclude the finding of this study in a sentence of paragraph first. Discuss the results of the investigation in light of what has been published in the past. When results differ from those of previous investigators, explain the discrepancy. Explain the limitations of your study, the implications for patient care, and potential directions for future research. Where appropriate, cite figures and graphs.

➤ References

- Start on a separate page in the main manuscript.
- References are numbered consecutively in the order in which they appear in the text. All references are cited in the text, the reference numbers are enclosed in brackets, and are typed on line with the text (not superscripted).
- Provide only the references that give essential background material. Citation should be to the original source.
- Unpublished data should not be cited in the reference list, but parenthetically in the text, for example: (Kao DJ, personal communication), (Kao DJ, unpublished data).
- Journal names should be abbreviated according to the Index Medicus.
- All authors are listed when there are six or fewer; when seven or more, the first three are listed with ‘et al.’
- Journal article:
 - ✓ González V, Salgueiro E, Jimeno FJ, Hidalgo A, Rubio T, Manso G. Post-marketing safety of antineoplastic monoclonal antibodies: rituximab and trastuzumab. *Pharmacoepidemiol Drug Saf* 2008; 17:714–721. doi: 10.1002/pds.1587
 - ✓ Ennishi D, Terui Y, Yokoyama M, et al. Increased incidence of interstitial pneumonia by CHOP combined with rituximab. *Int J Hematol* 2008; 87:393–397. doi: 10.1007/s12185-008-0066-7
- Journal article published ahead of print:

Lin YH, Lin HH, Liu HM, et al. Diagnostic performance of CT and MRI on the detection of symptomatic intracranial dural arteriovenous fistula: a meta-analysis with indirect comparison. *Neuroradiology*. 2016

May 16. [Epub ahead of print]

- Chapter:

Fox H. Neurocutaneous melanosis. In: Vinken PJ, Bruyn GW, eds. Handbook of clinical neurology Vol. 14. New York, NY: American Elsevier, 1972:414–428

- Books:

Smith LW, Cohen AR. Pathology of tumors, 6th ed. Baltimore, MD: Williams & Wilkins, 1977:100-109

- Papers presented at a meeting:

Papers presented at a meeting are not cited in the reference list but are cited parenthetically in the text, for example:(King MM et al., presented at the 2013 annual meeting of the American Society of Neuroradiology). After first mention, use (King MM et al., 2013 ASNR meeting).

- Online document

Bryd RP, Roy TM. Drug-induced pulmonary toxicity. Medscape Web. Available at <http://emedicine.medscape.com/article/1343451-overview#a1>. December 31, 2015. Accessed September 20, 2017

➤ Tables

- Start on a separate page after References in the MAIN MANUSCRIPT.
- Prepare tables with word processing (e.g., Microsoft Word Table feature) or spreadsheet (e.g., Microsoft Excel) software. Graphic files are not acceptable for tables.
- Tables should be numbered using Arabic numerals and be cited in text in consecutive numerical order.
- The title of the table should be clearly stated in the form of a sentence or a paragraph.
- Each table should be double-spaced and begin on a separate page without vertical or horizontal rules. Font size within the tables should not be reduced.
- The first letters of nouns and adjectives should be capitalized.
- Tables should not be longer than one page and should contain at least four lines and two columns of data.
- Abbreviations should be defined in a footnote below each table.
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body.

➤ Figure legends

- Each figure should have a concise legend describing accurately what the figure depicts. Include the legend in the text file of the MAIN MANUSCRIPT.
- Figure legend begin with the term Fig. in bold type, followed by the figure number, also in bold type.
- Legends should be in present tense (eg, “Contrast enhanced CT image shows...”). Legends must be double-spaced and figures numbered in the order in which they are cited in the text.
- Identify all elements found in the figure in the figure legend;

➤ Figures

- Do not include authors’ names in the filename or in the image file itself. Illustrations should not have marks, circles, or numbers in the area around the image and should be free of all identifying information relative to the patient and institution.
- Written permission from any person recognizable in a photo is required.
- Each image should be a separate file with the figure number indicated in the filename. Images should be uniform in size and magnification and should not be redundant. Label all pertinent findings.
- Line drawings should be professional in quality, done in black on a white background.

- Images should be a size of about 39mm or 84 mm wide at the stated resolution.
 - ✓ Line art (black-and-white): 1200 dpi/ppi
 - ✓ Grayscale mode: 300 dpi/ppi
 - ✓ Halftones: 300 dpi/ppi
 - ✓ Combination halftones: 600 dpi/ppi
- For vector graphics, the preferred format is EPS; Vector graphics containing fonts must have the fonts embedded in the files.
- Color Art: Color illustrations should be submitted as RGB (8 bits per channel).

REVIEWS

- Authors are encouraged to contact the Editor-in-Chief before preparing an unsolicited Review Article to avoid duplication of other work already in progress.
- The submitting material is same as the original research. However, the word count limits in 5,000 (from Introduction to Discussion), and references limits to 60.
- The necessary material includes full title page, blind title page, abstract, and main manuscript.

CASE(S) REPORT

- The submitting material includes full title page, blinded title page, an unstructured abstract (word limit of 120 words), body text, references, figure legends and figures. The body text does not require a structured format.
- The word count limit in 1,200 (body text and references). Figure limits in a total of 4.
- The importance in clinical application (differential diagnosis, treatment policy...) of such case but not just a rare situation is the key component of a case(s) report to be accepted in publishing.

PICTORY ESSAY (Case must-know)

- The Main MANUSCRIPT for a Pictorial Essay should be submitted as a separate single Microsoft Word file and includes in the order of a blinded title page (which includes only the title and the type of the manuscript), brief clinical history (150 words), figures (2 to 4 images) , figure legends, description of key findings and differential diagnosis, and references (no more than 3). The body text does not require a structured format.

AUDIOSLIDES

Only those invited presentation should be submitted as audioslides. The candidates will be selected during the annual meeting of the Society.

Video submission guidelines:

- File format: .mp4 preferred, but can accept .mov, .wmv, .mpg, .mpeg, or .avi (or .mp3 for audio files). No Flash or streaming video files.
- File size: up to 30 MB (split up videos into parts if larger)
- Minimum dimensions: 320 pixels wide by 240 pixels deep
- Maximum length: 10 minutes
- Verify that the videos are viewable in QuickTime or Windows Media Player.