

INSTRUCTIONS FOR AUTHORS

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1. ABOUT THE JOURNAL

The Chinese Clinical Oncology (Print ISSN 2304-3865; Online ISSN 2304-3873; Chin Clin Oncol; CCO) publishes articles that describe new findings in the field of oncology, provides current and practical information on diagnosis, prevention and clinical investigations of cancer. Specific areas of interest include, but not limited to, multimodality therapy, markers, imaging, tumor biology, pathology, chemoprevention, and technical advances related to cancer. The aim of the Journal is to provide a forum for the dissemination of original research articles as well as review articles in all areas related to cancer. It is an international, peer-reviewed journal with a focus on cutting-edge findings in this rapidly changing field, while providing practical up-to-date information on diagnosis, prevention, and treatment of cancer. To that end, Chin Clin Oncol is dedicated to translating the latest research developments into best multimodality practice. The journal features a distinguished editorial board, which brings together a team of highly experienced specialists in cancer treatment and research. The diverse experience of the board members allows our editorial panel to lend their expertise to a broad spectrum of cancer subjects. The entire submission and review process are managed through OJS system, an electronic system, which provides an efficient way and ensures a rapid turnaround of papers submitted for publication. The Official Publication of Society for Translational Cancer Research (STCR); Endorsed by Chinese Society of Clinical Oncology (CSCO).

2. MANUSCRIPT CATEGORIES

Systematic Reviews and Meta-analysis

A comprehensive, scholarly, balanced, systematic review of evidence-based literature including all findings; these are not opinion submissions. Submissions should be state-of-the-art science confined mostly to the best available evidence. All meta-analyses of randomized trials must adhere to the guidelines outlined in the PRISMA statement, designed to improve manuscript quality¹. Authors must include a suitable PRISMA flow chart in their submission. Further advice on suitability is available from the Editorial Office. Useful resources for authors of review articles include the article “Systematic reviews and meta-analysis for the surgeon scientist” by Galandiuk and colleagues², and the Cochrane Handbook for Systematic Reviews of Interventions³.

CCO will consider for publication Cochrane review articles that have been substantially shortened and re-written for a surgical audience, but such submissions must state this on the title page of the manuscript, and copies of the original article must be sent to the Editorial Office for

consideration. You must also apply for permission from the Cochrane Library - further information on how to do this is available in the Cochrane Manual⁴. Submissions must relate to important clinical subjects and be accompanied by author analysis leading to conclusions. The review must be no more than 6000 words, excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words.

Systematic Reviews and Meta-analysis should entail a section describing the contribution each author made to the manuscript. See section “Authors’ Contribution” for details.

Review Articles

A Review Article is a timely, in-depth focus of an issue. Review articles are generally solicited by the editors, but unsolicited materials may be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles must be no longer than 6000 words excluding title page, abstract, text, tables, figures, figure legends, and references. Abstracts are limited to 300 words.

Original Article

Originality and clinical impact are essential for acceptance of Original Articles. Structured abstract is limited to 300 words. The abstract should contain the following subheadings: Background, Methods, Results and Conclusions. Descriptions of the following points are critically evaluated. Original article should entail a section describing the contribution each author made to the manuscript. See section “Authors’ Contribution” for details.

Research Highlights

Research Highlights are brief reports of important research findings that have been recently published in the field of clinical oncology. Manuscripts containing pertinent and interesting observations concerning clinical oncology research and reports on new observations or studies that do not warrant publication as a full research article will be considered for Research Highlights. These submissions will undergo full peer review. They are usually solicited by editors. The text is limited to 1500 words. Abstracts are limited to 300 words.

Perspectives

Perspective articles can be more subjective, forward-looking or speculative. A paper presenting controversial positions or papers of the same topic advocating opposite opinions will be published as Perspectives. Most perspective articles will be solicited by the editors. However, we also welcome

timely, unsolicited perspective articles. The text is limited to 3000 words. The abstract is limited to 300 words.

Art of Operative Techniques

“Art of Operative Techniques” is a featured section that publishes illustrated articles. These articles must include four subheadings – Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors. If required, our medical illustrator may be made available, however, there will be additional costs associated with the use of this service.

Masters of Surgical Oncology

“Masters of Surgical Oncology” is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed “how to” multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings –Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identifiable in these videos. Prior to publication and distribution, the CCO reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.

Safeguards and Pitfalls

“Safeguards and Pitfalls” is a featured section, which will include brief reports that highlights technical mistakes or possible complications in the performance of surgical procedures. These reports should detail the mechanism of their occurrence, followed by recommendations

of the appropriate management. Strategies to avoid these complications should also be included. Excluding references, tables and figures, the text is limited to 2500 words. Abstract is limited to 300 words. Photos, drawings and videos are encouraged.

Technical Notes

Technical notes should present a novel or improved technique, investigation or procedure. The article must describe a demonstrable advance on what is currently available. The text is limited to 2500 words including abstract, but excluding references, tables and figures. Photos, drawings and videos are encouraged.

Your Views

Letters-to-the-Editor related to papers previously published in CCO. Letters must be submitted within two months of the online publication date of the article discussed in order to be considered. The authors of the original publication will be given the opportunity to respond in the same issue of CCO. Letters and responses must not exceed 500 words in length, must be limited to three authors and five references, and should not have tables or figures.

Commentaries

Commentaries present a point of view of general interest not related to an article in the same issue of CCO. The text is limited to 1000 words. The abstract is limited to 300 words.

Editorials

Opinions of recognized leaders in clinical oncology specialties. Editorials are generally solicited by the Editor-in-Chief. Length should not exceed 2500 words with no more than 20 references. The abstract is limited to 300 words.

Case Reports

Only cases of exceptional interest and novelty are considered. The text is limited to 1500 words. The abstract is limited to 300 words.

3. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) disclosure, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

Title Page

The title page should contain (i) the title of the manuscript. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the corresponding author. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. Do not use abbreviations in the title. A short running title (less than 40 characters) should also be provided.

Abstract and Keywords

The length of abstracts must adhere to the word count specifications under the section Manuscript Categories. The abstract should include the following subheadings: Background, Methods, Results and Conclusions. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the results is discussed") should be avoided. Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: <http://www.nlm.nih.gov/mesh/meshhome.html>.

Text

Authors must use the following subheadings to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Disclosure, References, and when relevant, Supplementary Material. However, review, perspective, opinion and commentary articles do not require these specifically outlined sections, and they can be written in several sections with their own headings, as suitable.

Acknowledgements

This should include sources of support, including federal and industry support. All authors who have contributed to the manuscript must be acknowledged. Medical writers, proofreaders and editors should not be listed as authors, but acknowledged at the beginning or end of the text.

Disclosure

At the time of submission, each author must disclose and describe any involvement, financial or otherwise, that might potentially pose a conflict of interest. Disclosure must be included in the text of the manuscript.

References

The Vancouver system of referencing should be used. In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three followed by et al. Do not use *ibid.* or *op cit.* Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

Tables

Tables should be self-contained and complement (but not duplicate) information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive - the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for p-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- **Size:** Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).
- **Resolution:** Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1000 dpi.
- **Color figures:** Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the CCO. - **Line figures:** Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.
- **Text sizing in figures:** Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction - avoid large type or thick lines). Line width between 0.5 and 1 point.
- **Figure legends:** Type figure legends on a separate page. Legends should be concise but comprehensive - the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Videos

Videos can be submitted with a manuscript online, but it must also be sent separately to the Editorial Office. CCO will accept digital files in mp4, flash video (.flv), MPEG (MPEG video file), DVD video format, mov, avi, and wmv formats or videos on CD/DVD. The video files must be sent by ftp to Editorial Office, author should contact editor (editor@thecco.net) to ask the ftp account before submit video. Contributors are asked to be succinct, and the Editor-in-Chief reserves the right to require shorter video duration. Legends for the video segments should be placed at the end of the article. The video should be of high quality (resolutions: 480p: 854×480; 360p: 640×360; 240p: 426×240). The video should demonstrate the descriptions in the text of the manuscript.

Equations

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. DISCLOSURE

At the time of submission, the submitting author must include a disclosure statement in the body of the

manuscript. The statement should include whether the authors have published or submitted the manuscript elsewhere. The statement will also describe all of the authors "relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled" Disclosure, "which should appear after the" Acknowledgement "section and before the References" section. The absence of any interest to disclose must also be stated. In addition, any financial interests must be detailed in the Financial Disclosure form, which will be provided to the corresponding author upon acceptance for distribution to each author.

5. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Edinburgh 2000), available at: <http://www.wma.net/e/policy/b3.htm>. The CCO retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used). In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case. Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

6. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial 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 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include:

- (1) The registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov);
- (2) The International Standard Randomized Controlled Trial Number Registry (<http://www.controlled-trials.com>);
- (3) The Australian Clinical Trials Registry (<http://www.actr.org.au>);
- (4) The Chinese Clinical Trials Register (<http://www.chictr.org>);
- (5) The Clinical Trials Registry - India (<http://www.ctri.in>).

7. RANDOMIZED CONTROLLED TRIALS

Reporting of randomized controlled trials should follow the guidelines of The CONSORT Statement: <http://www.consort-statement.org>

8. COPYRIGHT

Papers accepted for publication in the CCO become copyright of CCO and the corresponding author will be asked to sign a transfer of copyright form in behalf of all authors. In signing the transfer of copyright, it is assumed that authors have obtained permission to use any copyrighted or previously published material. All authors must read and agree to the conditions outlined in the Copyright Assignment Form, and the corresponding author can sign on their behalf. Acceptance of a manuscript is contingent upon receipt of a signed Copyright Assignment Form.

9. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors "revised" Uniform Requirements

for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, as presented at: <http://www.ICMJE.org/>.

Author name

Each author's given name should be followed by his/her surname. Capitalize each letter of the surname. A hyphen could be used in surname according to the rule in the Author's region. Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word.

Spelling

The CCO uses US spelling and authors should therefore follow the latest edition of the Merriam-Webster's Collegiate Dictionary.

Units

All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: <http://www.bipm.fr>

Abbreviations

Must be used sparingly - only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names

Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

10. SUPPORTING INFORMATION

Supporting Information is provided by the authors to support the content of an article but they are not integral to that article. They do not appear in the print version of the article. Supporting Information must be submitted together with the article for review; they should not be added at a later stage. They can be in the form of tables, figures, appendices and even video footage. Reference to Supporting Information in the main body of the article is allowed. However, it should be noted that excessive reference to a piece of Supporting Information may indicate that it would be better suited as a proper reference or fully included figure/table. The materials will be published as they are supplied and will not be checked or typeset in any

way. All Supporting Information files should come with a legend, listed at the end of the main article. Each figure and table file should not be larger than 5MB, although video files may be larger.

11. POLICIES ON CONFLICT INTEREST

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

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. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (<http://www.icmje.org/index.html>).

Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

Authors' Contribution

This section is only required for original article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 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; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

Example:

M.M.M. designed the overall study with contributions from S.F. S.F. designed and carried out experiments, collected and analyzed data, and cowrote the paper. Y.S. designed and carried out experiments and collected and analyzed data with S.F. and M.M.M. S.B. carried out experiments, adapted the rapid TALEN assembly protocol, and analyzed data with Y.S. M.S.W. and M.M.M. designed the vector for the repair experiment. M.S.W. constructed the repair vector. S.F. and Y.S. carried out the repair experiment. S.F., Y.S., M.S.W., and M.M.M. discussed and edited the paper. M.M.M. supervised this study, designed and performed experiments, analyzed data, and and wrote the paper. (Cited from: Fanucchi S, Shibayama Y, Burd S, et al. Chromosomal contact permits transcription between coregulated genes. *Cell* 2013;155:606-20.) wrote the paper. (Cited from: Fanucchi S, Shibayama Y, Burd S, et al. Chromosomal contact permits transcription between coregulated genes. *Cell* 2013;155:606-20.)

b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

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. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest; and

- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as “I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis.”

12. SUBMISSION OF MANUSCRIPTS

General Requirements

All articles submitted to the CCO must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

Submissions must be double-spaced.

All margins should be at least 30 mm.

All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.

Do not use Enter at the end of lines within a paragraph.

Turn the hyphenation option off; include only those hyphens that are essential to the meaning.

Specify any special characters used to represent non-keyboard characters.

Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or β (German esszett) for (Greek beta).

Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells). Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process. Upon acceptance of the article, high-resolution figures (at least 300 dpi) saved as .eps or .tif files should be uploaded. Digital images supplied only as low-resolution files cannot be used for publication.

Cover Letter

Papers are accepted for publication in CCO based on the understanding that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

This must be stated in the covering letter. The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author’s contribution to the paper is to be quantified.

13. REVIEW PROCESS

The reviewers evaluations and Associate Editor’s comments are compiled by the Editor-in-Chief for disposition and transmission to the authors. A decision is usually made within four weeks of submission of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of the decision; major revisions within four weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide proof of extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript may be returned to the authors without external review if the Editor-in-Chief and the Associate Editor find it inappropriate for publication in the CCO. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such “fast-track decisions” will normally occur within one week of receipt of the manuscript.

Authors may recommend preferred reviewers by providing the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing. However, the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief’s decision is final. However, if the authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first incidence, authors should write to the Editor-in-Chief.

All manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. Where contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition to improve communication between the author and the reader. If extensive alterations are required, the manuscript will be

returned to the author for revision.

14. PROOFS

It is essential that corresponding authors supply an email address to which correspondence can be emailed while their article is in production. Notification of the URL from where to download a Portable Document Format (PDF) typeset page proof, associated forms and further instructions will be sent by email to the corresponding author. The purpose of the PDF proof is a final check of the layout, and of tables and figures. Alterations other than the essential correction of errors are unacceptable at PDF proof stage. The proof should be checked, and approval to publish the article should be emailed to the Publisher by the date indicated, otherwise, it may be signed off by the Editor or held over to the next issue. Acrobat Reader will be required in order to read the PDF. This software can be downloaded (free of charge) from the following Web site: <http://www.adobe.com/products/acrobat/readstep2.html> This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof.

15. OFFPRINTS

Minimum orders of 50 offprints will be provided upon request, at the author's expense. Please email offprint@amepc.org.

16. NO PUBLICATION FEES

There is no fee involved throughout the publication process. The acceptance of the article is based on the merit of quality of the manuscripts.

17. TRACKING MANUSCRIPTS

Author Services enables authors to track their article, once it has been accepted, through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated emails at key stages of production so they do not need to contact the production editor to check on progress.

18. EPUB AHEAD OF PRINT (ACCEPTED ARTICLES)

CCO offers Accepted Articles service for selected articles. Accepted Articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, rather than having to wait for the next scheduled print issue. Accepted Articles have been fully reviewed and approved for publication, but has yet to undergo copy-editing and proof correction. They are therefore given a Digital Object Identifier (DOI), which allows the article to be cited and tracked before it is allocated to an issue. After print publication, the DOI remains valid and can continue to be used to cite and access the article. More information about DOIs can be found at <http://www.doi.org/faq.html>

19. CCO ONLINE

For more information, visit the journal home page at: <http://www.thecco.net/>

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Chinese Clinical Oncology

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