



# PRACTICAL RADIATION ONCOLOGY

An official journal of the American Society for Radiation Oncology (ASTRO)

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### DESCRIPTION

The overarching mission of *Practical Radiation Oncology* is to improve the quality of radiation oncology practice. *PRO*'s purpose is to document the state of current practice, providing background for those in training and continuing education for practitioners, through discussion and illustration of new techniques, evaluation of current practices, and publication of case reports. *PRO* strives to provide its readers content that emphasizes knowledge "with a purpose." The content of *PRO* includes: Original articles focusing on patient safety, quality measurement, or quality improvement initiatives Original articles focusing on imaging, contouring, target delineation, simulation, treatment planning, immobilization, organ motion, and other practical issues ASTRO guidelines, position papers, and consensus statements Essays that highlight enriching personal experiences in caring for cancer patients and their families Teaching cases that present a diagnostic, ethical, or management challenge. [Watch a presentation from Dr. Robert Lee, Editor of PRO](#)

*PRO* is the sister publication to the [International Journal of Radiation Oncology, Biology, Physics](#) and [Advances in Radiation Oncology](#). [Learn more about which types of papers the journals typically accept.](#)

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## GUIDE FOR AUTHORS

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### INTRODUCTION

*Practical Radiation Oncology (PRO)* is a peer-reviewed journal whose purpose is to document the state of radiation oncology practice. *PRO* publishes original clinical research related to the practice of radiation oncology and related disciplines. Concise manuscripts that focus on imaging, contouring, target delineation, simulation, treatment planning, immobilization, organ motion, patient safety, quality measurement, and other practical issues are of particular interest. *PRO* intends to provide its readers with content that emphasizes knowledge "with a purpose."

W. Robert Lee, M.D., M.S., M.Ed. serves as the journal's Editor-in-Chief. He can be contacted at the Department of Radiation Oncology, Duke University Medical Center, Box 3085, Durham, NC 27710. Phone: (919) 668-5640; fax: (919) 668-7345; e-mail: [pro@astro.org](mailto:pro@astro.org)

*PRO* can be accessed online at [www.practicalradonc.org](http://www.practicalradonc.org).

### How to Submit

Authors must register with the *PRO* [electronic manuscript system](#). Those who have previously reviewed or submitted a manuscript for *PRO* may already be registered. Once the submission files are uploaded, the system automatically generates an electronic PDF proof used for reviewing. All correspondence, including editor decisions and requests for revisions, is conducted by e-mail through EES or [pro@astro.org](mailto:pro@astro.org)

### Article Types

#### Basic Original Report

Manuscript  $\leq$  4000 words, figures  $\leq$  8 references  $\leq$  50, authors  $\leq$  20

Required Elements: Cover letter (preferred) Title page Abstract ( $\leq$  300 words) Blinded Manuscript References Figure Legends Uniform disclosure forms

Original Reports are the primary mode of scientific communication in *PRO*. Authors are encouraged to review the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" prior to submission. The Editor-in-Chief and a Senior Editor review all Original Reports. All submitted manuscripts are reviewed by external peer reviewers, and when required, a biostatistician. Comments offered by external reviewers are returned to the author(s) for consideration. Authors should focus on accuracy, brevity, and clarity in their presentation and avoid lengthy introductions, repetition of data from tables and figures in the text, and unfocused discussions. Authors should include extended patient demographic data in a table, not within the text.

#### Teaching Case

Manuscript  $\leq$  1500 words, figures  $\leq$  8 references  $\leq$  50

Required Elements: Cover letter (preferred) Title page Abstract ( $\leq$  300 words) Blinded Manuscript References Figure Legends Uniform disclosure forms

*PRO* invites case reports with high-resolution images, preferably in color (additional charges may be necessary), including X rays or scans of characteristic or classic conditions relevant to radiation oncology, for consideration in the Teaching Case section. All identifying information of patients, such as names, dates of birth, dates of service, or patient identification codes must be removed. If the case report or the image includes individually identifiable health information, authors must comply with the applicable privacy laws and obtain a HIPAA-compliant patient authorization form.

#### Technical Report

Manuscript  $\leq$  1500 words, figures  $\leq$  8 references  $\leq$  50

Required Elements: Cover letter (preferred) Title page Abstract ( $\leq$  300 words) Blinded Manuscript References Figure Legends Uniform disclosure forms

*PRO* invites technical reports, which are brief 2- to 3-page descriptions of new developments, devices, or procedures. Technical Reports are concerned with innovations that might enhance practice or address specific challenges in radiation oncology.

### **Critical Review**

Manuscript  $\leq$  4500 words, figures  $\leq$  8, references  $\leq$  50

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The Editor-in-Chief typically solicits Critical Reviews, but authors may submit an unsolicited review for consideration. The manuscript must present significant new information to justify publication. Critical Reviews will be reviewed in the same manner as Original Reports.

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Editorials

Manuscript  $\leq$  1500 words, references  $\leq$  10

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The Editor-in-Chief may solicit an Editorial to accompany an accepted manuscript. Authors may submit editorials that are unrelated to a specific article or related to important research published in another journal.

Correspondence

Manuscript  $\leq$  400 words, references  $\leq$  10

Required Elements: Title page Manuscript References Uniform disclosure forms

Authors may respond to a published article or express an opinion in a short, freestanding piece. If the Correspondence refers to a published article, the Editor-in-Chief may choose to invite a reply. Correspondence is reviewed by the Editor-in-Chief for possible inclusion in the journal. Letters and replies must be submitted electronically using EES.

### **Miscellaneous**

Special Articles

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Special Articles are manuscripts whose content and style do not fall under the categories of Original Reports or Critical Reviews. These may include but are not limited to guidelines, summaries of consensus meetings, and other scholarly communications.

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*PRO* invites interesting high-resolution images, preferably in color, including X rays or scans of characteristic or classic conditions relevant to radiation oncology. Exceptional images may be considered for the cover of the journal.

All identifying information of patients, such as names, dates of birth, dates of service, or patient identification codes must be removed.

If the image includes individually identifiable health information, authors must comply with the applicable privacy laws and obtain a HIPAA-compliant patient authorization form.

Narrative Oncology

Manuscript ≤ 1500 words, figures ≤ 8 references ≤ 50 Required Elements: Title page Manuscript Image Uniform disclosure forms

*PRO* invites Narrative Oncology commentaries that describe the unique challenges in the radiation oncology profession throughout the world. These commentaries are generally invited but we also welcome unsolicited articles of this type.

## **BEFORE YOU BEGIN**

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Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

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*PRO* requires that authors reporting on biomarker studies must adhere to REMARK criteria as listed in their guidelines. Reports that are predictive of therapeutic outcome or the natural history of disease are desired. Highest priority will be given to articles that are likely to have direct clinical applications and are definitive based on size of cohort, methodological approach, statistical analysis, multivariate analysis, reproducibility, and patient follow-up. Biomarker studies of interest to *PRO* include or are based on and accompanied by supporting mechanistic biological data; if prospective, are definitive in size and statistical power; if retrospective, include a validation study; are predictive and estimate response or survival in advance of therapy and have potential application in clinical practice; contain thorough specimen collection data (see REMARK), assay validation, and statistical rigor; and describe a unique cohort with results that directly impact clinical practice. (For rare cancer types, it is recognized that small cohorts will be analyzed.) Reference link: <http://www.ncbi.nlm.nih.gov/pubmed/16106022>

### **Guidelines for Reporting Preclinical Research**

The National Institutes of Health (NIH) held a workshop in June 2014 with the Nature Publishing Group and Science on the issue of reproducibility and rigor of research findings with journal editors representing over 30 basic/preclinical science journals in which NIH-funded investigators have most often published. The workshop focused on identifying the common opportunities in the scientific publishing arena to enhance rigor and further support research that is reproducible, robust, and transparent. The journal editors came to consensus on a set of principles to facilitate these goals. The *PRO* editorial board have chosen to uphold the high standards for preclinical research reporting established by the workshop, and we attach the summarized recommendations [here](#). Please pay particular attention to these before submission.

## Conflict of Interest

All authors are requested to disclose any actual or potential conflict of interest including any financial, personal, or other relationships with other people or organizations within 3 years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work. See also <https://www.elsevier.com/conflictsofinterest>. Further information and an example of a Conflict of Interest form can be found at: [http://service.elsevier.com/app/answers/detail/a\\_id/286/supporthub/publishing](http://service.elsevier.com/app/answers/detail/a_id/286/supporthub/publishing). *PRO* adheres to the policy on conflict of interest promulgated by the International Committee of Medical Journal Editors (ICMJE), which states, in part, that "to prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist." (See Conflict of Interest Notification.) All authors are required to include an ICMJE form with submission, available for free download at <http://www.icmje.org/>. Authors also must state their disclosures on the title page of the manuscript. If there are not disclosures, authors must say, "Conflict of interest: none."

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This should include the title, the short title, authors' names and affiliations, the name of the author(s) responsible for statistical analyses, a complete address for the corresponding author and author(s) responsible for statistical analyses including telephone and e-mail address, the conflict of interest statement, and the acknowledgments.

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This brief description of the manuscript (=75 words in length) should be included in its own separate file. The summary should be no more than 3 brief sentences in length, and it should simply state the problem, the methodology, and the conclusions. Data is unnecessary

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#### Uniform Disclosure Form

Each author is required to complete and include an International Committee of Medical Journal Editors uniform disclosure form with submission, available for free download at <http://www.icmje.org/>.

#### **Editorial Decisions**

Once the peer review process is complete, each manuscript will receive one of the following decisions: **Decline:** The manuscript was not selected for peer review. **Reject:** The manuscript was not selected for publication. Many factors contribute to acceptance, including but not limited to the importance of the research to the field of oncology, the originality of the work, the quality of the study, or the priority of the work to *PRO* and its readership. **Unacceptable/Major Revision:** A number of issues were raised in peer review that need to be addressed for the manuscript to be reconsidered. If the author wishes to address the issues, the manuscript must be revised and resubmitted within 2 months of the decision. **Acceptable/Minor Revision:** The editors and reviewers found the manuscript potentially acceptable for publication provided minor adjustments are made. Such manuscripts must be revised and resubmitted within 1 month of the decision. **Accept:** The manuscript has been selected for publication. Additional information will be provided regarding the production process.

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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format, and line numbering should be turned off. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts, and so on. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: <https://www.elsevier.com/guidepublication>). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the spell check and grammar check functions of your word processor.

#### *Appendices*

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A1), Eq. (A2), etc.; in a subsequent appendix, Eq. (B1) and so on. Similarly for tables and figures: Table A1; Fig. A1, etc.

#### *Units*

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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