

Instructions for Authors 2022

General Policy. ANTICANCER RESEARCH (AR) will accept original high quality works and reviews on all aspects of experimental and clinical cancer research. The Editorial Policy suggests that priority will be given to papers advancing the understanding of cancer causation, and to papers applying the results of basic research to cancer diagnosis, prognosis, and therapy. Each article should include a concrete conclusion constituting a “new piece of knowledge” backed up by scientific evidence. AR will also accept the following for publication: (a) Abstracts and Proceedings of scientific meetings on cancer, following consideration and approval by the Editorial Board; (b) Announcements of meetings related to cancer research; (c) Short reviews (of approximately 120 words) and announcements of newly received books and journals related to cancer, and (d) Announcements of awards and prizes.

AR provides for the prompt print and online publication of accepted articles, generally within 1-2 months from final acceptance. Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form. All authors should sign a submission letter confirming the approval of their article contents. All material submitted to AR will be subject to peer-review, when appropriate, by two members of the Editorial Board and by one suitable outside referee. All manuscripts submitted to AR are urgently treated with absolute confidence, with access restricted to the Managing Editor, the journal’s secretary, the reviewers and the printers. The Editors reserve the right to improve manuscripts on grammar and style.

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Format. Two types of papers may be submitted: (i) Full papers containing completed original work (without supplementary data), and (ii) review articles concerning fields of recognisable progress. Papers should contain all essential data in order to make the presentation clear. Reasonable economy should be exercised with respect to the number of tables and illustrations used. Papers should be written in clear, concise English. Spelling should follow that given in the “Shorter Oxford English Dictionary”.

Manuscripts. Submitted manuscripts exceeding 4 printed pages will be subject to excess page charges. The 4 printed pages correspond approximately to twelve (12) document pages (~250 words per double-spaced typed page in Arial 12), including abstract, text, tables, figures, and references. All manuscripts should be divided into the following sections: (a) *First page* including the title of the presented work [not exceeding fifteen (15) words], full names and full postal addresses of all Authors, name of the Author to whom proofs are to be sent, key words, an abbreviated running title, an indication “review”, “clinical”, “epidemiological”, or “experimental” study, and the date of submission. (Note: The order of the Authors is not necessarily indicative of their contribution to the work. Authors may note their individual contribution(s) in the appropriate section(s) of the presented work or before the Acknowledgements); (b) *Abstract* not exceeding 250 words, organized according to the following headings: Background/Aim – Materials and Methods/Patients and Methods – Results – Conclusion; (c) *Introduction*; (d) *Materials and Methods/Patients and Methods*; (e) *Results*; (f) *Discussion*; (g) *Conflicts of Interest*; (h) *Authors’ Contributions*; (i) *Acknowledgements*; (j) *References*. All pages must be numbered consecutively. Footnotes should be avoided. Review articles may follow a different style according to the subject matter and the Author’s opinion. Review articles should not exceed 35 pages (approximately 250 words per double-spaced typed page) including all tables, figures, and references.

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Tables. All tables should appear at the end of the submitted document file. Each table may have 2-10 vertical columns. Once a manuscript is accepted, each table should be submitted separately, typed double-spaced. Tables should be numbered with Roman numerals and should include a short title.

References. Authors must assume responsibility for the accuracy of the references used. Citations for the reference sections of submitted works should follow the form below and must be numbered consecutively. In the text, references should be cited by number in parenthesis. Examples: 1 Kenyon J, Liu W and Dalgleish A: Report of objective clinical responses of cancer patients to pharmaceutical-grade synthetic cannabidiol. *Anticancer Res* 38(10): 5831-5835, 2018. PMID: 30275207. DOI: 10.21873/anticancer.12924 (PMIDs and DOIs only if applicable). 2 McGuire WL and Chamnes GC: Studies on the oestrogen receptor in breast cancer. In: *Receptors for Reproductive Hormones*. O' Malley BW, Chamnes GC (eds.). New York, Plenum Publ Corp., pp 113-136, 1973. 3 Global Health Estimates 2015: Disease Burden by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva, World Health Organisation, 2016. Available at: http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html [Last accessed on April 3, 2018]. (The web address should link directly to the cited information and not to a generic webpage).

Nomenclature and Abbreviations. Nomenclature should follow that given in "Chemical Abstracts", "Index Medicus", "Merck Index", "IUPAC -IUB", "Bergey's Manual of Determinative Bacteriology", The CBE Manual for Authors, Editors and Publishers (6th edition, 1994), and MIAME Standard for Microarray Data. Human gene symbols may be obtained from the HUGO Gene Nomenclature Committee (HGNC) (<http://www.gene.ucl.ac.uk/>). Approved mouse nomenclature may be obtained from <http://www.informatics.jax.org/>. Standard abbreviations are preferable. If a new abbreviation is used, it must be defined on first usage.

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For International Standard Randomised Controlled Trials (ISRCTN) Registry (a not-for-profit organization whose registry is administered by Current Controlled Trials Ltd.) the unique number must be provided in this format: ISRCTNXXXXXXXX (where XXXXXXXX represents the unique number, always prefixed by "ISRCTN"). Please note that there is no space between the prefix "ISRCTN" and the number. Example: ISRCTN47956475.

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Specific information and additional instructions for Authors

1. Anticancer Research (AR) closely follows the new developments in all fields of experimental and clinical cancer research by (a) inviting reviews on topics of immediate importance and substantial progress in the last three years, and (b) providing the highest priority for rapid publication to manuscripts presenting original results judged to be of exceptional value. Theoretical papers will only be considered and accepted if they bear a significant impact or formulate existing knowledge for the benefit of research progress.

2. Anticancer Research will consider the publication of conference proceedings and/or abstracts provided that the material submitted fulfils the quality requirements and instructions of the journal, following the regular review process by two suitable referees.
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 - Authors should not cite results submitted for publication in the reference section. Such results may be described briefly in the text with a note in parenthesis (submitted for publication by... authors, year).
 - References. Each article should address, list and discuss the entire spectrum of current publications relevant to its field.
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General Policy

- **IN VIVO** is a multidisciplinary journal designed to bring together original high quality works and reviews on experimental and clinical biomedical research within the frames of human physiology, pathology and disease management. A special focus of the journal is the publication of works on: (a) Experimental development and application of new diagnostic procedures; (b) Pharmacological and toxicological evaluation of new drugs and drug combinations; (c) Clinical trials; (d) Development and characterization of models of biomedical research.
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● Selection of Recent Articles

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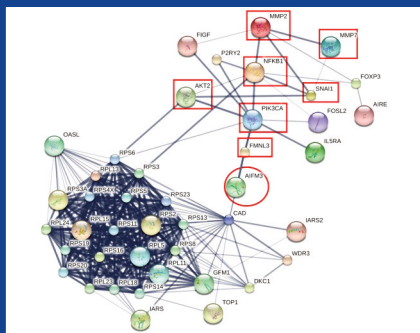
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CANCER GENOMICS & PROTEOMICS

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General Policy

- **CANCER GENOMICS & PROTEOMICS (CGP)** welcomes submissions of original high quality articles and reviews on all aspects of the application of genomic and proteomic technologies to experimental and clinical cancer research. The journal's scientific spectrum includes: (a) molecular causes of carcinogenesis, cancer progression and metastasis; (b) structural and functional aspects of genes in the cancer cell; (c) advances in genomic and proteomic technologies applicable to cancer research; (d) anticancer drug design and drug development. A main aim of CGP is to ensure the prompt and confidential review, and rapid publication of original works and reviews, generally within 1-3 months from submission.
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● Selection of Recent Articles

CRY1 Regulates Chemoresistance in Association With *NANOG* by Inhibiting Apoptosis via *STAT3* Pathway in Patients With Cervical Cancer. G.H. HAN, J. KIM, H. YUN, H. CHO, J.-Y. CHUNG, J.-H. KIM, S.M. HEWITT (Seoul, Republic of Korea; New York, NY; Bethesda, MD, USA)

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OIP5-AS1 Promotes Proliferation of Non-small-cell Lung Cancer and Head and Neck Squamous Cell Carcinoma Cells. Y. KOTAKE, N. MATSUNAGA, T. WAKASAKI, R. OKADA (Fukuoka, Japan)

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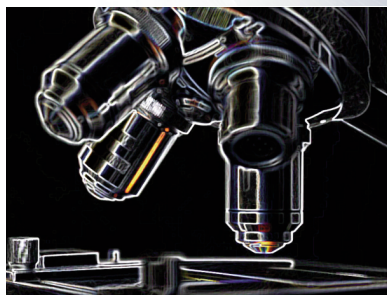
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CANCER DIAGNOSIS & PROGNOSIS

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General Policy

● CANCER DIAGNOSIS & PROGNOSIS

(CDP) is an international online open-access bimonthly journal designed to bring together original high quality works and reviews on experimental and clinical research advancing knowledge on the diagnosis and prognosis of all types of human cancer, leukemia and metastasis. CDP is aiming at improving prompt disease management and quality of life of cancer patients through a precise early diagnosis and prognosis. CDP provides for the prompt online publication of accepted articles within 1-2 months from final acceptance.

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● Selection of Recent Articles

Real-time IR700 Fluorescence Imaging During Near-infrared Photoimmunotherapy Using a Clinically-approved Camera for Indocyanine Green. S. OKUYAMA, D. FUJIMURA, F. INAGAKI, R. OKADA, Y. MARUOKA, H. WAKIYAMA, T. KATO, A. FURUSAWA, P.L. CHOYKE, H. KOBAYASHI
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Absolute Increase in the Number and Proportion of Peripheral Eosinophils Associated With Immune Checkpoint Inhibitor Treatment in Non-small Cell Lung Cancer Patients. H. OSAWA, T. SHIOZAWA, S. OKAUCHI, Y. SASATANI, G. OHARA, S. SATO, K. MIYAZAKI, T. KODAMA, K. KAGOHASHI, H. SATOH, N. HIZAWA
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