Instructions for Authors 2023

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 Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form.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.

The Editors and Publishers of AR accept no responsibility for the contents and opinions expressed by the contributors. Authors should warrant due diligence in the creation and issuance of their work.

AR is a hybrid open-access journal (a subscription journal in which some of the articles are open access). All articles that are published as open access are with gold OA, which means that the final published version is permanently and freely available to anyone. Our open access articles are distributed under the terms and conditions of the Creative Commons Attribution (CC BY-NC-ND) 4.0 international license (https://creativecommons.org/licenses/by-nc-nd/4.0).

NIH Open Access Policy. The journal acknowledges that authors of NIH-funded research retain the right to provide a copy of the published manuscript to the NIH four months after publication in ANTICANCER RESEARCH, for public archiving in PubMed Central.

UKRI Open Access Policy. UKRI-funded Authors retain the right to distribute the final published version of their accepted article, such as via an institutional and/or subject repository (e.g. EuropePMC), under a Creative Commons Attribution 4.0 International (CC BY 4.0) licence (https://creativecommons.org/licenses/by/4.0/).

Copyright. Once a manuscript has been published in ANTICANCER RESEARCH, which is a copyrighted publication, the legal ownership of all published parts of the paper has been transferred from the Author(s) to the journal. Material published in the journal may not be reproduced or published elsewhere without the written consent of the Managing Editor or Publisher.

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. Excess pages are charged US$ 230.00 each. 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.

Figures (graphs and photographs). All figures should appear at the end of the submitted document file. Once a manuscript is accepted all figures should be submitted separately in either jpg, tiff or pdf format and at a minimum resolution of 300 dpi. Graphs must be submitted as pictures made from drawings and must not require any artwork, typesetting, or size modifications. Figures should be prepared at a width of 8 or 17cm with eligible symbols, lettering and numbers. The number of each figure must be indicated. Pages that include color figures are subject to color charges (US$350.00 per page).

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/anticanres.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.

Clinical Trials. Authors of manuscripts describing clinical trials should provide the appropriate clinical trial number in the correct format in the text.

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.

For Clinicaltrials.gov registered trials, the unique number must be provided in this format: NCTXXXXXXXX (where XXXXXXXX represents the unique number, always prefixed by 'NCT'). Please note that there is no space between the prefix 'NCT' and the number. Example: NCT00001789.

Ethical Policies and Standards. ANTICANCER RESEARCH agrees with and follows the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" established by the International Committee of Medical Journal Editors in 1978 and updated in October 2001 (www.icmje.org). Microarray data analysis should comply with the "Minimum Information About Microarray Experiments (MIAME) standard". Specific guidelines are provided at the "Microarray Gene Expression Data Society" (MGED) website. Presentation of genome sequences should follow the guidelines of the NHGRI Policy on Release of Human Genomic Sequence Data. Research involving human beings must adhere to the principles of the Declaration of Helsinki and Title 45, U.S. Code of Federal Regulations, Part 46, Protection of Human Subjects, effective December 13, 2001. Research involving animals must adhere to the Guiding Principles in the Care and Use of Animals approved by the Council of the American Physiological Society. The use of animals in biomedical research should be under the careful supervision of a person adequately trained in this field and the animals must be treated humanely at all times. Research involving the use of human foetuses, foetal tissue, embryos and embryonic cells should adhere to the U.S. Public Law 103-41, effective December 13, 2001.

Submission of Manuscripts. Please follow the Instructions for Authors regarding the format of your manuscript and references. Manuscripts must be submitted only through our online submission system at: http://www.iiar-submissions.com/login.html. In case a submission is incomplete, the corresponding Author will be notified accordingly. Questions regarding difficulties in using the online submission system should be addressed to: email: journals@iiar-anticancer.org

Galley Proofs. Unless otherwise indicated, galley proofs will be sent to the corresponding Author of the submission. Corrections of galley proofs should be limited to typographical errors. Reprints, PDF files, and/or Open Access may be ordered after the acceptance of the paper. Authors of online open access articles are entitled to a complimentary online subscription to Anticancer Research for the current year and all previous digital content since 2004 (upon request to the Subscriptions Office). Galley proofs should be returned corrected to the Editorial Office by email (iiar@iiar-anticancer.org) within 24 hours.

Erratum. An erratum is published to correct any error(s) that might have been introduced to the article by the publisher during the publication process. Authors who may notice an error in the final published article should contact directly the Editorial Office.

Corrigendum. A corrigendum is published to change a part or to correct any error(s) that might have been introduced by the author(s). Authors should contact our Editorial Office, and our Editor will decide on the appropriate course of action.

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.

3. An acknowledgement of receipt, including the article number, title and date of receipt is sent to the corresponding author of each manuscript upon receipt. If this receipt is not received within 5 days from submission, the author should contact the Editorial Office to ensure that the manuscript (or the receipt) was not lost in the mail or during electronic submission.

4. Each manuscript submitted to AR is sent for peer-review (single-blind) in confidence to two-three suitable referees with the request to return the manuscript with their comments to the Editorial Office within 12 days from receipt. If reviewers need a longer time or wish to send the manuscript to another expert, the manuscript may be returned to the Editorial Office with a delay. All manuscripts submitted to AR, are treated in confidence, without access to any person other than the Managing Editor, the journal's secretary, the reviewers and the printers.

5. All accepted manuscripts are carefully corrected in style and language, if necessary, to make presentation clear. (There is no fee for this service). Every effort is made (a) to maintain the personal style of the author's writing and (b) to avoid change of meaning. Authors will be requested to examine carefully manuscripts which have undergone language correction at the pre-proof or proof stage.

6. Authors should pay attention to the following points when writing an article for AR:
   - The Instructions to Authors must be followed in every detail.
   - The presentation of the experimental methods should be clear and complete in every detail facilitating reproducibility by other scientists.
   - The presentation of results should be simple and straightforward in style. Results and Discussion should not be combined into one section.
   - Results given in figures should not be repeated in tables.
   - Photographs should be clear with high contrast, presenting the actual observation described in the legend and in the text. Each legend should provide a complete description, being self-explanatory, including technique of preparation, information about the specimen and magnification.
   - Statistical analysis should be elaborated wherever it is necessary. Simplification of presentation by giving only numerical or % values should be avoided.
   - Fidelity of the techniques and reproducibility of the results, should be points of particular importance in the discussion section. Authors are advised to check the correctness of their methods and results carefully before writing an article. Probable or dubious explanations should be avoided.
   - 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.
   - By following these instructions, Authors will facilitate a more rapid review and processing of their manuscripts and will provide the readers with concise and useful papers.

7. Following review and acceptance, a manuscript is examined in language and style, and galley proofs are rapidly prepared. Second proofs are not sent unless required.

8. Authors should correct their galley proofs very carefully and preferably twice. An additional correction by a colleague always proves to be useful. Particular attention should be paid to chemical formulas, mathematical equations, symbols, medical nomenclature etc. Any system of correction marks can be used in a clear manner, preferably in red. Additions or clarifications are allowed provided that they improve the presentation but do not bring new results (no fee).

9. All Authors will be asked to supply author contribution and conflict of interest forms.

10. Articles submitted to AR may be rejected without review if:
    - they do not fall within the journal's policy.
    - they do not follow the instructions for authors.
    - language is unclear.
    - results are not sufficient to support a final conclusion.
    - results are not objectively based on valid experiments.
    - they repeat results already published by the same or other authors before the submission to AR.
    - plagiarism is detected by plagiarism screening services.

    (Rejection rate (2022): 71%).

11. Authors who wish to prepare a review should contact the Managing Editor of the journal in order to get confirmation of interest in the particular topic of the review. The expression of interest by the Managing Editor does not necessarily imply acceptance of the review by the journal.

12. Authors may inquire information about the status of their manuscript(s) by calling the Editorial Office at +30-22950-53389, Monday to Friday 9.00-16.00 (Athens time), or by sending an e-mail to journals@iiar-anticancer.org

13. Authors who wish to organize and edit a special issue on a particular topic should contact the Managing Editor.

14. Authors, Editors and Publishers of books are welcome to submit their books for immediate review in AR. There is no fee for this service.

(This text is a combination of advice and suggestions contributed by Editors, Authors, Readers and the Managing Editor of AR).

Online ISSN: 1790-6245

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.
- CGP is published bimonthly by the **International Institute of Anticancer Research (IIAR)** and is available online only and open access with **Stanford University HighWire Press.** For more information please visit our website https://cgp.iiarjournals.org/
- **Editorial Office:** International Institute of Anticancer Research, 1st km Kapandritiou-Kalamou Rd., P.O. Box 22, Kapandriti, Attiki 19014, Greece. Tel: +30 22950 52945, Fax: +30 22950 53389.

  U.S. Branch: Anticancer Research Inc., USA, 111 Bay Avenue, Highlands, NJ, USA.
- **E-mail:** journals@iiar-anticancer.org; IIAR WEBSITES: www.iiar-anticancer.org and www.iiarjournals.org

Selection of Recent Articles

Translational Research for Identifying Potential Early-stage Prostate Cancer Biomarkers. N. NAKAMURA, P. ROGERS, R. EGGERSON, S.R. POST, R. DAVIS *(Jefferson; Little Rock, AR, USA)*

Evaluating the Impacts of CYP3A4*1B and CYP3A5*3 Variations on Pharmacokinetic Behavior and Clinical Outcomes in Multiple Myeloma Patients With Autologous Stem Cell Transplant. J. LI, Y.K. CHO, D.W. SBOROV, M.A. PHELPS, C.C. HOFMEISTER, M.J. POI *(Columbus, OH; Salt Lake City, UT; Atlanta, GA, USA)*

Rab27b, a Regulator of Exosome Secretion, Is Associated With Peritoneal Metastases in Gastric Cancer. S. NAMBARA, T. MASUDA, K. HIROSE, Q. HU, T. TOBO, Y. OZATO, J. KURASHIGE, Y. HIRAKI, Y. HISAMATSU, T. IGUCHI, K. SUGIMACHI, E. OKI, T. YOSHIZUMI, K. MIMORI *(Beppu; Fukuoka; Kumamoto, Japan)*

Concurrent Reduced Expression of Contiguous PKD1, TSC2 and NTHL1 Leading to Kidney Diseases and Multiple Diverse Renal Cancers. S. MEGURO, K. TOMOYUKI, Y. HAKOZAKI, A. ONAGI, K. MATSUOKA, S. HOSHI, J. HATA, Y. SATO, H. AKAIHATA, M. KATAOKA, S. OGAWA, Y. KOJIMA *(Fukushima, Japan)*

Neoplasia-associated Chromosome Translocations Resulting in Gene Truncation. I. PANAGOPOULOS, S. HEIM *(Oslo, Norway)*

Novel TPR::ROS1 Fusion Gene Activates MAPK, PI3K and JAK/STAT Signaling in an Infant-type Pediatric Glioma. L. DELAND, S. KEANE, T.O. BONTELL, H. FAGMAN, H. SJÖGREN, A.E. LIND, H. CARÉN, M. TISELL, J.A. NILSSON, K. EJESKÄR, M. SABEL, F. ABEL *(Gothenburg; Skövde, Sweden)*

Mapping Proteome Changes in Microsatellite Stable, Recurrent Colon Cancer Reveals a Significant Immune System Signature. M. BERLE, K.E. HESTETUN, H. VETHE, S. CHERA, J.A. PAULO, O. DAHL, M.P. MYKLEBUST *(Bergen, Norway; Geneva, Switzerland; Boston, MA, USA)*

Expression of DNA Mismatch Repair Proteins, PD1 and PDL1 in Barrett's Neoplasia. J.J. SALLER, L.B. MORA, A. NASIR, Z. MAYER, M. SHAHID, D. COPPOLA *(Tampa; Bradenton; Gainesville, FL, USA)*

Biomarker Expression Profiling in Cervix Carcinoma Biopsies Unravels WT1 as a Target of Artesunate. M.E.M. SAEED, C. CIVES-LOSADA, T. EFFERTH *(Mainz, Germany; Salamanca, Spain)*

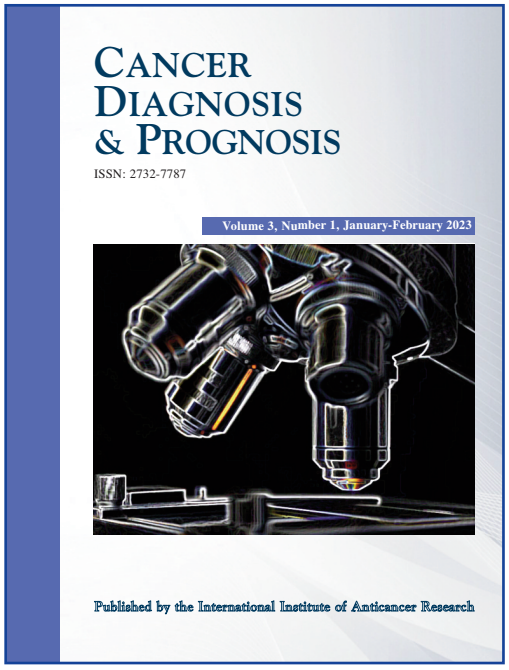
Mutational Signatures Associate With Survival in Gastrointestinal Carcinomas. P. KARIHTALA, K. PORVARI, O. KILPIVAARA *(Helsinki; Oulu, Finland)*

Long Non-coding RNAs With In Vitro and In Vivo Efficacy in Preclinical Models of Esophageal Squamous Cell Carcinoma Which Act by a Non-microRNA Sponging Mechanism. U.H. WEIDLE, F. BIRZELE *(Penzberg, Germany; Basel, Switzerland)*

Palmitoylation of the Alternative Amino Terminus of the BTK-C Isoform Controls Subcellular Distribution and Signaling. M. KOKABEE, X. WANG, E. VOORAND, E. ALIN, L. KOKABEE, F. KHAN, S. DESROSIERS, D.S. CONKLIN *(Rensselaer, NY, USA)*

Requirement of CLIC4 Expression in Human Colorectal Cancer Cells for Sensitivity to Growth Inhibition by Fucoxanthinol. R. YOKOYAMA, A. KUSHIBIKI, S. YAMADA, A. KUBOTA, H. KOJIMA, T. OHTA, J. HAMADA, H. MAEDA, M. MUTOH, M. TERASAKI *(Hokkaido; Aomori; Kyoto, Japan)*

The Contribution of PDCD6 Polymorphisms to Oral Cancer Risk. L.-C. SHIH, J.-L. HE, W.-S. CHANG, C.-L. HSU, T.-C. HSIA, Y.-C. WANG, J.-S. YANG, M.-C. MONG, C.-W. TSAI, D.-T. BAU *(Taichung, Taiwan, ROC)*



Online ISSN: 2732-7787

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.
- CDP is published bimonthly by the **International Institute of Anticancer Research (IIAR).** For more information please visit our website www.cancerdiagnosisprognosis.org
- **Editorial Office:** International Institute of Anticancer Research, 1st km Kapandritiou-Kalamou Rd., P.O. Box 22, Kapandriti, Attiki 19014, Greece. Tel: +30 22950 52945, Fax: +30 22950 53389.

  U.S. Branch: Anticancer Research Inc., USA, 111 Bay Avenue, Highlands, NJ, USA.
- **E-mail:** journals@iiar-anticancer.org; IIAR WEBSITES: www.iiar-anticancer.org and www.iiarjournals.org

Selection of Recent Articles

KIFC1: A Reliable Prognostic Biomarker in Rb-positive Triple-negative Breast Cancer Patients Treated With Doxorubicin in Combination With Abemaciclib. B. FLEISHER, C. WERKMAN, B. JACOBS, J. VARKEY, K. TAHA, S. AIT-OUDHIA *(Orlando, FL; Kenilworth, NJ, USA)*

The Effects of Vonoprazan Fumarate on the Tacrolimus Blood Concentration in Liver Transplant Recipients. M. HIDAKA, A. SOYAMA, J. HASHIZUME, T. HARA, N. MATSUNAGA, H. MATSUSHIMA, T. TANAKA, T. HAMADA, H. IMAMURA, T. ADACHI, K. KANETAKA, K. OHYAMA, S. EGUCHI *(Nagasaki, Japan)*

Endometrial Cancer Incidence in Patients With Atypical Endometrial Hyperplasia According to Mode of Management. A. BARAKAT, A. ISMAIL, S. CHATTOPADHYAY, Q. DAVIES *(Leicester, UK)*

Testicular Plasmacytoma Masking as Epididymo-orchitis in a Known Multiple Myeloma Patient. U.T. VUSQA, P. ASAWA, S. FAZAL, Y. SAMHOURI *(Pittsburgh, PA, USA)*

An Analysis of the Impact of COVID-19 Pandemic-related Lockdown Measures on a Large Gastrointestinal Pathology Service in the United States. A. NASIR, B. HOUGH, C. BAFFA, A. KHAZANCHI, D. COPPOLA *(Bradenton, FL, USA)*

High SLC20A1 Expression Is Associated With Poor Prognosis for Radiotherapy of Estrogen Receptor-positive Breast Cancer. C. ONAGA, S. TAMORI, I. MATSUOKA, A. OZAKI, H. MOTOMURA, Y. NAGASHIMA, T. SATO, K. SATO, K. TAHATA, Y. XIONG, Y. NAKANO, Y. MANO, S. MIYAZAKI, K. SASAKI, S. OHNO, K. AKIMOTO *(Chiba; Tokyo, Japan)*

Validation of the Optimum Timing of Assessment of Tumor Infiltrating Lymphocytes During Preoperative Chemotherapy for Breast Cancer. S. KASHIWAGI, Y. ASANO, K. TAKADA, W. GOTO, R. KOUHASHI, A. YABUMOTO, Y. TAUCHI, T. MORISAKI, K. OGISAWA, M. SHIBUTANI, H. TANAKA, M. OHIRA *(Osaka, Japan)*

CD103+ T Cells May Be a Useful Biomarker in Borrmann Type 4 Gastric Cancer. T. MORI, H. TANAKA, S. DEGUCHI, Y. MIKI, M. YOSHII, T. TAMURA, T. TOYOKAWA, S. LEE, K. MUGURUMA, M. OHIRA *(Osaka, Japan)*

Appropriate Patient Status for Ra-223 Treatment in the Treatment Sequence for Castration-resistant Prostate Cancer. H. ITO, H. YAEGASHI, Y. OKADA, T. SHIMADA, T. YAMAOKA, K. OKUBO, T. SAKAMOTO, A. MIZOKAMI *(Kyoto; Kanazawa, Japan)*

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 *(Kyoto, Japan; Bethesda, MD, USA)*

Cannabidiol May Prolong Survival in Patients With Glioblastoma Multiforme. R. LIKAR, M. KOESTENBERGER, M. STUTSCHNIG, G. NAHLER *(Klagenfurt am Wörthersee; Graz; Vienna, Austria)*

Stereotactic Body Radiation Therapy Boost in Patients With Cervical Cancer Ineligible for Brachytherapy. G. FACONDO, G. VULLO, V. DE SANCTIS, M. VALERIANI, A.M. ASCOLESE, M. MASSARO, D. ANZELLINI, M.F. OSTI *(Rome, Italy)*

The Systemic Immune Markers at Diagnosis Can Predict the Survival Benefit in Advanced Breast Cancer. S. NAKAMOTO, M. IKEDA, S. KUBO, M. YAMAMOTO, T. YAMASHITA, C. KUWAHARA *(Hiroshima, Japan)*

Clinical Studies

Contents continued on the preceding page

SPECIAL ISSUE ON PROSTATE CANCER

Contents continued on the preceding page

Contents continued on the preceding page

Clinical Studies

Contents continued on the preceding page