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 Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form.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

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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. 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).

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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: ISRCTNXXXXXXX (where XXXXXXX 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 fulfills the quality requirements and instructions of the journal, following the regular review process by two suitable referees.

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   • 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, 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.

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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).

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   • 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).

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**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)

Rah27b, 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)


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 (Fenzberg, Germany; Basel, Switzerland)

Palmitylation 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 Cлиц 4 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)

**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**

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)


Endometrial Cancer Incidence in Patients With Atypical Endometrial Hyperplasia According to Mode of Management. A. BARAKAT, A. ISMAIL, S. FAZAL, A. KHAZANCHI, D. COPPOLA (Bradenton, FL, USA)


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, Y. OKUBO, T. SAKAMOTO, A. MIZOKAMI (Kyoto; Kanazawa, Japan)

Real-time IR700 Fluorescence Imaging During Near-infrared Photomunotherapy 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. KOYASHI (Kyoto; Japan; Bethesda, MD, USA)

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