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 Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form.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

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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).

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.

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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.

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.

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   - 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.
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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).
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    - results are not sufficient to support a final conclusion.
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    - 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.

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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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- **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/
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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)*

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)*

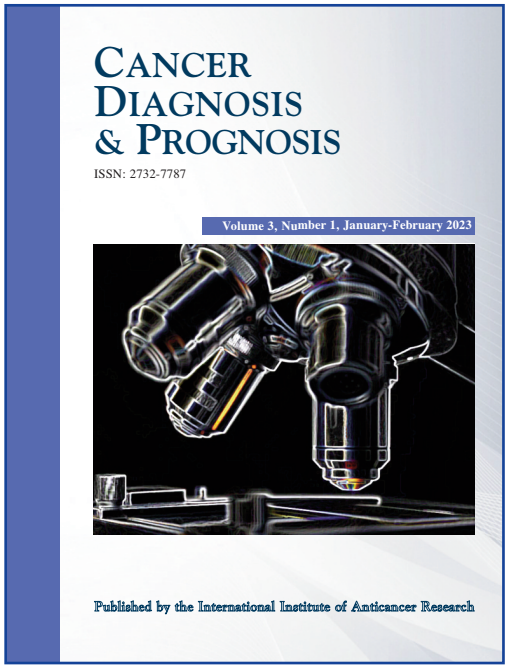
Mutational Signatures Associate With Survival in Gastrointestinal Carcinomas. P. KARIHTALA, K. PORVARI, O. KILPIVAARA *(Helsinki; Oulu, Finland)*

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)*



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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

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)*

Real-world Data of Palliative First-line Checkpoint Inhibitor Therapy for Head and Neck Cancer. S.M. WAGNER, T. MAGNES, T. MELCHARDT, D. KIEM, L. WEISS, D. NEUREITER, C. WAGNER, M.-B. ARETIN, S. NEMEC, G. GAMERITH, G. PALL, R. GREIL, T. FUEREDER *(Salzburg; Vienna; Innsbruck, Austria)* 1273

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ALBI Grade Is a Predictive Factor of Lenvatinib Treatment Discontinuation due to Adverse Events in Hepatocellular Carcinoma. D. ENOMOTO, K. YAMAMOTO, Y. MATSUMOTO, A. MORIOKA, T. OMURA, S. KOMATSU, Y. YANO, T. FUKUMOTO, I. YANO *(Kobe, Japan)* 1317

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First-line Chemotherapy Response Is Associated With Clinical Outcome During Immune Checkpoint Inhibitor Treatment in Advanced Urothelial Carcinoma: A Real World Retrospective Study. J.-R. LI, S.-S. WANG, K. LU, C.-S. CHEN, C.-L. CHENG, S.-C. HUNG, K.-Y. CHIU, C.Y. HSU, C.-K. YANG *(Taichung; Nantou, Taiwan, ROC)* .. 1331

Impact of Concomitant Use of Azoles on Bortezomib-related Adverse Drug Reactions Using JADER. T. IMATOH, T. MATSUMOTO, Y. HARAMAKI, K. MIGITA *(Fukuoka; Hiroshima, Japan)* 1341

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