

ONCOLOGY® GUIDELINES FOR AUTHORS

ONCOLOGY® is a monthly peer-reviewed journal that is indexed in MEDLINE/PubMed, Institute for Scientific Information (ISI), and SCOPUS, among other abstracting and indexing databases. The journal publishes articles relating to the care of patients with cancer. The journal is also sent free of charge to approximately 28,000 physicians and nurses, including medical, surgical, radiation, pediatric, and gynecologic oncologists, hematologists, and physicians who have declared a secondary specialty in 1 of these areas.

CONTACT INFORMATION

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SUBMISSION TYPES

Submission type	Formats	Allowances
Original Research	First publication of results from a clinical trial, scientific study, or analysis Updated results of a clinical trial when new information is available	3000 words ≤6 graphic elements Structured abstract of 250 words 5-8 keywords
Review	Assessment of up-to-date literature pertaining to important clinical topics in oncology	Up to 3500 words ≤6 graphic elements Abstract of 250 words 5-8 keywords
ONCOLOGY® Annual Review of Treatments	Review of treatment strategies in a specific malignancy subset	Requires pre-submission inquiry 3000 words

		<p>≤6 graphic elements</p> <p>Abstract of 250 words</p> <p>5-8 keywords</p>
Case Study or Series	Concise assessment of a novel patient case which has new implications for the field	<p>2500 words</p> <p>≤6 graphic elements</p> <p><10 references</p> <p>5-8 keywords</p>
Patient Case With Commentary	Assessment of a patient case accompanied by a literature review	<p>3500 words</p> <p>≤6 graphic elements</p> <p>5-8 keywords</p>
Clinical Quandaries	Brief clinical case with a multiple-choice question.	<p>Requires pre-submission inquiry</p> <p>2000-25000 words</p> <p>Up to 5 authors</p> <p>≤5 graphic elements</p> <p>Multiple choice question with 4 to 5 treatment options describing possible treatment in the clinical case</p>
Letter to the Editor	Letter discussing a recent article in <i>ONCOLOGY</i> [®]	<p>750 words</p> <p>≤7 references</p> <p>Up to 3 authors</p> <p>No graphic elements</p>

Peer Perspective	Editorial discussing a published manuscript with new and additional information or emphasis on an important topic therein	Requires invitation by <i>ONCOLOGY</i> [®] editorial staff <1000 words ≤7 references Up to 3 authors No graphic elements
Reader Outlook	Opinion article on topics important to oncology practice.	<1000 words ≤7 references Up to 3 authors No graphic elements
Clinical Trials in Progress	Segment to highlight and increase awareness about open phase 2 and 3 clinical trials.	<500 words Requires principal investigator Strongly suggest including clinical trial design infographic

MANUSCRIPT SPECIFICATIONS

Original Research

These reports can include randomized clinical trials, intervention studies, observational studies (cohort or case-control studies), cost analyses, and diagnostic or screening studies. Systemic reviews with meta-analyses are also in this category. Each should contain the following 5 sections, denoted by bold headings: Objectives/Introduction, Methods, Results, Discussion, and Conclusions. A structured abstract outlining the 5 categories is required.

Review

These manuscripts are critical assessments of clinical topics by way of existing literature that do not incorporate meta-analyses. Only focused topics will be considered.

***ONCOLOGY*[®] Annual Review of Treatments**

This segment is meant to highlight and increase awareness about current treatment strategies across different hematologic and solid tumor malignancies. Each should contain the following 5 sections, denoted by bold headings: Current Standards for Diagnosis, Molecular Testing, Stratification of Treatment Selection, Therapy Selection, Emerging and Novel Therapies, Conclusion.

Case Study and Case Series

A case study presents a novel patient case which has new implications for the field. A case series examines multiple patient cases and assesses a potential treatment trend. Submissions should contain the following 6 sections, denoted by bold headings: Introduction, Initial Presentation, Diagnosis, Assessment, Patient and Disease Management, and Discussion of Outcomes.

Patient Case With Commentary

The format includes a brief clinical case presentation followed by a review of literature relevant to the treatment of the patient therein. Assessment of the case should include the following sections: Introduction/Background, Case Presentation, Discussion, Conclusion

Clinical Quandaries

The format includes a brief clinical case presentation and MUST include a question with multiple choice answers (between 4-5 options). This question is a *clinical quandary* that can be related to an oncologic treatment selection, oncology physiopathology, or treatment decisions. In the text, you must discuss why an option is correct and why the others are not. Submissions should contain the following 4 sections, denoted by bold headings: Case Presentation, Question, Discussion (with details regarding each multiple-choice answer), and Outcome of This Case.

Letter to the Editor

Editorials regarding previously published manuscripts should be submitted within 8 weeks of publication online.

Peer Perspective

The author of a Peer Perspective is often one of the peer reviewers who initially read the manuscript. The editorial will look at what is discussed in the article and either present a new take on the information, add to what's written, or emphasize an important topic therein. It is independently indexed with PubMed and published online.

Reader Outlook

Well thought-out author opinion written about a timely topic relevant to the treatment of cancer.

Clinical Trials in Progress

Short summary of open, ongoing phase 2 or 3 clinical trial in oncology. Submissions should include the following information: Background, Inclusion Criteria, Patient Accrual Information, Open Date, Accrual Goal, Percent Accrued, Study Sites, A chart or figure of the trial design, Contact Information, Link to trial on clinicaltrials.gov website.

FORMATTING SPECIFICATIONS

All submission components (cover letter, manuscript text, tables, figures, related papers, etc) must be submitted online via the journal's [submission portal and review system](#).

Cover Letter. Potential authors are encouraged to submit a cover letter detailing the intended submission and its originality, to be addressed to [co-editors-in-chief](#) Julie M. Vose, MD, MBA, and Howard S. Hochster, MD. It should include contact information for the corresponding author.

Text. All submissions should be written according to *AMA Manual of Style*, 11th edition.

All manuscript text should be double-spaced in 12-point font size. Include the acknowledgments, references, tables, and legends in the submitted Word document (not PDF). Cite references, tables, and figures in sequential order in the body of the paper. Any abbreviation or acronym that appears more than twice must be spelled out in full when it first appears in the text, followed by its abbreviation in parentheses. State the generic names of all pharmaceutical products (with trade name in parentheses on first reference).

Title Page. To facilitate our review process, each manuscript document must include a blinded version of the title page.

An unblinded version must be uploaded separately and include the following:

- Manuscript title
- Full names of each author, followed by their highest academic degree (unblinded title page, only)
- Institutional affiliations for each author at the time the work was completed (unblinded title page, only)
- Name, address, telephone, fax, and email information of the corresponding author (unblinded title page, only)
- Indication of the funding source if applicable (including grant numbers, grant agencies, corporations, or sponsors)

- Number of pages, references, figures, and tables
- Word count (excluding references, tables, and figures)

Title. Length of titles should be limited to 150 characters for Original Research, Review, Case Study and Clinical Quandaries manuscripts and 125 characters for Letter to the Editor and Peer Perspective submissions.

Abstract. An abstract is required for all manuscript submissions. The abstract should be 250 or fewer words and briefly summarize the topic.

Manuscript. Specifications for each submission type vary. See [Manuscript Specifications](#).

Keywords. Authors must select 5 to 8 key words that best describe or classify the article.

Acknowledgments and Disclosures. Include a list of acknowledgments, if appropriate. Disclosures of potential conflicts of interest will be included per [ICMJE recommendations](#).

References. It is the responsibility of the authors to complete and verify all references. References should conform to the *AMA Manual of Style*, 11th edition. Cite references in the text sequentially as a superscripted number after any punctuation mark.² Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with a hyphen.

****If a referencing program has been used during the drafting of the manuscript (eg, EndNote or Reference Manager), disable before submitting.****

Per AMA style, number references sequentially in the order they appear in the text (do not alphabetize author names). Identify references with superscript Arabic numerals. References cited only in tables or figures should be numbered in accordance with the sequence established by the first mention of that particular table or figure in the text. Begin the reference list on a new page. Journal names should be abbreviated according to the journal's list in PubMed. Include the DOI number, when available, and do not end the reference on a period when it ends with a URL of a website or a DOI number.

References to papers accepted but not yet published should be designated as "in press" and included in the reference section. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. (Include copies of any "in press" and "submitted" manuscripts [ie, papers under consideration at other journals] for the editors' evaluation as part of your submission.)

References (Sample)

1. Richards DM, Sefrin JP, Gieffers C, Hill O, Merz C. Concepts for agonistic targeting of CD40 in immuno-oncology. *Hum Vaccines Immunother*. 2020;16(2):377-387. doi:10.1080/21645515.2019.16537442
2. Vonderheide RH, Flaherty KT, Khalil M, et al. Clinical activity and immune modulation in cancer patients treated with CP-870,893, a novel CD40 agonist monoclonal antibody. *J Clin Oncol*. 2007;25(7):876-883. doi:10.1200/JCO.2006.08.33114
3. Attal M, Richardson PG, Rajkumar SV, et al; ICARIA-MM Study Group. Isatuximab plus pomalidomide and low-dose dexamethasone versus pomalidomide and low-dose dexamethasone in patients with relapsed and refractory multiple myeloma (ICARIA-MM): a randomised, multicentre, open-label, phase 3 study. *Lancet*. 2019;394(10214):2096-2107. doi:10.1016/S0140-6736(19)32556-5
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5. Carrau RL, Khidr A, Crawley JA, Hillson EM, Davis JK, Pashos CL. The impact of laryngopharyngeal reflux on patient-reported quality of life. *Laryngoscope*. In press.
6. Sanborn RE, Gabrail NY, O'Hara MH, et al. Phase 1 study of the CD40 agonist monoclonal antibody (mAb) CDX-1140 alone and in combination with CDX-301 (rhFLT3L) in patients with advanced cancers. Presented at: 34th Annual Meeting of the Society for the Immunotherapy of Cancer; November 6-10, 2019. National Harbor, MD. Abstract P827.
7. US Food and Drug Administration. List of cleared or approved companion diagnostic devices (in vitro and imaging tools). Accessed May 1, 2010. <https://www.fda.gov/medical-devices/vitro-diagnostics/list-cleared-or-approved-companion-diagnostic-devices-vitro-and-imaging-tools>
8. Study of Pembrolizumab (MK-3475) in participants with advanced solid tumors.(KEYNOTE-158). ClinicalTrials.gov. Updated February 18, 2020. Accessed February 28, 2020. <https://clinicaltrials.gov/ct2/show/NCT02628067>
9. Sovaldi (sofosbuvir). Prescribing information. Accessed June 23, 2019. https://www.gilead.com/~media/Files/pdfs/medicines/liver-disease/sovaldi/sovaldi_pi.pdf
10. NCCN. Clinical Practice Guidelines in Oncology. Bladder cancer, version 4.2019. Accessed September 30, 2019. https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf

GRAPHIC ELEMENTS

Use of graphic elements (tables/figures) is strongly encouraged, but space in the journal may be limited. See [Submission Types](#) for the appropriate number of graphic elements allowed. Any additional elements over that limit may only be included in the online version of the article. The journal will print only essential tables and figures and reserves the right to use graphic elements online only according to space constraints.

Tables. Place each table on a new page. Number all tables sequentially in the order they are cited in the text. Include a title for each table. All acronyms must be defined at the bottom of the table. Footnotes should be identified using superscript letters^{a,b,c} (not asterisks or special symbols) and explained in a footnote to the table. Submit tables in an editable format, (ie, Word or Excel), not as a picture.

Figures. Figures must be of high resolution (at least 300 dpi) and should be submitted separately in JPG, PDF, TIF, EPS, or PPT format. Include arrows pointing to the pathology or other areas of interest on clinical images or figures showing results of imaging studies. Number all figures sequentially in the order they are cited in the text. Include a title and legend for each figure. All acronyms must be defined at the bottom of the figure. Footnotes should be identified using superscript letters^{a,b,c} (not asterisks or special symbols) and explained in a footnote. Any previously published figures must be accompanied by written permission from the publisher and/or copyright holder (see [Permissions](#)).

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- Provide the names, degree(s), affiliations, and email address for each coauthor

- Clearly indicate any source(s) of funding in the cover letter and on the title pages
- Include an abstract (<250 words)
- Select 5 to 8 key words
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