

Submission Checklist for Authors

Submission Item	Description/What to Include	Requirements
Accepted Article Types	<ol style="list-style-type: none"> 1. Original articles, reviews, and case reports 2. Authors are welcome to write a technical note. This note will not necessarily be "academic," but will contain practical advice for the mechanical, electrical, or dose-planning aspects of particle treatment. 	<ul style="list-style-type: none"> • Original articles, reviews, reports: < 4500 words (not including the abstract, body text, and figure legend) • Technical notes: < 3,500 words (including the abstract, body text, and figure legend) • Case reports: < 1500
Title Page	<ol style="list-style-type: none"> 1. A clear concise title; 2. All authors, their highest academic degrees, and their institutional affiliation 3. Short running title 4. Number of figures and tables 5. Conflict of Interest (COI) statement 6. Full Corresponding Author contact information 	<ul style="list-style-type: none"> • Title: < 100 characters (with spaces) • Running title: < 40 characters (with spaces) • Number of figures and tables: < 6
Abstract	<ol style="list-style-type: none"> 1. The study's purpose 2. Materials and Methods (or patients and methods) 3. Results 4. Conclusion 5. Provide 3-5 keywords after conclusion 	<ul style="list-style-type: none"> • < 300 words • Keywords: 3-5
Introduction	Includes context or background to the study (e.g. the importance and the objectives).	Included in the < 4500 overall word limit.
Materials and Methods	<ol style="list-style-type: none"> 1. Provide materials used and experimental/statistical methods. 2. An IRB Statement must be included. 3. Include Human/Animal Experimentation statement, if relevant. 	<ul style="list-style-type: none"> • Included in the < 4500 overall word limit. • Data from studies involving human participants must be reviewed by an IRB or ethics committee; a statement declaring this should be included here. Those without a formal ethics committee should follow the Declaration of Helsinki. • Indicate whether the care and use of laboratory animals was followed as directed by the institution or the National Research Council's guide.
Results	Features the most important results of the study, with little discussion.	Included in the < 4500 overall word limit.
Discussion	Emphasizes new and important aspects of the study and conclusions that follow.	Included in the < 4500 overall word limit.
References	All authors listed. All numbered consecutively, in the order in which they are mentioned in the text.	< 50 references; not included in the < 4500 word limit overall. "Et al" is not accepted.
Figure Legends	Must be provided for all figures.	Included in the < 4500 overall word limit.
Figures	Accepted file formats are: .EPS, .GIF, .TIFF, .JPEG, .PDF, PowerPoint. Photographic images: 300 dpi; Line art images: 800 to 1200 dpi.	Not to exceed 6 (including tables).
Tables	Submit as Word docs, numbered consecutively, in the order that they appear in the text.	Not to exceed 6 (including figures).
Supplementary Materials	The Editor-in-Chief will determine whether any supplementary material is relevant enough to appear with the manuscript upon publication.	
Disclosure Forms	Any conflicts of interest relevant to the study must be disclosed for each author. Fillable PDF forms are available at www.icmje.org	One form submitted for each author, or state disclosures within the manuscript.

Formatting

Generally, all text should be double-spaced. Each manuscript should have the following: title page, abstract, body of text, references, figures, and tables.

Title page

The title page should have the following information listed on one page (if possible): Manuscript title, author group, author affiliation, a running title, corresponding author information

Title: 12 pt, Arial, centered, bold

Author group: 12 pt, Times New Roman, centered, italicized; Full first and last name, initial middle name with period; name should be followed by highest academic degree; superscript affiliation and separate by commas

e.g. * John A. Smith, MD, †Jane B. Doe, PhD,

Author affiliation: 12 pt, Times New Roman, centered

Affiliations may be ranked using superscript numbers.

Running title: 12 pt, Times New Roman, left justified

Corresponding author information: 12 pt, Times New Roman, left justified

Full name, Title

Institute

Street address

City, State Zip Code

Telephone: (XXX) XXX-XXXX; Fax: (XXX) XXX-XXXX

Email: XXXX@XXXXXX.XXX

Abstract

The abstract should be its own separate page with the following subheadings: purpose, patients and methods (or materials and methods), results, and conclusion. These subheadings should be bolded and inline.

Subheading: 12 pt, Times New Roman, left justified, bold, followed by a colon

Text: 12 pt, Times New Roman, left justified.

Example:

Purpose: To assess the efficacy of postoperative radiotherapy (RT) in the treatment of cutaneous melanoma.

Materials and methods: Between August 1981 and December 2009, 82 patients were treated with surgery and postoperative RT for cutaneous melanoma. Patients were thought to be high risk for local-regional recurrence after surgery alone because of the presence of one or more risk factors including recurrence after prior surgery, positive lymph nodes, extracapsular extension, incomplete regional node dissection, microscopically positive margins, gross residual disease, and in-transit metastases. The primary site was located in the head and neck in 64 patients and elsewhere in the remainder. Forty-two patients (47%) were treated with hypofractionated RT and the remainder with conventional fractionation. Median age was 62 years (range, 21 to >89 years). Median follow-up overall and for survivors was 3.0 years (range, 0.1 to 17.4 years) and 6.4 years (1.6 to 17.4 years), respectively.

Results: The 5-year outcomes were: in-field local-regional control 82%; local-regional control, 76%; distant metastasis-free survival, 48%; cause-specific survival, 56%; and overall survival, 43%. In-field local-regional control at 5 years was 87% after hypofractionated RT and 78% after conventionally fractionated RT.

Conclusion: Postoperative adjuvant RT likely reduces the risk of local-regional recurrence after surgery for patients with high risk cutaneous melanoma. Hypofractionated RT is as effective as conventional fractionation and is logistically advantageous, particularly for patients with a relatively poor prognosis. The risk of RT complications is low.

Body of Text

The body of the paper should be separated into the following headings: Introduction, Patients and Methods (or Materials and Methods, which *must* include an IRB statement), Results, and Discussion. The conclusion can be within the Discussion section.

Headings: 12 pt, Arial, left justified, bold

1 subheading: 12 pt, Times New Roman, left justified, bold

2 subheading: 12 pt, Times New Roman, left justified, italicized

3 subheading: 12 pt, Times New Roman, left justified 1” indent, underlined

Text: 12 pt, Times New Roman, left justified

ADDITIONAL INFORMATION AND DECLARATIONS (examples)

The authors would like to thank John Smith at the Department of Research at Smith Cancer Center for his help in preparing this manuscript.

CRedit: **Aaliyah Mmeremikwu:** Conceptualization, Methodology, Software. **Vijay Nair:** Data curation, Writing- Original draft preparation. **Alison Ku:** Visualization, Investigation. **Liam Glasenberg:** Supervision. **John Smith:** Software, Validation. **Himari Noguchi:** Writing- Reviewing and Editing.

Conflicts of Interest: The authors have no relevant conflicts of interest to disclose.

OR List all relevant conflicts.

Funding: This work was supported in part by the NIH/NCI grant XXXXX.

OR The authors have no funding to disclose.

Ethical approval: All patient data has been collected under internal review board (IRB) approved protocol.

OR This study was reviewed by the authors’ institutional research infrastructure and was determined to be exempt from IRB approval.

OR Institutional review board approval was not required by our institution to report this single case. (Case report)

OR This review did not involve human subjects/participants and was exempt from IRB approval. (Review)

References

All references cited in text should be in **Arabic numbering** and within **brackets**. The bibliography should have the references listed by occurrence in the manuscript. All authors should be listed in the bibliography, please do not use “et al.”

Journal article:

1. Zagoria RJ, Hodge RG, Dyer RB, Routh WD. Percutaneous nephrostomy for treatment of intractable hemorrhagic cystitis. *J Urol.* 1993;149: 1449-51.
2. [Author Names]. [Article Title]. [Journal Abbreviation]. [Year];[Volume]:[First page]-[last page].

Whole book:

1. [Author Names]. [Book Title]. [Publisher’s City]: [Publisher]; [Year].

Website:

1. National Cancer Institute. Cancer Advances in Focus: Prostate Cancer. URL: <http://www.cancer.gov/cancertopics/factsheet/cancer-advances-in-focus/prostate>. Last Updated: 9/1/2010.
2. [Author/Institute]. [Webpage Title]. URL: [URL]. Last Updated: [Date of Last Update].

Book chapter:

1. Tisell LE. Irradiation to the neck and HPT. In: Kaplan EL, ed. *Surgery of the Thyroid and Parathyroid Glands*. London: Churchill Livingstone; 1893, 189-99.
2. [Book Chapter’s Author Names]. [Book Chapter Title]. In: [Editors], ed(s). [Book title]. [Publisher’s City]: [Publisher]; [Year], [Pages].

Conference abstract:

1. Hoppe BS, Michalski JM, Mendenhall NP, Morris CG, Henderson RH, Nichols RC, Regan MM, Sandler HM, Sanda MG, Hamstra DA. Comparative Effectiveness Study

of Proton Therapy versus IMRT for Definitive Treatment of Prostate Cancer Based on Patient-reported Outcomes. Presented at: 55th Annual ASTRO Meeting. Atlanta, GA: 2013.

2. [Author Names]. [Title]. Presented at [Conference]. [Conference City]: [Year].

Reports:

1. National Institute of Health. Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0: 2009. URL: http://evs.nci.nih.gov/ftp1/CTCAE/CTCAE_4.03_2010-06-14_QuickReference_8.5x11.pdf.
2. [Author/Institution]. [Title]: [Year]. URL: [URL].

Journal-specific Terminology:

Avoid:	Preferred:
cc	cm ³
CGE and Gy(RBE)	GyRBE or GyE
followup	follow-up
Locoregional	Local regional
Radiotherapy	Radiation therapy
X ray	x-ray