ANPC ANNALS OF NASOPHARYNX CANCER
A JOURNAL FOCUSING ON BASIC AND CLINICAL RESEARCH IN THE FIELD OF NASOPHARYNX CANCE

Annals of Nasopharynx Cancer
Instruction for Authors

Annals of Nasopharynx Cancer (Ann Nasopharynx Cancer; ANPC; Online ISSN 2616-4191) accepts all articles on clinical and translational scientific research in nasopharynx cancer.

1. MANUSCRIPT CATEGORIES

(1) ORIGINAL ARTICLE
Word limit: 3,500 words (Max) including abstract but excluding references, tables and figures
Abstract: Structured. 300 words (Max)
References: 35 maximum.
Figures/tables: Maximum 5 Tables/Figures (combined). Excess Tables and Figures can be included as supplementary material.
Videos*: 2 (Max)
*Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: Originality and clinical impact are essential for acceptance of Original Articles. The **Abstract** should contain the following subheadings: **Background**, **Methods**, **Results** and **Conclusions**. Original articles should entail a section describing the contribution of each author to the manuscript. See section "Authors' Contribution" for details. Meta-analysis will be categorized into this type.
When concerning experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national). Furthermore, authors also need to provide confirmation of consent from patients. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording used for the consent section as: "Written informed consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the Editors-in-Chief of this journal."
When concerning experiments on animals, authors should be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

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Word limit: 5,000 words (Max) including abstract but excluding references, tables and figures
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Figures/tables: Maximum 5 Tables/Figures (combined). Excess Tables and Figures can be included as supplementary material.
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Description: Narrative type of review artcles are typically commissioned. Narrative reviews should not be a 'book chapter' generally covering a topic, but should be a focused application of literature to address a relevant clinical issue. The Editors submit them upon invitation. Proposals for reviews may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration. Systematic reviews or meta-analyses also fall under this category. Systematic reviews must adhere to the PRISMA 2009 guidelines, and the authors have to include a checklist with their submission. All review articles should entail a section describing the contribution of each author to the manuscript. See section " Authors' contribution' for details.

(3) BRIEF COMMUNICATIONS
Word limit: 1,500 words (Max), including abstract, but excludes references, tables and figures
Abstract: Unstructured. 150 words (Max)
References: 15 (Max)
Figures/tables: 3 (Max)
Videos*: 1
* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: Manuscripts oninteresting and/or preliminary

observations that do not warrant publication as a full research article will be considered for the brief report. These submissions will undergo full peer review. There is no need of a structured main text.

(4) CASE REPORT
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References: 15 (Max)
Figures/tables: 3 (Max)
Videos*: 1
* Playback time of all videos should be no more than 15 min - to be distributed amongst the videos as authors see fit.
Description: Novel and unique findings in patients can be submitted as case reports. Such articles would also be subjected to peer review. There is no need for a structured main text. The authors should also provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: "Written informed consent was obtained from the patient for publication of this Case Report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal." In the event of a non-living patient, informed consent for publication must be sought from the next of kin of the patient. In the situation of a minor patient, informed consent must be sought from the parent or legal guardian. The statement in the 'Consent' section of the manuscript should be amended accordingly to reflect this.

(5) EDITORIAL
Authors: 3 (Max)
Word limit: 1500 words (Max). Abstract not required.
References: 15 (Max), including the article discussed
Figures and Tables (combined): 2 (Max)
Description: Editorials are written by recognized leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.

(6) RESEARCH HIGHLIGHT
Word limit: 1,000 words maximum.
Abstract: 150 words maximum, unstructured (no use of sub- headers).
Description: Research Highlight is intended to summarise recent seminal papers on nasopharynx cancer. Such articles are usually solicited by editors and written by experts.

(7) LETTER TO THE EDITOR
Word limit: 1000 words (Max) excluding references, tables and figures
Abstract: Not required.
References: 10 (Max)
Figures/tables: 1 (Max) in total
Description: Viewpoints are usually solicited, but uninvited submissions are also permitted. They should address an important, and current topic on nasopharynx cancer.

(8) CORRESPONDENCE
Word limit: 750 words (Max), excluding references, tables and figures.
References: 5 (Max)
Figures/tables: 1 allowed.
Description: Correspondence on content published in ANPC. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.

2. PREPARATION OF THE TEXT

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows:

Title page
Abstract
Keywords
Main text (see Content Specifications section above)
References
Tables
Legends
Figures

The text should be typed double-spaced throughout. Font type should be either Arial or Times New Roman, and size should be between 10 to12. Language should be English. Spelling can be British or American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 times in the text should not be abbreviated.

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The title page should include:

1) Title of the article (no abbreviations allowed; maximum 200 characters without spaces);
2) A running head of no more than 60 characters including spaces;

3) The full first name and last name of the author(s) (but no qualifications), and the respective affiliations, where the work was conducted (in English);
4) The complete details of the corresponding author(s), including name, address, telephone and/or fax numbers, e-mail address;
5) Acknowledgement of funding sources.

Abstract

The Abstract should conform to the requirements noted in the Content Specifications section above. **Abstract** should contain the following subheadings: **Background**, **Methods**, **Results** and **Conclusions**. It should not contain any abbreviations or reference citations.

Keywords

Following the Abstract, 3-5 keywords of relevance to the submitted manuscript should be given.

Main text

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. Our journal strongly discourages lengthy text descriptions. Authors are instead urged to use videos and figures to explain their points. The text should be considered as the matrix which cites and binds the multimedia components together. IMPORTANT: supporting description concerning the multimedia objects should be contained within the Legends only and NOT repeated in the text. The company name, city and country of any commercial material must be included at first mention within parentheses in the text.

If an article describes any procedure, technology or apparatus that is new, has not been used in the indication described, or is being used for a purpose for which it was not originally intended, it is the responsibility of the authors to ensure that all ethical committee, institutional review board, and/or governing body approval has been properly obtained. Such approval must be explicitly stated in the main text.

Authors' contributions

The contribution made by each author should be briefly stated at the end of the main text. (See"Authors' contribution's in detail)

6) Footnote section: Conflicts of Interest (See specific statement in the following Policy of Conflict of Interest);

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Tables should be self-explanatory, and supplement, but not duplicate, data already presented in the main text. A brief title should be provided. Table should be typed in Arial font 10 size. Any abbreviations used in the Tables should be defined at the bottom. Each Table should be on a separate page.

Legends

Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years.

Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in which they appear consecutively [e.g., "cancer-related mortality (19)"; "denocarcinoma (29,30)"]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al.

Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

Journals

[1] Angeli E, Gerelli S, Beyler C, et al. Bicuspid pulmonary valve in transposition of the great arteries: impact on outcome. Eur J Cardiothorac Surg 2012; 41:248-255.

Books

[2] Kouchoukos N, Blackstone E, Doty D, Hanley F, Karp R. Cardiac Surgery, WB Saunders, 2003:11-17.

Multi-author books

[3] Laine GA, Melhorn U, Davis KL, Allen SJ. Myocardial interstitium lymphatics: pathophysiology and effects on cardiac funtion. In: Reed RK, McHale NH, Bert JL, Winlowe CP, Laine GA, editors. Interstitium, connective tissue and lymphatics, London: Portland Press, 1995:271-282.

Online publications

[4] Hraska V, Photiadis J, Poruban R, Asfour B. Ross-Konno operation in children . Multimed Man Cardiothorac Surg doi: 10.1510/mmcts.2008.003160.

or

[5] Thurber JS, Deb SJ, Collazo LR. Ascending-to-descending aortic bypass for coarctation of the aorta. CTSNet [published 12 May 2008, accessed 30 November 2011]. Available from: http://www.ctsnet.org/sections/clinicalresources/adultcardiac/

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Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

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ANPC will accept digital files in mp4, flash video (flv.), MPEG(MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://anpc.amegroups.com/pages/view/submit-multimedia-files.

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Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280*720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

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Video legends: Legends for the video files should be provided. The video files should be numbered consecutively in the order of reference in the text.

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Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: http://www.ICMJE. org/. Author name: Each author's given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster's Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr.Abbreviations: Must be used sparingly—only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

8. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

❖ **For studies in the following categories:**

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals. Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease

or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

❖ **For other categories:**

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

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- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial

- No statement on medical ethics is required.

Case report and visualized surgery:

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
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Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

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- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

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- State whether all the subjects had signed the informed consent forms during the establishment of the bank

(attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

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Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient

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It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

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When there is no one to be acknowledged, authors should also indicate Acknowledgements as "None".

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(V) Data analysis and interpretation
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(VII) Final approval of manuscript: All authors

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