

INSTRUCTIONS FOR AUTHORS

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 of a “new piece of knowledge” backed up by unambiguous and accurate 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.

The principal aim of AR is to provide prompt publication (print and online) for original works of high quality, 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 Manuscripts will be accepted on the understanding that they report original unpublished works in the field of cancer research that are not under consideration for publication by another journal, and that they will not be published again in the same form.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 to three suitable referees. 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.

AR requires that all manuscripts be prepared in accordance with the **“Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals”** (<https://www.icmje.org/icmje-recommendations.pdf>) as published by the International Committee of Medical Journal Editors (ICMJE). We also support and adhere to the **“Principles of Transparency and Best Practice in Scholarly Publishing”** (<https://publicationethics.org/resources/guidelines/principles-transparency-and-best-practice-scholarly-publishing>) (a joint statement by COPE, DOAJ, WAME, and OASPA).

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.

AR is a monthly print and online hybrid open-access journal (a subscription journal in which some of the articles are open access). All articles that are published as open access are with gold OA, which means that the final published version is permanently and freely available to anyone. All articles of Anticancer Research in HighWire become open access two years after their publication. Our open access articles are distributed under the terms and conditions of the **Creative Commons Attribution (CC BY-NC-ND) 4.0 international license** (<https://creativecommons.org/licenses/by-nc-nd/4.0>).

Manuscript Format

Three types of papers may be submitted: (i) Full papers containing completed original work, (ii) review articles concerning fields of recognizable progress, and (iii) letters to the Editor. 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 American English.

Submitted original 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 USD 230.00 each. Each color page is charged USD 350.00. Review articles should not exceed 35 pages (approximately 250 words per double-spaced typed page) including all tables, figures, and references.

Sections

All manuscripts should be divided into the following sections:

- a. First page including (i) the title of the presented work [not exceeding fifteen (15) words], (ii) full names and affiliations of all authors (with a maximum of 20 authors), (iii) name of the corresponding author(s) (with a maximum of 2 corresponding authors) to whom proofs are to be sent (with affiliation, full postal address, telephone and e-mail), (iv) key words, (v) an abbreviated running title, (vi) an indication “review”, “clinical”, “epidemiological”, or “experimental” study, and (vii) 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. Affiliations should be indicated with a superscript number immediately after each author’s name and in front of the appropriate address. Affiliations should not include street, box number or postal (zip) code.
- b. Abstract not exceeding 250 words, organized according to the following headings: Background/Aim – Materials and Methods/Patients and Methods – Results – Conclusion. For Case Reports the structure should be as follows: Background/Aim – Case Report – Conclusion.
- c. Introduction;
- d. Materials and Methods/Patients and Methods/Case Report;
- e. Results (not needed in a Case Report);
- f. Discussion;
- g. Conclusion;
- h. Conflicts of Interest;
- i. Authors’ Contributions;
- j. Acknowledgements;
- k. Funding;
- l. 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.

Headings and Subsections

The article should be divided into clearly defined unnumbered sections. Main headings should be typed in bold on a separate line on the left of the page. The subheadings should be typed in bold italics at the left of the page on a separate line, and only the first word should begin with a capital letter. The sub-subheadings should be typed in italics on a new line, aligned full left. The text should start on the same line with subheadings and sub-subheadings.

Figures

All figures should appear **at the end** of the submitted document file and should be numbered with Arabic numerals (1, 2, 3, etc.) according to their sequence in the text. Once a manuscript is accepted all figures and graphs 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. Symbols, numbering, and lettering should be clearly legible. The number and top of each figure must be indicated.

Tables

All tables should appear **at the end** of the submitted document file and should be numbered with Latin numerals (I, II, III, etc.) according to their sequence in the text. Once a manuscript is accepted, each table should be submitted separately in an editable format, typed double-spaced. Tables should include a short title. Tables should not be divided into two or more parts, should not contain vertical rules, and the main body of the table should not contain horizontal rules.

Numerals

The authors should write numbers of 10 or more as numerals except at the beginning of a sentence. Numbers one to nine should be written in words, unless they precede units of measure or are used as designators. The authors should use decimal points (not decimal commas) and a comma for thousands (1,000 and above). Decimals should not be quoted with naked points, for example the authors should quote 0.01, not .01. *p*-Values for significant outcomes can be quoted as below a threshold significance value (*e.g.*, $p < 0.05$, 0.01, 0.001), but wherever possible should be quoted as an exact probability value. Departure from a significance threshold of 0.05 should be stated and justified in the Methods. Nonsignificant outcomes should be indicated with an exact probability value whenever possible, or as NS or $p > 0.05$, as appropriate for the test.

Supplementary Material

The journal does not have provision for use of supplementary material (Tables, Figures, Videos, or other material). The authors may (i) include their supplementary Tables/Figures as standard material or (ii) provide their own http/ftp link and upload the material on a website maintained by the authors (in this case the links for the supplementary material are given at the end of the paper under the section "Supplementary Material") or (iii) exclude the material from publication and provide it only for Reviewers' attention.

Conflicts of Interest and Authors' Contributions

All authors will be asked to supply authors' contributions and conflicts of interest information. We encourage authors to outline their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing.

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, *e.g.*, (1, 2). Examples:

- 1 Kenyon J, Liu W, Dagleish A: Report of objective clinical responses of cancer patients to pharmaceutical-grade synthetic cannabidiol. *Anticancer Res* 38(10): 5831-5835, 2018. DOI: 10.21873/anticancer.12924 (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 City, NY, USA, 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, Switzerland, 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)

You may download our journal's style for Endnote at https://iiar-anticancer.org/wp-content/uploads/2023/04/IIAR_Anticancer-Res_2023.zip

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. The authors should define abbreviations that are not standard in this field at their first mention in the abstract, main text, Figures and Table legends, and should ensure consistency of abbreviations throughout the article.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (*e.g.*, chromosomal genotype, hormonal levels, internal and external anatomy). In humans, a binary sex categorization (male/female) is usually designated at birth ('sex assigned at birth'), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviours and identities of women, men, and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. The terms 'sex' and 'gender' can be ambiguous; thus, it is important for authors of studies on human subjects to define the way they are used.

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. AR 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-three 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 20 days from submission, the author should call or write to the Editorial Office to ensure that the manuscript (or the receipt) was properly uploaded during the 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.
6. Authors should pay attention to the following points when writing an article for AR:
 - The Instructions to Authors must be followed in every detail.
 - Authors submitting manuscripts for review in our journal are kindly requested to utilize their *institutional e-mail addresses* instead of personal ones. This ensures efficient communication and maintains academic integrity throughout the review process.
 - The presentation of the experimental methods should be clear and complete in every detail facilitating reproducibility by other scientists.
 - The presentation of results should be simple and straightforward in style. Results and discussion should not be combined into one section, unless the paper is short.
 - Results given in figures should not be repeated in tables.
 - Figures (graphs or photographs) should be prepared at a width of 8 or 17 cm with legible numbers and lettering.
 - 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.
 - 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. All cited references must provide sufficient and valid peer-reviewed results leading to clear and reliable conclusions.
 - 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.
7. Following review and acceptance, a manuscript is examined in language and style, and galley proofs are rapidly prepared. Second proofs are not sent unless required.
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).
9. Articles submitted to AR may be rejected without review if:

- they do not fall within the journal's policy.
- they do not follow the instructions for authors.
- language is unclear.
- 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 (2024): 72%].

10. 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.

11. Authors may inquire information about the status of their manuscript(s) by sending an e-mail to journals@iiar-anticancer.org

12. Authors who wish to edit a special issue on a particular topic should contact the Managing Editor.

Submission Process

Submission of Manuscripts

Please follow the Instructions for Authors regarding the format of your manuscript and references.

Manuscripts must be submitted only through our online submission system at: <http://www.iiar-submissions.com/login.html>

In case a submission is incomplete, the corresponding author will be notified accordingly. Questions regarding difficulties in using the online submission system should be addressed to email: journals@iiar-anticancer.org

Article Transfer Service

If the Editor feels that the submitted manuscript is more suitable for an alternative journal, the authors might be asked to consider transferring the manuscript to such a journal. If they agree, the manuscript will be transferred, though the authors will have the opportunity to make changes to the manuscript before the submission is complete. The manuscript will be independently reviewed by the new journal.

Revision of Manuscripts

When the authors revise their paper, they need to prepare a detailed explanation of how they have dealt with the reviewers' comments and include their response in the first page of the revised manuscript file. In addition, the authors should use the reviewers' edited manuscript file for their corrections (not the original submitted file) and submit online a highlighted version of their revised manuscript. For the highlighted version, the authors may use the Track Changes tool in MS Word or highlight their changes in yellow.

Galley Proofs

Unless otherwise indicated, galley proofs will be sent to the corresponding author of the submission. Corrections of galley proofs should be limited to typographical errors. Galley proofs should be returned corrected to the Editorial Office by email (iiar@iiar-anticancer.org) within 24 hours.

This text is a combination of advice and suggestions contributed by Editors, Authors, Readers, and the Managing Editor of AR.

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EDITORIAL POLICIES

General Policy

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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.

Authorship

To be considered an author of a research article, a person must have made substantial contributions to the conception, design, execution, or interpretation of the study. All authors must also have been involved in drafting or revising the manuscript and must have given final approval of the version to be published. Any changes to the authorship of a manuscript must be approved by all authors, including any additions, deletions, or rearrangements of author names. Acknowledgements should be included in the manuscript to recognize individuals or organizations that contributed to the research but do not meet the criteria for authorship. The corresponding author is responsible for communicating with the journal during the submission, review, and publication process. This person is also responsible for ensuring that all authors have approved the final version of the manuscript and for providing contact information for readers who have questions or comments about the research. All authors must disclose any financial or other conflicts of interest that could be perceived as influencing the research. This information should be included in the manuscript. Authors must adhere to ethical guidelines and standards in the conduct of their research, including obtaining informed consent from study participants, minimizing harm to subjects, and protecting their privacy and confidentiality. Any ethical issues or concerns should be disclosed in the manuscript. Authors should provide access to the data and materials used in the research, including any software or algorithms, so that other researchers can replicate or build upon the findings. Data should be deposited in a recognized repository and the repository information should be included in the manuscript. Authors should ensure that their research is reproducible, meaning that other researchers can obtain similar results using the same data and methods. This can be achieved by providing detailed descriptions of methods and procedures, including any statistical analyses, in the manuscript.

Conflicts of Interest

Conflicts of interest refer to any financial, personal, or professional relationships or activities that could be perceived as potentially influencing the objectivity, integrity, or credibility of the research being published. Authors must disclose all potential competing interests, including those that may be perceived as conflicting, to the journal. This includes relationships or activities that have occurred within the past five years and those that are ongoing or anticipated. Reviewers and editors must also disclose any potential competing interests that could influence their ability to provide unbiased and objective reviews of manuscripts. The journal will carefully evaluate manuscripts that disclose potential competing interests and may seek additional information or clarification. The journal may also require authors to revise their manuscript or provide additional disclosures. Any conflicts of interest will be published along with the manuscript to provide transparency and allow readers to evaluate the potential impact on the research. The journal may take a number of steps to manage potential conflicts of interest, such as requiring authors to recuse themselves from the review process or seeking additional reviews from independent reviewers. If a conflict of interest is discovered post-publication, it will be added in the next available issue as an addendum.

Ethical Policies and Standards

Authors must adhere to ethical principles in the conduct of their research, including obtaining informed consent from human subjects, minimizing harm to subjects, and protecting their privacy and confidentiality.

Research involving human subjects must be approved by an institutional review board or ethics committee and must comply with international ethical guidelines, such as the **Declaration of Helsinki** (<https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2008.pdf>) and **Title 45, U.S.**

Code of Federal Regulations, Part 46, Protection of Human Subjects (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46>) effective December 13, 2001. Informed consent must be obtained from all human subjects and their privacy and confidentiality must be protected. Research involving the use of human fetuses, fetal tissue, embryos and embryonic cells should adhere to the NIH Grants Policy Statement about **Human Fetal Tissue Research** (https://grants.nih.gov/grants/policy/nihgps/html5/section_4/4.1.14_human_fetal_tissue_research.htm).

Animal research must follow ethical guidelines for the care and use of laboratory animals, including minimizing harm and discomfort to animals and using alternatives to animals whenever possible. The journal may require authors to provide evidence of compliance with ethical guidelines and may reject manuscripts that do not comply. Research involving animals must adhere to the **“Guiding Principles in the Care and Use of Animals”** (<https://journals.physiology.org/doi/full/10.1152/ajpregu.00279.2002>) approved by the Council of the American Physiological Society. The use of animals in biomedical research should be under the careful supervision of a person adequately trained in this field and the animals must be treated humanely at all times.

Dual-use research is research that has the potential for both beneficial and harmful applications. Authors must assess the potential risks and benefits of their research and take steps to minimize the potential for misuse or harm. The journal may require additional review or oversight of manuscripts that involve dual-use research.

Before starting the study, all used protocols must have an ethical approval from the local Institutional Review Board (IRB) or any other appropriate ethics board to ensure that the study meets national and international guidelines for human experimentation. A written statement that acknowledges this, including the name of the Institutional Review Board and the reference/approval number (if any), must be included in the submitted manuscript. If a non-interventional study does not require ethical approval, or if a study is exempt from an ethics committee, then this should be fully detailed in the submitted manuscript. For an approved study, the name of the Institutional Review Board that approved it must also be given. Ethics approval is required for all studies before the research is conducted. Authors should be prepared to provide additional information to the journal editors upon request.

Clinical Trials

All clinical trials submitted to our journals have to be registered in a public registry prior to submission and the trial registry number must be included in the submitted article. Our journal is in accordance with the trials registration policy of the **ICMJE** (<https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>). Acceptable registries must meet the following ICMJE requirements: be accessible to the public at no charge, be open to all prospective registrants, be managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and be electronically searchable. An acceptable registry must include the minimum **24-item trial registration data set** (<https://prsinfo.clinicaltrials.gov/trainTrainer/WHO-ICMJE-ClinTrialsgov-Cross-Ref.pdf>) at the time of registration and before enrollment of the first participant. Examples of registries that meet these criteria include ClinicalTrials.gov, the Cochrane Renal Group Registry, the International Standard Randomized Controlled Trial Number Registry, and the European Clinical Trials Database. Randomised Controlled Trials (RCTs) must adhere to the **CONSORT statement** (<https://www.equator-network.org/reporting-guidelines/consort/>).

Informed Consent

AR endorses the recommendations of ICMJE for reporting of research and other material published in medical journals, including reporting and reviewing of animal and human research. When publishing identifiable images from human participants, authors must include a statement that they have obtained an informed consent for their publication. If the participant is deceased, then a consent must be sought from the next of kin. Patient anonymity must be protected by all reasonable measures. All material without an appropriate consent will be removed. The submitted statement can be an appropriate permission from the author and/or publisher of the original work or a written and signed consent to publish from each participant. Authors must protect patient anonymity, whether using original content or reproducing content from a primary source.

Reporting Standards

Manuscripts must present original research that has not been previously published and that makes a significant contribution to the field. Authors must avoid plagiarism, duplicate publication, and self-plagiarism. Manuscripts must include sufficient data and information to allow readers to evaluate the research and reproduce the results. Authors must ensure the accuracy and integrity of their data and provide detailed methods and protocols. Authors must use appropriate statistical methods and report them accurately. They must also describe their methods clearly and provide enough detail to allow other researchers to reproduce the experiments. Authors must present their results clearly and accurately, avoiding exaggeration or misrepresentation. Conclusions must be supported by the data and should not go beyond what is warranted by the evidence. Manuscripts must comply with ethical standards for research involving human subjects and animals, as well as international guidelines, such as the Declaration of Helsinki. Authors must obtain informed consent from human subjects and ensure that animal research is conducted ethically. Authors must disclose all sources of funding for their research and any potential conflicts of interest. They must also acknowledge the contributions of others to the research, including assistance with data collection, analysis, or interpretation. Manuscripts must cite relevant and current literature and give credit to the original authors. Authors must avoid excessive self-citation and ensure that their citations are accurate and complete. The journal may reject manuscripts that do not comply with these reporting standards.

Image Integrity and Standards

Authors must ensure that images are presented accurately and honestly, without manipulation or alteration that could misrepresent the data or lead to incorrect conclusions. Any manipulation of images must be disclosed in the manuscript and explained in the figure legends. Authors must avoid duplicating images within a manuscript or across multiple manuscripts, unless the duplication is necessary for clarity or comparison. Any duplicated

images must be clearly labeled and explained in the figure legends. Authors must maintain the integrity of the image data, including raw data and processed images. They must ensure that images accurately represent the data and that any adjustments or enhancements do not distort or misrepresent the data. Figure legends and captions must accurately describe the content of the figures and provide sufficient information to allow readers to understand the data presented. They must also indicate the source of any previously published figures or images. Authors must provide any supporting information, such as original data or images, that is necessary to verify the findings presented in the manuscript. The supporting information must be of sufficient quality and resolution to allow readers to evaluate the data. Manuscripts may be subjected to image analysis software or visual inspection by the journal's editorial team to ensure the integrity of the images. Authors may be asked to provide original data or additional information to support the images presented in their manuscript. The journal may reject manuscripts that do not comply with these image integrity policies.

Plagiarism and Duplicate Publication

Plagiarism is the act of presenting someone else's work or ideas as your own, without proper attribution or permission. This can include copying text, data, images, or other materials without permission or proper citation. Plagiarism can take many forms, including verbatim copying, paraphrasing without proper attribution, and mosaic plagiarism (combining text from multiple sources without proper citation). It can also include self-plagiarism or reusing your own work without proper citation or permission. Authors can prevent plagiarism by properly citing all sources of information and obtaining permission to use copyrighted materials. They should also avoid copying text or data without permission and ensure that any borrowed material is properly paraphrased and attributed. All manuscripts will be subjected to plagiarism detection software (iThenticate) and manual review by the journal's editorial team to identify instances of plagiarism. The journal may also receive reports of suspected plagiarism from readers, other authors, or other sources. Plagiarism is a serious offense that can result in rejection of the manuscript, retraction of published articles, and damage to the author's reputation. The journal may also report cases of plagiarism to the author's institution or other relevant authorities. If plagiarism is detected in a published article, the journal may issue a correction or retraction to alert readers to the problem. The authors may also be required to provide an explanation or apology for the plagiarism.

Corrections, Retractions and Matters Arising

Corrections may be issued for errors that do not affect the overall findings or conclusions of a published article. These may include typographical errors, errors in figures or tables, or other minor mistakes. Retractions may be issued for serious errors or ethical concerns that call into question the validity or integrity of a published article. These may include fraud, plagiarism, or other ethical violations, as well as errors that significantly affect the findings or conclusions of the article. Decisions to issue corrections or retractions are based on a careful review of the available evidence and consideration of the potential impact on the scientific record. The journal may consult with the authors, reviewers, and other experts as part of this process. Corrections and retractions are issued through a formal process that involves notifying readers, indexing services, and other relevant parties. The journal may also require the authors to provide an explanation or response to the concerns raised. Authors are responsible for ensuring the accuracy and integrity of their published work and are expected to cooperate with the journal's efforts to address any errors or ethical concerns. They may be asked to provide additional information or participate in a formal investigation. Corrections and retractions can have a significant impact on the scientific record, and may be taken into account by other researchers, funding agencies, and other stakeholders. The journal seeks to ensure that corrections and retractions are issued promptly and transparently, and that the scientific record is preserved and protected.

Peer Review

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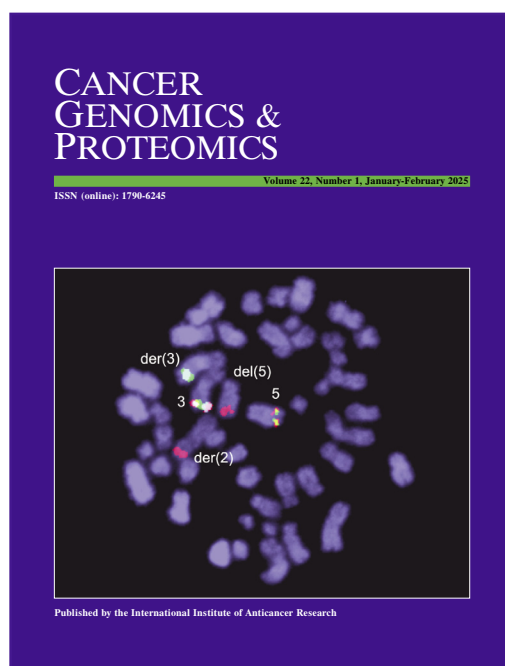
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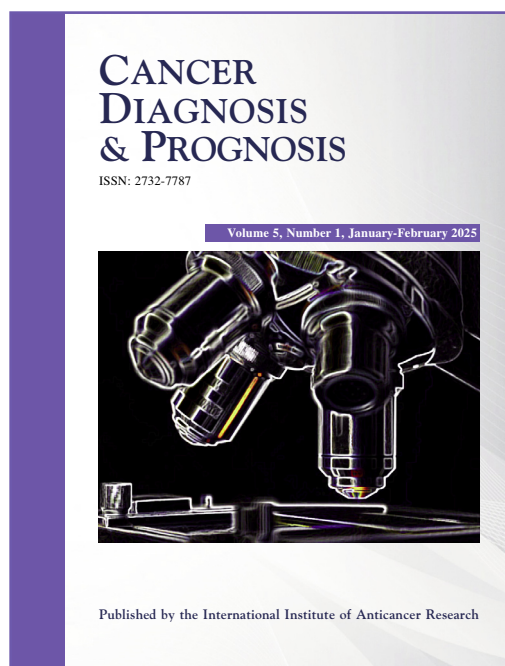
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- A Bioinformatics Assessment Indicating Better Outcomes With Breast Cancer Resident, Immunoglobulin CDR3-MMP2 Binding. S.R. MANDALA *et al.* (Tampa, FL; Portland, OR, USA)
- A Multiplex Biomarker Assay Improves the Prediction of Survival in Epithelial Ovarian Cancer. A. DOBILAS *et al.* (Lund; Malmo, Sweden)
- CircRNAs as New Therapeutic Entities and Tools for Target Identification in Acute Myeloid Leukemia. A. NOPORA *et al.* (Penzberg, Germany)
- Genome-wide Detection of Chimeric Transcripts in Early-stage Non-small Cell Lung Cancer. Y. ILNYTSKYI *et al.* (Calgary, Alberta, Canada)
- Association of Androgen Receptor and PD-L1 Expression in Upper Urinary Tract Urothelial Carcinoma. Y. OKUDA *et al.* (Suita; Sayama, Osaka, Japan; Rochester, NY; Birmingham, AL, USA)
- Orexins and Prostate Cancer: State of the Art and Potential Experimental and Therapeutic Perspectives. A. COSTAGLIOLA *et al.* (Naples; Foggia; Siena, Italy; Philadelphia, PA, USA)
- Inhibition of Increased Invasiveness of Breast Cancer Cells With Acquired Tamoxifen Resistance by Suppression of CYR61. G. BAUERSCHMITZ *et al.* (Göttingen, Germany)
- Genetic Characterization of Pediatric Mixed Phenotype Acute Leukemia (MPAL). I. PANAGOPOULOS *et al.* (Oslo, Norway)
- Molecular Characteristics and Therapeutic Vulnerabilities of Claudin-low Breast Cancers Derived from Cell Line Models. I.A. VOUTSADAKIS (Sault Ste Marie; Sudbury, ON, Canada)
- p21 Protein Outperforms Clinico-pathological Criteria in Predicting Liver Metastases in Pancreatic Endocrine Tumors. A. NASIR *et al.* (Tampa; Bradenton, FL; Tucson, AZ, USA)
- Irradiated Cell-derived Exosomes Enhance Cell Proliferation and Radioresistance via the MAPK/Erk Pathway. Y. DONG *et al.* (Osaka, Japan)
- Depletion of *DNTTIP2* Induces Cell Cycle Arrest in Pancreatic Cancer Cells. M. YOSHIZAWA *et al.* (Kyoto, Japan)
- The Combination of Methioninase and Ethionine Exploits Methionine Addiction to Selectively Eradicate Osteosarcoma Cells and Not Normal Cells and Synergistically Down-regulates the Expression of *C-MYC*. Y. AOKI *et al.* (San Diego; Santa Monica, CA, USA; Okinawa, Japan)
- Fucoxanthin Inhibits Development of Sigmoid Colorectal Cancer in a PDX Model With Alterations of Growth, Adhesion, and Cell Cycle Signals. M. TERASAKI *et al.* (Hokkaido; Gifu; Aomori; Tokyo, Japan)
- Hepatocellular Carcinoma: Up-regulated Circular RNAs Which Mediate Efficacy in Preclinical *In Vivo* Models. U.H. WEIDLE *et al.* (Penzberg, Germany)
- Pathogenetic Dichotomy in Angioleiomyoma. I. PANAGOPOULOS *et al.* (Oslo, Norway)
- The Role of Apoptotic Genes and Protein-Protein Interactions in Triple-negative Breast Cancer. G.M. ADINEW *et al.* (Tallahassee, FL, USA)



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Circulating Cell-free DNA in Serum as a Marker for the Early Detection of Tumor Recurrence in Breast Cancer Patients.

A. BERA *et al.* (Bethesda, MD; Windber, PA, USA)

Pharmacodynamic Modeling Identifies Synergistic Interaction Between Chloroquine and Trastuzumab in Refractory HER2-positive Breast Cancer Cells. Y.L. FRANCO *et al.* (Orlando, FL; Kenilworth, NJ, USA)

KIFC1: A Reliable Prognostic Biomarker in Rb-positive Triple-negative Breast Cancer Patients Treated With Doxorubicin in Combination With Abemaciclib. B. FLEISHER *et al.* (Orlando, FL; Kenilworth, NJ, USA)

Systemic Chemotherapy for Advanced Hepatocellular Carcinoma in Patients With Child-Pugh class B. A. KUWANO *et al.* (Fukuoka, Japan)

The Number of Colon Crypts in Digital Mucosal Samples: A New Independent Parameter for Diagnosing Ulcerative Colitis. C.A. RUBIO *et al.* (Stockholm, Sweden; Bayreuth, Germany; Hradec Králové, Czech Republic)

Assessing Radiological Response to Immunotherapy in Lung Cancer: An Evolving Arena. K.S. RALLIS *et al.* (London; Northwood; Kent, UK)

Comparative Expression Analysis of *TP53* Tumor Suppressor and *MDM2* Oncogene in Colorectal Adenocarcinoma. A. NIOTIS *et al.* (Athens; Patras; Halkida; Ioannina, Greece)

Combined Ultrasound and Computed Tomography Guidance in Radiofrequency Ablation for Hepatocellular Carcinoma Reduces Local Recurrence Rate. S. NAGASAWA *et al.* (Iizuka, Japan)

Bone Metastases in Renal Cell Carcinoma: Impact of Immunotherapy on Survival. E. GAMBALE *et al.* (Florence; Prato; Pisa, Italy)

Results of a Phase II Trial Testing the Resensitization With Trabectedin in Platinum-resistant Ovarian Cancer. G. MARQUINA *et al.* (Madrid, Spain)

Tumor Depth Prediction of Gastric Cancer With a T4 Score. K. TANIGUCHI *et al.* (Tokyo, Japan)

Adenoid Cystic Carcinoma (ACC) Infiltrating the Skull Base: A Systematic Review of Clinical Characteristics and Management Strategies. O. BIN-ALAMER *et al.* (Riyadh, Saudi Arabia; Houston, TX; Fort Lauderdale, FL; Indianapolis, IN; New York, NY, USA; New Delhi, India; Catania, Italy)

Variants in *HOXB13*, G132E and F127C, Are Associated With Prostate Cancer Risk in Japanese Men. S. KURIHARA *et al.* (Gunma, Japan)

Association of Tumor PD-L1 Expression With Time on Treatment Using EGFR-TKIs in Patients With EGFR-Mutant Non-small Cell Lung Cancer. M. INOMATA *et al.* (Toyama, Japan)

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Chemical Carcinogen (Dimethyl-benzanthracene) Induced Transplantable Cancer in Fanconi Anemia (Fanca-/-) Mice. M.W. EPPERLY *et al.* (Pittsburgh, PA, USA)

Therapeutic Efficacy of Temsirolimus in a Patient-derived Model of Metastatic Fibrolamellar Hepatocellular Carcinoma. J.L. LEITING *et al.* (Rochester, MN, USA)

Development of a Simple and Reproducible Cell-derived Orthotopic Xenograft Murine Model for Neuroblastoma. K. DOYLE *et al.* (Sacramento, CA, USA)

Cryogenic Media in Biomedical Applications: Current Advances, Challenges, and Future Perspectives. K. MOKBEL *et al.* (London; Kingston Upon Thames; Surrey, UK; Kaunas, Lithuania)

Non-invasive Fluorescence Imaging of Breast Cancer Metastasis to the Brain in an Orthotopic Nude-mouse Model With Very-narrow-band-width Laser Excitation of Red Fluorescent Protein Resulting in an Ultra-bright Signal Without Skin Autofluorescence. Y. KUBOTA *et al.* (San Diego; Upland, CA, USA; Tokyo, Japan)

Precise and Facile Endotracheal Lung-tumor-implantation Mouse Model Visualized by GFP Expression. Y. AOKI *et al.* (San Diego; La Jolla; Colton, CA, USA; Okinawa, Japan)

Short-term Effects of Non-invasive Physical Plasma Treatment on Genomic Stability. N. GELBRICH *et al.* (Greifswald; Munich; Bonn, Germany)

Immunophenotypes and Tumor Immune Microenvironment in Hepatocellular Carcinoma With Macrotrabecular Massive and Vessels Encapsulating Tumor Clusters. J. AKIBA *et al.* (Kurume, Japan)

Fusion of the Genes for Interferon Regulatory Factor 2 Binding Protein 2 (IRF2BP2) and Caudal Type Homeobox 1 (CDX1) in a Chondrogenic Tumor. I. PANAGOPOULOS *et al.* (Oslo, Norway)

A Phase I Trial of Weekly Nab-paclitaxel Plus Carboplatin With Thoracic Radiotherapy for Non-small Cell Lung Cancer. T. KUBOTA *et al.* (Kochi, Japan)

In Vitro Carbon Ion Beam and Gemcitabine Chemoradiation in a Mucoepidermoid Carcinoma Cell Line. T. SCHNEIDER *et al.* (Heidelberg; Wiesbaden, Germany)

Utility of Precision Oncology Using Cancer Genomic Profiling for Head and Neck Malignancies. M. MATSUO *et al.* (Fukuoka, Japan)

Clinical Benefits of Oral Anticoagulants for Elderly Patients With Cardioembolic Stroke at High Bleeding Risk. K. SAITO *et al.* (Hiroaki, Japan)

The Contribution of DNA Ligase 4 Polymorphisms to Colorectal Cancer. Y. DENG *et al.* (Wuxi; Shanghai, PR China; Houston, TX, USA; Taichung; Taipei, Taiwan, ROC)

Chemotherapy With Eribulin Following Potentially Curative Surgery in Patients With Localized Liposarcoma. O. STEINBRECHER *et al.* (Vienna, Austria)

Whole-breast Radiotherapy With Boost for Node-negative Breast Cancer: Conventional vs. Hypo-fractionation. D. RADES *et al.* (Lübeck, Germany; Phoenix, AZ, USA)