PCM PRECISION CANCER MEDICINE
A JOURNAL AIMING TO DELIVER A LASTING BLOW TO CANCER

Instructions to Authors

Thank you for your interest in *Precision Cancer Medicine* (PCM). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure the fast peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. We are looking forward to your submission.

TABLE OF CONTENT

1. ABOUT THE JOURNAL

Precision Cancer Medicine (*PCM*, Precis Cancer Med, ISSN: 2617-2216) is an open access, peer-reviewed online journal dedicated to precise diagnosis and treatment of cancers and personalized care for patients. With an aim of better understanding and management of cancers, the journal focuses on precision cancer researches on different kinds of cancers and different aspects of cancer research, encompassing advanced basic researches, translational researches and up-to-date clinical practice in the field of precision medicine and engaging multidisciplinary teams of oncology, pathology, imaging, radiotherapy, chemotherapy, surgery, anesthesiology, nursing, etc. It is to improve the health care from all aspects of prevention, diagnosis, treatment and recovery management of cancer care for the patients. PCM welcomes submissions of Original Articles, Review Articles, Editorials, Editorial Commentaries, Case Reports, Clinical Guidelines, etc.

Editorial Office
Precision Cancer Medicine
Email: pcm@amegroups.com

Publisher information
AME Publishing Company
Address: Rm C, 16/F, Kings Wing Plaza 1,No. 3 On Kwan Street, Shatin, NT, Hong Kong

2. MANUSCRIPT CATEGORIES

(1) Original Article

Word limit: 5,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, with sub-headers (background, methods, results and conclusions).
References: no maximum.
Figures/ tables: no maximum, but 8 figures should be sufficient.

Videos: 3 (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. Such an article is to present original basic science or clinical research findings by the authors in the field of precision cancer medicine. The systematic review and meta-analysis in PCM is addressed as original article. 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 as well as Statement of Ethics Approval. See section "AUTHORS' CONTRIBUTION" and section "STATEMENT OF ETHICS APPROVAL" for details.

(2) Review Article
Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, unstructured (no use of sub-headers).
References: no maximum.
Figures/tables: minimum 1 figure or table.
Description: Reviews are comprehensive analyses of specific topics. PCM emphasizes that an acceptable Review Article 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. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution of each author to the manuscript. See section "AUTHORS' CONTRIBUTION' for details.

(3) Precision Oncology Tumor Board
Word limit: 4,000 words maximum excluding references, tables and figures.
Abstract: unstructured (no use of sub-headers), 300 words maximum.
References: no maximum.
Figures/tables: minimum 1 figure or table.
Description: The Precision Oncology Tumor Board is to provide a global forum for dialogue and education for discussion about the optimal use of biomarker testing in a vast number of emerging clinical settings. An article for this column could be a Case-Based Review or Case Report, providing a case with educational values and relevant review of the literature and highlighting the level of evidence supporting key decisions.
The format of a Case-Based Review is recommended as follows while that of a Case report is specified in Section "(5) Case Report".
Abstract: 300 words Maximum
Introduction: a brief description of background information including current diagnosis and treatment for the case presented.
Case Presentation: report the case and highlight unusual presentations of tumors or the clinical problems.
Tumor Management: present imaging, pathology, biomarker testing, treatment and outcome (supplemented with illustrative imaging/pathology/biomarker results).
Case-related Literature Review: discuss controversy in the diagnosis or management of the tumors with specific focus on molecular and other biomarker testing and provide relevant review of the literature and published guidelines, highlighting the level of evidence supporting key decisions. Highlight relevant clinical studies completed/ongoing in the field. Additional figures and tables summarizing relevant biomarker testing platforms, diagnostic workflows, etc. are encouraged.
Conclusion: summarize what readers could learn from the cases as to proper incorporation of biomarker testing to facilitate precision cancer treatments and provide tips, tricks and pitfalls to help guide clinical practice.

(4) Brief Report
Word limit: 2,500 words including abstract but excluding references, tables and figures.
Abstract: 250 words, unstructured (no use of sub-headers).
References: 35 maximum.
Figures/tables: 8 maximum.
Description: Manuscripts containing pertinent and interesting observations concerning precision cancer medicine and reports on new observations or studies that do not warrant publication as a full research article will be considered for the Brief Reports. These submissions will undergo full peer review.

(5) Case Report
Word limit: 2,500 words maximum excluding references, tables and figures.

Abstract: 300 words maximum, unstructured (no use of sub-headers).
References: 20 maximum.
Figures/ tables: 8 maximum.
Description: New observations of diseases, clinical findings or novel/unique treatment outcomes relevant to practitioners in precision cancer medicine covering all fields. The text should be arranged as follows: Introduction, Case Report, Discussion or Introduction, Patient selection and workup, Pre-operative preparation, Equipment preference card, Procedure, Role of team members, Post-operative management, Tips, Tricks and Pitfalls, Discussion. Only cases of exceptional interest and novelty are considered. For manuscripts that do not qualify, Editors may ask authors to shorten manuscripts and rewrite as Letters to the Editor.

(6) Editorial
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum.
Figures/Tables: 2 maximum.
Description: Editorial is written by recognized leader(s) in the field. It is generally solicited by the (Deputy) Editor(s)-in-Chief.

(7) Editorial Commentary
Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 25 maximum.
Figures/Tables: 2 maximum.
Description: The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.

(8) Letter to the Editor
Word limit: 1,000 words maximum excluding references, tables and figures.
Abstract: not required for this manuscript type.
References: 10 maximum.
Figures/tables: maximum 1 in total.
Description: Letters on content published in the Journal or on other topics of interest to our readers are welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.

(9) Technical Note
Word limit: 2,500 words including abstract but excluding references, tables and figures.
Abstract: 250 words maximum, unstructured (no use of sub-headers).
References: 35 maximum.
Figures/tables: 10 maximum.
Audio/video material: The paper to which the audio/video clip relates should be mentioned in the recording.
The corresponding author must confirm in the Copyright Transfer Agreement, that he/she has received a signed release form from each patient recorded on the submitted video. Ideally, patients should not be identi-fiable in these videos. Prior to publication and distribution, the PCM reserves the right to edit the submitted video, including the insertion of a voice-over. If required, additional video editing by the authors (which may delay publication) may also be requested.
Written consent from all parties must be supplied at submission. More detailed instruction for pre-paring a video, please refer to the “Video” section.
Description: Technical notes articles should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently availa-ble. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value. These submissions will undergo full peer review.

(10) Clinical Guideline
Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.
Abstract: 450 words maximum, unstructured (no use of subheaders).
References: no maximum.
Figures/tables: minimum 1 figure or table.
Description: Guidelines need to be the product of a large group of individuals who are recognized authorities in their field. Guidelines will be written by a working party to include a steering committee (usually at least 4 members) and other authors representing a wide range of those with special relevant expertise as well as those whose everyday practice will be influenced by the guidelines.

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3. STRUCTURE OF THE MANUSCRIPT

The length of manuscripts must adhere to the specifications under the section "MANUSCRIPT CATEGORIES". Manuscripts should be presented in the following order:(i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments, (v) footnote, (vi) references, (vii) supplementary material, (viii) figure legends, (ix) tables (each table complete with title and footnotes) and (x) figures (it is recommended that figures, tables and videos are provided in separate files).

TITLE PAGE

The title page should include

- The title of the paper. Concise titles are easier to read than long, convoluted ones. Titles that are too short may, however, lack important information, such as study design (which is particularly important in identifying randomized controlled trials). Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific (no abbreviations allowed).
- The full names of the authors and the addresses of the institutions at which the work was carried out (in English).
- The full postal and email address, plus facsimile and telephone numbers, of the corresponding author.
- Author's Contribution. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, for the original article, review article and systematic review/meta-analysis, the information of author contribution is needed (See section "Author's Contribution" for details).

ABSTRACT AND KEYWORDS

The abstracts must adhere to the specifications under the section Manuscript Categories. The abstract of an original article, review article, systematic review and meta-analysis, should be structured into four paragraphs with sub-headers of background, methods, results and conclusions. The abstracts for all the other manuscript types should be unstructured. **The abstract should not contain any abbreviations or acronyms, as well as citations of reference, figures or tables**. And general statements (e.g. "the significance of the results is discussed'') should be avoided. **Following the Abstract, 3-5 keywords should be given**.

TEXT

The text part should be arranged into short/sharp paragraphs, which are best suited for reading on-screen. Authors must use the following sub-headers to divide the sections of their Original Article manuscript: Introduction, Methods, Results, Discussion, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. Plus, authors should follow the same structures in systematic review and meta-analysis. However, Review Article, Editorial and others do not have those clear sections, they can be written in several sections with their own headers according to the topic (see detailed requirements in the previous section "MANUSCRIPT CATEGORIES").

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.

The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. 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 or 4 times in the text should not be abbreviated.

AUTHOR CONTRIBUTIONS

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

(I) Conception and design:

(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: All authors
(VII) Final approval of manuscript: All authors
Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

ACKNOWLEDGMENTS

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based. All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate 'Acknowledgements' section as 'None'.
PCM policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

FOOTNOTE

a. Conflicts of Interest: See section "Conflict of interest" for details.
b. Financial Disclose: Some variables, such as "measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period". When there is no financial disclose, authors should also indicate "Financial Disclose" section as "None".
c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

REFERENCES

A list of references to the literature should be arranged sequentially following appearance in the text. 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 Arabic numerals in round brackets in which they appear consecutively [e.g. "cancer-related mortality (19)"; "heart failure (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 three or more, 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. Names of journals should be ab-breviated in the style used in Pubmed. Authors are responsible for the accuracy of the references.

The format of reference sees as follow.

- **Journal article**

e.g., Gibas Z, Prout DF Jr, Pontes JR. Chromosome changes in germ cell tumours of the testis. Cancer Genet Cytogenet 1986; 19: 254-52.

- **Online article not yet published in an issue**

An online article that has not yet been published in an issue (therefore has no volume, issue or page numbers) can be cited by its Digital Object Identifier (DOI). The DOI will remain valid and allow an article to be tracked even after its allocation to an issue.
e.g., Furuya R, Takahashi R, Furuya S, et al. Is urethritis accompanied by seminal vesicu-litis? Int J Urol.

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DOI:10.1111/j.1442-2042.2009.02314.x

• **Book**

e.g., Ernstoff M. Urologic Cancer. Blackwell Science, Boston, 1997.

• **Chapter in a Book**

e.g., Gilchrist RK. Further commentary: Continent stroma. In: King LR, Stone AR, Webster GD (eds).Bladder Reconstruction and Continent Urinary Diversion.Year Book Medical, Chicago, 1987; 204-5.

• **Online publications**

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

or

e.g., 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/

APPENDIX

The supplementary appendix should be paginated, with a table of contents, followed by the list of investigators (if there is one), text (such as methods), figures, tables, and then references. The supplementary appendix should not be included in the article's reference list.

The appendix must be submitted in a Word file. The appendix will not be edited for style. It will be presented online as additional information provided by the authors.

The published article will contain a statement that supplementary material exists online and will provide the reader with a URL and link. To reference the supplementary appendix in the text of the article, refer to it as in the following example:

"Many more regressions were run than can be included in the article. The interested reader can find them in a supplementary appendix online".

EQUATIONS

Equations should be numbered sequentially with Arabic numerals; these should be ranged right in parentheses. All variables should appear in italics. Use the simplest possible form for all mathematical symbols.

4. STYLE OF THE MANUSCRIPT

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 SIderived 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.

5. REVIEW PROCESS

Manuscripts are assigned sequentially to Science Editors. An Science Editor solicits reviewers (typically, two external reviews are sought). The reviewers' evaluations and Science Editor's comments are compiled by the Editor- in-Chief for disposition and transmittal to the authors. A decision is made usually within four weeks of the receipt of the manuscript.

The Editor-in-Chief will advise authors whether a manuscript is accepted, should be revised or is rejected. Minor revisions are expected to be returned within two weeks of decision; major revisions within three weeks. Manuscripts not revised within these time periods are subject to withdrawal from consideration for publication unless the authors can provide extenuating circumstances.

A number of manuscripts will have to be rejected on the grounds of priority and available space. A manuscript maybe returned to the authors without outside review if the Editor-in-Chief and Science Editor find it inappropriate for publication in the Journal. Similarly, the Editors may expedite the review process for manuscripts felt to be of high priority in order to reach a rapid decision. Such 'fast track decisions' will normally occur within one week of receipt of the manuscript.

Authors may provide the Editor-in-Chief with the names, addresses and email addresses of up to three suitably qualified individuals of international standing who would be competent to referee the work, although the Editor-in-Chief will not be bound by any such nomination. Likewise, authors may advise of any individual who for any reason, such as potential conflict of interest, might be inappropriate to act as a referee, again without binding the Editor-in-Chief.

The Editor-in-Chief's decision is final. If, however, authors dispute a decision and can document good reasons why a manuscript should be reconsidered, a rebuttal process exists. In the first place, authors should write to the Editor- in-

Chief.

All journals Manuscripts should be written in a clear, concise, direct style so that they are intelligible to the professional reader who is not a specialist in the particular field. When contributions are judged as acceptable for publication, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between authors and readers. If extensive alterations are required, the manuscript will be returned to the author for revision.

6. 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 the Declaration of Helsinki (as revised in Edinburgh 2000), available at: http://www.wma.net/en/30publications/10policies/b3/ . 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).

In general, submission of a case report should be accompanied by the written consent of the subject (or parent/ guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editorial Board recognizes that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case.

Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

7. STATEMENT OF ETHICS APPROVAL

Statement of Ethics Approval: We require every research article submitted to include a statement that the study obtained ethics approval (or a statement that it was not required and why), including the name of the ethics committee(s) or institutional review board(s), the number/ ID of the approval(s), and a statement that participants gave informed consent before taking part. The statement should be described in the method section.

* 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 confirm that the patient has given their consent for the publication. 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.

8. INFORMED CONSENT

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 (or parent or guardian) gives written informed consent for publication. Informed consent is required for **Case report, original/research articles and visualized surgery**. The statement could be included in the footnote. 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)

9. PERMISSION TO REPRODUCE FIGURES AND EXTRACTS

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copyright permission could take some time.

For a copyright prose work, it is recommended that permission is obtained for the use of extracts longer than 400 words; a series of extracts totaling more than 800 words, of which any one extract is more than 300 words; or an extract or series of extracts comprising one-quarter of the work or more.

10. AUTHORS' RESPONSIBILITY AND POLICIES ON CONFLICT OF INTEREST

(1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere, 2) they took a significant part in the work and approved the final version of the manuscript, 3) they have complied with ethical standards, 4) they agree AME publishing company, to get a license to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript.

(2) Conflicts of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (http://www.icmje.org/index.html). Conflict of interest would be included in the FOOTNOTE section.

1) Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

a. Authors

When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

b. Peer Reviewers

Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

c. Editors and Journal Staff

Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

2) Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest; and
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement; and
- Whether the authors had access to the study data, with an explanation of the nature and extent of access,

including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict interest section as the following format: "The author has no conflicts of interest to declare." or "The authors have no conflicts of interest to declare.".

11. CLINICAL TRIALS REGISTRY

We require, as a condition of consideration for publication, registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we require registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt.

We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet- based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s).

Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com); (3) the Australian Clinical Trials Registry (http://www.actr. org.au); (4) the Chinese Clinical Trials Register (http:// www.chictr. org);and (5) the Clinical Trials Registry – India (http:// www.ctri.in).

12. RANDOMIZED CONTOLLED TRIALS

Reporting of randomized controlled trials should follow the guide-lines of The CONSORT Statement: http://www.consort-statement.org

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The author will be granted to use materials of the article without any cost but application is still required.

14. SUBMISSION OF MANUSCRIPTS

Manuscripts must be submitted online at: http://pcm.amegroups.com/login

Authors must supply an email address as all correspondence will be by email.

General

All articles submitted to the Journal must comply with these instructions. Failure to do so will result in return of the manuscript and possible delay in publication.

- Submissions must be double-spaced.
- All margins should be at least 30 mm.
- All pages should be numbered consecutively in the top right-hand corner, beginning with the title page.
- Do not use Enter at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
- Specify any special characters used to represent nonkeyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0(zero) or ß (German esszett) for (Greek beta).
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