

**Cancer Research and Treatment** (Cancer Res Treat) is a peer-reviewed publication of the Korean Cancer Association, Korean Society of Medical Oncology, and Korean Association for Lung Cancer. Cancer Research and Treatment is published quarterly on the 15<sup>th</sup> January, April, July, and October. Cancer Research and Treatment accepts manuscripts for submission under a broad scope of topics relevant to experimental and clinical cancer research. Subjects include carcinogenesis, tumor biology, molecular oncology, cancer genetics, tumor immunology, epidemiology, predictive markers and cancer prevention, pathology, cancer diagnosis, screening, and therapies including chemotherapy, surgery, radiation therapy, immunotherapy, gene therapy, multimodality treatment, and palliative care. Physicians or researchers throughout the world can submit a manuscript if its scope is appropriate.

Manuscripts for submission to Cancer Research and Treatment should be prepared according to the following instructions. Cancer Research and Treatment follows the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication ([http://www.icmje.org/urm\\_main.html](http://www.icmje.org/urm_main.html)), commonly known as “ *Vancouver style*” if not otherwise described below.

## 1. RESEARCH AND PUBLICATION ETHICS

The journal adheres to the ethical guidelines for research and publication by the International Committee of Medical Journal Editors (ICMJE).

### Registration of Clinical Trial Research

It is recommended that any research dealing with a clinical trial be registered at an appropriate online public registry. Manuscript with non-registered interventional clinical trials will not be considered for publication.

### Conflict-of-Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

### Ethical Statement

All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org/>). Any study reporting the results of human subjects or human data must be conducted according to the principles expressed in the Declaration of Helsinki, and must be reviewed and approved by a responsible Institutional Review Board (IRB). The authors should describe the title and approval number of the IRB, and should describe about informed consents from the participants in “*Ethical Statement*” subsection. Copies of written informed consent and IRB approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval or study conduct.

All studies involving animals must state that the guidelines for the use and care of laboratory animals of the authors' institution, or any national law, were followed.

### Data Sharing Statement

CRT accepts the ICMJE recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines.

### Description of Participants

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

### Authorship

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; 3) final approval of the version to be published; and 4) agreement to be 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. Each author should meet these four conditions.

# CANCER RESEARCH *AND* TREATMENT

## Instructions for Authors

CRT does not permit the changing/adding/deleting of authors after submission of the paper. Only in rare cases, such as the work substantially changing in response to reviewer comments, should addition or removal of an author be considered after submission.

### Originality and Duplicate Publication

All submitted manuscripts should be original and should not be considered by other scientific journals for publication at the same time. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by CrossCheck upon arrival. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, figures, and tables.

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It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the "ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (<http://www.icmje.org/>).

### Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

### Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities:

responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

## 2. MANUSCRIPT CATEGORIES

### Original Articles

Original Articles are the primary presentation mode of scientific communication in the journal. Acceptance of manuscripts is based on many factors, including the importance of the research to the field of oncology and the originality of the work. Authors are encouraged to focus on accuracy, clarity, and brevity in their presentations.

### Review Articles / Editorials

Review Articles and Editorials are usually solicited by the Editor-in-Chief. However, unsolicited Review Articles will also be considered for publication, in which case authors should submit their curriculum vitae in addition to the manuscript. Editorial should be no more than five pages in length.

### Special Articles

Special Articles include those manuscripts for which content and style do not fall under the category of Original Articles or Review Articles; these may include, but are not limited to, guidelines, summaries of consensus meetings, and other scholarly communications.

### Case Reports

Case Reports are not encouraged and are considered only if justified by their unique significance or depth of studies on the case. The abstract should be unstructured and its length should not exceed 150 words. There should be no more than five figures, including tables, and no more than 15 references.

### Correspondences

The Editors welcome any form of brief and short articles on general interests for cancer researchers. These include brief case reports, brief communications, comments on topics of interest, readers' comments on articles published recently in the journal, and authors' replies. It should not exceed 400 words, 5 references, 3 authors and 1 table or figure.

### 3. PEER REVIEW PROCESS

The acceptance criteria for all papers are based on the quality and originality of the research and its clinical and scientific significance. An initial decision will normally be made within 4 weeks of receipt of a manuscript, and the reviewers' comments are sent to the corresponding authors. Revised manuscripts must be submitted online by the corresponding author. The corresponding author must indicate the alterations that have been made in response to the referees' comments item by item. Failure to resubmit the revised manuscript within 12 weeks of the editorial decision is regarded as a withdrawal.

### 4. ELECTRONIC SUBMISSION

Manuscripts are submitted online to Cancer Research and Treatment via our Online Submission Site (<http://journal.cancer.or.kr>). Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in return of the manuscript and a possible delay in publication. For assistance please contact via e-mail ([journal@cancer.or.kr](mailto:journal@cancer.or.kr)).

### 5. MANUSCRIPT PREPARATION

#### General Guidelines

Manuscripts must be written succinctly in clear, grammatical English. All manuscripts originating from non-English speaking countries must be revised by a professional linguistic reviewer, and it must be evident from the cover letter that this has been done. All manuscripts are subject to editorial peer review. The editors reserve the right to improve the style and, if necessary, return the manuscript to the author for revision. When a manuscript is received for consideration, the editors assume that no similar paper has been or will be submitted for publication elsewhere. The main document with manuscript text and tables should be prepared with MS Word file.

- The manuscript should be written in 12-point font with double-line spacing on A4 size with standard margins.
- All manuscript pages are to be consecutively numbered, beginning with the title page as page 1.
- The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses.

- Drug and chemical names should be stated in standard chemical or generic nomenclature. Units of measure should be presented according to the International System (SI) of units.

#### Reporting Guidelines for Specific Study Designs

For the specific study design, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies and non-randomized studies, it is recommended that the authors follow the reporting guidelines listed in the following table.

Initiative	Type of study
CONSORT (Source)	Randomized controlled trials <a href="https://www.equator-network.org/reporting-guidelines/consort/">https://www.equator-network.org/reporting-guidelines/consort/</a>
STARD (Source)	Studies of diagnostic accuracy <a href="https://www.equator-network.org/reporting-guidelines/stard/">https://www.equator-network.org/reporting-guidelines/stard/</a>
PRISMA (Source)	Preferred reporting items of systematic reviews and meta-analyses <a href="http://www.prisma-statement.org">http://www.prisma-statement.org</a>
STROBE (Source)	Observational studies in epidemiology <a href="http://www.strobe-statement.org">http://www.strobe-statement.org</a>
MOOSE (Source)	Meta-analyses of observational studies in epidemiology <a href="https://doi.org/10.1001/jama.283.15.2008">https://doi.org/10.1001/jama.283.15.2008</a>

#### Manuscript format

Although there is no limitation on the length of these manuscripts, the Editorial Board may abridge excessive illustrations and large tables. The manuscript for an original article should be organized on a separate page in the following sequence: title page, abstract and keywords, text, author contributions, conflicts of interest, acknowledgments (if necessary), references, tables, and figure legends.

#### 1) Title page

The title page should carry the following information.

- Manuscript title, which should be concise but informative.
- Each author's name (given name, middle name, and surname).
- The name of the department(s) and institution(s) where the work was conducted.
- A running title of fewer than 50 characters.
- The complete mailing address, telephone, facsimile, and e-mail address of corresponding author.

# CANCER RESEARCH *AND* TREATMENT

## Instructions for Authors

### 2) Abstract and Keywords

The abstract should be no more than 250 words, and describe concisely, in a paragraph, the Purpose, Materials and Methods, Results, and Conclusion. Below the abstract, authors should provide 3 to 10 keywords or terms to be used as index terms. Terms from the Medical Subject Headings (MeSH) list (<https://meshb.nlm.nih.gov/search>) should be used; if suitable MeSH terms are not yet available, current terms may be used.

### 3) Text

The text should be structured and arranged in this order: Introduction, Materials and Methods, Results, and Discussion. Footnotes are to be used only for tables and figures. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), route(s) of administration, and city and country of manufacturer. Use only standard abbreviations. A subject that is to be abbreviated must be spelled in full for its first use in the text, followed by the abbreviation in parentheses.

### 4) Conflicts of Interest

All potential conflicts of interest must be stated within the manuscript. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the article. Such relationships include, but are not limited to, employment by an industrial concern, ownership of stock, membership on a standing advisory council or committee, being on the board of directors, or being publicly associated with the company or its products. Other areas of real or perceived conflict of interest could include receiving honoraria or consulting fees or receiving grants or funds from such corporations or individuals representing such corporations.

### 5) Acknowledgments

If necessary, persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here. All sources of funding applicable to the study should be stated here explicitly.

### 6) References

In the text, references should be cited with Arabic numerals in brackets and numbered in the order cited. In the references section, the references should be numbered in order of appearance in the text and listed in English. The total number of references should be less than 30. Any article longer

than these limits should be discussed with the Editor. List all authors if there are less than or equal to six authors. List the first six authors followed by "et al." if there are more than six authors. If an article has been published online, but has not yet been given an issue or pages, the digital object identifier (DOI) should be supplied. Journal titles should be abbreviated in the style used in Medline. Other types of references not described below should follow Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers (available from: <http://www.nlm.nih.gov/citingmedicine>).

#### Journal articles

1. Jung KW, Won YJ, Oh CM, Kong HJ, Lee DH, Lee KH. Prediction of cancer incidence and mortality in Korea, 2017. *Cancer Res Treat.* 2017;49:306-12.
2. Falcone A, Masi G, Loupakis F, Vasile E, Ciardo A, Cavaciocchi D, et al. FOLFOXIRI (irinotecan, oxaliplatin and infusional 5 FU/LV) in combination with bevacizumab in the first-line treatment of metastatic colorectal cancer. *J Clin Oncol.* 2008;26(15S):4031.
3. Stamatovic L, Vasovic S, Trifunovic J, Boskov N, Gajic Z, Parezanovic A, et al. Factors influencing time to seeking medical advice and onset of treatment in women who are diagnosed with breast cancer in Serbia. *Psychooncology.* 2017 Aug 31 [Epub]. <https://doi.org/10.1002/pon.4551>.

#### Book

4. Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG. *Abeloff's clinical oncology.* 4th ed. Philadelphia, PA: Churchill Livingstone; 2008.
5. Wang JC, Dick JE. Cancer stem cells. In: DeVita VT, Lawrence TS, Rosenberg SA, editors. *DeVita, Hellman, and Rosenberg's cancer: principles & practice of oncology.* 8th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2008. p. 135-46.

#### Conference paper

6. Cigler T, Singer O, Moore A, Chuang E, Vahdat LT, Reichman VS, et al. Evaluation of vitamin D levels and aromatase inhibitor-associated musculoskeletal symptoms. In: 2010 Breast Cancer Symposium; 2010 Oct 1-3; Washington, DC. Columbia, MD: American Society of Breast Surgeons; Abstr 166.

#### Online sources

7. American Cancer Society. *Cancer facts & figures* [Internet]. Atlanta, GA: American Cancer Society; c2017 [cited 2017 May 20]. Available from: <http://www.cancer.org/Research/CancerFactsFigures/index>.

8. National Cancer Information Center. Cancer incidence [Internet]. Goyang: National Cancer Information Center; c2016 [cited 2017 Sep 1]. Available from: <http://www.cancer.go.kr/>.

## 7) Tables

Tables should have a title, and be numbered with Arabic numerals in the order in which they are cited in the text. The title and contents of a table should be concise and clear, so that a reader can understand the table without referring to the text. Explanatory material should be placed in a note at the bottom of the table. Within a table, if a non-standard abbreviation is used or description may be necessary, then list them under annotation at the bottom. Use lowercase letters in superscripts <sup>a), b), c)</sup> ... on the right side of the part that needs explanation; the annotation should be recorded according to the lowercase letters listed below the table. Statistical measures such as SD or SE should be identified. Vertical lines between entries should be omitted.

## 8) Figures

Upload each figure as a separate image file. The figure images should be provided in high resolution (preferably 300 dpi for figures and 600 dpi for line art and graphs). They should be submitted in EPS or TIF format, although Jpg format is allowed for color figures. The figures should be sized to column width (8.5 cm or 17.5 cm). If the figures are not original, the author must contact each publisher to request permission and this should be remarked on in the legend of the figure. Figures should be numbered, using Arabic numerals, in the order in which they are cited. All figures should be cited in the text. In the case of multiple images bearing the same number, use capital letters after the numerals to indicate the correct order (e.g., Fig. 1A, Fig. 1B). Figure legends should be merged and included in the manuscript, and should not appear in the figure file. A legend for each light microscopic photograph should include the name of the stain and magnification. Electron microscopic photographs should have an internal scale marker. The total number of tables plus figures should not exceed ten.

## 9) Electronic Supplementary Material

Supplementary material(s) can be figures, tables, dataset, video, etc. They may be submitted as MS Word, TIFF, MOV, etc. They should be cited as "S1 Table" or "S2 Fig.", etc. They should be numbered in the manuscript by the numerical order in which it is cited. Electronic supplementary material(s) will be published as submitted without editing.

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# CANCER RESEARCH *AND* TREATMENT

## Checklists for Authors

*These checklists must be completed during the manuscript submission. Please see Instructions for Authors for details related to these checklists.*

- 1. Type in 12-pitch, ragged-right margin, double-spaced throughout.
- 2. Sequence of title page, abstract and keywords, introduction, materials and methods, results, discussion, references, and tables and figure legends.
- 3. Title page includes (1) manuscript title, (2) category, (3) each author's name, (4) affiliation, (5) running title of fewer than 50 characters, and (6) mailing address, telephone, facsimile and E-mail address of corresponding author.
- 4. Abstract with four specified subtitles in less than 250 words.
- 5. References should be less than 30 (15 in case report) and numbered in order as cited in the text.
- 6. Tables have a title not longer than 15 words.
- 7. All tables and figures are cited in the text.
- 8. Each figure as separate files, in EPS, TIFF or JPG format, minimum 300 DPI.
- 9. Each figure has a title and an explanatory legend as needed.
- 10. Number of tables plus figures does not exceed 10.
- 11. Each necessary permission approved by the appropriate source.
- 12. Description of title and number of IRB approval (when reporting results on human subjects).
- 13. Description about the informed consent (when reporting results on human subjects).
- 14. Elucidations of research or project support/funding (if applicable).
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