

Cancer Control

Journal of the Moffitt Cancer Center

Instructions for Authors

Cancer Control is an international, peer-reviewed medical journal distributed to oncologists in more than 70 countries. It is also available online at: MOFFITT.org/ccj.

Manuscript Submission. All manuscripts should be submitted via e-mail to ccjournal@moffitt.org **AND** veronica.nemeth@moffitt.org or mailed (on CD with printed hardcopy) to the attention of the Editor, Cancer Control: Journal of the Moffitt Cancer Center, MBC-JRNL, 12902 Magnolia Drive, Tampa, FL 33612.

Author Guidelines. Authors are encouraged to indicate probabilities and levels of evidence in relation to key statements. When possible, quantification of the risks and benefits of the treatment, giving the reduction or the typical number needed to treat, is advantageous. Thus, false-positive and false-negative rates (or sensitivities and specificities) should be included for diagnostic tests, and treatment recommendations should be based on the level of evidence (ie, no clear evidence, suggestive evidence, or firm evidence).

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Typing and Assembly — All parts of the manuscript, including tables, figure legends, and references, should be typed using Times New Roman 12 point font, 1.5 line spacing, and 1 inch margins. Arrange components in the following order: title page, abstract, text, bibliography in numerical order, tables/figures in numerical sequence, figure legends, and appendices (if any).

Title Page — The title page should include the following elements:

Main Title and Subtitle (if any) — The title should be concise but informative. Keep in mind that the title is often used to locate papers in electronic searching. If the study is a randomized trial, a subheading must be added to that effect.

Keywords — Provide key concepts of the articles (MeSH terms)

Author Listing — List authors' **full names and their degrees** in the order in which they are to appear in the published article. For correspondence purposes, **please include each author's name, primary affiliation, department/program, mailing address, and e-mail address.** Designate a corresponding author.

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Abstract — *Cancer Control* **requires that all manuscripts include a brief structured abstract of the article with the headings of Background, Methods, Results, and Conclusions.**
(Approximately 200 words/see example on page 5)

Text — Length of text is generally limited to 15-20 typewritten pages, plus bibliography, tables, and figures. **References should be kept to a minimum as much as possible w/out affecting the content of the paper. Limit use of tables/figures as appropriate.** Tables & figures can be reproduced in black and white or color. Headings should be brief and contain no abbreviations. Position all headings at the left margin.

Use only three levels of headings and clearly indicate the levels by using these typographic conventions:

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Abbreviations and Symbols — Use only standard abbreviations for clinical and technical terms. Keep abbreviations to a minimum, and explain thoroughly those used. Do not abbreviate the names of symptoms or diseases or anatomic and histologic characteristics. Use standard abbreviations for units of measurement (eg, 3 mL for 3 milliliters) and standard scientific symbols (eg, Na for sodium).

Units of Measurement — Use SI units throughout for hematologic and clinical chemistry measurements. When reporting values for such commonly studied components as cholesterol, C-peptide, glucose, thyroxine, and urea nitrogen, the value should be reported in SI units with conventional units given in parentheses.

Proprietary and Generic Names — Wherever possible, generic terms should be used for all drugs. Proprietary names may be included in parentheses following the generic name. Instruments may be referred to by proprietary name, but the name and location of the manufacturers must be provided in parentheses.

References and Bibliography — Number references consecutively in the bibliography as they appear in the text. Use the AMA style, as shown in the examples below. **If using Endnote, format in the style of JAMA.**

Journals:

Klapman J, Malafa MP. Early detection of pancreatic cancer: why, who, and how to screen. *Cancer Control*. 2008;15(4):280-287.

White R, D'Angelica M, Katabi N, et al. Fate of the remnant pancreas after resection of noninvasive intraductal papillary mucinous neoplasm. *J Am Coll Surg*. 2007;204(5):987-993; discussion 993-995.

Cooke AL, Metge C, Lix L, et al. Tamoxifen Use and Osteoporotic Fracture Risk: A Population-Based Analysis. *J Clin Oncol*. 2008 Oct 6. Epub ahead of print.

Gierga DP, Brewer J, Sharp GC, et al. The correlation between internal and external markers for abdominal tumors: implications for respiratory gating. *Int J Radiat Oncol Biol Phys*. 2005;61(5):1551-1558.

Abstracts:

Strosberg JR, Choi J, Gardner N, et al. First-line treatment of metastatic pancreatic endocrine carcinomas with capecitabine and temozolomide. *J Clin Oncol*. 2008;26(May 20 suppl). Abstract 4612.

Poplin E, Levy DE, Berlin J, et al. Phase III trial of gemcitabine (30-minute infusion) versus gemcitabine (fixed-dose rate infusion) versus gemcitabine plus oxaliplatin (GEMOX) in patients with advanced pancreatic cancer (E6201). *J Clin Oncol*. 2006 ASCO Annual Meeting Proceedings Part I. 2004;24(18S June 20 suppl):LBA4004. Abstract.

Textbooks: Holzbeierlein JM, Smith JA Jr. Natural history and surgical management. In: Vogelzang NJ, Shipley WU, Scardino PT, et al, eds. *Comprehensive Textbook of Genitourinary Oncology*. 2nd ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2000:384-424.

Electronic journals/Web sites: American Cancer Society. What are the key statistics for pancreatic cancer. http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_pancreatic_cancer_34.asp?sitearea=. Accessed June 17, 2008.

Unpublished material: Reinartz JA. Percutaneous lung aspiration: a useful diagnostic adjunct in pneumonia. Presented at the Ninth Interscience Conference on Anti-microbial Agents and Chemotherapy; October 19, 1974; Atlantic City, NJ.

In the list of references, do not include material that has been submitted for publication but has not yet been accepted. This material, with its date, should be noted in the text as “unpublished data”.

Do not include “personal communications” in the list of references. These should be noted in the text and the following forms may be used:

- In a conversation with A. B. Smith, MD (November 2002). . . .
- According to a letter from A. B. Smith, MD, in November 2002). . . .
- Similar findings have been noted by James⁴ and by A. B. Smith, MD (written communication, November 2002).

Tables and Figures — Tables require headings, and figures require legends. Explain all abbreviations used. Images should be submitted as jpg, pdf or tif files -- no less than 300 dpi.

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1. The author has received approval from the editors of both journals.
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3. The secondary version, which may include updates and expanded information, faithfully reflects the data and interpretations of the primary version.
4. The footnote on the title page of the secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part and states the primary reference. A suitable footnote might read: “This article is based on a study first reported in the [title of journal, with full reference].”

Style Guidelines — Guidance on grammar, punctuation, and scientific writing can be found in the *American Medical Association Manual of Style*. 10th ed. Philadelphia, Pa: Williams & Wilkins; 1998.

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Abstract Outlines

For Review Articles:

Purpose
Data sources
Study selection
Data extraction
Results of data synthesis
Conclusion

For Original Research Studies:

Objective
Design
Setting
Patients/participants
Interventions
Main outcome measures
Results
Conclusion

Sample - Abstract

Background: Prior to the use of cisplatin, durable complete remissions of metastatic testis cancer were rare. In 1977, a treatment program including a chemotherapy program of cisplatin, vinblastine, and bleomycin (PVB) led to high response rates and acceptable toxicities in patients with disseminated testis cancer. Since then, various regimens such as bleomycin, etoposide, and cisplatin (BEP) have been tested for good- and poor-risk disease and for salvage therapy.

Methods: The author reviewed the results of prospective, randomized clinical trials that have markedly improved the outlook of patients with this type of cancer according to risk.

Results: These trials have defined the current standard combination chemotherapy and their schedules, depending on risk category. Standard therapy for both good-risk and poor-risk disease remains BEP therapy. High-dose chemotherapy with autologous bone marrow or peripheral stem cell rescue transplantation is being investigated to overcome chemotherapy resistance.

Conclusions: While the present state of the art for treating metastatic testicular cancer is promising, approximately one third of patients will not achieve a remission. Trials of new agents may provide strategies to increase patient survival.

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 - Keywords (MeSH terms)
 - Each author's name, degrees, primary affiliation, address, telephone and facsimile numbers, and e-mail address.
 - A designated corresponding author
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