Annals of Translational Medicine

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INSTRUCTIONS FOR AUTHORS

Thank you for your interest in Annals of Translational Medicine (ATM). Please consult the following instructions to help you prepare your manuscript, and feel free to contact us with any questions. To ensure 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.

1. ABOUT THE JOURNAL

The Annals of Translational Medicine (Ann Transl Med; *ATM*; Print ISSN 2305-5839; Online ISSN 2305-5847) is an international, peer-reviewed Open Access journal featuring original and observational investigations in the broad fields of laboratory, clinical, and public health research, aiming to provide practical up-to-date information in significant research from all subspecialties of medicine. It is published quarterly (April 2013- Dec 2013), monthly (Jan 2014 - Dec 2014), biweekly (March 2015-) and openly distributed worldwide.

Specific areas of interest include, but not limited to, multimodality therapy, epidemiology, biomarkers, imaging, biology, pathology, and technical advances related to medicine. Submissions describing preclinical research with potential for application to human disease, and studies describing research obtained from preliminary human experimentation with potential to further the understanding of biological mechanism underlying disease are encouraged. Also warmly welcome are studies describing public health research pertinent to clinic, disease diagnosis and prevention, or healthcare policy.

Annals of Translational Medicine is indexed in PubMed. *ATM* is the Official Publication of:
Society for Translational Medicine (STM) and is endorsed by the Bonnie J. Addario Lung Cancer Foundation (ALCF).

2. MANUSCRIPT CATEGORIES

Original Articles

Original scientific reports of clinical research. Original articles should normally be in the format of Background, Methods, Results and Conclusions. Originality and clinical impact are essential for acceptance of Original Articles.

Word limit: 6,000 words maximum including abstract but excluding references, tables and figures.

Abstract: 300 words maximum, with sub-headers. Abstract should contain the following subheadings: Background, Methods, Results and Conclusions. There should be no subheaders, figures, tables, or references in the abstract.

References: no limit.

Keywords: 3 to 5.

Running title: less than 60 characters.

Figures/ tables: no limit.

Description: Full-length reports of current research in either basic or clinical science.

Original article should entail a section describing the contribution each author made to the manuscript. See section "Authors' Contribution" for details. Meta-analysis will be categorized into this type.

Review Articles

Reviews are comprehensive analyses of specific topics. They are submitted upon invitation by the Editors. 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. The text is limited to 5000 words excluding the title page, abstract, text, references, figures, figure legends, and tables. Abstracts are limited to 300 words.

Review Article should entail a section describing the contribution each author made to the manuscript. See section "Authors' Contribution" for details.

Research Highlights

Research Highlights are 'digest' of the best/most interesting research findings that have been recently published in the field of cancer research. They are usually solicited by editors and written by outstanding experts. The text is limited to 1500 words. No abstracts are required.

Technical Notes

Technical notes should present a novel or improved technique, investigation or procedure. The article must describe a demonstrable advance on what is currently available. The text is limited to 2500 words including abstract, but excluding references, tables and figures. Photos, drawings and videos are encouraged.

Commentaries

Word Limit: 1500 words maximum excluding references, tables and figures.
Abstract: Not required.
References: 20 maximum, including the article discussed.
Figures/tables: 2 maximum.
Description: Commentary, upon Editor's invitation, discusses a paper or report or event within the past few months or so, or in the near future. It should set the problems addressed by the paper/report/event in the wider context of the field. Proposals for Commentary may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

Perspectives

Word limit: 3000 words maximum including abstract but excluding references, tables and figures.
Abstract: Unstructured. 300 words maximum.
References: no maximum.
Description: Perspectives can be more personal, forward-looking or speculative, compared with reviews of a scientific topic. A paper presenting controversial positions or papers of the same topic advocate opposite sides will be published as Perspectives. Most of Perspectives will be solicited by the editors; however, we also welcome timely, unsolicited Perspectives. Proposals for perspectives may be submitted; however, in this case authors should send an outline of the proposed article prior to submission.

Editorials

Word Limit: 2,500 words maximum excluding references, tables and figures.
Abstract: Not required.
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.

Viewpoint

Word limit: 1200 words maximum excluding references, tables and figures.
Abstract: Not required.
References: 10 maximum.
Figures/tables: Only one table or figure.
Description: Viewpoints may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented and must have no more than 3 authors.

Correspondence

Word limit: 1000 words maximum excluding references, tables and figures.
Abstract: Not required.
References: Not more than 10.
Figures/tables: Only one table or figure.
Description: Correspondence on content published in the Journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors. Correspondence is also referred to as Letter to the Editor.

Study Protocols

Study Protocols report planned or ongoing trials, describing the rationale, criteria, treatment plan, and anticipating the results. Since this type of article discusses an ongoing or planned trial, manuscripts that report work already carried out will not be considered as protocols, and conclusive data regarding outcomes should not be included.

The format of a Study Protocol may follow a format similar to an Original Article. It should contain the following sections:

Title with specific study type, for example, a randomised controlled trial Structured Abstract, with Introduction, Methods and analysis, Discussion included.

Registration details should be included as a final section, if appropriate.

The dates of study should be stated in the manuscript Ethical approval. Protocols for studies that will require ethical approval, such as trials, are unlikely to be considered without having received that approval.

Full references.

Authors' contributions (see Authors' contributions part for details).

Funding statement.

Conflict of interests statement.

***ATM* Lecture Series**

This is a 20-minute PowerPoint presentation with voiceover recording on a focused topic, given by an expert in the field. This section requires a 1500-word mini-review or an editorial to be submitted together with the Keynote Lecture file.

Surgical Techniques

"Surgical Techniques" is a featured section that publishes illustrated articles. These articles must include four subheadings—Abstract, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The body of the article should include 10-15 medical drawings or photos, accompanied by detailed legends, describing the operative procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. It is important to submit (1) the outline of your manuscript and (2) the attached graphics by the submission date. Illustrations in color are encouraged and the finalized graphics submitted will be printed at no cost to the authors. If required, our medical illustrator may be made available, however, there will be additional costs associated with the use of this service.

Visualized Surgery

"Visualized Surgery" is a featured section that publishes narrated videos provided by renowned surgeons. This section is designed to be presented as a detailed "how to" multimedia manual for operative procedures. The submitted videos of each article must have a maximal limit of one hour in duration and it must be accompanied with descriptive text. The text should include four subheadings – Abstracts, Introduction, Operative Techniques and Comments. The abstract is limited to 300 words. The main section on Operative Techniques should include detailed descriptions of the procedures in a step-by-step format. Expert opinions regarding possible pitfalls and the comparison of the described procedure with other methods are encouraged. 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 identifiable in these videos. Prior to publication and distribution, the *ATM* 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.

Case Reports

Only cases of exceptional interest and novelty are considered.

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. The text should be arranged as follows: Introduction, Case Presentation, Discussion.

The authors should provide a statement at the end of the main text to confirm that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: "Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."

If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to provide consent, then consent must be sought from the parents or legal guardians of the patient. In these cases, the statement in the 'Consent' section of the manuscript should be amended accordingly.

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.

Letters to the Editor

Letters commenting on articles published previously in the journal or expressing views on topics relevant to translational medicine will be published. An appropriate title should be provided.

Column in "Changemakers in Patient-Oriented Translational Clinical Investigation."

Word limit: 6,000 word maximum including abstract, tables and figures

Abstract: Unstructured, 300 word maximum.

References: No maximum

Description: Authors are referred to the published Introduction to this Column for the definition and characteristics of a "changemaker" patient-oriented translational clinical investigator (POTCI) (http://atm.amegroups.com/post/category/column-in-changemakers-in-patient-oriented-translational-clinical-investigation). Clear evidence should be presented in the manuscript that the subject of the manuscript was indeed a changemaker in his or her field of interest.

The author(s) should have personal knowledge of the individual changemaker they are writing about in order to paint a picture of his or hers contributions as a human being as well as a successful patient-oriented clinical investigator. As an example, the changemaker might have served as the Mentor to the author(s) during his/her earlier clinical investigation training and career development. Graphic illustrations are encouraged.

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. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

Key words and running title are required for all types of article.

Title Page

The title page should contain (i) the title of the manuscript. Authors should include all information in the title that will make electronic retrieval of the article both sensitive and specific. (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers of the corresponding author. The present address of any author, if different from that where the work was carried out, should be supplied in a footnote. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author's contribution to the paper is to be quantified. The title should be short, informative and contain the major key words so that readers and in particular online users will discover the article easily in online search. Do not use abbreviations in the title. A short running title (less than 40 characters) should also be provided.

Abstract and Keywords

The length of abstracts must adhere to the word count

specifications under the section Manuscript Categories. The abstract should include the following subheadings: Background, Methods, Results and Conclusions. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g. "the significance of the results is discussed") should be avoided.

Three to five key words should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine's Medical Subject Headings (MeSH) browser list at: http://www.nlm.nih.gov/mesh/meshhome.html.

Text

Authors must use the following subheadings to divide the sections of their Original Article manuscript: Background, Methods, Results and Conclusions, Acknowledgment, Footnote, References, and when relevant, Supplementary Material. However, review, perspective, opinion and commentary articles do not require these specifically outlined sections, and they can be written in several sections with their own headings, as suitable.

Authors' Contribution

This section is required for original article, review article, systematic review and meta-analysis article and Clinical Guideline. 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. 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. Authors should meet conditions 1, 2, 3, and 4, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged (see section "Acknowledgement"). 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:

(1) Conception and design:
(2) Administrative support:
(3) Provision of study materials or patients:
(4) Collection and assembly of data:
(5) Data analysis and interpretation:
(6) Manuscript writing: All authors.
(7) Final approval of manuscript: All authors.

Note: 1. Manuscript writing part and Final approval of manuscript part are required to be included while other parts are based on actual applicability; 2. Contribution is not required when there is only one author. The authorship policy is consistent with criteria from the International Committee of Medical Journal Editors (ICMJE) (see section "AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST FORM").

Example

M.M.M. designed the overall study with contributions from S.F. S.F. designed and carried out experiments, collected and analyzed data, and cowrote the paper. Y.S. designed and carried out experiments and collected and analyzed data with S.F. and M.M.M. S.B. carried out experiments, adapted the rapid TALEN assembly protocol, and analyzed data with Y.S. M.S.W. and M.M.M. designed the vector for the repair experiment. M.S.W. constructed the repair vector. S.F. and Y.S. carried out the repair experiment. S.F., Y.S., M.S.W., and M.M.M. discussed and edited the paper. M.M.M. supervised this study, designed and performed experiments, analyzed data, and and wrote the paper. (Cited from: Fanucchi S, Shibayama Y, Burd S, et al. Chromosomal contact permits transcription between coregulated genes. Cell 2013;155:606-20.) wrote the paper. (Cited from: Fanucchi S, Shibayama Y, Burd S, et al. Chromosomal contact permits transcription between coregulated genes.5Cell 2013;155:606-20.)

Acknowledgements

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'.

ATM 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.

Funding

Details of all funding sources for the work in question should be included in the Acknowledgement section.

The following rules should be followed:

The sentence should begin: 'This work was supported by ...'.

The full official funding agency name should be given, i.e. 'National Institutes of Health', not 'NIH' (full RIN-approved list of UK funding agencies) Grant numbers should be given in brackets as follows: '[grant number xxxx]'.

Multiple grant numbers should be separated by a comma as follows: '[grant numbers xxxx, yyyy]'.

Agencies should be separated by a semi-colon (plus 'and' before the last funding agency).

Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number 'to [author initials]'.

An example is given here: 'This work was supported by the National Institutes of Health [AA246897 to C.S., BB916391 to M.H.]; and the Interstitial Cystitis Association (ICA) Pilot Grant.

References

The Vancouver system of referencing should be used. In the text, references should be identified using numbers in round brackets in which they appear consecutively [e.g., "causing most BC deaths (1)"; "MIBC are greatly needed (6-8)"]. Number references consecutively in the order in which they are first mentioned in the text. The titles of journals should be abbreviated according to the style used in Index Medicus. List all authors, but if the number exceeds three, give three followed by "et al."

Resnick MJ, Bassett JC, Clark PE. Management of superficial and muscle-invasive urothelial cancers of the bladder. Curr Opin Oncol 2013;25:281-8.

For other styles of publication or Internet articles, see http://www.nlm.nih.gov/bsd/uniform_requirements.html

Tables

Tables should be self-contained and complement (but not duplicate) information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for p-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

Figures

All illustrations (line drawings and photographs) are classified as figures. Figures should be cited in consecutive order in the text. Magnifications should be indicated using a scale bar on the illustration. If figures have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

- **Size**: Figures should be sized to fit within the column (82 mm), intermediate (118 mm) or the full text width (173 mm).

- **Resolution**: Figures must be supplied as high resolution saved as .eps or .tif. Halftone figures 300 dpi (dots per inch), Color figures 300 dpi saved as CMYK, figures containing text 400 dpi, Line figures 1000 dpi.

- **Color figures**: Files should be set up as CMYK (cyan, magenta, yellow, black) and not as RGB (red, green, blue) so that colors as they appear on screen will be a closer representation of how they will print in the *ATM*.

- **Line figures**: Must be sharp, black and white graphs or diagrams, drawn professionally or with a computer graphics package.

- **Text sizing in figures**: Lettering must be included and should be sized to be no larger than the journal text or 8 point (Should be readable after reduction – avoid large type or thick lines). Line width between 0.5 and 1 point.

- **Figure legends**: Type figure legends on a separate page. Legends should be concise but comprehensive – the figure and its legend must be understandable without

reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

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.

Videos

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

Duration: Video files should be limited to 20 minutes.

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

Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

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

4. 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".

5. ETHICAL CONSIDERATIONS

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

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

Randomized controlled trials or other intervention research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

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

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

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

◆ **For other categories:**

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

- For studies in this category, authors must state whether their study had been approved by an

institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Systematic review and meta-analysis, review, opinion, hypothesis, and editorial
- No statement on medical ethics is required.

Case report and visualized surgery:
- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.
- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

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

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

If the study is based on a previously available specimen bank, the authors must:
- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.
- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

6. 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 should 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).

7. 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).

8. RANDOMIZED CONTOLLED TRIALS

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

9. COPYRIGHT

All rights of the submitted article is to be transferred and assigned to AME Publishing Company, for sole right to print, publish, distribute and sell in all languages and media internationally. The transfer of copyright is deemed in effect if and when the submitted article is accepted for publication. If the submitted article contains any material already protected by prior copyright, the corresponding author will deliver to the AME Publishing Company written permission from the copyright holder, for the reproduction of the material in this article.

Permission from AME Publishing Company (permissions@amegroups.com) is required if one would like to reuse any materials published and copyrighted. Royalty fee is exempted in case of the authors asking permission to reuse the materials (figure, tables) for non-commercial purposes.

10. 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 his/her surname. Capitalize each letter of the surname. A hyphen could be used in surname according to the rule in the Author's 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 *ATM* uses US spelling and authors should therefore follow the latest edition of the Merriam–Webster's Collegiate Dictionary.

Units

All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr

Abbreviations

Must be used sparingly – only where they ease the reader's

task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

Trade names

Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

11. 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.

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