INTERVENTIONAL RADIOLOGY AUTHOR GUIDELINES (VER3-2-3. 2018.12)

GENERAL
Interventional Radiology, an official journal of the Japanese Society of Interventional Radiology, publishes original manuscripts dealing with clinical investigations, basic research and case reports in all aspects of interventional radiology, in English. The Journal welcomes submission of original research, technical notes, case reports, review articles and pictorial essays. The Journal is published three times a year.

PEER REVIEW PROCESS
Peer review is an important process of evaluation for any manuscript submitted to Interventional Radiology. Every article submitted for full peer review will receive a comprehensive, fair, unbiased critical assessment. The Journal employs a double-blind review process. This means the identities of the peer reviewers and the authors remain anonymous to each other. The main document of the submitted manuscript should adhere to the following requirements:

- Not include the name of the affiliation anywhere in the manuscript, including the Figures and Tables.
- Refer to the authors’ previous work as that of a third person, e.g., replace “...as we have reported in our previous study” with “as it has been reported previously”.
- Not include the references to funding sources, such as identifier of the government-related funds.
- Not include acknowledgments.
- Declare the Conflicts of Interest (COI) on the title page (if applicable).

All submitted manuscripts will be initially reviewed by the Editor-in-Chief (EIC) of Interventional Radiology to evaluate eligibility for publication. The editors will assess the importance and originality of the research, suitability and interest to the readership of the Journal, and the validity and the quality of the manuscript. Any manuscripts that satisfy our screening criteria will generally be sent to two experts in the field of study for peer review.
The editors of the Interventional Radiology review the peer review comments and the manuscript and make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection based upon the reviewers' comments. The decision letters along with the comments by the editors and reviewers will be sent to the corresponding author via e-mail.

Interventional Radiology adheres to Committee on Publication Ethics’ Ethical Guidelines for Peer Reviewers. Reviewers are not allowed to contact the authors directly before, during, or after the reviewing process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information of the manuscript to a third party. The guidelines for the reviewers are available here.

**Revised Manuscript**
Manuscripts that receive a revision, authors should submit the revised manuscript by the due date instructed in the decision letter. All authors must approve every revision, correction and amendment prior to re-submission of the revised manuscript. Authors must include a blinded, detailed point-by-point response to the reviewers' and editors' comments when submitting a revised manuscript.

**Editors and Journal Staff as Authors**
Manuscripts submitted by editors, editorial board members, or journal staff will follow the same process as outlined above. However, they are excluded from any editorial decision process of their own manuscript and have neither access to that manuscript nor any information about the review process other than what is provided in the editor's decision letter. The editorial office will assign the paper to an editor who is not an author on the paper nor has any conflict of interest with the authors. The manuscript submitted by editors, editorial board, and journal staff of Interventional Radiology should include a statement that declares their personal conflict of interest with the Journal.

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Interventional Radiology receives online submission only. Submit manuscript files electronically via the ScholarOne system (https://mc.manuscriptcentral.com/ivr) in
the following order: Title page, Main Text, Tables, and Figures (≥300 dpi). The total size of the uploaded files should be within 100 MB. Upon submission, the manuscript will be automatically checked for plagiarism by the iThenticate plagiarism screening service to determine both textual overlap and manuscript originality.

**TYPES OF MANUSCRIPTS**

**Original Research**
Original Research should include a novel technique or new knowledge, which contributes to the field of interventional radiology. The method should be reasonable and described clearly. Any limitations of the work should be addressed and discussed. The conclusions should be consistent with the results obtained. A small case series with less than five (5) cases should be submitted as a “Case Report” or “Technical Note”. The main text of Original Research should not exceed 3,500 words (excluding the abstract), and the number of references is limited to 50.

**Technical Note**
A Technical Note should describe a novel technique in interventional radiology. The main text should not exceed 2,500 words (excluding the abstract).

**Case Report**
A Case Report describes a single or a few cases involving rare diseases or conditions, or unique interventional techniques. The main text should not exceed 2,500 words (excluding the abstract).

**Review**
A Review should provide a broad overview and update on a particular topic in interventional radiology. The contents of the Review should be supported by references. Original data or findings from unpublished studies should not be included in Review articles. The main text of a Review should not exceed 4,000 words (excluding the abstract) and the number of references is limited to 100.

**Pictorial Essay**
A Pictorial Essay should consist of figures, illustrations and pictures to impart descriptive information, with minimal text. The essay should not contain new data
or statistics. The main text of the Pictorial Essay should not exceed 2,000 words (excluding abstract), and the number of references is limited to ten (10).

**PREPARATION OF MANUSCRIPTS**

The information provided below is based in part on “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals,” as published by the International Committee of Medical Journal Editors (ICMJE). For any information that is not mentioned in these guidelines, authors should refer to the ICMJE Recommendations.

Manuscripts that do not follow the instructions below WILL BE RETURNED to the corresponding author for technical revision before undergoing peer review.

All manuscripts must be written in English, typed double-spaced with wide margins throughout. Incomplete or improperly prepared manuscripts will be returned to authors without review.

A title page should be prepared as a separate file from the main document. The main document should be prepared in the following order: abstract, text, references, figure legends, tables and figures. Pages must be numbered in the upper right-hand corner of each page, starting with the “Main Text” and continuing through to the references. Standard abbreviations and units should be used. Define abbreviations at first appearance and avoid their use in the title and abstract.

**Title Page**

Please prepare a separate Microsoft Word file for the title page. The title page should include the following information:

*(Note: This information will not be included in the PDF that goes to the reviewers)*

- Title of the manuscript.
- Type of manuscript.
- Author names, institution information and email addresses of all authors. Telephone and fax numbers, and institution information (name and address including zip code) of corresponding author.
- Present addresses of authors who have moved since the study.
- Acknowledgment of grants, disclosures or other assistance.
- Conflicts of interest of each author must be stated. If there are no disclosures, that fact must be explicitly stated.
• Three (3) to (5) key words for indexing.
*For a sample title page, please click here.

Please Note: As Intervention Radiology uses double-blind peer review, the title page should be submitted separately from the main document to ensure anonymity of the manuscript during the review process.

Abstract
Please provide a structured abstract of no more than 250 words for Original Research and Technical note), which should be structured into the following sections: Purpose, Material and Methods, Results, Conclusions.
An unstructured abstract of no more than 125 words is required for Case reports, Review articles, and Pictorial essays.

Main Text
The main text of Original Research and Technical Notes should be divided into the following sections: Introduction, Material and Methods, Results, Discussion.
Case Reports should be divided into: Introduction, Case report(s), Discussion.

References
Number each reference in the order cited in the text. The authors are responsible for the accuracy of the information included in the references. Personal communications and unpublished data should not be included in the reference list but should be cited in parentheses (brackets) in the text, for example “(Jones T., personal communication)”. References should be formatted in the following order: names of authors; title; abbreviated journal title; year of publication; volume; inclusive page numbers.
If there are more than six (6) authors, list only the first six authors, followed by “et al.” Journal names should be abbreviated in the standard form as they appear in the NLM catalog. If the journals are not included in the NLM catalog, use the ISSN List of Title Word Abbreviations for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

Journal articles

DOI Articles (online publication before issue publication with page numbers)

Book chapters

For reference styles for other media formats, or for further details, please refer to Citing Medicine, which is available at http://www.ncbi.nlm.nih.gov/books/NBK7256/

Software

Database/Internet Document

Tables
Tables should be prepared in a separate file from the main document, and must be numbered in the order of appearance in the text. Each table should have a brief, informative title. A caption for each table is required. All abbreviations used in tables should be explained in the footnotes.

Figures
All images must be submitted as TIFF files. No other files are acceptable. Each figure must be cited in the text in numerical order and must be accompanied by a figure legend. Make sure to identify all annotations found in the figure in the
caption. If any copyrighted materials are used, please include the relevant credit line as instructed by the original copyright holder.

- Figure requirements: dpi (dots per inch) Line
- Drawings: 800 dpi
- Halftone and color works: 300 dpi
- Minimum width: 76 mm

Annotations, e.g. arrows, should be used to indicate subtle but salient points. They should be put on a different layer to the main figure/illustration in the TIFF file to enable editing by editorial staff if necessary.

Videos
Up to two (2) article-related supplementary video files can be submitted. The format of the video files should be .mp4, .mov, .wmv, .mpg or .avi. Each video clip should not exceed one (1) minute in length or 10MB. All narration must be in English.

Manuscript Specifications for Interventional Radiology

<table>
<thead>
<tr>
<th>Type of Articles</th>
<th>Main Text Word Limit</th>
<th>Abstract Word Limit and Format</th>
<th>No. of References</th>
<th>No. of Figures</th>
<th>No. of Tables</th>
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<td>3500 words</td>
<td>250 words; structured</td>
<td>50</td>
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<tr>
<td>Technical Note</td>
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<td>250 words; structured</td>
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<tr>
<td>Case Report</td>
<td>2500 words</td>
<td>125 words; unstructured</td>
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<tr>
<td>Review</td>
<td>4000 words</td>
<td>125 words; unstructured</td>
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<tr>
<td>Pictorial Essay</td>
<td>2000 words</td>
<td>125 words; unstructured</td>
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*Introduction, Case report(s), Discussion

**CLINICAL TRIALS REGISTRATION**
In accordance with ICMJE’s policy on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment.
ICMJE defines clinical trials as any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions include but are not limited to those used to modify a biomedical or health-related outcome: examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

Interventional Radiology requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.

Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the ICMJE site at http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html

The Journal accepts registration from the following list of registries as well as others listed at http://www.icmje.org:

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- Australian New Zealand Clinical Trials Registry (http://www.anzctr.org.au/)
- ISRCTN Register (http://isrctn.org)
- Netherlands Trial Register (http://www.trialregister.nl/trialreg/index.asp)
- UMIN Clinical Trials Registry (http://www.umin.ac.jp/ctr)

In reporting randomized clinical trials, authors must comply with published CONSORT guidelines. The recommended checklist must be completed and provided to the Journal at the time of manuscript submission. The recommended trial flow diagram should be presented as a figure.

**Reporting Guidelines**

Various reporting guidelines have been developed for different study designs. Authors are encouraged to follow published standard reporting guidelines for the study discipline.
• CONSORT for randomized clinical trials (http://www.consort-statement.org/) – this
guideline is required for all randomized clinical trials, as noted above.
• CARE for case reports (http://care-statement.org/)
• STROBE for observational studies (http://strobe-statement.org/)
• PRISMA for systematic reviews and meta-analyses (http://prisma-statement.org/)
• STARD for studies of diagnostic accuracy
(http://www.equator-network.org/reporting-guidelines/stard/)

Please access http://www.equator-network.org/ to find the guideline that is
appropriate for your study.

It is extremely important than when you complete any Reporting Guideline
checklist that you consider amending your manuscript to ensure your article
addresses all relevant reporting criteria issues delineated in the relevant reporting
checklist.

Data Sharing
The Journal encourages the authors of manuscript which includes clinical trials to
share their de-identified research data including, but not limited to raw data,
processed data, software, algorithms, protocols, methods, materials, study protocol,
statistical analysis plan, informed consent form, clinical study report, analytic code.
As required by ICMJE, all manuscripts that report the results of clinical trial must
include a data sharing statement with a link to the trial registration. The statement
should include the following information:
• Available types of data,
• Available documents (study protocol, statistical analysis plan, informed consent form,
clinical study report, or analytic code)
• Available dates
• With whom the data are available.
• Types of analyses the authors are willing to share the data
• Method of requesting the data.
The statement is published alongside their paper.

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After the acceptance of a manuscript for publication, galley proofs will be available
to the authors for corrections of minor errors such as spelling errors and omitted
characters or letters. Any other corrections and revisions after the acceptance of a manuscript are not permitted unless requested by the Editorial Committee of the Journal. Authors are expected to perform the proofing, as instructed by the Editorial Office. Upon completion of the proofing, authors should immediately e-mail the revised proof to the publisher.

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- Substantial contributions to the conception or design of the research or the acquisition and analysis of data, and
- Drafting the work or revising it critically for important intellectual content, and
- Final approval of the version to be published, and
- 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.

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Those who do not qualify for an authorship may be acknowledged individually or together as a group under a single heading with “Acknowledgements” the on the title page. Examples of activities that do not qualify a contributor for authorship are acquisition of funding, general supervision of a research group, or general administrative support and writing assistance, technical editing, language editing, and proofreading.

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“A (author name) received honoraria from Z (entity name); B holds an advisory role in Y; C is an employee of Company X.”

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Disclosure is not intended to prevent authors with potential conflicts of interest from contributing to Interventional Radiology.
**Research Ethics**

- Clinical research included in articles, which report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned that the study had been approved by the relevant institutional or national review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript. Those researchers who do not have institutional or national ethics review committees should follow the principles outlined in the Declaration of Helsinki.

- Any studies involving human subjects must clearly indicate that written consent has been obtained from all patients and relevant persons (such as the parent or legal guardian) to publish the information, including photographs.

- Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information that may identify patients must not be presented anywhere in the manuscript, including the Figures and Tables. All pictures should focus on the affected areas only.

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- Authors of articles reporting on new DNA sequences must furnish those data to the Gene Bank and include the accession number in the article.

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The Journal follows the recommended procedures outlined by [COPE International Standards for responsible research publication for authors and editors](http://wwwpublication-misconduct.org) when dealing with allegations of misconduct.

All authors are fully responsible for the originality and contents of their submitted manuscripts. All records and data presented in the manuscripts must be accurate, without any research misconducts such as fabrication, falsification, or plagiarism, or any other research or publication misconduct.

- **Fabrication:** Fabrication is inventing data or results of research and recording or reporting them in order to deceive people.

- **Falsification:** Falsification is inaccurate presentation of research results with the intention to give a false impression. This includes manipulation of research instrumentation,
materials, and processes, changing, adding or omitting data, manipulating images, and omitting research results. Scientific images for publication must be minimally processed. We understand that some image processing may be necessary. Applications of adjustments, such as brightness, contrast, or color are permissible as long as these adjustments are applied to an entire image uniformly and do not selectively enhance, eliminate, or misrepresent any elements in the original image, including the background.

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- **Redundant or Duplicate Publication**

Articles that are being considered for publication in another journal, including advanced publications such as “in-press” or “E-pub ahead of print” articles, in any language will be regarded as redundant or duplicate publication. The Journal does not accept submissions which have previously appeared on preprint servers such as bioRxiv and medRxiv, or other venues such as blogs. The author should notify the editor formally about all submissions, postings, and previous reports that could be regarded as redundant or duplicate publication of the same or similar work. Any such material must be referred to and referenced in the submitted work. Copies of such work should be included with the submission. Abstracts or posters presented at scientific meetings are not considered previously published work.

- **Citation Manipulation:** Citation manipulation, such as inclusion of references from other publications without actually reading the cited work, or self-citing works that are irrelevant, must be avoided.

- **Authorship/Contributorship:** All authors listed in the manuscript must meet the following criteria of contribution described by the ICMJE in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals. Exclusion of authors who made a definite contribution, or inclusion of individuals as authors who have not made a definite contribution to the work is not permitted. Consent to submit to the Journal must be obtained explicitly from all authors prior to submitting a manuscript.
• **Salami-Slicing**: “Salami-slicing” or dividing a single study into several parts to increase the quantity of submissions to other journals or the same journal is not permitted.

• **Local Laws and Regulations**: Authors must comply with local regulations and laws if the work involves animals or human subjects, or if it involves investigational drugs, recombinant products, new devices, or any chemical materials that may be hazardous in their use.

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• **IRB**: Clinical research included in articles, which report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned that the study has been approved by the relevant institutional or national review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript.

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**Procedures for Handling Allegations of Publication Misconduct**

Interventional Radiology follows the Committee on Publication Ethics’ (COPE) guidelines and flowcharts for handling allegations of publishing misconduct pre- and post-publication. For any information that is not mentioned in the COPE guidelines, please refer to COPE's flowcharts.

i ) Allegations of misconduct in submitted manuscripts

When editors, reviewers, authors and/or editorial staff suspect any instances of ethical misconduct during peer review, they should bring them to the attention of
the EIC. The manuscript will be placed on hold. The EIC will review the case and make the preliminary assessment. If the EIC finds that an explanation from the authors is necessary, the EIC will send the corresponding author a notification, which points out the allegation and requests an explanation. If the corresponding author does not respond and/or provide sufficient rationale for the raised concern, or the EIC is presented with evidence that establishes the ethical breach, regardless of the severity, the EIC will refer the case to the Editorial Board, which discusses the allegations, explanations, evidence, possible sanctions, and corrective actions, such as publishing an erratum, expression of concern, or retraction. Possible sanctions may include:

- official warning to the author
- immediate rejection of the manuscript
- publication of formal notice of misconduct
- formal notice to an author’s institution
- formal embargo on future contributions to the Journal.

The authors will be notified of the Editorial Board’s decision. The authors may appeal the decision by sending an appeal letter to the Editorial Board.

### (ii) Complaints and Appeals

We consider complaints an opportunity to improve our peer review process, manuscript handling procedures, and management for journal publishing. All received complaints are dealt with constructively and in a timely manner. For procedures not summarized below, please refer to the Committee on Publication Ethics (COPE) Best Practice Guidelines in dealing with complaints and appeals.

### (iii) Making a Complaint

For all allegations of misconduct related to fabrication, falsification, plagiarism, copyright or intellectual property infringement, breach of research ethics, authorship or contributorship disputes, conflicts of interest, or any other unethical conduct either pre- or post-publication, please submit a letter of complaint by e-mail to office@jsir.or.jp. The letter of complaint should include factual information and related evidence.

### (iv) Process for Dealing with Complaints

Once a letter of complaint is received, an e-mail confirming the receipt will be sent
to the complainant within 3 business days (JST), with assurance that the appropriate action will be taken immediately. The received complaint will be reported to the EIC, who will refer it to the editors and other officials that are relevant to the issue. In a case of a publication ethics violation, the allegations will be investigated and the necessary decisions will be made in accordance with the **COPE's guidelines and flowcharts**. The result of the investigation will be determined within 4 weeks, if possible. If this is not possible, the progress of the investigation will be sent to the complainant until the issue is resolved.

**v)** Appeals for Editorial Decisions

Editors of the Journal apply their best efforts to provide fair and unbiased reviews and decisions. However, if an author strongly feels that an inappropriate decision has been made by the editors, the Journal allows a single appeal of the manuscript’s editorial decision. An appeal should include the detailed information and the clear reasons for the appeal, and it should be e-mailed to office@jsir.or.jp. All received complaints will be forwarded to the EIC, who will refer it to the editor who handled the manuscript, or the editorial board, and they will review the appeal and determine whether any changes to the decision should be made. This may require re-review of the manuscript. The new decision made after the appeal is considered final.

**vi)** Post-publication Discussions

If readers have a concern on any articles published, they can begin a post-publication discussion by submitting a letter to the editor. The editor will review the letter and may ask other experts in the field to review the content. If appropriate, the editor will ask the authors of the original article to comment and publish both the original letter and the response together.

**vii)** Retractions

Interventional Radiology adopts the following retraction process:

1. Instances requiring an investigation are brought to the attention of the EIC.

2. The EIC investigates the case following the step-by-step guidelines provided in the COPE flowcharts. The EIC may contact the authors to request an explanation, which will be evaluated.
3. The final decision as to whether to retract is then communicated to the author and, if necessary, any other relevant bodies, such as the author’s institution.

4. The retraction statement is then posted online and published in the next available issue of the journal.

The Journal may issue retractions to alert the readers of seriously erroneous data that invalidate the conclusion of the study presented in the published article or of ethical misconduct. Retractions are published if the EIC has convincing evidence for the following cases, either as a result of ethical violations or honest error:

- The findings or data are unreliable or misleading
- Plagiarism
- Duplicate publication without permission
- Unethical research.

The retraction will include

- Information of the retracted article, such as title and authors.
- Link to the retracted article
- Reasons for retraction.

To preserve the integrity of the published record, the Journal will not remove the retracted article. It will be maintained on the platform. The PDF will be replaced with a version watermarked with the word “Retracted,” but the original text will remain accessible. A retraction notice will also be published in the next available issue.

vii) Erratum

An erratum may be issued to notify readers of important errors such as spelling, data, terms, typography, or omission, which occurred during the production process of an accepted article, which may mislead the readers. An erratum is also issued for the correction of author and contributor information.

ix) Expression of Concern

An expression of concern will be issued if the investigation of an issue concerning a published article raised suspicion but does not provide conclusive evidence, and yet
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