

JRCR – Author & Reviewer Guidelines

AUTHOR GUIDELINES

We receive an increasing number of submissions which keep our editorial team and our reviewers to their limits. Therefore, we have to be increasingly selective which submission to forward for review - to keep also the workload for our reviewers reasonable. For this reason it is at least required that the submission 100% complies with our author guidelines. ALL manuscripts that do NOT comply with the new author guidelines will be immediately rejected – without initial review.

Some general information:

- Before submitting a manuscript, please make sure that such topic has not been already published in the JRCR.
- The following applies for case reports (not case series or review articles):
Many submitting authors erroneously think their case is rare or case report worthy and thus their manuscripts had to be declined - despite being well written up. To avoid a lot of work/preparation and disappointment, authors first need to upload their case on our affiliated educational Radiology community *Radiolopolis* [4,5] and open that case for discussion. We will then determine the level of interest and invite the author for submission if appropriate. Case upload needs to be done in our dedicated JRCR group at <http://radiolopolis.com/groups/40>
- Authors, who obtained a priority pass are exempt from the requirement to upload and discuss first their case in our Radiology community and may submit immediately their manuscript, without invitation. Read more about the priority pass at: <http://www.radiologycases.com/index.php/radiologycases/announcement/view/18>
- Only invited manuscript submissions of case reports or from authors who obtained a priority pass are eligible for review and processing.
- If the manuscript is written in poor English or more than 5 typos are present (as simple as a comma preceded by an empty space), this demonstrates a not thorough manuscript preparation and will be immediately declined. This applies to ALL sections in the manuscript, including the tables, and multiple choice questions. A simple Word spell- and grammar check can often prevent such situations.
- Only TWO files are accepted for initial submission: the Word file with the COMPLETE manuscript and the zip file, containing the high quality figures.
- For revisions, do NOT upload single image files – image files may only be contained within the figures.zip file or the individual stack zip files.

Manuscript template

It is MANDATORY for ALL manuscripts to use the manuscript template. The manuscript template might contain important information necessary which might not have been covered in this article. This template guarantees that the author does not miss any required information and also that the manuscript will be provided in the correct format. Any submissions which do NOT use the provided manuscript template will be immediately REJECTED – independent of provided contents and quality of the work.

Authors are REQUIRED to use the manuscript template!

Download manuscript template: [Manuscript](http://www.radiologycases.com/Template_Case_Report.doc) (URL: http://www.radiologycases.com/Template_Case_Report.doc)

MANUSCRIPT TYPES

Please adhere to the following format:

Case Report

Provide one document including:

1. Cover page, (see cover page section). Cover page is the FIRST page of the manuscript Word document.
2. Manuscript, containing:
 - Title
 - Abstract
 - Case Report No introduction is necessary. If provided, it should be **embedded into the discussion**.
 - Discussion
 - Teaching Point
 - References
 - Figures & Legends
 - Tables
 - Abbreviations
 - Questions & Answers pertinent to the article

Again: usage of the manuscript template is **MANDATORY!**

Download manuscript template: [click here to download](#)
To better understand the review process and to help, writing a proper stylistic and sound manuscript, you may take a look which criteria the reviewers evaluate.
Download reviewer template: [Review \(Reviewer guidelines\)](#)

Case Series

Provide one document including:

1. Cover page, (see cover page section). Cover page is the FIRST page of the manuscript Word document.
2. Manuscript, containing:
 - Title
 - Abstract
 - Case Report & Discussion
 - Introduction, Case descriptions/Main text, Discussion, Conclusion
 - Teaching Point
 - References
 - Figures & Legends
 - Tables
 - Abbreviations
 - Questions & Answers pertinent to the article

Pictorial review article

To emphasize our educational goal of this journal, we now also accept pictorial review articles. These articles glance by providing an abundance of image examples of the discussed topic, including educational information to understand the etiology, findings, and implications for the daily practice.

Provide one document including:

1. Cover page, including title, authors (with mail and email addresses) and disclosures. Cover page is the FIRST page of the manuscript Word document.
2. Manuscript, containing:
 - Title
 - Abstract
 - Review section including discussion and multiple imaging examples. Discussion should include etiology, detailed imaging findings and how to implement this knowledge into the daily Radiology practice.
 - Teaching point
 - References
 - Figures and figure legends with good description of findings and technique
 - Abbreviation section
 - Summary table
 - Questions & Answers pertinent to the article

“Signs in Radiology” Manuscript

The format is similar to a pictorial review article and should contain:

Provide one document including:

1. Cover page, including title, authors (with mail and email addresses) and disclosures. Cover page is the FIRST page of the manuscript Word document.
2. Manuscript, containing:
 - Title
 - Abstract
 - Discussion with several imaging examples - one figure is not enough! Discussion should include historic background, detailed imaging discussion

and potentially differential diagnoses and how to differentiate them on imaging.

- Teaching point
- References
- Figures and figure legends with good description of findings and technique
- Abbreviation section
- Summary table
- Differential table
- Questions & Answers pertinent to the article

Original Work

Provide one document including:

1. Cover page, (see cover page section). Cover page is the FIRST page of the manuscript Word document.
2. Manuscript, containing:
 - Title
 - Abstract
 - Case Report & Discussion
 - Introduction, Materials & Methods, Results, Discussion, Conclusion (for original work)
 - Teaching Point
 - References
 - Figures & Legends
 - Tables
 - Abbreviations
 - Questions & Answers pertinent to the article

MANUSCRIPT STRUCTURE

The entire manuscript should contain the cover page as first pages, followed by the main manuscript section.

Cover page

The cover page should include:

- Manuscript title
 - Please provide a meaningful title and avoid phrases like "rare case" - if it would not be rare, it would not be case report worthy in the first place. Title should e.g. contain the diagnosis.
- Author list
 - In chronologic appearance and affiliation. Corresponding author is marked with a “*”. Example: John Doe¹, Maria Martinez^{2*}, Max Schmidt³, Gerard Rouge⁴
 - ALL authors also need to be entered in the online meta data, including their contact and institutional affiliation.
- Authors (with first and last names)
 - In the order of author appearance as wished in the published article.
 - Each with institution, complete postal mail and email address (start with primary author). This needs to be entered also online in the metadata section on the submission website.

- The EXACT information (full author names, affiliations etc.) has to be also provided in the online metadata section of the manuscript.
- Do NOT use ALL CAPS ON when typing. Each name starts with an upper case, followed by lower case letters.

➤ Authors' contributions

Please describe the contributions to this work from each individual author. There is a maximum of 5 authors for case reports.

➤ Acknowledgements

If you would like to thank a particular person.

➤ Disclosures

If, please explain who & what kind of disclosure (e.g. financial, competing interest, etc.).

➤ Consent

Did the author obtain written informed consent from the patient for submission of this manuscript for publication? (Answer with yes or no.)

➤ Human and animal rights

If reporting experiments on human or animal subjects, please indicate if ethical standards followed the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000 (<http://www.radiologycases.com/guidelines-interests.html#Rights>).

Main manuscript section

- No author name or other information, which could unveil the identity of the authors should be included in this part.
- Please do English spell- and grammar-check before submitting the manuscript for review. If the authors are not fluent in English, it is advised to proofread the manuscript by an English proficient person. Articles written in poor English will be immediately rejected.

Abstract

The abstracts should not exceed 1000 characters (including empty spaces). Please **do not** use references or abbreviations in the abstract.

Abstract should provide a quick summary of the case/contents and that a comprehensive literature review and discussion about the entity will be provided.

Discussion

Discussion includes detailed information about etiology, demographics, imaging findings on all imaging modalities, treatment and differential diagnoses of that finding. If references used, please in squared brackets, e.g. [1,2] and **before** the sentence point. Do not put an empty space between references)

- The discussion needs to contain at least the following subsections preceded by the respective subheader:
 - Etiology & demographics
 - Clinical & imaging findings
 - Treatment & prognosis
 - Differential Diagnoses
- If the discussion mentions "rare" or some other indicator about a frequency, then please provide the numbers (e.g. incidence/prevalence, percentage etc.)
- Differential diagnoses need to be separated by a sub-subheader in the differential diagnosis section.

Teaching Point

Teaching point should explain the educational value of this article in max. 2 sentences. It is the **take-home message** and should be even clear, independent of having read the manuscript or not. It should include the imaging findings of the presented entity and should NOT be specific for the presented case but rather general in regard to the described entity. Do NOT use phrases like "This report" or "We demonstrate".

References

The authors are responsible for the accuracy of the bibliographic information. A minimum of 5 references is required. References should be numbered consecutively in the order in which they are first cited in the manuscript. There is no maximum of references. Please adhere to the required reference format. (e.g. Smith A, Miller B, Jones C. Title of the article. Journal and issue. PMID: #) No references are permitted in the title, abstract and question & answer section.

References given in tables or figure legends must be numbered in sequence with those in text. Periodical titles should be abbreviated in the style of Index Medicus. Issue numbers and inclusive page numbers should be given for all references. If there are **six or less authors**, so please list surnames and initials of all authors as following:

1. Hirsch W, Paetzel M, Talanow R. www.PedRad.info, the first bilingual case-oriented publication platform for pediatric radiology. *Pediatr Radiol*. 2005 Mar;35(3):344-8.

If there are **seven or more authors**, please list only the first three names, followed by "et al." In the case of books, the authors of a chapter, title of the chapter, editor(s), title of the book, edition, city, publisher, year, and chapter pages must be provided:

1. Paetzel M. Thorax. In: USMLE Help Step 1 Anatomy Q & A. 1st ed. Cleveland Heights: EduRad, 2007; 316.
2. Haaga JR, Lanzieri CF, Sartoris DJ, Zerhouni EA. Neoplastic Diseases of the Lung. In: *Computed Tomography And Magnetic Resonance Imaging Of The Whole Body*. 3rd ed. St. Louis; Mosby,1994; 724-729.

Author Citations of Online-only Articles

Online-only article citations should include the authors' names, title of the article, journal or website title, year, volume, and issue of publication, the complete URL for the document and the date the document was accessed or consulted:

1. Gossner J. Lissencephaly Type 1. PedRad [serial online]. 2008; vol 8, no. 5. Available at: www.PedRad.info/?search=20080522125523. Accessed June 10, 2008.

In the past, some references were not provided in the correct format by some authors. This might have been due to copying from an erroneous source or mistyping. To guarantee a correct reference and linking for our readers we now require from the authors to provide the PubMed ID at the end of the reference.

Reference format is now required as following (example):

Roentgen A, Hounsfeld G, Fourier J. Title. Radiology Case. 2011 Jan;5(1):30-31. PMID: 12345

How to get the PubMed ID?

Please go on <http://www.pubmed.org> and enter your reference into the search box. If the reference is correct, the abstract you will then see the abstract of that reference. The PubMed ID is located to the left bottom of the abstract and displayed in the format "PMID: #", with "#" being the PubMed ID (Figure 1, red box and arrow).



Figure 1. How to get the PubMed ID for an article: The PubMed ID is located to the left bottom of the abstract and displayed in the format "PMID: #", with "#" being the PubMed ID (red box and arrow). URL: www.pubmed.org

If the reference is not entirely correct, PubMed will display a list of similar articles found in their database. Each listed article has its PubMed ID displayed left below its reference ID (Figure 2, red box and arrows). Please copy this PubMed ID and add it to the end of your reference as seen above. Of course, please provide the reference also correctly (no typos etc.)

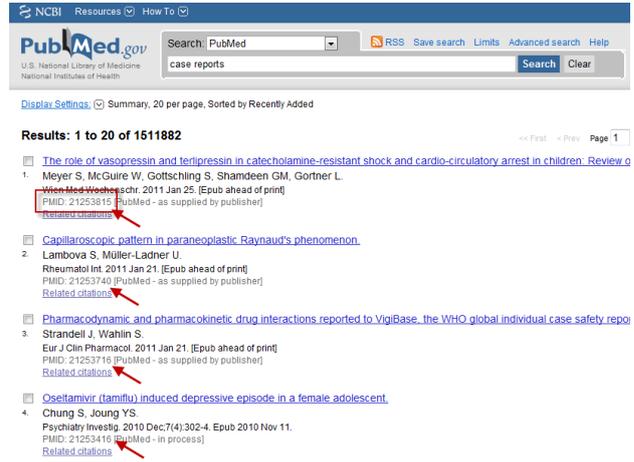


Figure 2. How to get the PubMed ID for an article: If the reference is not entirely correct, PubMed will display a list of similar articles found in their database. Each listed article has its PubMed ID displayed left below its reference ID (red box and arrows). URL: www.pubmed.org

If the reference is a book, the ISBN number has to be added at the end of the reference. This could be either the ISBN-10 or ISBN-13. An example:

Haaga JR, Lanzieri CF, Sartoris DJ, Zerhouni EA. Neoplastic Diseases of the Lung. In: Computed Tomography And Magnetic Resonance Imaging Of The Whole Body. 3rd ed. St. Louis; Mosby,1994; 724-729. ISBN: 1234567890

Figures

Any imaging modality, which was mentioned in the manuscript, **has to be provided** as figure. Please provide also multiple views/planes of the same modality. Pathologic correlation is also necessary if it was performed (e.g. operative, macroscopic, microscopic images). Figures should be either submitted as PNG or uncompressed JPG files. All figures need to be de-identified/anonymized. Figures embedded in PowerPoint are not accepted. The figures should be initially implemented into the Word file, but have to be uploaded altogether in a zip file for the high quality final version. **(Do not upload each figure as separate supplementary file)** Images need to be also annotated to highlight the findings (arrow, asterisk etc.). Annotations, created in Word and not saved as separate figure **are not accepted**. Reason for that is that the annotations might shift during the editing process for the review version. Please avoid too much black background by cropping the figures appropriately. If the findings are not obvious, please provide in addition magnified (sub)figures. There is no limitation of submitted images.

Each provided image needs to be a separate figure and each figure needs a figure legend. Subfigures need to be combined to one single image and labeled accordingly

(1a, 1b, 1c etc.). Otherwise they need to be listed as separate figures (1, 2, 3 etc.) – including separate figure legends. Otherwise these figures need to be separately and chronologically numerated (Figure 1, 2, 3 etc.) including their respective figure legend.

Annotated figures

ALL figures need annotations (e.g. arrows, asterisk) and these need to be explained in the respective figure legend. Figures HAVE to be annotated (arrows, asterisk etc. – NO text) and saved in an external image editor – BEFORE embedding into the Word document. Creation of annotations on the images within the Word document is not permitted. These annotations might shift during the editorial process and distort the figure.

Figure legends and stack legends need the following format: Age, gender and diagnosis in one sentence and Findings and Technique, each separated by a line break and preceded with "Findings" or "Technique".

Figure zips

The zip file containing ALL figures provided in the manuscript have to be provided in HIGH quality and the best resolution within ONE single zip file. This zip file should be labeled "Figures.zip" and uploaded as a supplemented file at the time of initial manuscript submission.

Figure legends & image stack legends

Figure legends need to be below the respective figure. Figure and image stack legends need to be split into three sections: "Age, gender, diagnosis", Findings and Technique. (An example can be seen below.)

Figure/stack legends have to contain patient age, gender, diagnosis, and especially **imaging technique used** and a **good description of the imaging findings**. Figure/stack legends need detailed protocol information about the study. E.g. MRI: magnet strength, what sequence (TR, TE), plane, contrast type and dose. In which phase was the study obtained (arterial, venous, delayed etc.) Same applies to CT and Nuclear Medicine studies (in addition: what radiopharmaceutical was given, which dose, at what time was imaging obtained.) *E.g.:*

52 year old female with left internal carotid artery dissection.

FINDINGS: Axial contrast enhanced CT of the neck in the arterial phase demonstrates a dissection flap (arrow) in the left internal carotid artery.

TECHNIQUE: Axial CT, ...mAs, ...kV, ...mm slice thickness, ...ml name contrast material)

- Please provide three-dimensional measurements for measurable imaging findings.

Tables

Required tables: summary table and differential table.

These tables include condensed information found in the manuscript discussion section. ALL information provided in the tables HAS to be included in the discussion section of the manuscript. All tables need a table legend explaining what the respective table is about.

Summary table: contains high yield information about the reported entity. Some mandatory fields are:

- etiology
- incidence
- gender ratio
- age predilection
- risk factors
- treatment
- prognosis
- findings on imaging (can be adopted from the differential table)

Differential table: contains differential diagnoses of the reported entity (including the entity itself). Each differential diagnosis belongs in a separate row respectively and each imaging modality belongs in a separate column, including pertinent imaging findings.

Imaging modalities include:

- X-Ray
- US
- CT
- MRI - T1
- MRI - T2
- MRI - DWI
- Pattern of contrast enhancement (avid, none, homogeneous, heterogeneous etc.)
- Scintigraphy
- PET

Both tables need to be completed with up-to-date knowledge found in the current literature. Do NOT submit these tables as lists or images – these need to be provided as true tables.

Table contents in discussion

The summary and differential tables provide a quick overview about the presented entity and it's differential diagnoses. However, ALL information provided in the tables HAS to be also included in the discussion section of the manuscript.

Abbreviations

Any abbreviation used in the article should be written out. (e.g. HTN = Hypertension). Abbreviations need to be spelled out the first time mentioned in the manuscript. No abbreviations are permitted in the title, abstract or question & answer section.

Keywords

- A minimum of 5 keywords related to the case report is necessary
- Keywords should include the diagnosis itself, synonyms, eponyms and alternative names (some diagnoses run under several names), affected body region, modality used, Mesh terms

Questions

Please provide 5 multiple choice questions - targeted to the knowledge provided in the submitted manuscript. Each question should have 5 answer choices. The answers may be either single best answer (only one correct) or contain several correct answers (more than one correct).

Only mark the choices that **apply** to the question with “(applies)” (not “true”, “wrong”, “false” etc. – it has to be “**applies**”). Furthermore, an explanation follows the question and answers, explaining why the answer choices are correct (or wrong). The appropriate sentences in the article need to be cited in squared brackets “[]” to guide the reader to the appropriate section in the article. The questions and answers should be understandable for the reader – even without having read the manuscript. Do not repeat the answer choices in the explanation. Do not repeat the same explanation per question (rather combine explanations for several choices that share the same explanation).

Question and Answer format:

Question 1

Answer choice 1

Answer choice 2

Answer choice 3

Answer choice 4 (applies)

Answer choice 5

Explanation for question 1 (The appropriate sentence/s in the article need to be cited in squared brackets “[]” to guide the reader to the appropriate section in the article.)

...this needs to be done five times (= 5 individual questions)

One example:

Applies to article: *Bryce Y, Wood B, Baron P, Gibbs L. Radiology Case. 2008 Oct; 2(4):18-23. An unusual congenital hepatic cyst in an adolescent and review of differential diagnoses of complex liver cysts (<http://www.radiologycases.com/index.php/radiologycases/article/view/55>)*

Question: Which of the following answer choices is false?

1. Simple hepatic cysts are congenital lesions.
2. They measure plasma density on CT imaging.
3. Hemorrhagic hepatic cysts are hypoechoic on ultrasound. (applies)
4. Complications of hepatic cysts might include rupture into the peritoneum and hemorrhage.
5. Cysts demonstrate T1 hypointensity and T2 hyperintensity.

Explanation:

1. [Simple hepatic cysts are congenital lesions, usually lined with biliary-like epithelium, secreting a fluid similar to plasma.]
2. [Simple hepatic cysts are congenital lesions, usually lined with biliary-like epithelium, secreting a fluid similar to plasma.]
3. [If there is hemorrhage within the cyst, typically the ultrasound shows hyperechoic fluid.]
4. [Rare complications of simple hepatic cysts are right upper quadrant abdominal pain or discomfort, early satiety, hemorrhage within the cyst, infection, intraperitoneal rupture.]
5. [On MRI, simple cysts are hypointense on T1-weighted images and hyperintense on T2.]

Image stacks for the Interactive Viewing Mode

Latest after acceptance of the manuscript for publication, the author has to provide for each cross-sectional modality (CT, MRI, US - also PET, SPECT) a stack of images – ideally in multiple planes for each modality. The stack of images should be numerated chronologically, e.g. first image starts with "1", e.g. 1.jpg, 2.jpg, 3.jpg, ... n.jpg. (images have to be JPG files – NOT TIF or BMP files!) All images of an individual sequence are collected in a separate zip-file. Also add a text or Word file, containing a description of the image stack (modality/sequence, plane, contrast or not, significant findings). For sequential studies, such as fluoroscopy (IR or GI) or nuclear medicine studies (e.g. gastric emptying, HIDAA scan etc.) please provide also all images for the particular sequence. These images should be also collected in a separate zip-file. An example of such an image stack zip file can be downloaded [here](#) (URL: www.radiologycases.com/public/journals/1/stack_example.zip - Only parts of the abdominal CT are saved in this example zip to save you download time, however the author is required to submit the entire exam.) Please include also the topogram/localizer image in case of CT or MR exams. The zip-file should be uploaded in the submission section as a supplementary file. Each modality and plane is ONE zip file! If technical questions, please contact journals@edurad.org.

Only case reports which provide stacks of images for the interactive mode will receive a DOI number!

Disclosures:

Each submitted article needs written clarification about:

- Conflict-of-Interest ([click here to read details](#))
- Informed Consent ([click here to read details](#))
- Human and Animal Rights ([click here to read details](#))

These statements are provided in the cover page of the [manuscript template](#).

What to focus on when writing?

To better understand the review process and to help, writing a proper stylistic and sound manuscript, you may also take a look which criteria the reviewers evaluate.

Download reviewer template: [Review](http://www.radiologycases.com/Template_Reviewer_Case_Report.doc) (URL: http://www.radiologycases.com/Template_Reviewer_Case_Report.doc)

The reviewer guidelines can be found at <http://www.radiologycases.com/index.php/radiologycases/about/editorialPolicies#peerReviewProcess> ([Reviewer guidelines](http://www.radiologycases.com/index.php/radiologycases/about/editorialPolicies#peerReviewProcess))

REVIEWER GUIDELINES

The reviewer guidelines can be found at <http://www.radiologycases.com/index.php/radiologycases/about/editorialPolicies#peerReviewProcess> ([Reviewer guidelines](#))

Reviewing Criteria

1. Is the manuscript written in proper and sound English?
2. Does the author adhere to the format according to the author guidelines? (e.g. Case report: Title, Abstract, Case Report, Discussion, Teaching Point, References, Figures, Tables, Abbreviations)
3. This is a medical imaging focused journal. Are there pertinent and enough imaging modalities provided?
4. Is any imaging modality, which has been mentioned in the article, available as figure?
5. Do the figure legends contain patient age, gender, diagnosis, imaging technique used and a good description of the imaging findings?
6. Does this manuscript offer new knowledge about known medical/radiological entities or reports new, unusual or unexpected findings?
7. Does the manuscript describe a rare finding? (Applies to a general radiologist)
8. Does the discussion contain etiology, prevalence/incidence, risk factors, treatment, prognosis of the discussed entity AND differential diagnoses (DDs) and how to differentiate the entity from the DDs?
9. Level of interest and urgency
10. Recommendation (e.g. accept, revisions required, decline)
11. Other comments: (e.g. what can be done to improve this manuscript?) ***This is mandatory!***

Reviewer rating

We appreciate the time and effort our reviewers donate to improve the quality of this journal. As an appreciation, we honor our reviewers who comply with our review guidelines in our hall of fame and our special yearly issue. However, we require that all reviewers comply 100% with our reviewer guidelines which are available at <http://www.radiologycases.com/index.php/radiologycases/about/editorialPolicies#peerReviewProcess>.

Especially responding to the review request within the required deadline AND providing the review within the requested deadline are of uppermost importance – in respect to our authors who are eagerly waiting for a decision. Our reviewers are evaluated by an automatic rating system on a 5 point scale. Rating is determined by timely response and quality of the review. One point (out of five) will be deducted if not responded by the requested deadline. If a reviewer does not respond 3 times within one year he/she will be automatically removed from our system.

As an appreciation of their valuable contribution, each reviewer who receives a total score of 3.5 or higher (out of 5), will be honored in our hall of fame and yearly special journal issue.

URL of this article:
www.radiologycases.com/JRCR-guidelines.pdf

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