Journal of Clinical Interventional Radiology

Author Instructions

Thank you for contributing to the Journal of Clinical Interventional Radiology. Please read the instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in publishing your article.

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SUBMISSION CHECKLIST

All manuscripts must be submitted at the following link:
http://www.editorialmanager.com/jcir

☐ AUTHOR INFORMATION
- All authors: full name, degrees, department, affiliation, e-mail address
- Corresponding author: mailing address, telephone number

☐ MANUSCRIPT FILE
- Must be digital - hard copy submissions are not accepted

☐ ABSTRACT AND KEYWORDS
- See the section Article Types for word limit

☐ CONFLICT OF INTEREST
- Every named author must disclose their conflicts or lack thereof

☐ REFERENCES
- Cited sequentially in AMA style

☐ FIGURES AND TABLES
- Cited sequentially and included in the main document

☐ ART FILES
- Must be saved separately from the main document

☐ PERMISSIONS
- Required if you plan to reproduce content from a published source or include a photograph of a patient
- Patient permission forms available at www.thieme.com/journal-authors
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MANUSCRIPT FORMAT

Article Types

All manuscripts submitted shall undergo full peer-review. The following graph shows what types of articles are accepted for publication, and what requirements they have.

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<td>Review Article (up to 4,000 words)</td>
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<td>Up to 3 keywords</td>
<td>No limit</td>
<td>Up to 15 tables/figures</td>
<td>5</td>
<td>Up to 90 references</td>
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<tr>
<td>Original Article (up to 3,000 words)*</td>
<td>Up to 250 words</td>
<td>Up to 3 keywords</td>
<td>Up to 50 words</td>
<td>Up to 15 tables/figures</td>
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<td>Up to 50 references</td>
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<tr>
<td>Pictorial Essay (up to 2,000 words)</td>
<td>Up to 250 words</td>
<td>Up to 3 keywords</td>
<td>Up to 50 words</td>
<td>Figures - Up to 10/Tables - Up to 5</td>
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<td>Up to 20 references</td>
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<tr>
<td>Case Report (up to 1,000 words)</td>
<td>Up to 100 words</td>
<td>Up to 3 keywords</td>
<td>No limit</td>
<td>Figures - Up to 2/Tables - None</td>
<td>5</td>
<td>Up to 5 references</td>
</tr>
<tr>
<td>Case Series (Three or more cases) (Up to 1,500 words)</td>
<td>Up to 150 words</td>
<td>Up to 3 keywords</td>
<td>No limit</td>
<td>Figures - Up to 4/ Tables - Up to 1</td>
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<tr>
<td>Debate/Controversies (up to 2,000 words)</td>
<td>N/A</td>
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<td>Up to 5 tables/figures</td>
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<td>Editorial</td>
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<td>Letter to the Editor (up to 750 words)</td>
<td>N/A</td>
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<td>No limit</td>
<td>Up to 2 figures</td>
<td>3</td>
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</tr>
<tr>
<td>Short Communication (Technique: how I do it, Complication Corner, Images in IR) (Up to 750 words)</td>
<td>N/A</td>
<td>Up to 3 keywords</td>
<td>No limit</td>
<td>Figures - Up to 2/Tables - None</td>
<td>3</td>
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<tr>
<td>Annual Meeting Abstract</td>
<td>N/A</td>
<td>No limit</td>
<td>No limit</td>
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*Joint First Authorship: On request from the authors with adequate justification, "Joint First Authorship" may be allowed. However, this will be considered for Original Articles only. Editorial committee’s decision will be final.

- **Original Article** may include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate.
- **Case Report** contains either a series of cases or more condensed information on clinical or experimental studies. Reports on single cases can usually not be considered unless they contain exceptional observations of general relevance.
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- The manuscript, including the title page, abstract and keywords, text, references, figure captions, and tables should be typewritten, double-spaced in 12-point font with 1-inch margins all around and saved as one file.
- Each figure should be saved as its own separate file. Do not embed figures within the manuscript file. This requires special handling by Thieme's Production Department.
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- Use generic names for drugs. You may cite proprietary names in parentheses along with the name and location of the manufacturer.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name material mentioned in the manuscript within parentheses, giving the company name and primary location.
- Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted as "Supplementary Material" and will be published only online (not in print).
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The journal adheres to the principles set forth in the Helsinki Declaration and holds that all reported research conducted with human participants should be conducted in accordance with such principles. Reports describing data obtained from research conducted in human participants must contain a statement in the Methods section indicating approval by the Institutional Review Board (IRB). The authors should also indicate whether or not individual consent for the study was obtained, or whether it was waived.
MANUSCRIPT FORMAT continued

References

References should be the most recent and pertinent literature available. It is essential that they are complete and thoroughly checked. If the reference information is incomplete, good online sites to search for full details are the National Library of Medicine: www.nlm.nih.gov; Books in Print: www.booksinprint.com; PubMed: www.ncbi.nlm.nih.gov/PubMed/; or individual publisher Web sites.

- References must be listed in AMA style, using Index Medicus journal title abbreviations.
- References follow the article text. Insert a page break between the end of text and the start of references.
- References must be cited sequentially (NOT alphabetically) in the text using superscript numbers.
- By way of exception to AMA style, do not italicize book titles or journal title abbreviations and do not put a period at the end of a reference.
- List all author names, up to and including six names. For more than six authors, list the first three followed by et al.
- References should be styled per the following examples:

1. Citing a journal article:

2. Citing a chapter in a book:

3. Citing a book:
   Stryer L. Biochemistry. 2nd ed. San Francisco: WH Freeman; 1981:559–596

4. Citing a thesis:

5. Citing a government publication:

6. Citing an online article:

7. Citing a symposium article:
   Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of American Medical Colleges; October 28, 1995; Washington, DC
MANUSCRIPT FORMAT continued

Figure Captions

- Figures include photographs or radiographs, drawings, graphs, bar charts, flow charts, and pathways, but NOT lists or tables.
- Figures must be cited sequentially in the text. Number all figures (and corresponding figure captions) sequentially in the order they are cited in the text.
- Figure captions should be written after the reference list. Insert a page break between the end of references and the start of figure captions.
- Figure captions should include a description of the figure and/or each lettered part (A, B, etc.) and of any portions of the figure highlighted by arrows, arrowheads, asterisks, etc.
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Tables

- Data given in tables should be commented on but not repeated in the text. Be sure that lists or columns of related data are composed in a word-processing program like the rest of the text.
- Do not intersperse tables in the text. Tables should appear after the figure captions. Insert a page break between the end of the figure captions and the start of the tables.
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- If a table contains artwork, supply the artwork separately as a digital file.
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- Other footnotes for tables should be indicated in the table using superscript letters in alphabetical order.
- Any abbreviations used in the table should be explained at the end of the table in a footnote.
DIGITAL ARTWORK PREPARATION

General Guidelines

- It is best to use Adobe Photoshop to create and save images, and Adobe Illustrator for line art and labels.
- Do not submit art created in Microsoft Excel, Word, or PowerPoint. These files cannot be used by the typesetter.
- Save each figure in a separate file.
- Do not compress files.
- All black-and-white and color artwork should be at a resolution of 300 dpi (dots per inch) in TIFF format. Line art should be 1,200 dpi in EPS or TIFF format. Contact the Production Editor at Thieme if you are unsure of the final size.
- It is preferable for figures to be cropped to their final size (approximately 3½ inches for a single column and up to 7 inches for a double column), or larger, and in the correct orientation. If art is submitted smaller and then has to be enlarged, its resolution (dpi) and clarity will decrease.

Note: Lower resolutions (less than 300 dpi) and JPEG format (.jpg extension) for grayscale and color artwork are strongly discouraged due to the poor quality they yield in printing, which requires 300 dpi resolution for sharp, clear, detailed images. JPEG format, by definition, is a lower resolution (compressed) format designed for quick upload on computer screens.

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- Black-and-white artwork can be halftone (or grayscale) photographs, radiographs, drawings, line art, graphs, and flowcharts. Thieme will only accept digital artwork.
- If possible, do not send color art for conversion to black-and-white. Do the conversion yourself so that you can check the results and confirm in advance that no critical details are lost or obscured by the change to black-and-white.
- For best results, line art should be black on a white background. Lines and type should be clean and evenly dark. Avoid screens or cross-hatching, as they can darken or be uneven in printing and lead to unacceptable printing quality.

Color Art

- All color artwork should be saved in CMYK, not RGB.

Art Labels

- Arrows, asterisks, and arrowheads (or other markers) should be white in dark or black areas and black in light or white areas, and large in size. If not, these highlighting marks may become difficult to see when figures are reduced in size during the typesetting process.
- Use 1-point (or thicker) rules and leader lines.
- Capitalize the first word of each label and all proper nouns. Consider using all capitals if you need a higher level of labels.
- Where there are alternate terms or spellings for a named structure, use the most common one and make sure it is consistent with what is used in the text.
- Avoid using multiple fonts and font sizes for the labels; use only one or two sizes of a serif font.
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Article Processing Charge (APC)

Not applicable.

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- Consult the checklist on the first page of this document to ensure that you are ready to submit your manuscript.
- Always review your manuscript before submitting it.
- Please note: There are no submission charges to submit your manuscript to this journal.
- Manuscripts must be submitted to the online submission platform at the following link: http://www.editorialmanager.com/jcir/
- Please mention the journal name (JCIR) and the manuscript title in the email subject line. The Editor-in-Chief will inform you via email once a decision has been made regarding the selection of the article.

Revision Procedure

- Should the editors decide that your article requires a revision, you will need to make the changes via a word-processing program and resubmit it electronically.
- The manuscript will be sent back to you via email for revision.
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2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

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POLICY STATEMENTS continued

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This journal adheres to the ethical standards described by the Committee on Publication Ethics and the International Committee of Medical Journal Editors. Authors are expected to adhere to these standards.

For all manuscripts reporting data from studies involving human or animal participants, formal review and approval, or formal review and waiver (exemption), by an appropriate institutional review board (IRB) or ethics committee is required, as well as any necessary HIPAA consent, and should be described in the Methods section with the full name of the reviewing entity. All clinical trials must be registered in a public trials registry. Denote the registry and registry number.

Please follow the standard Levels of Evidence for Primary Research and the reporting guidelines specified by this table:

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<td>Studies of diagnostic accuracy</td>
<td>STARD</td>
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<tr>
<td>Systematic reviews and meta-analyses</td>
<td>QUOROM/PRISMA</td>
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<tr>
<td>Observational studies in epidemiology</td>
<td>STROBE</td>
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<tr>
<td>Meta-analyses of observational studies in epidemiology</td>
<td>MOOSE</td>
</tr>
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</table>

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