British Journal of Cancer – Instructions to Authors

Manuscripts should be submitted to Professor G.E. Adams, Editorial Office, British Journal of Cancer, Medical Research Council, Harwell, Didcot, Oxfordshire OX11 ORD, UK. The original and three good copies are required of both text and illustrations. Duplicates of photographs must be of the same standard as the originals.

Ethics

Typescripts that contain the results of human and/or animal studies will be accepted for publication only if it is made clear that a high standard of ethics was applied in carrying out the investigations.

Reports presenting clinical studies should, where appropriate, contain a statement that they have been carried out with ethical committee approval. Single case studies are not usually acceptable. Papers disregarding the UKCCR ‘Guidelines for the Welfare of Animals in Experimental Neoplasia’ helpful in this regard. These were published in British Journal of Cancer (1988) 58: 109–113. Copies may be obtained from: UKCCR, PO Box 1234, Lincoln’s Inn Fields, London WC2A 3PX, UK.

Presentation of manuscripts

Your manuscript (written in English) should be typewritten using double spacing on one side only of good quality paper. To assist the reviewing of your manuscript, you should provide a wide margin (at least 3cm) all round the text. Manuscripts must be concise and not exceed approximately 5 printed pages. This is equivalent to approximately 5000–5500 words. Assume each figure, table and 10 references are equivalent to 200 words.

Your title page, numbered as 1, should give the title in capital letters (not exceeding 100 letters), a running title (not exceeding 50 letters) and the author’s name(s) (as they are to appear), affiliations and complete addresses, including postal (zip) codes.

The author and address to whom correspondence should be sent must be clearly indicated. Please supply telephone, fax and e-mail numbers for the corresponding author.

A summary of your manuscript, a maximum of 200 words, summarizing the content, should be provided on a separate sheet following the title page. A list of three to six keywords should follow the summary.

Full papers should be divided into sections: Introduction; Materials and methods; Results; Discussion; Acknowledgements; and References.

Short communications (~1500 words) should have the above section headings and a brief summary (~50 words).

Abbreviations and units. Avoid abbreviations in the title and abstract. All unusual abbreviations should be fully explained at their first occurrence in the text. All measurements should be expressed in SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication entitled Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors.

Drug names. Generic names should be used.

Tables should be as few as possible and should present only essential data. Each must be typed on a separate sheet with a title or caption and clearly numbered. Please make sure each table is cited within the text, e.g. (Table 3).

Illustrations. All line drawings and photographic prints should be submitted on separate sheets and be of a reproducible quality (not photocopies). They must be clearly marked (by a label pasted on the back in soft pencil) with the figure number (Arabic numeral) and the top of the figure should be indicated with an arrow. Please make sure each figure is cited within the text, e.g. (Figure 2). Captions must be typed, double spaced on a separate sheet.

Full colour illustrations may be included within the text, at the discretion of the Editor-in-Chief. However, a charge will be made to the author to cover the extra costs incurred in originating and printing colour illustrations. Authors will be advised of any such charges, which depend on the size and quantity of colour illustrations, prior to publication.

Photographs and photomicrographs should be unmounted. Glossy prints should not be retouched, and should be chosen to exclude technical artefacts. Magnification should be indicated by a line representing a defined length included within the photograph. Areas of key interest and/or critical reproducibility should be indicated on a photopy. All annotation and lettering should be indicated in the same way, and preferably not included on the original print. Clearly contrasted and focused prints are essential for adequate reproduction. Four originals of all photographs must be submitted. Photocopies are generally unsuitable for refereeing purposes.

References. Only papers closely related to the author’s work should be quoted, and these should be from original papers rather than reviews. Exhaustive lists should be avoided. Citation of Conference Proceedings or Meeting Abstracts should also be avoided unless there is no other reference.

References in the text should be made by giving the author’s surname, with the year of publication in brackets. When the reference is to a specific part of a book, the page number should also be cited. When reference is made to a work by three or more authors, the first name followed by et al should be used only on initial citations. If several papers by the same first author and from the same year are cited, a, b, c, etc. should be added after the year of publication. It is the author’s responsibility to check the accuracy of all references before submitting a manuscript. References should be brought together at the end of the paper in alphabetical order, where titles of papers and all authors’ names should be given in full. Names of journals should be abbreviated as in Index Medicus, followed by the volume number and the initial and final page numbers, e.g.: McManus MJ, Dombroske SE, Plenkowski MM, Wilson AB (1978) Successful transplantation of human benign breast tumours into the athymic nude mouse and demonstration of enhanced DNA synthesis by human placental lactogen. Cancer Res 38: 2243–2248.

References to books and monographs should appear as in the following examples:


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After review, authors requested to resubmit should, where possible, supply the editorial office with a copy of the manuscript on disk together with 4 typescript copies. Ensure the disk and typescript match exactly. The Editor will accept a 3.5 inch disk in any IBM or Macintosh word processing format. Please indicate on the label attached to your disk, your name, address, typescript title and name of the word processing package used.

Please ensure that all sections of your article are in a single file in the order set out above and with references in the correct style. Tables, with their captions, and figure legends should be supplied on disk in a separate file. Line illustrations may be supplied on disk but must be in a separate file and not embedded in the text. Photographic prints will be handled separately and should not be supplied on disk.

Late-breaking news

British Journal of Cancer has a fast-track system for publication of short reports of recent, important findings. Material for this section must be submitted on disk with an accompanying printout. After review this material will appear in the next available issue.

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Proofs

Page proofs are sent to the corresponding author for checking. The proofs plus any minor corrections must be returned to the Editorial Office by fax or post within 48 hours of receipt.

Twenty-five free offprints will be sent, free of charge, to the corresponding author; extra copies may also be ordered on a form that will accompany your page proofs.
A timely addition in localised disease

Drogemil is the only antiandrogen as part of MAB with proven survival advantages in prostate cancer over an LHRH agonist alone. As monotherapy it gives increased time to progression comparable with orchidectomy and as part of combination therapy in MAB, it has proven survival advantages over orchidectomy or medical castration. Now, Drogemil in combination with an LHRH agonist is approved for localised disease. Patients on Drogemil as part of MAB with radiation not only had a significantly lower incidence of local tumour progression than patients or radiation therapy alone but also remained disease-free for longer - an extra 1.8 years of precious time.

Patients remain disease-free for an extra 1.8 years

When time is precious in prostate cancer