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## [ABOUT THE JOURNAL](#)

### **Aims and Scope**

The *British Journal of Cancer* is one of the most-cited general cancer journals, publishing significant advances in translational and clinical cancer research. It also publishes high-quality reviews and thought-provoking comment on all aspects of cancer prevention, diagnosis and treatment.

The *British Journal of Cancer* is owned by [Cancer Research UK](#), the world's leading cancer charity dedicated to saving lives through research.

The journal is separated into six general categories:

- Clinical Studies
- Translational Therapeutics
- Molecular Diagnostics
- Genetics and Genomics
- Cellular and Molecular Biology
- Epidemiology

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## ARTICLE TYPE SPECIFICATION

Article Description	Abstract	Word limit	Tables/Figures	References
<p><b>Article</b> (Please see preparation of articles below for further details)            Research describing novel findings that are of broad interest to cancer researchers and/or oncologists. Systematic Reviews, Meta-analyses and Clinical Trials are classified as Articles. These are peer reviewed.</p>	Structured abstract; max 200 words	5,000 words (excluding abstract, references and figure legends)	Max of 6	Typically max 60
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- Cover letter
- Title page
- Abstract
- Background
- Materials and Methods
- Results
- Discussion
- Additional Information
- References
- Figure legends
- Tables
- Figures

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Metcalfe K, Lynch HT, Foulkes WD, Tung N, Olopade OI, Eisen A et al. Oestrogen receptor status and survival in women with BRCA2-associated breast cancer. *Br J Cancer* 2019; e-pub ahead of print 6 February 2019; doi.org/10.1038/s41416-019-0376-y

#### Journal article, in press:

Breast cancer mortality in synchronous bilateral breast cancer patients. *Br J Cancer* (in press).

#### Complete book:

Atkinson K, Champlin R, Ritz J, Fibbe W, Ljungman P, Brenner MK (eds). *Clinical Bone Marrow and Blood Stem Cell Transplantation*, 3rd edn. Cambridge University Press: Cambridge, UK, 2004.

#### Chapter in book:

Coccia PF. Hematopoietic cell transplantation for osteopetrosis. In: Blume KG, Forman SJ, Appelbaum FR (eds). *Thomas' Hematopoietic Cell Transplantation*, 3rd edn. Blackwell Publishing Ltd: Malden, MA, USA, 2004, pp 1443–1454.

#### Abstract:

Syrjala KL, Abrams JR, Storer B, Heiman JR. Prospective risk factors for five-year sexuality late effects in men and women after haematopoietic cell transplantation. *Bone Marrow Transplant* 2006; **37**(Suppl 1): S4 (abstract 107).

#### Correspondence:

Zhu M, Li M, Liu J and Lu B. Comment on 'Addition of ultrasound to mammography in the case of dense breast tissue: systematic review and meta-analysis' [letter]. *Br. J. Cancer* (2018) 119, 1443

#### Preprint:

Barthel F, Wesseling P, Verhaak T. Reconstructing the Molecular Life History of Gliomas. Preprint at <https://www.biorxiv.org/content/early/2017/09/29/192369> (2017).

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Examples of declarations are:

- **Conflict of interest.**  
The authors declare no conflict of interest.
- **Conflict of interest.**  
Dr Caron's work has been funded by the NIH. He has received compensation as a member of the scientific advisory board of Acadia Pharmaceutical and owns stock in the company. He also has consulted for Lundbeck and received compensation. Dr Rothman and Dr Jensen declare no potential conflict of interest.

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As defined by the [International Committee of Medical Journal Editors](#) (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioural treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomised trials are not exempt from the registration requirement if they meet the above criteria.

When reporting experiments on human subjects, authors must indicate whether the procedures were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the Helsinki Declaration of 1975 (as revised in 1983). Please also include Institutional Review Board or Animal Care and Use Committee approvals.

All clinical trials must be registered in a public registry prior to submission. The journal follows the trials registration policy of the ICMJE ([www.icmje.org](http://www.icmje.org)) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrolment. Acceptable registries must meet the following ICMJE requirements:

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- Have a validation mechanism for registration data;
- Be managed by a not-for-profit organization.

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3. The Cochrane Renal Group Registry (<http://www.cochrane-renal.org/>);
4. And the European Clinical Trials Database (<https://eudract.ema.europa.eu/>).

The trial registry number must be included in the Abstract of the manuscript and provided on submission.

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Falsification is the practice of altering research data with the intention of giving a false impression. This includes, but is not limited to, manipulating images, removing outliers or "inconvenient" results, or changing, adding or omitting data points. Fabrication is the practice of inventing data or results and recording and/or reporting them in the research record. Data falsification and fabrication call into question the integrity and credibility of data and the data record, and as such, they are among the most serious issues in scientific ethics.

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- Make inquiries of other titles believed to be affected;
- Forward concerns to the author's employer or person responsible for research governance at the author's institution;
- Refer the matter to other authorities or regulatory bodies (for example, the Office of Research Integrity in the US or the General Medical Council in the UK); or

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Images submitted with a manuscript for review should be minimally processed (for instance, to add arrows to a micrograph). Authors should retain their unprocessed data and metadata files, as editors may request them to aid in manuscript evaluation. If unprocessed data is unavailable, manuscript evaluation may be stalled until the issue is resolved.

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- Authors should list all image acquisition tools and image processing software packages used. Authors should document key image-gathering settings and processing manipulations in the Methods section.
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- High-contrast gels and blots are discouraged, as overexposure may mask additional bands. Authors should strive for exposures with gray backgrounds. Immunoblots should be surrounded by a black line to indicate the borders of the blot, if the background is faint.
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If human cell lines are used, authors should include the following information in their manuscript:

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- whether the cell line has recently been authenticated and by what method; and
- whether the cell line has recently been tested for mycoplasma contamination.

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Papers reporting protein or DNA sequences and molecular structures will not be accepted without an accession number to [Genbank/EMBL/DBI](#), [SWISS-PROT](#), [Protein Databank](#), or other publicly available database in general use in the appropriate field, that gives free access to researchers from the date of publication.

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