

# GUIDELINES FOR AUTHORS

## 1. Scope

Hellenic Journal of Radiology ("HJR") is the official journal of the Hellenic Radiological Society, first published in 1968. This revived edition of HJR, published in English, aspires to promote scientific knowledge in Radiology both at diagnosis and image guided therapy, worldwide. It is a peer-reviewed Journal, aiming at raising the profile of current evidence-based imaging practice and at improving the scientific multidisciplinary dialogue. HJR presents clinically pertinent, original research and timely review articles. It is open to International authors and readers and offers a compact forum of communication to medical imaging and related science specialists.

## 2. Language

British English is the official language of the journal. All submitted manuscripts should be written in British English.

## 3. How to submit a paper

All submissions for peer-review should be performed online through the journal website [www.hjradiology.org](http://www.hjradiology.org).

The Editorial office and the Editor-in-chief will perform the initial assessment of the manuscript and if the manuscript is suitable for the journal and the submission is complete, it will be sent to the relative reviewers. The reviewing process that is followed is double blinded. During on-line submission, authors can enter the name/s of non-preferred reviewers.

The time allocated for reviewers to assess the manuscript and submit their recommendation is three weeks. The Editor-in-chief makes the final decision for publication. The Editorial office will communicate the reviewer's comments and the decision to the authors.

## 4. Manuscript originality and copyright

The submitted manuscript should be original, should not contain previously published material and should not be under consideration for publication in another journal. The submission needs to be approved by all co-authors and, in case of original research, a 'guarantor' of the study is required. As 'guarantor' may be considered a senior author that is deemed to take overall responsibility for all aspects of the study (ethics, originality, consent, data handling, and all aspects of Good Medical Practice). The 'guarantor' of the study does not necessarily need to be the

corresponding author. The Hellenic Journal of Radiology will not hold legal responsibility should there be any claim for compensation.

All authors need to sign the copyright transfer form ([http://hjradiology.org/docs/Copyright Transfer Form.doc](http://hjradiology.org/docs/Copyright%20Transfer%20Form.doc)) and must have made substantial contributions as established by the ICMJE (<http://www.icmje.org>).

## 5. Ethical issues

### Authorship and contributorship

Authorship should be based on the criteria defined by the International Committee of Medical Journal Editors recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

### Complaints and appeals

The Editorial Board (EB) will discuss in detail all the complaints and appeals on the decision of rejection of a submitted manuscript or any concerns or allegations regarding misconduct, and will decide accordingly. An independent panel of international experts, including renowned journal editors and directors of academic departments, may be consulted if these issues arise.

### Conflict of interest - competing interests

It is the authors' responsibility to fully disclose in the cover letter any financial interests (shareholding or employment by industry, etc.) relative to the work under consideration. Any conflict should be stated in the manuscript before the Reference section. Authors should acknowledge any source of funding provided for the submitted subject matter (i.e. grants, financial support for presentations at meetings, etc). For clinical trials, the registration number, if available, should be included. Authors should state that the submitted manuscript has not been previously published and is not currently under consideration by another journal. Previous publication of an abstract as an oral presentation or scientific exhibit, either in print or electronically, does not preclude submission of an original article for publication. Any potential overlap with prior publications should be clearly stated by the authors to avoid redundant publications. Advertisements will be kept out of the main text body of the journal and it is the Editor's responsibility that the editorial decisions will not be influenced by advertisers and sponsors. Special issues follow the routine editorial process and are by no means influenced by ad-

vertisers. The EB retains the right to refuse any advertisement for any reason.

### Data sharing and communication

The EB may permit the use of figures or text for scientific reasons. Audits of rejection rates, review of completion time and other data, such as the impact factor of the journal, will be regularly published. Premature publication in the mass or social media is not advised until the article has appeared electronically in public.

### Patient data

It is the authors' responsibility to protect patient anonymity. All identifying data (name, identification numbers, initials) must be removed from text, images and tables. If it is mandatory for a patient's face to be included in the manuscript, the eyes should be sufficiently masked. If there is a possibility that a patient may be identified from a photograph or relevant legend and text, the patient's written consent should be submitted.

### Research ethics and compliance

The HJR follows the guidelines of the International Committee of Medical Journal Editors ([www.icmje.org](http://www.icmje.org)). It is the authors' responsibility to confirm that any experimental investigation on human subjects reported in a submitted manuscript has been performed with the subjects' informed consent and following the approval of the appropriate institution review board. For prospective clinical studies with human subjects, the authors are required to confirm that both an appropriate institution review board approval and informed consent have been obtained. For retrospective clinical studies, the authors are required to confirm that an institution review board waiver of informed consent has been obtained. For clinical studies involving human subjects with no access to ethics review committees, the authors should confirm that they followed the principles outlined in the Helsinki Declaration (World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. JAMA 2013; 310(20): 2191-2194). Authors may be asked to document the above at any time point.

Prospective studies with human subjects are required to provide both an appropriate institution review board approval and informed consent. Retrospective studies are required to provide an institution review board waiver of informed consent. Authors

may be asked to document the above at any time point.

For studies involving animals, the authors should indicate whether the procedures followed the local regulatory principles on animal experimentation. In this case, the following statement needs to be added in the text: "All applicable international, national, and/or institutional guidelines for the care and use of animals were followed".

### Permissions and plagiarism

Figures and images should have not been previously published. For the use of any figures already published elsewhere by one of the authors or by means of another publication, the authors are required to obtain written permission from the copyright owner(s) and to submit the evidence in the submission process. Disclosure should be made at the time of submission, accordingly.

Plagiarism will not be accepted in any case. Dedicated software will be used on this purpose. All submissions will be first screened by a similarity detection software before being assigned for peer review. If the overall text similarity index is >20%, or the duplication rate is >5%, the manuscript is returned to the authors without peer review. The similarity report will be included in the editor's message. In cases of plagiarism, citation manipulation, data and results fabrication, or any suspicion of research misconduct, the EB will follow the guidelines of the Committee on Publication Ethics ([https://publicationethics.org/guidance/Guidelines human subjects](https://publicationethics.org/guidance/Guidelines%20human%20subjects)). The EB reserves the right of rejecting submissions if there is any doubt about whether the procedures described above have been followed accurately.

### Options for publication, post-publication discussions and corrections

All manuscripts are subjected to blind peer review after being initially assessed for quality by the section editors. The section editors will first evaluate the possibility of duplicate publications. Reviewers are selected for their known expertise, objectivity and proven commitment and professionalism. Reviewers should handle the material confidentially and are not allowed to share or copy. In case of major disagreement between two reviewers, the manuscript will either be assigned to a third reviewer, or the section editor will make a decision. The decision on acceptance or rejection is based solely on the reviewers' evaluation, the importance of the manuscript and its relevance to the aims of the journal. The EB will decide upon any let-

ters to the editor commenting on prior publications. Corrections on prior publications related to authors' names, affiliations, major flaws or any kind of errors will also be discussed by the EB and prompt changes will be published in a subsequent issue. The changes will be listed in the table of contents to ensure that they will be linked to the initial publication to which they pertain in major databases such as PubMed.

### 6. Types of manuscript

The HJR accepts the following types of articles:

- **Original articles:** The paper needs to offer new knowledge on diagnostic or interventional radiology. The conclusions need to be sound and supported by statistical analysis. When the accuracy of a diagnostic test is assessed, following the Standards for Reporting of Diagnostic Accuracy (STARD) flow diagram (<http://www.stard-statement.org>) is suggested. A structured abstract of 250 words, 3-5 keywords, text up to 4,500 words, figures (up to four figures or eight figure parts), a maximum of six tables, a maximum of fifty references and a maximum of seven authors are required for original articles.

- **Review Articles:** The journal may accept systematic reviews, meta analyses and literature reviews of a subject. An unstructured abstract of 200 words, 3-5 keywords, text of no more than 6,000 words, figures (up to eight figures), a maximum of six tables, a maximum of a hundred references and a maximum of three authors are required for review articles.

- **Pictorial Essays:** The purpose of pictorial essays is to provide a teaching message through high quality images. A brief text is required to accompany figures. An unstructured abstract of 200 words, 3-5 keywords, text of no more than 6,000 words, a maximum of fifteen figures, a maximum of six tables, a maximum of a hundred references and a maximum of four authors are required for pictorial essays.

- **Letters to the editor:** Communication to the editor is welcome and will be published if they offer pertinent and/or constructive comment on articles published in the Hellenic Journal of Radiology. Letters are published at the discretion of the Editorial team and should be received within three months after on-line publication of an article. Following acceptance, letters will be sent to authors for response. Letter communications should include text of no more than 500 words, up to two figures and ten references, without any abstract or key-

words and a maximum of three authors.

- **Clinical Case-Test Yourself:** The purpose of the "Clinical Case-Test Yourself" manuscript is to offer readers the chance to test their skills in diagnosing rare disorders. The submitted cases should contain radiologic features that allow a narrow differential or an accurate diagnosis. The "Clinical Case-Test Yourself" manuscripts are not case reports with previously unreported imaging findings. The format for this manuscript consists of two parts. Part "A" represents the "Question" and consists of a title, a brief clinical history (maximum 100 words) and up to five figure parts with at least two showing pathology. The figure legends should only indicate the modality and should not reveal the abnormal findings. Part "B" represents the "Answer" and consists of a line statement of the diagnosis, and a discussion of up to 1,000 words, with no more than 10 references. In Part "B" the same figures as in Part "A" are repeated with the addition of explanatory legends and arrows. A maximum of three authors is allowed.

### 7. Manuscript organisation

A manuscript must contain the following parts for submission:

- **Cover letter:** Each manuscript needs to be accompanied by a cover letter signed by the corresponding author on behalf of the rest of the authors stating that the article is not under consideration in another journal. In case of article resubmission a point-by-point answer to the reviewers' comments needs to be submitted with the cover letter.

- **Title page:** It includes the title of the manuscript, the names, affiliations and e-mail addresses of all authors and the affiliation, address, e-mail address, telephone and fax number of the corresponding author. The name and affiliation of the 'guarantor' of the study needs to be included in the title page for original articles.

- **Blinded manuscript:** Blinded title page including only the title of the manuscript with no affiliation.

- **Abstract:** An abstract presenting the most important results and conclusions is required for all papers except for Letters to the Editor. For Original Articles the abstract needs to be structured as follows: Purpose, Material and Methods, Results, Conclusions. For Reviews and Pictorial Essays, a 1-paragraph unstructured abstract is required.

- **Keywords:** Below the abstract, 3 to 5 keywords are required. Keywords need to be selected from the Medical Subject Headings

(MeSH) database of the National Library of Medicine.

■ **Text structure:** the text of the Original Articles needs to be organised as follows: Introduction, Materials and Methods, Results and Discussion. Review Articles, and Pictorial Essays require Introduction and Discussion sections only.

■ **Fonts:** The suggested font is double spaced Times New Roman (12 pt). The text should display page and line numbers throughout its length.

■ **Abbreviations:** Abbreviations should be used as minimum as possible. When used, they should be defined the first time they are used, followed by the acronym or abbreviation in parenthesis.

■ **Acknowledgements, sponsorships and grants:** Acknowledgements need to be placed at the end of the manuscript before 'References' section. Any grant received or sponsorship from pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services have been used needs to be included in the Conflicts of Interest Form and also mentioned in acknowledgements section.

■ **Measurement Units:** All measurements should be mentioned in international units (SI). The full stop should be used as a decimal (i.e. 3.5 cm). Spaces should be added around the plus/minus symbol (i.e. 13.6 ± 1.2). There should not be any spaces around range indicators (i.e. 15-20) or equality/inequality symbols (i.e.  $r=0.37$ ,  $p<0.005$ ).

## 8. Figures and Tables

All figures and tables need to be cited in text consecutively in the order in which they appear in text into brackets and in Arabic numbers: i.e. (Fig. 1) and (Table 1). Figure parts need to be identified with lower case letters, i.e (Fig. 1a).

Figures need to be of high quality. Vector graphics, scanned line drawings and line drawings need to be in bitmap format and should have a minimum resolution of 1,200 dpi. Halftones (photographs, drawings or paintings) need to be in TIFF or JPEG format, up to 174 mm wide and up to 234 mm high and in minimum resolution of 300 dpi.

A figure caption and a table caption need to be added in the figure and table section respectively for each figure and table.

Explanatory signs (arrows, asterisks etc) should be used when imaging findings are not obvious. These should be white, black or in shades of grey and proportionate in

size compared to the size of the image. Please refrain from using coloured signs.

Tables should appear at the end of the main document, numbered in Arabic numerals, each on a different page. Each table should have a title describing its content. Abbreviations appearing in the table need to be explained in a footnote. All table columns must have a subhead that describes the type of data included in the column.

## 9. References

The accuracy of references is the responsibility of the authors. The Editorial Board suggests to the authors to be accurate regarding citations and check meticulously the correct primary source.

References need to be cited in the text in the order in which they appear. The numbering needs to be in Arabic numbers and placed in the respective areas of text into square brackets i.e [1].

References that have not been published at the point of submission need to be cited with the respective DOI (digital object identifier) number given for on-line first articles.

All authors (surnames and initials of first name) should be listed when they are three or fewer. If authors are more than three, the first three authors should be listed, then 'et al.' needs to follow the name of the third author.

When a book chapter is cited, the authors and title of the chapter, editors, book title, edition, city and country, publisher, year and specific chapter pages should be mentioned.

For Online Document, the following should be mentioned: authors (if any), title of page, name of institution or owner of Web site; URL; dates of publication, update, and access.

### Reference examples:

#### Journal article:

Krokidis M, Hatzidakis A. Percutaneous minimally invasive treatment of malignant biliary strictures: current status. *Cardiovasc Intervent Radiol* 2014; 37(2): 316-323.

or

Krokidis M, Hatzidakis A. Percutaneous minimally invasive treatment of malignant biliary strictures: current status. *Cardiovasc Intervent Radiol* 2014; doi: 10.1007/s00270-013-0693-0. Epub 2013 Jul 13.

#### Book chapters:

Allen G, Wilson D. Current role for Ultra-

sonography. In: Karantanas A (ed). *Sports Injuries in children and adolescents* (Medical Radiology, Diagnostic Imaging). Springer, Berlin Heidelberg New York 2011, pp 83-97.

### Online document:

National Institute for Health and Care Excellence. SIR-Spheres for treating inoperable hepatocellular carcinoma. Available via [nice.org.uk/guidance/mib63](http://nice.org.uk/guidance/mib63). Published May 10, 2013. Updated October 2, 2013. Accessed January 25, 2014.

## 10. Review of manuscripts

Revised manuscripts should be resubmitted according to the Editor's letter. For accepted manuscripts, authors need to make proof corrections within 72 hours upon pdf supplied, check the integrity of the text, accept any grammar or spelling changes and check if all the Tables and Figures are included and properly numbered. Once the publication is online, no further changes can be made. Further changes can only be published in form of Erratum.

## 11. Submission Preparation Checklist

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

■ The submission has not been previously published, nor is it before another journal for consideration (or an explanation has been provided in Comments to the Editor).

■ The submission file is in OpenOffice, Microsoft Word, RTF, or WordPerfect document file format.

■ Where available, URLs for the references have been provided.

■ The text is single-spaced; uses a 12-point font; employs italics, rather than underlining (except with URL addresses). All illustrations and figures should be submitted separately as additional files.

■ Tables should appear at the end of the main document.

■ The text adheres to the stylistic and bibliographic requirements outlined in the Author Guidelines.

■ If submitting to a peer-reviewed section of the journal, the instructions in Ensuring a Blind Review have been followed.

■ All authors have sufficiently participated and read the submitted material and fully agree to its content.