TBCR Translational Breast Cancer Research
A journal focusing on translational research in breast cancer

Instructions to Authors

Translational Breast Cancer Research (Transl Breast Cancer Res, TBCR, Online ISSN 2218-6778) is an open access, peer-reviewed journal focusing on translational research in breast cancer. As a quarterly published journal, the journal seeks to create a platform for researchers and clinicians by presenting pertinent investigations, for discussing critical questions relevant to the entire fields of breast cancer, and aiming to develop new perspectives for all those issues concerned with breast cancer.

Submission Turnaround Time:
In-house review: 1-3 weeks
External peer review: 2-3 months
Revision time: 2-4 weeks
Publication ahead of print: within 1 month after being accepted
Formal publication: within 1-3 months after being accepted. Original Articles are listed as priority.

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1. CONTENT SPECIFICATIONS FOR EACH SUBMISSION TYPE

Articles in this category are not solicited by TBCR, but are instead submitted by the authors. All submitted articles are subject to peer-review, but unsuitable submissions may be rejected outright by the editors. The requirements for each submission category are as follows:

(1) Original Article
Originality and clinical impact are essential for acceptance of original articles. Original article should entail a section describing the contribution each author made to the manuscript, please refer to "Author contributions" section for details. Meta-analysis will be categorized into this type.
Structured abstract: 300 words (max)
Text: 5000 words (max)
References: not limited
Figures/tables (combined): not limited

(2) Review Article
A review article is a timely, in-depth focus on certain fields. Review articles are generally solicited by editors, but unsolicited ones may also be considered. Proposals for reviews should be submitted with an outline for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance. Review articles should entail a section describing the contribution each author made to the manuscript, please refer to "Author contributions" section for details.
Unstructured abstract: 300 words (max)
Text: 6000 words (max)
References: not limited
Figures and Tables (combined): not limited

(3) Editorial Commentary
The Editors will invite an expert in the field to discuss a paper or report or event within the past few months or so, or in the near future and provide a commentary on the importance of each accepted paper to outline its strengths and weaknesses. It should set the problems addressed by the paper/report/event in the wider context of the field.
Authors: 5 (max)
Abstract: not required
Text: 2,500 words (max)
References: 25 (max)
Figures/tables: 2 (max)

(4) Editorial
Editorials are written by recognised leader(s) in the field. Editorials are generally solicited by the (Deputy) Editor(s)-in-Chief.
Authors: 5 (max)

Abstract: not required
Text: 2500 words (max)
References: 25 (max)
Figures/tables: 2 (max)

(5) Case Report

Only cases of exceptional interest and novelty are considered.
Unstructured abstract: 300 words (max)
References: 20 (max)
Figures and tables (combined): not limited
Note: The authors should provide a statement at the end of the main text that the patient has given their consent for the Case reports to be published. The editorial office may request copies of the informed consent documentation at any time. We recommend the following wording is used for the consent section: "Written informed consent was obtained form the patient for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal."
If the patient has died, then consent for publication must be sought from the next of kin of the patient. If the patient is a minor, or unable to be provide consent, then consent must be sought for the parents or legal guardians of the patient. In these cases, the statement in the 'Consent' section of the manuscript should be amended accordingly.

(6) Technical Note

Technical note should present a new experimental or improved method, test or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.
Unstructured abstract: 250 words (max)
Text: 2,500 words maximum including abstract but excluding references, tables and figures.
References: 35 (max)
Figures/tables: 4 (max)

(7)Letter to the Editor

Letter to the Editor on content published in the journal or on other topics of interest to our readers is welcomed. The journal might invite replies from the authors of the original publication, or pass on letters to these authors.
Abstract: not required
Text: 1000 words (max)
References: 10 (max)
Figures and tables: not limited

2. PREPARATION OF THE TEXT

Document structure. The text should be prepared using Microsoft Word processing software (.doc or .docx) and structured as follows: Title page; Abstract; Keywords; Text (see Content Specifications section above); Tables; Legends; References; Figures.
The text should be keyed double-spaced throughout. A clearly readable font should be used (e.g. Arial, Calibri, Times New Roman, Verdana). Font size should be 10 or 12. Pages should be numbered. Language should be English. Spelling can be American, but consistent throughout. Any abbreviations should be defined on first usage in the text. Terms that are mentioned less than 3 or 4 times in the text should not be abbreviated

Title page

The title page should include:

1) A brief and descriptive title of the article (no abbreviations allowed);
2) The full first name and last name of the author(s) (but no qualifications), and the name and location of the establishment where the work was carried out (in English);
3) The name, address, telephone and/or fax numbers and the e-mail address of the corresponding author should be given;
4) The contribution made by each author should be briefly stated in the Authors' Contributions section (See "Authors' Contributions" in detail);
5) Footnote section: Conflicts of Interest (See specific statement in following Policy of Conflict of Interest) or Informed Consent according the article type;
6) Acknowledgments (All sources of funding for the work should be acknowledged in this section).

Abstract

The Abstract should conform to the requirements noted in the Content Specifications section above. It should not contain any abbreviations or reference citations.

Keywords

Following the Abstract, 3-5 keywords should be given.

Text

Authors must format their manuscripts with following subheadings: Background, Methods, Results and Conclusions

if the manuscript is an original article. However, we do not require these subheadings for review, case report and others, they can be written in several sections with their own headings according to the topic.

Tables

Tables should be self-explanatory, supplementing but not duplicating the text. A brief title should be provided. Any abbreviations used in the tables should be defined at the bottom.

Legends

Legends are required corresponding to each individual figure and video (do not repeat legend information in the text).

Reference

A list of references to the literature should be arranged sequentially following appearance in the text. Referenced articles should ideally be not older than 5 years.

Personal communications, and unpublished data should not be included in the list of references, but can be mentioned in the text.

The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using numbers in round brackets in the order in which they appear consecutively [e.g., "cancer-related mortality (19)", "denocarcinoma (29, 30)"]. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are three or fewer; when more than three, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g., Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Journal names should be abbreviated according to Index Medicus: http://www.ncbi.nlm.nih.gov/nlmcatalog/journals. Authors are responsible for the accuracy of the references.

To optimize hyperlinking of references to enable editors and reviewers to cross-reference online, the format and punctuation should be as given in the examples below:

3. PREPARATION OF FIGURES AND VIDEOS

Figures

Electronic artwork (photos, schematics, graphs) should be prepared to render high quality images when enlarged to full screen width. All artwork and lettering must be of professional quality.

Specifications: .tiff or.jpg files; resolution: at least 300 dots per inch; pixel screen width: 1280, grayscale for black and white, RGB for colour.

Videos

TBCR will accept digital files in mp4, flash video (flv.), MPEG (MPEG video file), DVD video format, mov., avi., and mwv. formats or video on CD/DVD. Contributors are asked to be succinct, and the Editor-in-chief reserves the rights to require shorter video duration if necessary. Video files can be submitted with a manuscript online: http://tbcr.amegroups.com/pages/view/submit-multimedia-files.

Duration: Video files should be limited to 20 minutes.

Quality: Please set the video aspect ratio as 4:3 or 16:9 (widescreen). The original video should be of high quality. The resolution is no less than 1280×720, the frame rate no less than 24 frames per second and the bit rate no lower than 5Mbps.

Text in video: All the text notes, explanations or descriptions, etc. in the video must be in English. And the logo or watermark of hospital should not be stick on the screen. Plus, the information of patients should be erased from the video.

Video legends: Legends for the video files should be provided. The video files should be number consecutively in the order of reference in the text.

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5. ELECTRONIC SUBMISSIONS

All articles are now submitted electronically, and the

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Please note that change of author information (except for grammatical error) and retraction of manuscript are not allowed after the manuscript is accepted.

Submit via: http://tbcr.amegroups.com/login

Complete the online submission form carefully and upload the following items as specified:

1. Cover letter: a submission letter to the Editor must be included in the 'cover letter box'.

2. Text: (including title page, main text and tables (tables must be typed; tables should not be inserted as images) plus any embedded artwork - optional) combined into ONE word processor file (.doc) - upload as **'Manuscript file'** (filename eg. text.doc).

3. Artwork: .jpg or .tif files prepared according to the afore-mentioned specifications. One file per figure - upload as 'Image files' (filename eg. Figure 1). Figures with composite parts A,B,C… should be mounted into one image/one electronic file.

4. Videos: Uploading large files (up to 200 MB) is possible if you have a good reliable internet connection, but it will take time – upload as **'Multimedia file' at: http://www.amepc.org/index/author/submitMultimediaFiles.** Alternatively send the video sequences on a DVD to the Editorial Office or transfer them via a transfer service.

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7. STYLE OF THE MANUSCRIPT

Manuscripts must follow the style of the Vancouver agreement detailed in the International Committee of Medical Journal Editors' revised 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', as presented at: http://www.ICMJE. org/. Author name: Each author's given name should be followed by family name. Capitalize each letter of the Family name. A hyphen could be used in Family name according to the rule in Author region Capitalize the first letter of those words/syllables that they hope to be abbreviated in their given name, otherwise, DO NOT capitalize the first letter and use a hyphen to connect it with its anterior word. Spelling: The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam—Webster's Collegiate Dictionary. Units: All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr.Abbreviations: Must be used sparingly—only where they ease the reader's task by reducing repetition of long, technical terms. Initially use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only. Trade names: Drugs should be referred to by their generic names. If proprietary drugs have been used in the study, refer to these by their generic name, mentioning the proprietary name, and the name and location of the manufacturer, in parentheses.

8. ETHICAL CONSIDERATIONS

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of in accordance with the Helsinki Declaration as revised in 2013, available at: http://www.wma.net/en/30publications/10policies/b3/%20index.html. The journal retains the right to reject any manuscript on the basis of unethical conduct of either human or animal studies. All investigations on human subjects must include a statement that the subject gave informed consent. Patient anonymity should be preserved. Photographs need to be cropped sufficiently to prevent human subjects being recognized (or an eye bar should be used).

◆ **For studies in the following categories:**

Randomized controlled trials or other intervention

research: This category includes any study that carries out medical intervention(s) on patients or healthy individuals.

Case-control study: A case-control study is designed to retrospectively analyze the exposure to the risk factor of interest in subjects with known outcomes (with or without disease; dead or alive; or, with or without other pre-determined endpoints).

Prospective cohort study: In a prospective cohort study, patients with known exposure to a risk factor are followed and then the outcomes (with or without disease; or, dead or alive) were identified.

Cross-sectional studies: Cross-sectional studies are performed to investigate the occurrence of a specific disease or the status quo of a clinical condition.

Basic or translational medical research using human specimens:

- Authors must state whether their studies had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- The authors must state whether all the subjects had signed the informed consent forms. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.

◆ **For other categories:**

Retrospective and ambispective cohort studies: In these studies, the patients' exposure to risk factor(s) were retrospectively identified, followed by the retrospective follow-up of the patients to determine the relationship between the future or current endpoints (with or without disease; or, dead or alive) and the exposure.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. For deceased patients or those who had lost capacity for civil conduct, the informed consent forms could be signed by their family members or caregivers. For studies on patient data retrieved from hospital medical record system or social insurance systems, an informed consent form is not required; however, the authors still need to declare whether the patient's personal data have been secured.

Review, editorial and editorial commentary

- No statement on medical ethics is required.

Case report and visualized surgery:

- No statement on medical ethics is required. However, in cases of involving new and controversial treatments, approval from IRC might be required.
- Informed consent must be obtained from the subjects or their caregivers.

Diagnostic accuracy tests: These studies are performed to evaluate the efficiency of a specific index test in disease diagnosis.

- For studies in this category, authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.
- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- If the study has a prospective design: the authors must state whether all the subjects had signed the informed consent forms before enrollment. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms. However, for retrospective studies based on a hospital medical record system, no informed consent is required.

Nested case-control study: In a nested case-control study, the patients were followed up after the biological samples are obtained from the subjects, and then a subset of patients are chosen for the analysis.

If the study has a prospective design:

- Authors must state whether their study had been approved by an institutional review board (IRB) (if yes, please provide the number of approval document). For a multi-center study, IRB approval must be obtained from each center.

- Also, the authors should state whether the study outcomes will affect the future management of the patients.
- The authors must state whether all the subjects have signed the informed consent forms before they enter the study, no matter whether they enter the final analysis. For subjects under 18 years of age or those with limited capacity for civil conduct, the authors must state whether their caregivers had signed the informed consent forms.

If the study is based on a previously available specimen bank, the authors must:

- State whether the specimen bank had been approved by the IRB upon its establishment;
- State whether all the subjects had signed the informed consent forms during the establishment of the bank (attached with the numbers of approval documents).

Post hoc analysis: In a post hoc analysis, the authors re-examines the currently available data from different perspectives.

- The authors need to state whether the previous studies had been approved by the local medical ethics committee(s)
- Also, it is important to state whether all the subjects had signed the informed consent forms in the previous studies.

For more information on statement of ethics, please feel free to consult our editorial staff.

9. INFORMED CONSENT

Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent is required for **Case report, original/research articles and technical note**. The statement should be included in the footnote.

It may be possible to publish without explicit consent if the report is important to public health (or is in some other way important); consent would be unusually burdensome to obtain; and a reasonable individual would be unlikely to object to publication (all three conditions must be met).

10. AUTHORS' RESPONSIBILITY AND CONFLICT OF INTEREST

(1) Authors' responsibility

We ask all authors to confirm that: 1) they have not previously published or have not submitted the same manuscript elsewhere; 2) they took a significant part in the work and approved the final version of the manuscript; 3) they have complied with ethical standards; 4) they agree AME publishing company to get a licence to publish the accepted article when the manuscript is accepted, and 5) they have obtained all necessary permissions to publish any figures or tables in the manuscript.

(2) Conflict of Interest

Our journal complies with the International Committee of Medical Journal Editors' uniform requirements on Conflict of Interest statement.

Conflict of Interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships with other persons or organizations that inappropriately influence (bias) his or her actions. The existence of such relationships does not necessarily represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects their judgment. Financial relationships (such as employment, consultancies, stock ownership, honoraria, paid expert testimony, patents) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself (http://www.icmje.org/index.html).

1) Participants

All participants in the peer-review and publication process—not only authors but also peer reviewers, editors, and editorial board members of journals—must consider their conflicts of interest when fulfilling their roles in the process of article review and publication and must disclose all relationships that could be viewed as potential conflicts of interest.

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When authors submit a manuscript of any type or format they are responsible for disclosing all financial and personal relationships that might bias or be seen to bias their work.

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Reviewers should be asked at the time they are asked to critique a manuscript if they have conflicts of interest that could complicate their review. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and should recuse themselves from reviewing specific manuscripts if the potential for bias exists. Reviewers must not use knowledge of the work they're reviewing before its publication to further their own interests.

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Editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have conflicts of interest or relationships that pose potential conflicts related to articles under consideration. Other editorial staff members who participate in editorial decisions must provide editors with a current description of their financial interests or other conflicts (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists. Editorial staff must not use information gained through working with manuscripts for private gain. Editors should publish regular disclosure statements about potential conflicts of interests related to the commitments of journal staff. Guest editors should follow these same procedures.

2) Reporting Conflicts of Interest

Articles should be published with statements or supporting documents, declaring:

- Authors' conflicts of interest;
- Sources of support for the work, including sponsor names along with explanations of the role of those sources if any in study design; collection, analysis, and interpretation of data; writing of the report; the decision to submit the report for publication; or a statement declaring that the supporting source had no such involvement;
- Whether the authors had access to the study data, with an explanation of the nature and extent of access, including whether access is on-going.

To support the above statements, editors may request that authors of a study sponsored by a funder with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis."

If there is conflict of interest for the authors, authors must state conflict of interest based on the actual condition; if there is no conflict of interest, state conflict of interest section as the following format: The author has no conflicts of interest to declare or The authors have no conflicts of interest to declare.

11. ACKNOWLEGEMENTS

Textual material that names the parties which the author wishes to thank or recognize for their assistance in, for example, producing the work, funding the work, inspiring the work, or assisting in the research on which the work is based.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing or language editing assistance, or a department chairperson who provided only general support. Financial and material support should also be acknowledged. When there is no one to be acknowledged, authors should also indicate 'Acknowledgements' section as 'None'.

TBCR policy requires that all authors of all manuscripts sign a statement revealing: 1) Any financial interest in or arrangement with a company whose product was used in a study or is referred to in an article, 2) Any financial interest in or arrangement with a competing company, 3) Any other financial connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications or opinions stated including pertinent commercial, governmental, private or other sources of funding for the individual author(s) or for the affiliated department(s) or organization(s), personal relationships, or direct academic competition. Statements related to study design, such as providers of the drugs used in the study should be indicated in the Methods section of the article, and other financial interests which are not directly related to carrying out the study should be stated in the Acknowledgements.

Footnote

a. Conflicts of Interest: See section "Conflict of interest" for details.
b. Financial Disclose: Some variables, such as "measures of income inequality and degree of financial openness, are not included in our study because of the limited availability of good-quality data across countries over the sample period". When there is no financial disclose, authors should also indicate "Financial Disclose" section as "None".
c. Ethical statement: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Please note that the above statement must be included in the footnote of the article as part of the Ethical Statement.

12. AUTHOR CONTRIBUTIONS

This section is only required for original article, review article, systematic review and meta-analysis article. It describes the contribution each author made to the manuscript. Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;

2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3. Please note that acquisition of funding, collection of data, language editing or general supervision of the research group alone does not constitute authorship.

The Author contributions section should be completed as follow:

(I) Conception and design:
(II) Administrative support:
(III) Provision of study materials or patients:
(IV) Collection and assembly of data:
(V) Data analysis and interpretation:
(VI) Manuscript writing: All authors
(VII) Final approval of manuscript: All authors

Note: 1. VI and VII of all authors are obligatory while the rest information are case based; 2. Contributions section is not required when there is only one author.

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