CANCER EPIDEMIOLOGY
Cancer determinants, prevention, prognosis and outcomes

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DESCRIPTION

_Cancer Epidemiology_ publishes original research, prioritizing studies that contribute new information about cancer causes, prevention and control. As such, the journal's scope covers all aspects of cancer epidemiology including studies of:

- Risk factors for cancer initiation, development, and prognosis
- Early detection, prevention, and screening
- Survivorship
- Descriptive patterns and trends
- Methodology

_Cancer Epidemiology_ welcomes original articles, reviews (systematic and critical), meta-analyses, invited editorials and commentaries, as well as letters to the editor commenting on research previously published in the journal.

_Cancer Epidemiology_ (Cancer Epidemiol.) is indexed and abstracted in: MEDLINE/PubMed, Current Contents/Clinical Medicine, the Science Citation Index Expanded, and Thomson Reuters Journal Citation Reports (Science Edition).

IMPACT FACTOR

2022: 2.600 © Clarivate Analytics Journal Citation Reports 2023

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PubMed/Medline
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Science Citation Index Expanded
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GUIDE FOR AUTHORS

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Cancer Epidemiology differentiates between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article. To find out more, please visit the Preparation section below.

Introduction

Types of Articles

Cancer Epidemiology accepts the following article types for publication:

Original Research Articles: Research articles which have not been published previously, except in a preliminary form, may be submitted as original full-length research papers. Research articles must contain a structured abstract of 250-300 words or less, a list of up to five keywords, and are limited to 3,000 words. Authors whose manuscript exceeds 3,000 words must explain why in their covering letter. There is a limit of 6 tables and 6 figures.

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Commentaries and editorials: Authors who are considering submitting a commentary should contact the Editorial Office with a brief outline of the proposed contribution (cancerepi@elsevier.com) before submission. Commentaries and editorials have no abstract and no keywords, and are usually restricted to 1500 words, up to 10 references and up to 2 tables or figures.

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Please see our information on Ethics in publishing.

Ethics
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trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at http://www.icmje.org.

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A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

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