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DESCRIPTION

Clinical Colorectal Cancer is a peer-reviewed, quarterly journal that publishes original articles describing various aspects of clinical and translational research of **gastrointestinal cancers**. *Clinical Colorectal Cancer* is devoted to articles on **detection, diagnosis, prevention, and treatment** of **colorectal, pancreatic, liver, and other gastrointestinal cancers**. The main emphasis is on recent scientific developments in all areas related to gastrointestinal cancers. Specific areas of interest include clinical research and mechanistic approaches; drug sensitivity and resistance; gene and antisense therapy; pathology, markers, and prognostic indicators; chemoprevention strategies; multimodality therapy; and integration of various approaches.

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GUIDE FOR AUTHORS

INTRODUCTION

Clinical Colorectal Cancer is a peer-reviewed, quarterly journal that publishes original articles describing various aspects of clinical and translational research of gastrointestinal cancers. Clinical Colorectal Cancer is devoted to articles on detection, diagnosis, prevention, and treatment of colorectal, pancreatic, liver, and other gastrointestinal cancers. The main emphasis is on recent scientific developments in all areas related to gastrointestinal cancers. Specific areas of interest include clinical research and mechanistic approaches; drug sensitivity and resistance; gene and antisense therapy; pathology, markers, and prognostic indicators; chemoprevention strategies; multimodality therapy; and integration of various approaches

Types of paper

Reviews: Review articles collate, describe, and evaluate prior publications of important clinical subjects, accompanied by critical analysis leading to rational conclusions. These Reviews should contain very little, if any, original data from an author's own study; however, such data can be used to support the overall thesis of the article. We also accept targeted mini-reviews that cover specific topics or therapies.

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Perspectives: Perspectives are more focused than reviews and seek to review a topic from a particular view or opinion. Perspectives should review a particular field to identify outstanding issues and/or challenges and propose new hypotheses or directions. A Perspective may highlight emerging science, controversial opinions, or issues within the field and seek to address these controversies. They may be accepted from a single individual or a team.

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Mechanics: Original Studies should contain a MicroAbstract and a structured abstract with the following sections: Background (or Purpose), Patients (or Materials) and Methods, Results, and Conclusion. Original Studies should also contain a short clinical practice points section after the conclusion of the manuscript. We recommend that Original Studies contain 2000-8000 words, ≤ 7 figures and/or tables, and 30-60 references.

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We strongly recommend authors employ the format and guidelines detailed below.

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Title Page, Conflict of Interest Page, MicroAbstract (Original Studies), Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusion, Clinical Practice Points, Acknowledgments, References, Tables, Figures. (Number ALL pages consecutively)

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Each manuscript should start its abstract with a microabstract limited to 3-4 sentences (60 words). The microabstract is not included as part of the structured abstract and will be excerpted in the Table of Contents to each issue. It may also be used for wider circulation. It should describe the: Area and reason for the study Approach taken including sample size aspects Overall result General significance of the findings All information should be accessible to a non-expert audience.

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Authors should complete a short summary (250 words or less) detailing the clinical importance of the study. The summary should address the following questions:

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- How might it impact on clinical practice in the foreseeable future?

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Abbreviations should follow the recommendations of the International Union of Pure and Applied Chemistry and the International Union of Biochemistry [see <http://www.chem.qmul.ac.uk/iupac/jcbn/>].

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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