DESCRIPTION

The mission of Clinical Imaging is to publish innovative radiology research, reviews & editorials which advance knowledge and positively impact patient care and the profession of radiology. The journal's publications cover all imaging modalities, radiology issues related to patients and practice, policy and education, and clinically-oriented artificial intelligence (AI), imaging physics and informatics. The journal is a valuable resource for practicing radiologists, radiologists-in-training and other clinicians with an interest in imaging. Papers are carefully peer-reviewed and selected by our experienced subject editors who are leading experts spanning the range of imaging sub-specialties, which include:

Body Imaging
Breast Imaging
Cardiothoracic Imaging
AI, Informatics and Imaging Physics
Molecular Imaging and Nuclear Medicine
Musculoskeletal and Emergency Imaging
Neuroradiology
Patients & Practice, Policy & Education
Pediatric Imaging
Vascular and Interventional Radiology

The journal publishes:
• Original research articles
• Review articles
• Brief Communications
• Editorials (by subject editors and invited guest editorialists)

AUDIENCE

Radiologists, Radiology Residents.

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Introduction
The mission of *Clinical Imaging* is to publish, in a timely manner, high quality, impactful, innovative radiology research, reviews and editorials with special attention to the impact of medical imaging on patient care. The journal's publications cover all imaging modalities, radiology issues related to practice improvements, policy and education, as well as clinically-oriented imaging physics and informatics. The periodical is the official journal of the New York Roentgen Society (NYRS), a component of the New York State Radiological Society, which is a chapter of the American College of Radiology (ACR).

Thank you for considering *Clinical Imaging* as a venue for your work. We strive to provide outstanding services for our authors with subject editors who are leaders in their fields, reviewers who are experts in their subspecialties, and the possibility of accompanying social media promotion for a select number of accepted articles.

For all types of submissions listed below, *Clinical Imaging* seeks manuscripts in the following 10 subjects: Body Imaging Breast Imaging Cardiothoracic Imaging AI, Informatics and Imaging Physics Molecular Imaging and Nuclear Medicine Musculoskeletal and Emergency Imaging Neuroradiology Patients and Practice, Policy and Education Pediatric Imaging Vascular and Interventional Radiology

All submissions to *Clinical Imaging* will be screened by the editors for scientific integrity, clinical impact, novelty, relevance, and interest to our readership. Editors may choose to send the manuscript for external double-blinded peer review or determine its disposition based on their own review.

Types of Article
*Clinical Imaging* accepts the following manuscript types:

1. **Manuscript type** Word count maximum Abstract type and word count maximum Reference maximum
   - Key words
   - Highlights*: 3-5 principal findings and conclusion(s) of the manuscript in bullet point format, each limited to 200 characters (including spaces).
   - **Structured**: Purpose, Methods, Results, Conclusion.

   **Original research**
   Manuscripts submitted as Original Research should, as the name implies, be original research and follow the traditional "IMRAD" format (Introduction, Methods, Results, and Discussion; the latter should contain a formal limitations section). Any related work previously published by the authors or others should be clearly referenced. Submissions should be no more than 3,000 words in length, not including references. Articles utilizing the following standards for reporting original research will be prioritized: randomized trials: CONSORT for observational studies: STROBE for quality improvement studies: SQUIRE
   
   An excellent reference for writing an organized original research manuscript is as follows: Kliewer MA. Writing it up: a step-by-step guide to publication for beginning investigators. AJR Am J Roentgenol. 2005 Sep;185(3):591-6.
   
   Additionally, *Clinical Imaging* follows the guidelines of the International Committee of Medical Journal Editors (ICMJE), and therefore clinical trials on which an article may be based must be registered as detailed in the ICMJE guidelines (https://www.icmje.org). The clinical trial registration number must also be included at the end of the abstract of the article.

2. **Reviews**
   Manuscripts submitted as Reviews should represent a critical review of already published literature, without the introduction on any new original research. The title should clearly identify the manuscript as a review and/or meta-analysis. Articles utilizing the following standard for systematic reviews will be prioritized: for systematic reviews: PRISMA
In addition to PRISMA, as a starting point for considering writing a review, the following article may be of interest: Pautasso M. Ten simple rules for writing a literature review. PLoS Comput Biol. 2013;9(7):e1003149. doi: 10.1371/journal.pcbi.1003149. Epub 2013 Jul 18.

**Editorials / Commentary**

Editors may choose to invite commentary for related articles in upcoming issues, however non-invited commentary on topics of interest expressing author opinions are also welcome. Editorials / Commentary should be no more than 2000 words, not counting references, and always maintain a collegial tone.

**Brief Communications**

Brief communications may be particularly utilized for our "Patients & Practice, Policy & Education" section to convey information regarding best practices for patient care, health care policy issues, quality assurance projects or topics in resident, fellow or medical student radiology-related education. This category of manuscript could also be utilized for technical notes and informatics-related topics. Manuscripts utilizing a "Point-counterpoint," "Lessons Learned" or "How to" approach would also fall under Brief Communications. Brief communications should have a maximum of 1750 words, not including an unstructured abstract (250-word maximum), key words and highlights.

**Case Reports and Series**

As of January 1, 2022, Clinical Imaging is no longer accepting Case Reports. You may consider submitting your case report to Radiology Case Reports, a Journal publishing exclusively case reports that feature diagnostic imaging.

**Letters-to-the-Editor**

The Editors welcome letters commenting on previously published articles. Accepted manuscripts in this category will be forwarded (blinded) to the primary author of the article discussed in the letter with the option to reply. Letters and replies will be published back-to-back in the same issue of the journal, however will not be considered for publication if the tone is not respectful and collegial.

**Online Submission and Peer Review System**

Clinical Imaging uses Editorial Manager, a manuscript submission system that allows journal authors to submit and then track their manuscript from initial submission through publication. The system can be accessed at: [https://www.editorialmanager.com/clm/](https://www.editorialmanager.com/clm/). Prior to submitting your paper, please follow the instructions given below. If you do not follow the instructions your manuscript will not be reviewed and will be returned to you when a technical check is performed. Please note that you must have an e-mail address to use the system. If you need any further help, please visit our Support Center.

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The following summary describes the peer review process for this journal:

- **Identity transparency:** Double anonymized
- **Reviewer interacts with:** Editor
- **Review information published:** None
- **Post publication commenting:** None

By using standard terminology we aim to help make the peer review process for articles and journals more transparent, and enable the community to better assess and compare peer review practices between different journals. More information is available at [https://osf.io/68rnz/](https://osf.io/68rnz/).

**Submission Checklist**

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

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One author has been designated as the corresponding author with contact details:
- E-mail address
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All necessary files have been uploaded:
Cover letter: One page maximum If the article has been invited or discussed prior to submission with the Editor-in-Chief, this information should be included in bold in the first sentence.

Title page (separate from the manuscript)

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- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)

Further considerations
- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
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- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements:

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Precis

A summary sentence or phrase that best represents the purpose or main conclusion to be derived from the article, limited to 30 words or 200 characters.

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BEFORE YOU BEGIN

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Please see our information on Ethics in publishing.

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**Reporting sex- and gender-based analyses**

**Reporting guidance**
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**Definitions**
Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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**PREPARATION**

*Use of word processing software*

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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the *Guide to Publishing with Elsevier*). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

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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 details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

*Results*

Results should be clear and concise.

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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.

*Appendices*

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

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Highlights are mandatory for this journal as they help increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: example Highlights.

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**Structured Abstract**

"A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations."

A structured abstract should be included for all original research submissions.

An unstructured abstract is requested for review articles.

**Editorials/commentary, brief communications and letters to the editor do not require an abstract.**

**Keywords**

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, ‘and’, ‘of’). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

**Abbreviations**

Uncommon abbreviations are not acceptable, and all abbreviations must be fully identified on their first appearance in the abstract and text. Clinical or laboratory jargon is to be avoided.

**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.). Please ensure that acknowledgements are not included on the clean, blinded version of your manuscript without author identifiers in order to maintain double-blinded peer review.
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