CLINICAL IMAGING

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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, policy and practice improvements, and clinically-oriented 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
Imaging Physics and Informatics
Molecular Imaging and Nuclear Medicine
Musculoskeletal Imaging and Emergency Imaging
Neuroradiology 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)
- Case reports and series (limited to novel findings with explicit statements of importance)

AUDIENCE

Radiologists, Radiology Residents.

IMPACT FACTOR

2019: 1.109 © Clarivate Analytics Journal Citation Reports 2020
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GUIDE FOR AUTHORS

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 Imaging Physics and Informatics Molecular Imaging and Nuclear Medicine Musculoskeletal and Emergency Imaging Neuroradiology 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

- Original research 3000 Structured**; 250 50 3-5 required
- Reviews 4000 Unstructured 250 100 3-5 required
- Editorials/Commentary 2000 Not required 8 3-5 required
- Brief communications 1750 Not required 8 3-5 required
- Case reports and series 1500 Unstructured; 250 10 3-5 required
- Letters to the Editor 500 Not required 8 Not required

*Highlights: 3-5 principal findings and conclusion(s) of the manuscript in bullet point format, each limited to 200 characters (including spaces).
**Structured abstract: 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: Kliwer 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 (www.icmje.org). The clinical trial registration number must also be included at the end of the abstract of the article.

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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 "Practice, Policy and 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

Clinical Imaging publishes very few case reports and case series, and only those limited to novel findings with explicit statements of importance. Specifically, they should have a "clear focus to make explicit to the audience why a particular observation is important in the context of existing knowledge?. The most important rule for writing a good case report is to be very clear about the single message that you want to bring." * Case reports must be structured as follows: Introduction (explaining the importance of the case or single message to be conveyed), Case Description (providing concise relevant information with a focus on imaging), and Discussion. Article should be limited to 1500 words. For more information about writing a compelling case report or series, please see: *Vandenbroucke JP. In defense of case reports and case series. Ann Intern Med. 2001 Feb 20;134(4):330-4.

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.

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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/ 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 #https://service.elsevier.com/app/home/supporthub/publishing/Support Center.

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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)

Manuscript:
- 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'
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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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**PREPARATION**

**Use of word processing software**
Clinical Imaging uses the American Medical Association Manual of Style. Manuscripts must be submitted in Word format. Manuscripts should be formatted for 8.5" x 11" (215 x 280 mm) pages with margins of at least 1" (25 mm) on all four sides, double-spaced throughout.

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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'.

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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 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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"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 and case reports.

**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.

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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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