# CLINICAL LUNG CANCER

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## DESCRIPTION

*Clinical Lung Cancer* is a peer-reviewed bimonthly journal that publishes original articles describing various aspects of clinical and translational research of lung cancer. *Clinical Lung Cancer* is devoted to articles on detection, diagnosis, prevention, and treatment of lung cancer. The main emphasis is on recent scientific developments in all areas related to lung cancer. 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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- CINAHL
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Clinical trials in lung cancer, new therapeutics, molecular markers
GUIDE FOR AUTHORS

INTRODUCTION

Clinical Lung Cancer is a peer-reviewed bimonthly journal that publishes original articles describing various aspects of clinical and translational research of lung cancer. Clinical Lung Cancer is devoted to articles on detection, diagnosis, prevention, and treatment of lung cancer. The main emphasis is on recent scientific developments in all areas related to lung cancer. 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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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.

Case Reports: Case Reports of educational value may describe a single case or a small series of cases. Case Reports should draw attention to important clinical situations, unusual clinical phenomena, new treatment protocols, or new complications in a single patient or in a small number of patients. Case reports may also cover novel diagnostic imaging techniques, eg, MRI, CT, PET, SPECT.Modalities for diagnostic purposes, on outcome according to the pathologic grade or to monitor distant lesions, are of interest to the readership.

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**PREPARATION**

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

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**Order**

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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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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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.

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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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