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DESCRIPTION

_Gynecologic Oncology Reports_ is a companion title to the respected _Gynecologic Oncology_. _Gynecologic Oncology Reports_ is an online-only, open access journal devoted to the rapid publication of narrative review articles, survey articles, case reports, case series, letters to the editor regarding previously published manuscripts and other short communications in the field of gynecologic oncology. The journal will consider papers that concern tumors of the female reproductive tract, with originality, quality, and clarity the chief criteria of acceptance.

All manuscripts will be peer reviewed according to the Journal's policy set out below and, if accepted for publication in the Journal, Authors will be notified of this decision and at the same time requested to pay an Article Processing Fee. Following payment of the Article Processing Fee, papers will be made open access. Letters to the editor which comment upon work previously published in either _Gynecologic Oncology_ or _Gynecologic Oncology Reports_ will be published free of charge.

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_Gynecologic Oncology_ and _Gynecologic Oncology Reports_ encourage submission of manuscripts that help understand, address or aim to eliminate health disparities, differences in health status, or access to healthcare based on race, ethnicity, sexual orientation, sex, gender identity or expression, religion, national origin, age, disability, marital status, or social determinants of health.

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GUIDE FOR AUTHORS

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INTRODUCTION
Gynecologic Oncology Reports is an online-only, open access journal devoted to the rapid publication of survey articles, review articles, case reports, case series, research reports and other short communications and correspondence in the field of gynecologic oncology. The journal will consider articles that concern tumors of the female reproductive tract, with originality, quality, and clarity the chief criteria of acceptance.

Gynecologic Oncology and Gynecologic Oncology Reports encourage submission of manuscripts that help understand, address or aim to eliminate health disparities, differences in health status, or access to healthcare based on race, ethnicity, sexual orientation, sex, gender identity or expression, religion, national origin, age, disability, marital status, or social determinants of health.

All manuscripts will be peer reviewed according to the Journal's policy set out below and, if accepted for publication in the Journal, Authors will be notified of this decision and at the same time requested to pay an Article Processing Fee. Following payment of the Article Processing Fee, papers will be made open access.

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Reviewer Reports
Reviewers are asked to evaluate whether the manuscript: Is original Is methodologically sound Follows appropriate ethical guidelines Has results which are clearly presented and support the conclusions Correctly references previous relevant work

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Typically the manuscript will be reviewed within 2-4 weeks. Should the reviewers' reports contradict one another or a report is unnecessarily delayed a further expert opinion will be sought. Revised manuscripts are usually returned to the Editors within 3-5 weeks and the Editors may request further advice from the reviewers at this time. The Editors may request more than one revision of a manuscript.

Final Report
A final decision to accept or reject the manuscript will be sent to the author along with any recommendations made by the reviewers, and may include verbatim comments by the reviewers.
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Reviewers advise the Editors, who are responsible for the final decision to accept or reject the article.

**Types of articles**

**Survey Articles:** Survey articles should synthesize the latest research, experiences, and/or opinions in an area of gynecologic oncology from data gathered using validated instruments. These reports should be a maximum of 2,000 words with no more than four tables or figures and 15 references.

**Case Series:** Case Series may be retrospective or prospective and may report an unlimited number of patients. Case Series should be a maximum of 2,000 words with no more than four tables or figures and 15 references.

**Case Reports:** Case Reports may provide a brief description of up to four cases of a particular condition that is unusual and also provides new insights into diagnosis or clinical management. Case Reports should be a maximum of 2,000 words with no more than three tables or figures and 15 references.

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**Research Reports** Full-length report of an original basic or clinical investigation. Research Reports should be no more than 4,000 words in length, with a structured abstract, a maximum of six tables/figures and 40 references

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**Electronic artwork**
**General points**
- Make sure you use uniform lettering and sizing of your original artwork.
- Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
- For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
- Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available. **You are urged to visit this site; some excerpts from the detailed information are given here.**

**Formats**
Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.
TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
TIFF (or JPG): Bitmapped line drawings: use a minimum of 1000 dpi.
TIFF (or JPG): Combinations bitmapped line/half-tone (color or grayscale): a minimum of 500 dpi is required.

Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
• Supply files that are too low in resolution.
• Submit graphics that are disproportionately large for the content.

Figure captions
Ensure that each illustration has a caption. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables
Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

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Examples: 'as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999).... Or, as demonstrated (Jones, 1999; Allan, 2000).... Kramer et al. (2010) have recently shown ...'

List: References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples:
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