GYNECOLOGIC ONCOLOGY
Gynecologic Oncology is the official publication of the Society of Gynecologic Oncology

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DESCRIPTION

Gynecologic Oncology, an international journal, is devoted to the publication of clinical and investigative articles that concern tumors of the female reproductive tract. Investigations relating to the etiology, diagnosis, and treatment of female cancers, as well as research from any of the disciplines related to this field of interest, are published.

Research Areas Include:
• Cell and molecular biology
• Chemotherapy
• Cytology
• Endocrinology
• Epidemiology
• Genetics
• Gynecologic surgery
• Immunology
• Pathology
• Radiotherapy

Narrative review articles, survey articles, case reports, case series, letters to the editor regarding previously published manuscripts and other short communications can be submitted to this journal’s open access companion title, Gynecologic Oncology Reports.

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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To find out more, please visit the Preparation section below.

INTRODUCTION

Gynecologic Oncology, an international journal, is devoted to the publication of clinical and investigative articles that concern tumors of the female reproductive tract. We welcome the submission of investigations relating to the etiology, diagnosis, treatment, and prevention of female cancers, as well as research from any of the disciplines related to this field of interest. Research areas include: cell and molecular biology, chemotherapy, clinical trials, epidemiology, genetics, immunology and vaccines, 'omics', pathology and cytology, quality of life, radiation therapy, surgery, and translational research. All aspects of scholarship related to tumors of this region are welcome, 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.

Types of articles

Research Paper: Full-length report of an original basic or clinical investigation.

Systematic Reviews and/or Meta-Analysis Articles: A comprehensive and scholarly review of the literature, which uses systematic searching techniques to identify, appraise and synthesize all relevant studies, relating to an important basic or clinical subject, accompanied by critical analysis and leading to reasonable conclusions.

Editorial: Commentary on an original article published in the same issue or an opinion or perspective on a specific topic.

Clinical Commentary: Offers perspective or opinion of clinical relevance.

Letters to the Editor: Letters should be no more than 1,000 words in length and do not contain an abstract or list of keywords and are limited to a maximum of 10 references.

Gynecologic Oncology Tumor Board: An in-depth discussion of a rare and/or difficult case. The Tumor Board presentation of the case should present a multi-disciplinary approach to the differential diagnosis, pathology (including molecular pathology), diagnostic testing and management, including a discussion of the decision-making regarding treatments and outcomes. Authors who wish to prepare a Gynecologic Oncology Tumor Board case must contact the Editorial Office (GYN@elsevier.com) in advance of preparation of the case to discuss their proposal with the Editors. Tumor board cases will have a maximum length of 5000 words, and are limited to 6 tables and/or figures and 60 references. A brief description of the case (limited to 50 words) is required.

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Mechanisms of Disease in Clinical Context: The goal for articles in this section is to present molecular or cellular mechanisms of action (e.g., a molecularly targeted drug) for gynecologic cancers and should be written for a clinical audience. It should cover the rationale, potential challenges, and translational potential for gynecologic cancers. Illustrations/figures are encouraged to convey a clear and effective message for the readers. Authors who wish to prepare a Mechanisms of Disease in Clinical Context
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Please also note that we do not consider revised resubmissions of previously rejected papers.

Submission requirements
Please see here for submission requirements.

BEFORE YOU BEGIN

Ethics in publishing
Please see our information on Ethics in publishing.

Clinical trial guidelines
We invite submission of all clinical trials, whether phase I, II, or III. For phase I trials, we especially encourage those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action. Systematic reviews of randomised trials also might warrant rapid peer review and publication. We encourage the registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO's International Clinical Trial Registry Platform. We also encourage full public disclosure of the minimum 20-item trial registration dataset at the time of registration and before recruitment of the first participant (http://www.who.int/ictrp/en/). The registry must be independent of for-profit interest. Reports of randomised trials must conform to revised CONSORT guidelines, and should be submitted with their protocols. All reports of clinical trials must include a summary of previous research findings, and explain how this trial contributes to the sum of knowledge. The relation between existing and new evidence should be shown by direct reference to an existing systematic review and meta-analysis; if neither exists, authors are encouraged to do their own, or to describe the qualitative association between their research and previous findings.
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• Randomised trials that report harms must be described according to extended to extended CONSORT guidelines.
• Studies of diagnostic accuracy must be reported according to STARD guidelines.
• Systematic reviews must be written according to the Cochrane Collaboration guidelines.
• Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the STROBE statement.

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

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as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

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