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DESCRIPTION

The Journal of Medical Imaging and Radiation Sciences (JMIRS) is the official bilingual, peer-reviewed journal of the Canadian Association of Medical Radiation Technologists (CAMRT) and international associations across four continents, including the Hong Kong Radiographers Association (HKRA); Portuguese Association of Nuclear Medicine Technologists (APTMN); Alliance In Nuclear Scintigraphy (RAINS) in Australia; and Society of Medical Radiographers - Malta.

Our publications represent rigorous methodology mandated by international standardized guidelines, providing point-of-care clinicians, managers, educators and trainees with research articles, systematic reviews, clinical and education perspectives and commentaries. We aim to influence practice within the rapidly evolving fields of radiological, nuclear medicine, MRI and ultrasound technologists and radiation therapists, grounded in our circular tagline, "research informing practice - informing research".

JMIRS provides an essential platform for Canadian and international medical radiation technologists and therapists to publish and discover their own body of knowledge to define and inform their practice, enabling translation to a global audience.

The publication is developed under the direction of the JMIRS Editorial Board. The JMIRS is indexed in MEDLINE (PubMed).

Please see our Guide for Authors for information on article submission. If you require any further information or help, please contact the Managing Editor: editor@camrt.ca.

ABSTRACTING AND INDEXING

PubMed/Medline

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GUIDE FOR AUTHORS

INTRODUCTION

The editorial board of the *Journal of Medical Imaging and Radiation Sciences* (JMIRS) welcomes the submission of manuscripts devoted to all fields of diagnostic imaging and radiation therapies, including nuclear medicine, positron emission tomography, radiation therapy, magnetic resonance, radiological technology / radiography, mammography, interventional radiography, dosimetry, computed tomography, ultrasound / echocardiography, molecular imaging, hybrid technologies, pharmacology, education (patient and MRS student), research, advocacy, patient care and medical ethics. The JMIRS disseminates recent research, new technology and techniques, professional practices and other relevant knowledge that helps medical radiation technologists advance quality and innovation in patient care, service / product delivery, and outcomes.

While the JMIRS is the official journal of the CAMRT, it is widely read internationally. The JMIRS is indexed in MEDLINE (PubMed).

Peer review: This journal uses a double-blind review process. See here for our peer review policy: [http://www.jmirs.org/content/reviewpolicy](http://www.jmirs.org/content/reviewpolicy). Once the peer review process is complete, each manuscript will receive one of the following decisions:

**Reject without review:** The manuscript was not selected for peer manuscript was not selected for peer review.

**Reject:** The manuscript was rejected by reviewers. Many factors contribute to rejection, including but not limited to the importance of the research, the originality of the work, the quality of the study, or the priority of the work to the JMIRS and its readership.

**Major Revision:** A number of issues were raised in peer review that need to be addressed for the manuscript to be reconsidered. If the author wishes to address the issues, the manuscript can be revised and resubmitted.

**Minor Revision:** The editors and reviewers found the manuscript potentially acceptable for publication provided minor adjustments are made.

**Accept:** The manuscript has been selected for publication. Additional information will be provided regarding the production process.

Note that EVERY article type requires the following information upon submission - additional, specific guidelines for each article type follow:

**Disclosure form(s)** - Available at [http://www.icmje.org/conflicts-of-interest/](http://www.icmje.org/conflicts-of-interest/), this form must be completed by each author and submitted with the manuscript.

**Title Page** - A concise but informative title, which will make the electronic retrieval of the article sensitive and specific; each author’s full name; each author’s complete affiliation(s), including department(s), institution(s), city, state, and country; and the name and complete mailing address, phone number, and e-mail address of the corresponding author.

**Cover Letter** - Indicate if the submission is for a special issue and/or clarify the article type. Please also include a personalized version of the following, to be published along with the article upon acceptance:

**Contributors:** All authors contributed to the conception or design of the work, the acquisition, analysis, or interpretation of the data. All authors were involved in drafting and commenting on the paper and have approved the final version.

**Funding:** This study did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors (OR Disclose any funding here).

**Competing interests:** All authors have completed the ICMJE uniform disclosure form and declare no conflict of interest (OR state any conflicts here).

**Ethical approval:** Varies depending on submission, but typical entries include "Informed consent was obtained from all participants. The REB (institution) approved the study." OR "Ethical Requirement of Research Ethics Board approval for this project was formally waived by the institution." OR "Ethical approval is not required for this article type.

**Acknowledgments:** Optional. Please keep this section to within 3-5 sentences.

**Taxonomy&Keywords** - Please select at least 2 taxonomy terms; these are not specific to our profession but are general medical terms. Keywords can be chosen to reflect the specific content. The usage of MeSH terms is recommended for indexing purposes: [https://meshb.nlm.nih.gov/search](https://meshb.nlm.nih.gov/search)

**References** - These must be listed in numerical order as they appear in the text, in superscript, followed by a full Reference listing at the conclusion of the submission (if applicable). References only need to be complete and correct - once manuscripts are accepted, references will be formatted by the publisher according to house style (see Manuscript Preparation below for more detail).
Questions? Check out our "Steps to Submit" document outlining the process, or contact the Managing Editor at any stage at editor@camrt.ca

**Article Types and Guidelines**

Please see our list of article formats options - note that when submitting in Editorial Manager, you will need to select a generic article type noted in the chart below - please be sure to indicate the specific format in your cover letter.

1 **Article Type Editorial Manager (dropdown menu item to select when uploading submission)** Original full length research papers Research (Qualitative, Quantitative, or both) Medical Radiation Sciences Narratives Short Communication Systematic Review articles Systematic Review Literature or Narrative Reviews Review Continuing Medical Education (CME) Exam Educational or Clinical Perspectives Short Communication Teaching Cases Case Report White Paper Research Commentaries Commentary Letters to the Editor Letters to the Editor

**Original Full Length Research Papers:** A substantial piece of academic writing that represents the original and independent research of the authors using planned retrospective or prospective methods to acquire and analyze data in a logical and coherent manner to address a pre-determined research question or hypothesis. Please note that you will be asked to identify whether your paper is qualitative or quantitative (or a combination) upon submission so we can ensure the appropriate peer review experts are assigned. On submission, you will be asked to upload:

**Structured abstract** - The abstract must be written in a structured format with the headings such as: Introduction/Background, Methods, Results, Discussion, Conclusion. **Manuscript** (blinded) - Standard scientific article format (introduction/background, method, results, discussion, and conclusion). Remove all author-identifying information. Institution and author names within the text should be substituted with generic phrases, such as "the institute" or "the author(s)." Where appropriate, authors may also substitute generic characters, such as "XXXX." Body of text should be between 2,500-3,000 words (word limit not enforced, if papers are too long this will be addressed in peer review). **Checklist** - If you are submitting a paper reporting randomized trials, you will be asked to upload the completed 25-item CONSORT checklist along with your manuscript submission (http://www.consort-statement.org/). If you are submitting a paper reporting observational research, you will be asked to upload the completed STROBE checklist for cohort, case-control, and/or cross-sectional studies (https://strobe-statement.org/index.php?id=available-checklists). If you are submitting a qualitative paper, you will be asked to upload the completed COREQ checklist: https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf **Figures and Tables** - Not to exceed 10 total (includes both tables and figures). **Ethics** - All research manuscripts MUST provide evidence of ethics approval for human or animal studies within the Methods section. If it was determined that no approval was required, please state this.

**Medical Radiation Sciences Narratives:** This innovative article format is for anyone with something to share related to any aspect of medical radiation sciences. We welcome submissions from patients, families, health care leaders, policy makers, and medical radiation science professionals. Narratives can offer different ways of thinking and this lived experience may teach us to better understand patients, families and each other. Submissions are not restricted to any particular format-we are open to print-based formats such as personal stories, poems, photographic essays, or any other method that can communicate your narrative. This could include patient encounters or clinical experiences (good or bad), or aspects of medical radiation sciences that are not directly related to patient care.

The submission (and any accompanying images, etc.) must be original and not under consideration for publication elsewhere (or under copyright elsewhere).

Authors are encouraged to contact the managing editor (editor@camrt.ca) with ideas before submitting and to check this "Steps to Submit" document simplifying the submission process. Once submitted, narratives will be peer reviewed for clarity, structure and relevance of content using a **checklist** designed especially for health humanities submissions. To view samples of past narratives, view

**Title:** Something descriptive and short is best! **Keywords:** Journal format requires the inclusion of at least 3 keywords - a few general examples include "patient experience", "personal experience" "personal narrative", "medical imaging" or naming the specific type of imaging mentioned in the narrative (general x-ray, MRI, nuclear medicine, etc.). **Title Page:** This includes the article title, and all author contact information (name, address, email) **Cover Letter:** Authors should specify in their
cover letter whether the essay is nonfiction, fiction, or a fictionalized/anonymized account of true events. The cover letter needs to include the statement "No Conflict of Interest is declared" Confirm Ethical Approval: (either a statement "No ethical approval was required", or "Permission was granted from all persons and institutions described in the submission" if this is the case. In some submissions, there will need to be a statement about ethical considerations (beyond those of the conventional Institutional Research Board) in the body of the work. These statements will be published along with the article. This can be uploaded as 'Supplementary Material"

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References: This article type may not require references; but if needed, they must be listed in numerical order as they appear in the text, in superscript. They only need to be complete with all information needed - once manuscripts are accepted, references will be formatted according to house style by the publisher.

Review articles: This article type can include Literature Reviews/Narrative Reviews and Systematic Reviews. A systematic review is more than a summary of the literature. A systematic review uses structured and systematic methods to source, assess, include, exclude and critically analyze the depth and breadth of current literature on a given topic. In doing so, it provides a rigorous approach to generating new knowledge. A systematic review should provide appraisal and synthesis against primary published literature that has been identified through a rigorous, non-biased strategy that is clearly documented as part of the manuscript. Variations on the traditional systematic review could include cost effectiveness analyses and meta analyses. Per PRISMA guidelines, systematic reviews and meta-analyses must be identified as such in the article title. *The JMIRS requires that all reviews be registered in PROSPERO in advance of data extraction. On submission you will be asked to upload:

Structured abstract - The abstract must be written in a structured format with the following headings: Introduction/Background, Methods, Results, Discussion, Conclusion. Manuscript (blinded) - Standard scientific article format (introduction, method, results, discussion, and conclusion). Remove all author-identifying information. Institution and author names within the text should be substituted with generic phrases, such as "the institute" or "the author(s)." Where appropriate, authors may also substitute generic characters, such as "XXXX." Body of text should be between 2,500-3,000 words (word limit not strictly enforced, if papers are too long this will be addressed in peer review). Checklist - PRISMA checklist (http://www.prisma-statement.org/) Figures and Tables - Not to exceed 6 total (includes both tables and figures). Tables summarizing literature used in the systematic review should be included as appendix material.

Continuing Medical Education (CME) articles: A CME article typically summarizes recent research on a topic without making an original contribution to the body of knowledge. This type of article is generally broad in scope and describes all aspects of a health care topic relevant to medical radiation technologists. The CME article is designed to contribute to the professional development of medical radiation technologists. These articles allow CAMRT members and journal subscribers to earn continuing education credits and keep up with advances in the profession. They are typically written in the form a review article (without the prescriptive systematic approach, although rigor and structure is crucial for an unbiased article) and maintain an informative or education perspective. These could relate to the full gamut of medical radiation science clinical practice and all fields identified in the introduction served by JMIRS. On submission, you will be asked to upload:

Unstructured abstract - with 3-4 learning objectives using Bloom's Taxonomy (https://tips.uark.edu/using-blooms-taxonomy/). Manuscript - Body of text can be between 3,000-5,000 words (word limit not strictly enforced, if papers are too long this will be addressed in peer review). Quiz Questions and Answers - 10 multiple choice questions should accompany the article. Each question requires: A stem - a question, statement or incomplete sentence that immediately precedes a list of options or alternatives; It must address a specific issue requiring an answer or
the completion of a statement; One correct answer; Three plausible misleads or incorrect answers. Answers should be highlighted or included in a legend. **Figures and Tables** - Not to exceed 6 total (includes both tables and figures). Tables summarizing literature used in the systematic review should be included as appendix material. **Editorial Manager note** - Select "Exam" for this article type.

**Educational or Clinical Perspectives**: Educational undergraduate or graduate level highlight innovative and useful approaches to medical radiation sciences education and evaluation of educational methods, either at the undergraduate or graduate level. Clinical Perspectives highlight key aspects of clinical practice and approaches to improve the same. This could include, without being limited to, process/protocol improvement, quality improvement, innovative initiative, practice change, emerging advancement and/or process change. These are similar in format to a research paper, but the reporting of results and analysis is less vigorous as these are a faster way of disseminating what is happening on the front lines of clinical practice, and thus do not always fall neatly into traditional research reporting. Quality improvement brings evidence into practice, while research introduces new knowledge. Note that no results are required to submit in this format, and these submissions are generally REB exempt. On submission, you will be asked to upload:

**Structured abstract** - The abstract must be written in a structured format with the following headings: Introduction/Background, Methods, Results, Discussion, Conclusion. **Manuscript** - Body of text should be between 2,500-3,000 words (word limit not strictly enforced, if papers are too long this will be addressed in peer review). **Editorial Manager note** - Select "Short Communication" for this article type, and indicate Educational or Clinical Perspective in your cover letter. **Figures and Tables** - Not to exceed 4 total (includes both tables and figures).

**Teaching Cases**: These papers are not simply an interesting case. They represent interesting cases that provide key teaching points and, thus, generation of new knowledge. Cases do not need to be rare, but present some insights that may not be typical in clinical practice. This might involve incidental or anomalous findings, enhanced outcomes with hybrid imaging or inter-professional interactions, unexpected outcomes (treatment or diagnosis), enhanced outcomes through personalized medicine strategies, unique approaches to overcome barriers for an outcome (e.g. cultural barriers), population specific manifestation (e.g.. Indigenous population). Cases that demonstrate an integration of modalities and disciplines are encouraged. Strong learning objectives adopting an integrated approach to the MRS disciplines are ideal. Articles need to clearly define the case and its outcomes, and link that through discussion and evidence to provide clear connections to the importance to clinical practice or "clinical pearls / teaching points". On submission, you will be asked to upload:

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All of the above styles undergo rigorous peer review process as editorial style commentary, issues below. The following submission styles have variable peer review process as described for each.

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White Papers: These are generally produced with the Association and undergo internal peer review from board members - contact the Managing Editor with any inquiries about this article type at editor@camrt.ca

Title: Must include "White Paper" and "Association Name" XXX: A (Association name) White Paper Association name White Paper on XXX Unstructured abstract (>250 words)

Background & Topic description Description of group Summary of recommendation overview Manuscript: Standard scientific article format where applicable (introduction/background, scope of problem, discussion, and conclusion). Body of text should be between 3,000-4,000 words (word limit not enforced, if papers are too long this will be addressed in peer review), Figures and Tables: Not to exceed 10 total (includes both tables and figures). Acknowledgments: This section can be used to acknowledge contributing members (i.e., not contributing authors)

Letters to the Editor: This is correspondence typically pertaining to a recent or concurrently published article within JMI RS. Usually comments and critiques will be passed on to the authors of the original article; however, this will not determine the outcome of review is also encouraged publication. General correspondence to the Editor regarding any aspect of medical radiation sciences or the JMI RS is also encouraged 500 words or less are preferred, and letters addressing a specific article must reach us within 2 months of publication of the original item.

BEFORE YOU BEGIN

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Studies on patients or volunteers require ethics committee approval and informed consent which should be documented in your paper. Patients have a right to privacy. Therefore identifying information, including patients images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian or next of kin where applicable). If such consent is made subject to any conditions, Elsevier must be made aware of all such conditions. Written consents must be provided to Elsevier on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

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Conflict of Interest for the Journal: The JMI RS adheres to the policy on conflict of interest from the International Committee of Medical Journal Editors. If, in the editor's judgment, the information disclosed by the author represents a potential conflict of interest, it may be made available to reviewers and may be published at the editor's discretion; authors will be informed of the decision.
before publication. The editor will discuss with the authors on an individual basis the method by which any conflicts of interest will be communicated to readers. Editors and reviewers for the JMIRS are responsible for disclosing to the editor-in-chief any personal or financial relationship that may bias their work during the peer review process and recuse themselves when such conflicts are of sufficient. See JMIRS board conflict policy here.

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**PREPARATION**

**Language and Style**

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Statistics
The description of statistical procedures should be included in the section of Methods and Materials. Statistical methods should be clearly identified and described in sufficient detail for a knowledgeable reader to reproduce the analysis if they had access to the raw data. The choice of method should be motivated. When relevant, the statistical software used and its version number should be stated. The term 'significant' should be reserved for findings that are statistically significant at the 5% level. It should be stated whether P-values are from one- or two sided tests. The JMIIRS encourages the reporting of 95% confidence intervals rather than simple P-values whenever relevant. A special concern is the statistical power of analyses showing that a parameter is not significantly associated with the outcome, despite previous reports of a significant association. Here, a confidence interval should be estimated for the effect of this parameter as an indication of the statistical strength of the reported non-significance. Multivariate analyses should be reported with a clear indication of the criteria for selection of parameters to be tested in the model, and how these parameters were represented ("scored") in the model. This applies both for parameters significantly associated with the outcome parameter and parameters for which this is not so.

Artwork
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You can enrich your online article by providing 3D radiological data in DICOM format. Radiological data will be visualized for readers using the interactive viewer embedded within your article, and will enable them to: browse through available radiological datasets; explore radiological data as 2D series, 2D orthogonal MPR, 3D volume rendering and 3D MIP; zoom, rotate and pan 3D reconstructions; cut through the volume; change opacity and threshold level; and download the data. Multiple datasets can be submitted. Each dataset will have to be zipped and uploaded to the online submission system via the '3D radiological data' submission category. The recommended size of a single uncompressed dataset is 200 MB or less. Please provide a short informative description for each dataset by filling in the 'Description' field when uploading each ZIP file. Note: all datasets will be available for download from the online article on ScienceDirect. So please ensure that all DICOM files are anonymized prior to submission. More information.

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Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.
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