TECHNICAL INNOVATIONS & PATIENT SUPPORT IN RADIATION ONCOLOGY

AUTHOR INFORMATION PACK

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DESCRIPTION

*Technical Innovations & Patient Support in Radiation Oncology* is an international, open access journal which brings together technology and patient care in the field of radiation oncology. The journal encompasses all topics of importance to radiation therapists, nurses and allied health professionals, including:

* Treatment planning and workflows
* Treatment delivery
* Treatment verification
* Patient care
* Supportive care
* Psycho-oncology
* Education and training
* Patient advocacy
* Policy development and management
* Patient reported outcome measures
* Risk management
* Radiotherapy quality management and control
* Radiotherapy audit
* Radiotherapy workflow management
* Personalisation

The journal publishes original research articles, case reports, practice development and health evaluation articles, review articles, short communications, technical notes, case series and reports, and correspondence.

AUDIENCE

Radiation technologists, oncology nurses, allied health professionals, and the wider radiation oncology and nursing communities
ABSTRACTING AND INDEXING

Directory of Open Access Journals (DOAJ)
Scopus
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Education and training, Patient information and Advocacy

Editorial Board Members

Rianne A. J. de Jong, University of Amsterdam, Amsterdam, Netherlands
Four-Dimensional Computed Tomography, Fiducial Markers, Image-Guided Radiotherapy, Intensity Modulated Radiation Therapy, Conformal Radiotherapy, Uterine Cervical Neoplasms, Cystectomy, Urinary Bladder Neoplasms, Organ Preservation

Nigel Anderson, Peter MacCallum Cancer Centre, Melbourne, Australia
Head and neck radiotherapy, with a particular focus on improving practice to minimise the effects of radiation induced complications, advanced treatment and imaging techniques to improve the quality of radiotherapy across multiple cancer sites, clinical guidelines for head and neck radiotherapy, inclusive of reactive and prophylactic enteral feeding in definitive (Chemo) IMRT for head-and-neck cancer.

Nicolaus Andratschke, University of Zurich, Zurich, Switzerland
Oligometastases, Reirradiation, Brain metastases, Stereotactic radiotherapy

Suzanne van Beek, Antoni van Leeuwenhoek Netherlands Cancer Institute, Amsterdam, Netherlands
Image guided adaptive radiation therapy, Head and Neck, Library of plans, plan of the day, Cone Beam CT

Annette Bøjen, Aarhus University Hospital, Aarhus, Denmark
Radiation Therapy, Education, Nursing, Virtual Reality

Luca Boldrini, University Hospital Agostino Gemelli Department of Diagnostic Imaging, Oncological Radiotherapy and Hematology, Roma, Italy
Radiotherapy, MRI guided radiotherapy, Artificial Intelligence, Hybrid imaging, Radiomics

Mikki Campbell, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada
Advancement of radiation medicine through the integration of novel technologies, Accessibility and delivery of quality patient-centred care, Stereotactic radiation (SRS/SBRT) to brain and spine tumours, Integration of MRI in radiation therapy

Luca Capone, UPMC Hillman Cancer Center, Pittsburgh, Pennsylvania, United States of America
Brain Metastases, Radiosurgery, Intensity Modulated Radiation Therapy

Mary Coffey, The University of Dublin Trinity College, Dublin, Ireland
Radiation Therapy education and risk management

Geoffrey P Delaney, University of New South Wales, Sydney, New South Wales, Australia
Radiotherapy, Health services research, Cancer, Radiotherapy safety, Breast cancer.

Colleen Dickie, University Health Network, Toronto, Ontario, Canada
Soft Tissue Sarcoma, Radiotherapy, Image Guidance, Limb immobilization

Aileen Duffton, Beatson West of Scotland Cancer Centre, Glasgow, United Kingdom
Clinical innovation, Radiotherapy supportive care

Sara Faithfull, University of Surrey, Guildford, United Kingdom
Lung Cancer, Radiotherapy, SABR, Breast Cancer, Stereotactic

Suneil Jain, Belfast Health and Social Care Trust, Belfast, United Kingdom
Prostate Cancer, Stereotactic radiotherapy, Brachytherapy, Biomarkers, Nanotechnology

Sultan Kav, Baskent University, Ankara, Turkey
Cancer Nursing, Nursing Care, Symptom Management, Palliative Care, Supportive Care, End of life Care

Pia Krause Møller, Odense University Hospital, Odense, Denmark
Radiotherapy, Laryngeal Neoplasms, Tobacco Smoking, Radiodermatitis

Aidan Leong, University of Otago, Dunedin, New Zealand
Breast cancer, IGRT, breathing adapted RT

Helen Anne McNair, Royal Marsden NHS Foundation Trust, London, United Kingdom
Translation of novel radiotherapy technologies into clinical practice, involving investigating the efficacy and efficiency of intensity modulated radiotherapy and image guided radiotherapy, deliver radiotherapy using real-time treatment planning, by redeploying the radiotherapy workforce to create an optimal patient pathway

Sophie Perryck, University of Zurich, Zurich, Switzerland
Imaging modalities and image fusions, to smooth over the delineation process, MR-guided treatment positioning, Expiration breath-hold for Stereotactic Body Radiotherapy (SBRT) in liver and abdominal tumours

Gillian Prue, Queen's University Belfast, Belfast, United Kingdom
Living with and beyond cancer, Supportive care, Symptom management, Treatment toxicity

Philipp Scherer, University of Salzburg, Salzburg, Austria
IGRT and ART, Positioning and immobilization, Stereotactic radiotherapy, Radiotherapy for prostate cancer, IORT

Yat Man Tsang, Mount Vernon Cancer Centre Radiotherapy Department, Northwood, United Kingdom
Image-guided radiotherapy, stereotactic radiotherapy, advances in breast and prostate radiotherapy

Michael Velec, Princess Margaret Hospital Cancer Centre, Toronto, Ontario, Canada
Adaptive radiotherapy, deformable image registration, dose accumulation, biomechanical models, quantification of organ motion

Sharon Wong Mei Mei, National Cancer Centre Singapore, Singapore, Singapore
Radiation Therapy, Treatment Planning, Education, Medical Dosimetry, Proton Therapy

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Linsey Burbery, Stover Court, Bampfylde Street, Exeter, EX1 2AH, United Kingdom
INTRODUCTION

* Technical Innovations & Patient Support in Radiation Oncology* is an international, open access journal which brings together technology and patient care in the field of radiation oncology. The journal encompasses all topics of importance to radiation therapists and nurses, including:

* Treatment planning and workflows
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* Policy development and management
* Patient reported outcome measures
* Risk management
* Radiotherapy quality management and control
* Radiotherapy audit
* Radiotherapy workflow management
* Personalisation

The journal publishes original research articles, case reports, practice development and health evaluation articles, review articles, short communications, technical notes, case series and reports, and correspondence.

Peer-Review Policy

Initial Manuscript Evaluation

The Editors first evaluate all manuscripts. In some circumstances it is feasible for a manuscript to be accepted at this stage. Those rejected at this stage are insufficiently original, have serious scientific flaws, or are outside the aims and scope of the journal. Those that meet the minimum criteria are passed on to experts for review.

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* Technical Innovations and Patient Support in Radiation Oncology* employs single blind review, where the reviewer remains anonymous to the authors throughout the process.

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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

How Long Does the Peer-Review Process Take?

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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.
Editor’s Decision is Final
Reviewers advise the Editors, who are responsible for the final decision to accept or reject the article.

Articles and other text material published in Technical Innovations and Patient Support in Radiation Oncology represent the opinions of the authors and do not reflect the opinions, official policy, or recommendations of ESTRO, the publisher, or the institution with which the author is affiliated, unless the contrary is specified.

Types of article
1. Research Articles (max. 3000 words)
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• Journal policies detailed in this guide have been reviewed
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It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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Technical Innovations and Patient Support in Radiation Oncology requires a completed checklist as part of your submission, for the following study types:

- Randomised trials - CONSORT
- Observational studies - STROBE
- Clinical Guidelines - AGREE
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The trial registration number should be included in your manuscript, in the abstract and in the main body of the text.

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Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to ‘the text’. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

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A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results
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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 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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**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.).

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• Provide captions to illustrations separately.
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