

CANCER RADIOTHÉRAPIE

Instructions to authors

Official journal of the [Société française de radiothérapie oncologique \(SFRO\)](#).

Cancer/Radiothérapie is an English language medium for the publication of research in radiation therapy. The journal aims at reporting major findings in cancer research and radiation treatments: technology, physics, radiobiology, and clinical radiotherapy. The journal publishes eight issues per year including a special issue devoted to the proceedings of the annual meeting of the Société française de radiothérapie oncologique (SFRO).

1. SUBMITTING A MANUSCRIPT

1.1. Online submission

Authors are advised to follow the instructions below. All submission should be made via the online submission system Editorial Manager: <https://www.editorialmanager.com/canrad/>

A tutorial for authors and other author resources are available at www.elsevier.com.

1.2. Overview of the submission system Editorial Manager

- New users of the Editorial Manager (<https://www.editorialmanager.com/canrad/>) must register and choose a username and password. Upon successful registration, you will be sent an e-mail with instructions to verify your registration. When using the Editorial Manager website, authors must login using their username and password and click on the “Author login” tab.
- For all subsequent submissions and revisions, the same username and password apply.
- To submit a new article, authors will be asked to upload their manuscript. **Please prepare separate files containing respectively: the manuscript, the tables and the figures.**
- The manuscript file must contain the title pages, authors' names and affiliations, the abstracts, the keywords, the text, disclosure of interest, references and figure legends.
- Tables with their legends are provided in separate files (they must be typed using a wordprocessing software).
- Figures must be uploaded in separate files; artwork instructions are available at: <http://www.elsevier.com/locate/authorartwork>
- The submission tool will generate a PDF file to be used for the reviewing process. The submission tool generates an automatic reply, which incorporates the manuscript number for future correspondence.

For any technical problems, please contact Author Support at: authorsupport@elsevier.com.

2. OBJECTIVES AND RULES FOR PUBLICATION

2.1. *Cancer/Radiothérapie* publishes articles in English that relate to radiation oncology, radiation physics, radiobiology and the technology employed in the devices used in these disciplines.

2.2. Work submitted must:

2.2.1. Provide new, interesting and valid information.

2.2.2. Be in accordance with the instructions below, which are in line with the uniform standards of presentation for manuscripts put forward by the International Committee of Medical Journal Editors, also known as the “Vancouver Group” (International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. Fifth edition. N Engl J Med 1997;336:309–16).

2.2.3. Not already have been published, whether in full or in part, except in the form of a summary.

2.2.4. Be in accordance with the ethical recommendations in the Helsinki Declaration.

2.2.5. Have been submitted, if it is required, either to a consultative committee for patient protection in biomedical research (CCPPRB) or an ethics committee. When work has been submitted to one of these bodies, it must be mentioned in the text. Informed consent given by the patient, or his or her close family if the patient is unable to give this consent, or parents for minors, should be obtained in writing and should be mentioned in the manuscript.

2.2.6. Have been carried out within an authorised laboratory and under the management of an authorised person if animals are involved: the authorisation must be mentioned in the text.

2.2.7. In accordance with good pharmacovigilance practices, have been reported before publication to the authors' regional pharmacovigilance centre, if the work is concerned with drug related accidents.

2.2.8. In accordance with good medical device vigilance practice, have been reported, before publication, to the Ministry of Health (Hospitals Directorate, medical equipment), if the work concerns medical equipment-related accidents.

2.2.9. Have been realised, if applicable, with the assistance of software for which a licence has been granted to the authors.

2.3. Disclosure of interest

In accordance with international practices concerning conflicts of interest, all submitted manuscripts must be accompanied by a declaration of conflict of interest. A conflict of interest exists when an author or co-author has financial or personal interests with other persons or organisations that may influence his professional judgment concerning an essential factor (such as a patient's wellbeing or integrity of the research). The main conflicts of interest include financial interests, clinical trials, occasional business involvements and family connections.

All authors of the publication must declare all of the relationships/activities/interests they have had during the past 3 years in connection to the subject of the article (i.e., treatment of cancers).

For example, the following statement would be inserted at the end of the article:

Disclosure of interests: C.R. Occasional involvements: advisory services, personal fees, travelling expenses from: Company X; E.L. Financial interests in a company: Company Y; J.-J.E. Clinical trials: as main investigator or study coordinator; JK: grants, personal fees and non-financial support, outside of the submitted work from: Company Z, leadership and fiduciary role with Society XY.

Where no disclosure of interest has been sent by the author (or co-authors), the following statement will be added to the published article: **Disclosure of interest: the authors did not sent disclose their activities/relationships/interests.**

2.4. Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's AI policy for authors.

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

Disclosure instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

3. SENDING MANUSCRIPTS

3.1. Manuscripts are submitted via the EDITORIAL MANAGER website as instructed above.

3.3. Manuscripts should be accompanied by a letter to the editor:

3.3.1. Including the surname, first name, address, telephone and fax numbers and **e-mail address** of the author to whom any correspondence should be sent.

3.3.2. Stating that the text has been read and approved by all the authors and that it is in accordance with the instructions to authors of *Cancer/Radiothérapie*, available on the EDITORIAL MANAGER website.

3.3.3. Stating that the text has not been published elsewhere or submitted simultaneously to another journal (except in the form of a summary).

4. PRESENTATION OF THE MANUSCRIPT

4.1. The text should be typed using **double line spacing and left alignment, margins of 2.5 cm, 25 lines per page, 60 characters per line, on one side only**, with no crossings out or additions. Pages should be consecutively numbered, placing the number in the top right-hand corner of the page. Authors must provide an electronic version of their manuscript. Word is the preferred format for manuscript text and tables.

4.2. Manuscripts should be organized in the following order and on separate sheets: a) title page, b) summary and keywords, c) summary and keywords, d) the text itself, e) bibliographical references, f) tables (one per sheet) and their captions, g) illustrations (one file per figure; please see below for accepted figure file formats), h) the captions to the illustrations.

4.3. Title page

The title page, which is page 1, includes the following items:

4.3.1. The concise title, which accurately indicates the subject of the work. It should comprise a maximum of 120 characters with spaces and avoid abbreviations.

4.3.2. The authors' names: first name followed by surname. **If the authors belong to different departments, they should be identified by a superscript letter placed after the last letter of the surname of each author.**

4.3.3. The names and addresses of departments, services and organizations to which the authors belong, preceded by the corresponding superscript letter.

4.3.4. The name, complete address, telephone and fax numbers and e-mail address of the author to which any correspondence and applications for reprints should be sent.

4.3.5. As applicable, the date and place of the meeting where the work was presented, the mention of the origin of the funding sources or research contract, thanks for technical assistance, checking and typing the text etc.

4.3.6. A running title not exceeding 80 characters including spaces.

4.4. Summary

It constitutes page 2. For original articles only, it is presented in a structured form. It has the following headings: a) Purpose of the research (specifying the retrospective or prospective nature of the work, whether there is random sampling), b) Materials (or patients) and methods, c) Results, d) Conclusion. The summary should not exceed 250 words and should be written in the perfect and /or imperfect tenses. The summary should finish with three or four key words cited in the Medical Subject Heading of the Index Medicus.

4.5. The text itself

It starts on page 4.

4.5.1. *Style*. The text should be clear, concise and accurate, without wordiness or jargon. It is better avoiding too frequent line breaks.

4.5.2. *Verb tenses*: past events are reported using the imperfect or more often the perfect tense. This is the case for the headings "Materials (or patients) and methods", "Results" and "Discussion".

4.5.3. *References to the authors' names in the text*: authors' names are mentioned as infrequently as possible, in order to avoid overloading the text. This restriction does not apply to authors of first editions. If the authors' names are mentioned in the text, when there are only two, both authors are mentioned; if there are more than two authors, the name of the first author is mentioned, followed by "et al". The first letter of surnames is in upper case.

4.5.4. *Abbreviations*: Abbreviations should be avoided. Laboratory slang, clinical jargon and uncommon abbreviations are not acceptable. Such abbreviations that are unavoidable must be defined on their first appearance in the abstract and text, giving the abbreviation between parentheses. Ensure consistency of abbreviations throughout the article. Standard international abbreviations are used where they exist (cf. units of measure). Their use is proscribed in the title and if possible, avoided in the summaries.

4.5.5. *Drugs and equipment*: drugs are identified by their common international name (no capital letter) and followed if necessary in brackets after the first appearance in the text of the name of the specialty (with a capital letter) followed by the symbol ® and the name of

the pharmaceutical firm, if the drug is not well known. The commercial name of a device will have the symbol and, in brackets, the name of the manufacturer or distributor.

4.5.6. Numbers: Numbers from zero to ten should be written in letters, unless they are either followed by an abbreviated unit of measure or they indicate results. A comma precedes decimals, except in the English summary where it is replaced by a full stop.

4.6. References

4.6.1. References should be given on one or more separate pages and numbered.

4.6.2. They are numbered according to the order of citation in the text.

4.6.3. When the same reference is mentioned several times in the text, it has the same number for each mention. The different chapters of a book are given different reference numbers.

4.6.4. References are cited in the text, tables and captions and use Arab numerals inside square brackets.

4.6.5. Numbers are separated by commas, both when they are consecutive and when they are not, and by a hyphen when there are more than two consecutive numbers, only the first and last numbers are then mentioned. For example: [3,4], [5,7], [10–12], [2,3,5,8, 10–12,15].

4.6.6. As far as possible, reference numbers are placed at the end of the sentence.

4.6.7. The article should have references only to texts that have actually been consulted when writing the piece of work. In exceptional cases when the authors want to refer to a text, usually old, that they have not been able to procure, they should indicate the reference of the article mentioning it, preceded by [cited by...]. References should be accessible to readers. References to work published in non-indexed journals in international databases (BIOSIS/Biological Abstracts; Current Contents/Clinical Medicine; EMBASE/ Excerpta Medica; MEDLINE/Index Medicus...) are not accepted.

4.6.8. All references mentioned in the text should appear in the list of references and vice versa.

4.6.9. Editorials should include the mention “editorial” between square brackets after the title.

4.6.10. Only summaries published within the last five years are listed and the mention “résumé” or “abstract” should appear between square brackets after the title, depending on whether the reference is in French or English.

4.6.11. References to personal communications, theses, manuscripts in preparation or submitted for publication are not accepted. If however this type of reference is essential, it should be mentioned in the text in brackets.

4.6.12. References to articles accepted but not yet published should include the mention “in press” in the bibliography and provide the DOI (see below).

4.6.13. The presentation of references follows the so-called “Vancouver” rules. All authors are listed if there are six or less; if there are more than six, only the first six are listed, followed by a comma and the phrase “et al.”:

Article in a classic periodical

1. Girinsky T, Cosset JM. Les effets tardifs pulmonaires et cardiaques induits par les radiations ionisantes seules ou associées à la chimiothérapie. *Cancer Radiother* 1997;1:735–43.

Article in press: please provide the article's DOI (digital object identifier)

2. Hannoun-Lévi JM, Hennequin C, Pommier P, Izar F, Thomas L, Le Scodan R, et al. Enquête nationale sur la curiethérapie dans le cancer du sein : état des lieux et perspectives en 2009. *Cancer Radiother* 2009;doi:10.1016/j.canrad.2010.01.007.

Article in a supplement to a volume

3. Greenberg DB. The measurement of sexual dysfunction. *Cancer* 1984;53 Suppl 5:2281–5.

Article in a supplement to an issue

4. Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23 (1 Suppl 2): 89–97.

Author(s) works

5. Fajardo LF. *Pathology of radiation injury*. New York: Masson; 1982.

Works by several authors with co-ordinator(s)

6. Scherrer E, Streffer C, Trott KR, editors. *Radiopathology of organs and tissues*. Berlin: SpringerVerlag; 1991.

Chapter of a book

7. Trott KR, Kummermehr J. Radiation effects in skin. In: Scherrer E, Streffer C, Trott KR, editors. *Radiopathology of organs and tissues*. Berlin: SpringerVerlag; 1991. p. 33–66.

Minutes of a congress

8. Baron JF. Monitorage de la volémie au cours de l'anesthésie. In: SFAR, éd. Conférences d'actualisation. 37^e Congrès national d'anesthésie et de réanimation. Paris: Elsevier; 1996. p. 7–23.

Website on the Internet

9. Cancer-Pain.org [Homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; ©2000-01. Available from: <http://www.cancer-pain.org/> (access on 20 March 2009).

4.7. Tables

4.7.1. Each table should be presented on a separate sheet and typed using double line spacing.

4.7.2. Tables should be given a number in Arab numerals and should have a brief title, if necessary, a concise caption at the bottom of the table, in particular explaining any abbreviations used.

4.7.3. They are presented according to the dimensions of the journal, without being reduced or photocopied: no more than six columns of numbers for a print width of 81 mm, no more than 15 columns of three numbers for a print width of 170 mm.

4.7.4. They are self-explanatory, there being no need to refer to the text.

4.7.5. The column heads should be succinct and mention the units used.

4.8. Illustrations

4.8.1. Each illustration (charts, diagrams, photographs) is given a number in Arab numerals and is supplied in a separate file, not accompanied by its caption. The captions for the illustrations should be grouped together and included in the manuscript file after the references. Legends should describe clearly what the illustration shows and what each abbreviation means. Any units are mentioned and explained in the caption.

4.8.2. Drawings should be of good quality, preferably realised with graphics software.

4.8.3. Letters or numbers should be used for notes within figures whenever possible.

4.8.4. The illustrations, either to be placed in the column of the text (width: 81 mm) or in two columns (width: 170 mm), are consequently reduced by the printer. The illustration should be designed in such a way as to remain clearly legible after reduction (in practice, the 13 × 18 cm format is best, but it should not in any case exceed 20 × 25 cm). Numbers and letters should be sufficiently thick and high. Lines and survival curves should also be sufficiently thick. Authors are advised to verify the "final" dimensions of their illustration by reducing it themselves to the width of one or two columns of the journal.

4.8.5. The reproduction of colour illustrations in the printed version of the article is at the authors' expense. Coloured figures are reproduced free of charge online.

4.8.6. A patient should not be recognisable on a photograph unless he or she has given written agreement.

4.8.7. Radiographs should be presented in the form of photographs with good contrast and be printed on glossy paper. The name of the patient should be hidden.

4.8.8. Illustrations or tables taken from another article or chapter of a book may only be reproduced with the written agreement of the authors and the publisher, to be provided with the manuscript.

4.9. Figures/Images electronic files

Figures are published in black and white in the journal but will be published in colour online, at no additional cost. Publishing colour figures in the print version of the journal results in additional page charges for the authors (the editor will supply an estimate of these charges if requested). For any material that has been published previously, permission must be obtained from the authors and copyright holder. The editorial board may delete figures that are deemed superfluous or of inadequate quality relative to the value of the information they

provide.

The Editorial Board will only retain the number of figures specified in the Guide for Authors for publication in the journal. Any supplementary material may however appear online version of the article (please see Chapter 5: Multimedia and Supplementary Files).

Figures should be recorded each in its own file, as EPS / TIF or TIFF / JPEG images (high quality).

Image resolution is measured in dots per inch (dpi). A given dpi value produces lower resolution by offset printing than by printing on a laser or ink-jet printer. To obtain high-quality images by offset printing, resolution must be at least 300 dpi for grayscale and colour images and 600 dpi for line drawings, assuming the size of the image supplied by the authors is similar to the size that will appear on the journal page. Enlarging images results in loss of resolution, whereas reducing image size improves resolution. Counting the total number of pixels along the width of the image is the simplest method for estimating the quality of image offsets according to their size.

Please use the table below the check the “offset printability” of your images:

Width on the journal page	Resolution/Number of pixels along the width of the image		
	72 dpi (web, screen) not printable	300 dpi (grayscale, colour) printable	600 dpi (line) printable
82 mm (1 journal column)	232 pixels	969 pixels	1937 pixels
170 mm (2 journal columns)	482 pixels	2008 pixels	4016 pixels
125 mm (1 book column)	354 pixels	1476 pixels	2953 pixels
215 mm (A4 cover)	609 pixels	2539 pixels	5079 pixels

Examples:

- a colour image that is 1000 pixels wide can be printed across one column but would not be of adequate quality if printed across two columns;
- a line drawing that is 2800 pixels wide can be enlarged to fit one book column (125 mm) or reduced to fit one journal column (82 mm);
- a colour image that is 500 pixels wide and seems of excellent quality on the computer screen can be printed only across 42 mm in 300 dpi (at best, it will appear across one journal column, i.e., 82 mm, but with a resolution of only 150 dpi, which will leave the pixels visible).

For additional information on how to supply images, please see our web site: <http://www.elsevier.com/locate/authorartwork>

5. MULTIMEDIA AND SUPPLEMENTARY FILES

It is now possible to submit multimedia and supplementary files with manuscripts, such as images, movies, animations, audio files, spreadsheets, presentations, etc., which can only be accessed online. Your printed article will indicate that further material can be found online. To find out more about the accepted formats and requirements, please see our website:

<http://www.elsevier.com/locate/authorartwork>. During online submission, multimedia and supplementary files can be uploaded by selecting “Multimedia and Supplementary Files” in the “Item” menu. Examples of accepted files are:

- for images: .gif, .tif, .jpg, .svg, .png, etc.,
- for videos: .mov, .avi, etc.,
- for spreadsheets: .xls, etc.
- for presentations: .ppt, .pps, etc.

6. ARTICLE TYPES

6.1. Original article

6.1.1. An original article provides original information obtained from clinical or laboratory research. It should not exceed 15 pages and 30 references (approximately 4000 words or 25 000 characters). It should be accompanied by structured summary.

6.1.2. It includes the following sections: introduction, materials (or patients) and methods, results, discussion, conclusion.

6.1.3. *Introduction.* It should be short, give the reason for the research and present the objectives, with a brief reminder of the data in the literature.

6.1.4. *Materials (or patients) and methods.* This section should specify the patient selection criteria, define the groups, describe the techniques used and the parameters used to evaluate the results.

6.1.4.1. This section should not present any results.

6.1.4.2. It should end with a presentation of the statistical tests.

6.1.4.3. It should be written in the perfect or imperfect tense.

6.1.4.4. If it is a controlled therapeutic trial with random sampling, the numbers in the two populations should be compared in relation to the different factors that may influence the results in a particular table.

6.1.5. *Results.* Depending on how many results there are and their type, they are given in the form of frequency, mean (with standard deviation or confidence interval), median (with the extremes), probability (with if possible, the confidence interval), table(s) or illustration(s).

6.1.5.1. Results given in the form of tables or illustrations are not repeated in the text and vice versa. Long lists of test figures are to be avoided and replaced with one or more tables or illustrations.

6.1.5.2. The statistical significance should be based on the appropriate tests.

6.1.5.3. This section should be written in the perfect or the imperfect tense.

6.1.5.4. This section presents neither techniques nor the population, which should be described in the previous section.

6.1.5.5. If results of multivariate analysis are given, they should be clearly separated from the results of univariate analysis.

6.1.6. *Discussion.* This section should discuss the results, without giving any new ones and without repeating them, and compare them with those published in the literature.

6.1.7. *Conclusion.* It should be short and answer the question or questions raised in the introduction. It should make unambiguous deductions from the results and the discussion. It should not confirm facts that are not proven by the data given in the text. It should not make the summary redundant.

6.2. Case report

6.2.1. A case report should allow one or more original well documented and instructive observations to be published.

6.2.2. A case report should include a short introduction, the observation reduced to the significant facts, a concise comment, a conclusion, a summary.

6.2.3. The observation is reported in the perfect or imperfect tense.

6.2.4. The study should comprise a maximum of six typed pages ((approximately 3000 words or 20 000 characters), two tables or illustrations and 20 references. It should be signed by no more than five authors.

6.3. Brief communication

6.3.1. It allows facts or original results to be published speedily, in a condensed form.

6.3.2. It should not exceed six typed pages, ten references and two tables and /or illustrations (approximately 2000 words or 12 000 characters). It should be signed by no more than five authors. It should include a summary.

6.4. Technical note

6.4.1. It concerns a new piece of apparatus a new technique or a technical incident or accident.

6.4.2. It should not exceed six typed pages, ten references and two tables and /or illustrations (approximately 2000 words or 12 000 characters). It should be signed by no more than five authors. It should include a summary in French and a summary in English.

6.5. Review article

6.5.1.1. A review article details as completely as possible the state of the art on a technique or management of a pathology or particular clinical situation. It may consist in an update on related subjects (legislation, professional, etc.).

6.5.1.2. It should be written without bias and should not be used as a means of proving a hypothesis.

6.5.1.3. Preferably, the author should demonstrate his or her experience in the field concerned, in particular through scientific publications on the same theme in journals with a reading committee. In addition, he or she should have a degree of seniority in the specialty; a 'junior–senior' pair is however appreciated.

6.5.1.4. A review article should not exceed 30 typed pages and 200 references (approximately 8000 words or 50 000 characters) and should include a summary.

6.6. Special article

A special article is a piece of work that does not fall under one of the previous sections (for example: the history of radiotherapy, demography of oncology radiotherapists in France, etc). It should include a summary.

6.7. Editorial

An editorial is topical, often dealt with in the same issue. It should not exceed 6 typed pages and 20 references (approximately 2000 words or 12 000 characters).

6.8. Letter to the editor

6.8.1. A letter to the editor either gives an opinion on an article that has already been published, starts a debate or shares a personal experience. Once approved by the reading committee, it is published as speedily as possible.

6.8.2. It should not exceed three typed pages, a table and/or an illustration and five references (approximately 1000 words or 6000 characters). It should be signed by no more than three authors and should have one address for correspondence.

6.9. News

A news item deals with recent scientific progress or information that has been the subject of several notable publications, which are summarised and commented upon. New items are limited to four typed pages and ten references (approximately 1500 words or 9000 characters). They may be organised in the form of a dialogue between two authors.

7. TRANSFER OF RIGHTS, PROOF READING, REPRINTS AND REPRODUCTION RIGHTS

The corresponding author will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. Changes to content are not accepted on the proofs. Corrections should be limited to typography only. To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. If there is a delay, the publisher reserves the right to go to print without the author's corrections. The corresponding author will, at no cost, receive a customized [Share Link](#) providing 50 days free access to the final published version of the article on [ScienceDirect](#). The Share Link can be used for sharing the article via any communication channel, including email and social media. Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link. A link to a rights transfer online form is sent to the corresponding author before the proofs are sent. As soon as an article is published, the author is considered to have transferred his or her copyright to the publisher. Application for reproduction rights should be addressed to the publisher.

Units of measurement

Length:	metre (m), millimetre (mm), micrometre (μm). The use of the micron (μ) is not recommended, the micrometre ($1 \mu = 1 \mu\text{m}$) should be used
Time:	second (s), minute (min), hour (h), d (day) [jour (j)]. In the International System of Units (SI), d (day) is the abbreviation for day; although the abbreviation j can be used, J cannot be used as it corresponds to joule
Weight:	kilogram (kg), gram (g), milligram (mg), microgram (μg), nanogram (ng), picogram (pg). The use of gamma (γ) is not accepted: use μg
Volume :	litre (L), millilitre (mL), microlitre (μL). A sequence of several units should be formulated as follows: $\text{mL} \cdot \text{m}^{-2} \cdot \text{min}^{-1}$
Quantity:	mole (mol), millimole (mmol), micromole (μmol), nanomole (nmol), picomole (pmol); milliequivalent (mEq): replace by mmol which is preferable, milliosmole (mOsm)
Concentration:	as far as possible, concentrations or quantities of substance are given in moles (e.g. $\text{mmol} \cdot \text{L}^{-1}$) rather than in units of mass (e.g. $\text{mg} \cdot \text{L}^{-1}$). Rate is not synonymous with concentration
Pressure:	pressure is expressed in mmHg, kPa, cmH_2O and bar. If pressure is expressed in kPa, the corresponding mmHg value should be given in brackets
Temperature:	degrEditorial Manager Celsius ($^{\circ}\text{C}$)
Numeration:	the number of blood cells is expressed per mm^3 ($\cdot \text{mm}^{-3}$), or per litre ($\cdot \text{L}^{-1}$). Examples: erythrocytes = 5 500 000· mm^{-3} or $5.5 \cdot 10^6 \cdot \text{mm}^{-3}$ or $5500 \cdot 10^9 \cdot \text{L}^{-1}$, leucocytes = 7500· mm^{-3} or $7.5 \cdot 10^9 \cdot \text{L}^{-1}$, platelets = 325 000· mm^{-3} or $325 \cdot 10^9 \cdot \text{L}^{-1}$
Dose absorbed:	gray (Gy). The centigray (cGy) should be avoided
Absorbed dose rate:	Gy/h or cGy/min
Dose equivalent:	sievert (Sv)
Activity:	becquerel (Bq); if the curie (Ci) (or the millicurie [mCi]) is used the value in Bq must be given in brackets
Percentage:	10%