

Diagnostic and Interventional Imaging

Guide for Authors

The journal *Diagnostic and Interventional Imaging* publishes:

- original articles;
- short communications;
- reviews;
- pictorial essays;
- technical notes;
- letters (clinical observations);
- radiologic pathologic correlations;
- “e-quids” (questions and answers);
- editorials;
- good practice guidelines;
- correspondence;
- commented analyses.

Manuscripts must be written in good English. Occasionally, the submission of manuscripts in French may be allowed, but note that upon acceptance, the work will have to be translated into English and **only the English version will be published.**

Manuscripts must be submitted through the Elsevier Editorial System (<http://ees.elsevier.com/diij>). For technical problems or questions, please contact Support (authorsupport@elsevier.com).

Manuscripts will be peer reviewed. **Authors are urged to indicate the names of two possible reviewers** for their manuscripts. They also have the possibility to oppose reviewers (see online process for details). The editorial board reserves the right to reject any materials submitted and to make editorial decisions to accepted material. The editorial board is not responsible for the opinions expressed by contributors.

Copyright

Authors certify that the manuscript being submitted to *Diagnostic and Interventional Imaging* have not been previously published in a peer-reviewed journal or submitted elsewhere simultaneously.

Author(s) agree that they will transfer all copyright ownership to Éditions Française de Radiologie. Effective if and when the manuscript is accepted for publication in *Diagnostic and Interventional Imaging*.

Sections specific instructions

Original articles

Original articles report results of a scientific study. The abstract must be sufficiently clear and informative to allow understanding of the work without reading the complete article. The abstract (of no more than 200 words) should be organized into four separate paragraphs titled **Rationale and Objectives, Materials (patients) and Methods, Results, and Conclusion**. Three to five keywords that are suitable for indexing the manuscript should follow.

Manuscripts should contain discrete **Introduction, Materials and Methods, Results, and Discussion** sections and should not exceed 15 manuscript pages, or 3000 words (excluding references, tables, and figure legends).

Introduction: It should be organized into three parts: the first part defines the problem, the second part briefly reviews what is known about this problem (with references), the last paragraph states clearly the objectives, taking into account what has been summarized in the previous paragraph and, briefly, the means used to achieve them.

Material (or patients) and methods: The selection criteria for patients and controls are precisely listed. The compositions of groups, age, sex, clinical symptoms, etc. are detailed. Protocols (imaging techniques, analytic methods, specific diagnostic criteria or criteria of analysis, standard reference selected, statistical tests, etc.) must be precisely established taking into account, however, only useful data. Techniques or evaluation criteria, clinical or radiologic that have already been described elsewhere may only be referred to the publication where they have been detailed. In case of non-clinical work, full features of the animals or devices are provided for the experiment must be reproduced in full. There are no results in this chapter and the verbs are in the past tense. The favourable opinion given by an ethics committee may be mentioned where appropriate.

Results: All results related to the study are provided and exposed clearly and logically, including negative results. If tables are used, there should be no redundancy between the text and the tables. They are expressed in the past tense.

Discussion: The purpose of this chapter is to discuss the materials and methods and to examine the validity of the results. The first paragraph of the discussion must therefore expose the answers that the authors have provided to the questions they have asked and motivated the research. Authors can then put these results in relation to previous knowledge and compare them with data from the literature. Performance, limitations, false diagnoses, pitfalls and artefacts should be discussed here, as well as the lessons from this experience and proposed solutions to problems.

Conclusion: It summarizes very briefly the results of the study and their implications. .

Short articles

Short articles report a series of 3 to 8 cases concerning a condition or aspect of a disease little or not previously reported. They must bring original elements concerning semiology, diagnostic approaches or treatments. They are organized as follows: abstract, keywords, introduction, short description of observations, brief discussion, there is no conclusion, manuscript length does not exceed 3000 words. The summary should not exceed 150 words, nor be structured; it should emphasize the originality of this article. Three to five keywords should be provided. Description of the observations must be written in the past tense. The discussion may include a concise review of the literature. References are limited to

15, figures to 6; in addition to the title page, total manuscript does not exceed 8 pages (double spaced text), including figures and/or tables.

Reviews

A review 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.). The abstract is not structured; it must specify the aim of the article and summarize the main points. It should not exceed 200 words and be accompanied by three to five keywords.

Pictorial essays

This form of publication is based on illustrations of excellent quality, presenting a pathology or a technique. Figures should be carefully prepared, ensuring that all panels are at the same magnification. The text should be short and concise; the references are limited to 10. An unstructured summary, stating the main points, not exceeding 100 words, must be provided, accompanied by three to five keywords.

Technical notes

Technical notes briefly describe a technique, a technique modification or new equipment. A short discussion should give a general overview. The discussion should be limited to a specific message about the interest of the technique or technical equipment. There are no more than 2 figures and no summary. The manuscript length does not exceed 4 pages double-spaced, including references and figure legends, plus the title page. Three to five keywords should be provided.

Letters (clinical observations)

Letters are limited to 700 words, 4 figures and 6 references. Letters reporting original clinical cases only will be published, showing aspects of a pathology that have not or rarely been reported. The introduction should be brief, stating the interest of the case. The discussion should be short and focused on the new issues emerged. A literature review is not recommended in these clinical observations. The abstract is optional, three to five keywords should be provided. The length of the manuscript does not exceed 4 pages double-spaced, including references and figure captions, plus the title page. A maximum of 6 authors may sign the Letter.

Radiologic pathologic correlations

These articles emphasize a high quality radiologic pathologic correlation to better understand the radiological semiology. A macroscopic image of the pathology must be included. The text should be short, less than 800 words excluding figure legends and references. The abstract is not required, the number of figures should be limited to 4 including macroscopic images, and the number of references should not exceed 6. Three to five keywords should be provided.

e-Quid

'e-quid' articles will only be considered if they provide original facts, in particular concerning a diagnostic approach or a treatment. They are in two parts: a question and an answer. Manuscripts do not exceed 4 pages double-spaced including references and figure captions, plus the title page. The number of figures should be limited to two. There are no abstract or keywords. The title of the question should not reveal the diagnosis but announces the clinical signs or problem. The manuscript should contain a brief clinical description, the figure(s), and end with the question "What is your diagnosis?". The answer title gives the diagnosis. The manuscript should include a brief discussion, a maximum of 6 references. The figures should be annotated with arrows pointing at points of interest and legends more developed than in the 'question'.

Correspondence

A correspondence article may be a reply, an analysis or constructive contradictory opinion prompted by an article recently published in the journal. A few references are allowed. The opportunity to respond will be given to authors of the article that prompted the letter.

Manuscript format

Manuscripts, figures, and tables must be submitted on line at <http://ees.elsevier.com/diii>

Manuscripts should be arranged as follows: a) title page; b) Abstract; c) Text; d) Reference List; and e) Figure captions. Any Appendixes should be placed after the reference list and before the figure captions. Tables and figures must be uploaded as separate files from the manuscript file. Do not import figures or tables into the text document.

Authors should retain complete copies of their manuscripts, including the figures and tables. Authors will be notified of receipt of manuscripts

Title page

The title page is separate file, which includes the article title no more than 10 words (or a maximum of 80 characters, space included), the initial of first name and last name of all authors, the complete address of their institutional and departmental affiliations, telephone and fax numbers, and e-mail address for the corresponding author. A short running head of no more than 40 characters is also required.

Manuscript

General presentation

The manuscript file must remain totally anonymous for reviewing purposes. Author names and affiliations must not be mentioned in the manuscript file. The text should be typed double spaced, with 2 cm margins on each side. A page contains 2500 signs including spaces and punctuation.

Units of measurement, abbreviations, drug or instrumentation names: the units of measurement used are those specified in the article and primarily those of the International System. A list of all abbreviations used in the text must be provided at the beginning of the text and will appear in the

beginning of the article after the summary. Where irradiation is concerned, the units used must be consistent with those approved by the French Society of Radiology (<http://www.sfrnet.org>). The devices cited in the text will refer to the manufacturer according to procedures to be established in accordance with the Editorial Office; the same applies for drugs whose scientific (generic) name only appears in the text.

Abstract and keywords

The abstract must be sufficiently clear and informative to allow understanding of the work without reading the complete article. The abstract should not exceed 200 words; no reference should be cited. Three to five keywords must follow the abstract. They must be chosen in the list published by INSERM (available online at: <http://mesh.inserm.fr/mesh/index.htm>). Because they determine the article's visibility in databases, careful selection of the keywords is important for the authors as well as for the Journal. Abstract and keywords are typed on a separate page in the manuscript.

Disclosure of interest

In accordance with international practices concerning conflicts of interest, all submitted manuscripts must be accompanied by a disclosure of interest in the title page.

A conflict of interest exists when an author or co-author has financial or personal interests with other persons or organizations 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 they have had during the past 3 years that might be considered to have a potential conflict of interest but only in connection to the published article.

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Disclosure of interest: C.R. Occasional involvements: advisory services: Company X; E.L. Financial interests in a company: Company Y; J.-J.E. Clinical trials: as main investigator or study coordinator

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References

References must be cited in the text in numerical order. Unpublished data and personal communications (written or oral) are to be cited only in the text in parentheses (e.g., Wallace PS, unpublished data, 1993).

The list of references should be added at the end of the manuscript. Journal names are abbreviated according to ISO (<http://www.ncbi.nlm.nih.gov:80/entrez/jrbrowser.cgi>). References should conform to the following style:

Journal article

1. Travade A, Isnard A, Bagard C, Bouchet F, Chouzet S, Gaillot A, et al. Macrobiopsies stéréotaxiques par système à aspiration 11-G : à propos de 249 patientes. *J Radiol* 2002;83:1063-71.

Books :

2. Ernst O. Hépatopathies diffuses. Imagerie du foie, des voies biliaires et du pancréas. Paris : Masson, 2005. p. 55-74.

Chapter in a book :

3. Vidal V, Bartoli JM, Kobeiter H. Prescription médicamenteuse en radiologie interventionnelle pour les risques infectieux. In: Beregi JP, ed. Radiologie interventionnelle des artères rénales. Paris: Springer-Verlag; 2008. Pp. 207-18.

Website

4. 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).

Figures legends

Figure legends should be typed double-spaced after the Reference section corresponding to the order in which they appear in the text.

Tables

Tables should be submitted in **Word in separate files** from the manuscript file. Tables submitted in .tif, .jpeg, .bmp, .pdf, or PowerPoint format are **unacceptable for publication**. Tables must be numbered and cited in the text in numerical order. Table titles should be placed above each of their respective tables. Please use *, †, ‡, §, etc., in the table text to indicate the corresponding table footnotes below the table. Each table should be typed on its own separate page. Previously published tables must be accompanied by written permission to reprint from the publisher and authors, with sources cited in the text.

Figures

Each figure must be uploaded as a separate file. Figures must be numbered and cited in the text in numerical order. Previously published figures must be accompanied by written permission to reprint from the publisher and authors, with sources cited in the text.

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All photographic images should be submitted as 300 dpi, in TIF (.tif), JPEG (.jpeg), EPS (.eps), or PD (.pdf) format; all line-art images should be submitted as 600-1000 dpi. Other formats (e.g., .bmp, or .gif) are unacceptable for publication. Figures embedded in the manuscript Word document are unacceptable for publication. Images should be sized as close as possible to print size: 80 mm wide for 1 column, and 170 mm wide for 2 columns. The minimum point size for the text in figures is 12 points.

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It is now possible to submit multimedia and supplementary files with manuscripts, such as images, movies, animations, audio files, spreadsheets, presentations, etc., which can be accessed online. Your printed article will indicate that further material can be found online. During online submission, multimedia and supplementary files can be uploaded by selecting “Media Divers” in the “Item” menu. Examples of accepted files are:

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