

Instructions to Authors

Overview

Diagnostic and Interventional Radiology is a medium for disseminating scientific information based on research, clinical experience, and observations pertaining to diagnostic and interventional radiology. The journal is the double-blind peer-reviewed, international, bimonthly, open-access publication organ of the Turkish Society of Radiology. *Diagnostic and Interventional Radiology* is currently indexed by Science Citation Index Expanded (2013 IF: 1.427) and PubMed MEDLINE.

Editorial and publication processes of the journal are shaped in accordance with the guidelines of the international organizations such as the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), and the European Association of Science Editors (EASE).

Statements or opinions expressed in the manuscripts published in *Diagnostic and Interventional Radiology* reflect the views of the author(s) and not the opinions of the editors, the editorial board, or the publisher; the editors, the editorial board, and the publisher disclaim any responsibility or liability for such materials. The final responsibility in regard to the published content rests with the authors.

Authorship

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors (ICMJE - www.icmje.org). To be listed as an author, an individual should have made substantial contributions to all four categories established by the ICMJE: (a) conception and design, or acquisition of data, or analysis and interpretation of data, (b) drafting the article or revising it critically for important intellectual content, (c) final approval of the version to be published, and (d) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Individuals who contributed to the preparation of the manuscript but do not fulfill the authorship criteria should be acknowledged in an acknowledgements section, which should be included in the title page of the manuscript. If the editorial board suspects a case of "gift authorship", the submission will be rejected without further review.

Diagnostic and Interventional Radiology requires authors to submit an Authorship Contributions Form during the initial submission which is available for download through the journal's web page.

Copyright Transfer

Diagnostic and Interventional Radiology requires each submission to be accompanied by a Copyright Transfer Form. By signing the copyright agreement, the authors hand over the copyright of their work to Turkish Society of Radiology. In the case of a rejection decision, copyright of the manuscript will be returned to the authors.

Declaration of Conflict of Interest

Diagnostic and Interventional Radiology requires and encourages the authors and the individuals involved in the evaluation process to disclose any existing or potential conflicts of interests including financial, consultant, institutional, and other relationships that might lead to bias or a conflict of interest. Each contributing author is required to electronically fill in the *ICMJE Form for Disclosure of Potential Conflicts of Interest* (available at www.icmje.org) and the forms must be submitted during the initial submission.

Ethical standards

For studies involving human or animal participants, the authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human and animal experimentation (institutional or regional) and with the Helsinki Declaration (JAMA 2000; 284:3043–3049). Application or approval number/year of the study should also be provided. The editorial board will act in accordance with COPE guidelines if an ethical misconduct is suspected.

It is the authors' responsibility to carefully protect the patients' anonymity and to verify that any experimental investigation with human subjects reported in the submission was performed with informed consent and following all the guidelines for experimental investigation with human subjects required by the institution(s) with which all the authors are affiliated with. For photographs that may reveal the identity of the patients, signed releases of the patient or of his/her legal representative should be enclosed.

Prospective human studies require both an ethics committee approval and informed consent by participants. Retrospective studies require an ethics committee approval with waiver of informed consent. Authors may be required to document such approval.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck). Manuscripts with an overall similarity index of greater than 20%, or duplication rate at or higher than 5% with a single source are returned back to authors without further evaluation along with the similarity report.

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

Manuscript Preparation

Manuscripts should be prepared in accordance with the ICMJE - Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (updated in December 2014 – available at www.icmje.org).

Original Investigations and Reviews should be presented in accordance with the following guidelines: randomized study – CONSORT, observational study – STROBE, study on diagnostic accuracy – STARD, systematic re-

views and meta-analysis PRISMA, nonrandomized behavioral and public health intervention studies – TREND.

Diagnostic and Interventional Radiology will only evaluate manuscripts submitted via the journal's self-explanatory online manuscript submission and evaluation system available at mc04.manuscriptcentral.com/dir. Evaluation process of submitted manuscripts takes 4 weeks on average.

Manuscripts are evaluated and published on the understanding that they are original contributions, and do not contain data that have been published elsewhere or are under consideration by another journal. Authors are required to make a full statement at the time of submission about all prior reports and submissions that might be considered duplicate or redundant publication, and mention any previously published abstracts for meeting presentations that contain partial or similar material in the cover letter. They must reference any similar previous publications in the manuscript.

Authors must obtain written permission from the copyright owner to reproduce previously published figures, tables, or any other material in both print and electronic formats and present it during submission. The original source should be cited within the references and below the reprinted material.

Cover letter: A cover letter must be provided with all manuscripts. This letter may be used to emphasize the importance of the study. The authors should briefly state the existing knowledge relevant to the study and the contributions their study make to the existing knowledge. The correspondent author should also include a statement in the cover letter declaring that he/she accepts to undertake all the responsibility for authorship during the submission and review stages of the manuscript.

Title page: A separate title page should be submitted with all manuscripts and should include the title of the manuscript, name(s), affiliation(s), and major degree(s) of the author(s). The name, address, telephone (including the mobile phone number) and fax numbers and e-mail address of the corresponding author should be clearly listed. Grant information and other sources of support should also be included. Individuals who contributed to the preparation of the manuscript but do not fulfill the authorship criteria should also be acknowledged in the title page. Manuscripts should not be signed by more than 6 authors unless they are multicenter or multidisciplinary studies.

Main document

Abstract: All submissions (except for Letters to the Editor) should be accompanied by an abstract limited to 400 words. A structured abstract is only required with original articles and it should include the following sub-headings: PURPOSE, METHODS, RESULTS, CONCLUSION.

Main points: Each submission should be accompanied by 3 to 5 "main points", which should emphasize the most striking results of the study and highlight the mes-

sage that is intended to be conveyed to the readers. As these main points would be targeting radiology residents, experts and residents of other fields of medicine, as well as radiology experts, they should be kept as plain and simple as possible. These points should be constructed in a way that provides the readers with a general overview of the article and enables them to have a general idea about the article.

The main points should be listed at the end of the main text, above the reference list.

Example: Liu S, Xu X, Cheng Q, et al. Simple quantitative measurement based on DWI to objectively judge DWI-FLAIR mismatch in a canine stroke model. *Diagn Interv Radiol* 2015; 21:348–354.

- The relative diffusion-weighted imaging signal intensity (rDWI) of ischemic lesions might be helpful to identify the status of fluid attenuated inversion recovery (FLAIR) imaging in acute ischemic stroke.
- The relative apparent diffusion coefficient (rADC) value appears not useful to identify the status of FLAIR imaging in the acute period.
- Based on our embolic canine model, rDWI increased gradually in the acute period, while the rADC kept stable, which might explain why rDWI is helpful to identify the status of FLAIR imaging, while rADC is not.

Main text

Original Articles

Original articles should provide new information based on original research. The main text should be structured with Introduction, Methods, Results, and Discussion subheadings. The number of cited references should not exceed 35 and the main text should be limited to 4500 words. Number of tables included in an original article should be limited to 4 and the number of figures should be limited to 7 (or a total of 15 figure parts).

Introduction

State briefly the nature and purpose of the work, quoting the relevant literature.

Methods

Include the details of clinical and technical procedures.

Research ethics standards compliance

All manuscripts dealing with human subjects must contain a statement indicating that the study was approved by the Institutional Review Board or a comparable formal research ethics review committee. If none is present at your institution, there should be a statement that the research was performed according to the Declaration of Helsinki principles (www.wma.net/e/policy/b3.htm). There should also be a statement about whether informed consent was obtained from research subjects.

Results

Present these clearly, concisely, and without comment. Statistical analysis results should also be provided in this section to support conclusions when available.

Discussion

Explain your results and relate them to those of other authors; define their significance for clinical practice. Limitations, drawbacks, or shortcomings of the study should also be stated in the discussion section before the conclusion paragraph. In the last paragraph, a strong conclusion should be written.

Review Articles

Review articles are scientific analyses of recent developments on a specific topic as reported in the literature. No new information is described, and no opinions or personal experiences are expressed. Reviews include only the highlights on a subject. Main text should be limited to 4000 words and the number of cited references should not exceed 75. Number of tables included in a review article should be limited to 4 and the number of figures should be limited to 15 (or a total of 30 figure parts).

Pictorial Essay

This is a continuing medical education exercise with the teaching message in the figures and their legends. Text should include a brief abstract; there may be as many as 30 figure parts. No new information is included. The value of the paper turns on the quality of the illustrations. Authors can submit dynamic images (e.g. video files) or include supplemental image files for online presentation that further illustrate the educational purpose of the essay. Maximums: Pages of text – 4 (1,500 words); References – 15; Figures – 15 or total of 30 images; No table

Main text should be limited to 1500 words and the number of cited references should not exceed 15. No tables should be included and the number of figures should be limited to 15 (or a total of 30 figure parts).

Technical Notes

Technical note is a brief description of a specific technique, procedure, modification of a technique, or new equipment of interest to radiologists. It should include a brief introduction followed by Technique section for case reports or Methods section for case series, and Discussion is limited to the specific message, including the uses of the technique, equipment, or software. Literature reviews and lengthy descriptions of cases are not appropriate.

Main text should be limited to 1500 words and the number of cited references should not exceed 8. Number of tables included in a technical note should be limited to 4 and the number of figures should be limited to 3 (or a total of 6 figure parts).

Letter to the Editor and Reply

Letters to the Editor and Replies should offer objective and constructive criticism of published articles within last 6 months. Letters may also discuss matters of general interest to radiologists and may include images. Material being submitted or published elsewhere should not be duplicated in letters.

Main text should be limited to 500 words and the number of cited references should not exceed 4. No tables should be included and the number of figures should be limited to 2 (or a total of 4 figure parts).

References

References should be numbered consecutively in the order they are referred to within the main text and all references listed in the reference list should be referred to within the main text in parenthesis. Style and punctuation of each reference in the reference list should be in accordance with the examples listed below;

Standard journal article: Journal titles should be abbreviated in accordance with journal abbreviations used in Index Medicus (for journal abbreviations consult List of Journals indexed for MEDLINE published annually by NLM at <http://www.nlm.nih.gov/tsd/serials/lji.html>). When there are six or fewer authors, all authors should be listed. If there are seven or more authors, first 3 should be listed, followed by “et al.” A list of authors

Type of manuscript	Word limit	Abstract word limit	Reference limit	Author limit	Table limit	Figure limit
Original Article	4500	400 (Structured)	50	6*	4	7 figures or total of 15 figure parts
Review Article	4000	200	75	5	4	15 figures or total of 30 figure parts
Pictorial Essay	1500	400	15	5	No tables	15 figures or total of 30 figure parts
Technical Note	1500	200	8	5	4	3 figures or total of 6 figure parts
Letter	500	N/A	4	4	No tables	2 figures or total of 4 figure parts

*Manuscripts should not be signed by more than 6 authors unless they are multicenter or multidisciplinary studies.

should be followed by the full title of the article, journal title, year, volume, and page numbers.

Example: Dollinger M, Beyer LP, Haimerl M, et al. Adverse effects of irreversible electroporation of malignant liver tumors under CT fluoroscopic guidance: a single-center experience. *Diagn Interv Radiol* 2015; 21:471–475.

Epub ahead of print articles: Abboud S, Raparia K, Ubago JM, Resnick S. AngioVac extraction of intra-atrial hepatoma masquerading as PICC-associated thrombus. *Diagn Interv Radiol* 2015 DOI: 10.5152/dir.2015.15243. Published online 28 October 2015.

Books:

Chapter in a book: Hull RD, Hirsh J. Comparative value of tests for the diagnosis of venous thrombosis. In: Bernstein EF, ed. *Noninvasive diagnostic techniques in vascular disease*. 3rd ed. St. Louis: Mosby, 1985; 779–796.

Personal author(s): Watanabe M, Takeda S, Ikeuchi H. *Atlas of arthroscopy*. 2nd ed. Tokyo: Igaku Shoin, 1969; 57–59.

Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, eds. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Article in electronic format: Polgreen PM, Diekema DJ, Vandenberg J, et al. Risk factors for groin wound infection after femoral artery catheterization: a case-control study. *Infect Control Hosp Epidemiol* [Internet] 2006; 27:34–37. Cited October 2015. Available from: <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>

Conference paper: Rice AS, Farquhar-Smith WP, Bridges D, Brooks JW. Cannabinoids and pain. In: Dostorovsky JO, Carr DB, Koltzenburg M, eds. *Proceedings of the 10th World Congress on Pain*; 2002 Aug 17–22; San Diego, CA. Seattle (WA): IASP Press; c2003. p. 437–468.

Scientific or technical report: Sontag ED. Control of nonlinear systems. Final report 15 Mar 2004–31 Jan 2005. Washington: Army Medical Department (US); 2004. 5 p. Report No: AFRLSRARTR050271. Contract No: FA95500410172.

Dissertation: Jones DL. The role of physical activity on the need for revision total knee arthroplasty in individuals with osteoarthritis of the knee [dissertation]. Pittsburgh (PA): University of Pittsburgh; 2001.

Tables

Tables should be included in the main document and should be presented after the reference list. Tables should be numbered consecutively in the order they are referred to within the main text. A descriptive title should be provided for all tables and the titles should be placed above the tables. Abbreviations used in the tables should be defined below by footnotes (even if they are defined within the main text). Tables should be created using the “insert table” command of the word pro-

cessing software and they should be arranged clearly to provide an easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and figure legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labelled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, abbreviations and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process all submitted figures should be clear in resolution and large in size (minimum dimensions, 100×100 mm).

Figure legends should be listed at the end of the main document.

General

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parenthesis following the definition.

Statistical analysis should be performed in accordance with guidelines on reporting statistics in medical journals (Altman DG, Gore SM, Gardner MJ, Pocock SJ. *Statistical guidelines for contributors to medical journals*. *Br Med J* 1983; 7; 1489–1493.). Information on the statistical analysis process of the study should be provided within the main text.

When a drug, product, hardware, or software mentioned within the main text product information, the name and producer of the product should be provided in parenthesis in the following format: “Discovery St PET/CT scanner (GE Healthcare).”

All references, tables, and figures should be referred to within the main text and they should be numbered consecutively in the order they are referred to within the main text.

Initial evaluation and Peer review process

Manuscripts submitted to *Diagnostic and Interventional Radiology* will first go through a technical evaluation process where the editorial office staff will ensure that the manuscript is prepared and submitted in accordance with the journal's guidelines. Submissions that do not conform the journal's guidelines will be returned to the submitting author with technical correction requests.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck), and those with an

overall similarity index of greater than 20%, or duplication rate at or higher than 5% with a single source are returned back to authors without further evaluation along with the similarity report.

Manuscripts that conform the journal's guidelines will be reviewed by at least two external and independent peer reviewers during the evaluation process. Originality, high scientific quality, and citation potential of the manuscript are the most important criteria to be accepted for publication. The section editor and Editor in Chief are the final authority in the decision-making process for all submissions.

Revisions

When submitting a revised version of a paper, the author must submit a detailed “Response to reviewers” that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer's comment followed by the author's reply and line numbers where the changes have been made) as well as an annotated copy, and a clear copy of the main document.

Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option will be automatically cancelled by the submission system. If the submitting author(s) believe that additional time is required, they should request an extension before the initial 30-day period is over.

Proofs and DOI Number

Accepted manuscripts are copyedited for grammar, punctuation, and format. Following the copyediting process, the authors will be asked to review and approve the changes made during the process. Authors will be contacted for a second time after the layout process and will be asked to review and approve the PDF proof of their article for publication. Once the production process of a manuscript is completed it is published online on the journal's webpage as an ahead-of-print publication before it is included in its scheduled issue.

Permissions and Reprints

Turkish Society of Radiology handles all requests to reproduce material from *Diagnostic and Interventional Radiology*. For your convenience, please fill in the permission request form, available for download at the journal's webpage and e-mail a scanned version to info@dirjournal.org.

Please ensure that you include the full reference of the material you want to use (year of publication, volume and issue numbers, author, file of article, figure numbers where appropriate, etc.). Turkish Society of Radiology also requires a detailed overview of how you intend to use the material (i.e., in a book, etc.) and when.

The journal is printed on an acid-free paper.