Clinical Trial Registry

All clinical trials from India must be registered with “Clinical Trials Registry - India”. The trials conducted outside India may be registered with the respective national clinical trial registry. We have made trial registration mandatory from January 2020 for the acceptance of the study for publication.

Editorial Process

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The manuscripts are rejected by the editorial office before a formal peer-review.

The Editorial office reviews submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific and technical flaws or lack of a significant message are rejected. All manuscripts received are duly acknowledged. Manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The contributors will be informed about the reviewers’ comments and acceptance/rejection of the manuscript. The average submission to first decision time is about 3-4 weeks and about 65-70% of unsolicited manuscripts do not get published.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which has to be returned within three days. Correction received after that period may not be included.

Authorship Criteria

Authorship credit should be based only on substantial contributions

1. Conception and design or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Conditions 1, 2, and 3 must be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without the written consent of all the contributors.

Only those who have done substantial work in a particular field can write a review article. A short summary
of the work done by the contributor(s) in the field of review should accompany the manuscript. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article, and should be sent as a letter to the editor, as and when major development occurs in the field.

**Contribution Details**

Contributors should provide a description of what each of them contributed to the manuscript. The description should be divided into the following categories, as applicable: concepts, design, the definition of intellectual content, literature search data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. The author’s contributions will be printed on the first page of the article. One or more authors should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as ‘guarantor’.

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Types Of Manuscripts And Limits

1. **Original Articles**: Randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 4000 words excluding about 35 reference and abstract.

2. **Review Articles**: (Including for Ethics forum, Education forum, E-Medicine, etc.) Systemic critical assessments of literature and data sources. Up to 4500 words excluding about 90 references and abstract. For review articles, include the method (literature search) in abstract as well as in the introduction section. Usually review articles are invited by the Editor-in-chief from people of eminence with vast personal experience in the field.

3. **Case Reports**: New/interesting/very rare case can be reported. Cases with clinical significance or implications will be given priority. However, mere reporting of a rare case is not encouraged and may not be considered. Up to 2000 words excluding references and abstract and up to 10 references.

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5. **Image**: A short history, differential diagnosis, and short discussion of classic and/or rare case. Should not be more than 800 words excluding up to ten references.

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7. **Announcements of conferences**, meetings, courses, and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

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3. Image: Submit good quality color images. Each image should be less than 5 MB in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Image format jpeg is acceptable. Do not zip the file. Online images will suffice till the acceptance of the article. Good creative and informative images are being encouraged by the editorial team. Outstanding images will be shortlisted for the cover image of the corresponding issue of the journal.

4. Legends: Legends for the figure/images should be included at the end of the article file.
The contributor’s form and copyright transfer form (template provided below) have to be submitted in original with the signatures of all the contributors within fifteen days of confirmation from submission via courier, post, or email as a scanned image. Hard copies of the images (one set) with high resolution and good contrast, for articles submitted online, should be sent to the journal office only.

**Preparation Of The Manuscript**

**A. Title Page**

The Title page should carry

1. Types of the manuscript: Original article, Case Report
2. The title of the article, which should be concise, but informative;
3. Running title or short title, not more than 65 characters;
4. The name by which each author/contributor is known (Last name, First name, and initials of middle name) and institutional affiliation. The affiliations should be given as 1, 2, and 3 but not marked with symbols
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8. Source(s) of support in the form of grants, equipment, drugs, or all of these;
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10. If the manuscript was presented as part of a meeting, the organization, place, and exact date on which it was read.
11. Registration number of clinical trials.

**B. Abstract Page**

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for a brief report and 250 words for original articles and other article types). The abstract should be structured for original articles and review articles. State the context (background), aims, settings and design, material and methods, statistical analysis used, results, and conclusions. Below the abstract should provide 3 to 8 keywords, arranged alphabetically. The abstract need not be structured for OR forum articles and case reports. Don’t consider references in the abstract.

**C. Introduction**

State the purpose and summarize the study or observation.

**D. Materials and Methods**

The Methods section should only include information that was available at the time the study was planned
Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should have clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

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Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as ‘random’ (which implies a randomizing device), ‘normal’, ‘significant’, ‘correlations’, and ‘sample’. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (P 0.048). For all P values include the exact value and not less than 0.05 or 0.001.

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Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important finding first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical detail can be placed in an appendix where they will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

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**H. Discussion**

Include a summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis, and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanism); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular,
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References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by numerals in superscript after the punctuation marks. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as 'unpublished observations', with written permission from the source; Avoid citing a “personal communication” unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. Use the ‘Check References’ facility available on the website to correct the references. Avoid citing textbook references and very old references. This reduces the credibility of the article.

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Articles in Journals


List the first six contributors followed by et al. There should not be any gaps between the year; volume:page-page.


8. S Kirthika, Sudha V. An institutional retrospective study done on fibroepithelial lesions of the breast. J


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Include clinical and imagine photographs in the article to have a better impact on the readers.

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- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
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2. Case report must present as a challenging diagnostic and therapeutic problem.
3. Case report must have significant educational value including the ability to perhaps change a clinician’s traditional method of handling such a case and;
4. Case report’s interest to the reader should be significant.

**Preparation of Case Report**

Follow the standard format for the article (Abstract, Key-words, Introduction, Cases History, Discussion, and References).

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- Conflicts of interest disclosed

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