I. EDITORIAL POLICY

The Journal of Nuclear Medicine Technology (JNMT) publishes material of interest to practitioners and scientists in the fields of nuclear medicine and molecular imaging. Proffered articles describing original laboratory or clinical investigations, brief communications, and letters to the editor will be considered for publication. Occasionally, invited articles, editorials, and invited perspectives of selected topics will be published. Manuscripts, including figures and tables, must be original and not under consideration by another publication.

In preparing manuscripts, authors should follow the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/recommendations/) of the International Committee of Medical Journal Editors and the specific instructions detailed below. Also, helpful guidance in conforming to the Recommendations may be found in Medical Style & Format: An International Manual for Authors, Editors, and Publishers (Philadelphia, PA: Lippincott Williams & Wilkins; 1989) and in the AMA Manual of Style (available by subscription at http://www.amamanualofstyle.com/osm/public/index.html).

According to the Recommendations, allegation of scientific misconduct or fraud arises if there is substantial doubt about the honesty or integrity of the work, either submitted or published. In the event of allegations of scientific misconduct or fraud, JNMT follows the Recommendations. When appropriate, JNMT reserves the right to present the allegations to the author’s institution or the agency funding the research.

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New manuscripts should be submitted online at https://submit-tech.snmjournals.org. For instructions visit https://submit-tech.snmjournals.org/submission/submithelp. Inquiries regarding manuscript status and preparation can be directed to salexand@snmmi.org.

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A. Cover Letter

All manuscripts should be accompanied by a cover letter from the author responsible for correspondence about the manuscript. The cover letter should contain a statement that the manuscript has been seen and approved by all authors. If there are more than 10 authors, the specific contribution of each author must be substantiated in the cover letter. The cover letter should inform the editor of potential overlap with other materials already published or submitted for publication and should provide a reference to or a copy of this material. The cover letter should also disclose any conflict of interest—financial or otherwise—that may directly or indirectly influence the content of the manuscript submitted. Finally, the cover letter should provide any additional information that may be helpful to the editor.

B. Authorship, Rights, and Permissions

Each author must have contributed significantly to the submitted work. As recommended by the International Committee of Medical Journal Editors, all authors must have made substantial contributions in all 3 of the following categories:

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2. Drafting the manuscript, or critically contributing to or revising the manuscript, or enhancing its intellectual content; and
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Authors must also comply with the clinical trial registration statement from the International Committee of Medical Journal Editors, and the clinical trial registration number must be provided.

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Conditions 1–3 in the agreement must be met by all coauthors, and the agreement must be signed by all coauthors. Designate “first author” and “corresponding author” in parentheses by their signatures.

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Submitted manuscripts are reviewed for originality, significance, adequacy of documentation, composition, and adherence to these guidelines. However, editorial decisions are based not only on the technical merits of the work but also on factors such as priority for publication and relevance to the general readership of JNMT. All manuscripts are judged in relation to other submissions currently under consideration.

Two helpful publications to read before writing a manuscript are “The Efficacy of Diagnostic Imaging” by Fryback and Thornbury (Med Decis Making. 1991;11:88–94) and “Bias in Research Studies” by Sica (Radiology. 2006;238:780–789).

At the discretion of the Editors, the manuscript may be returned rapidly—without external peer review—if deemed not competitive or outside the scope of JNMT. Rebuttals to rejected manuscripts are strongly discouraged, and requests for resubmission of rejected manuscripts are generally not granted without significant demonstration of errors in the review or decision process.

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Manuscripts must be written in English. When necessary, authors should seek the assistance of experienced, English-speaking medical editors before submission. A medical editor should review the final draft of the original and any revisions of the manuscript. Authors will be required to provide revisions of articles written in substandard English before peer review.

Manuscripts considered suitable for review are evaluated by 2 reviewers. The Editors select the reviewers and make the final decision on the manuscript. Authors may suggest reviewers for their manuscripts. Referees who review a manuscript remain unknown to the authors.

It is unusual for a manuscript to be accepted for publication without first undergoing a process of revision. Revised manuscripts are judged on the adequacy of responses to suggestions and criticisms made during the initial review. Revision of a manuscript does not guarantee acceptance. A revision should be accompanied by a point-by-point reply to the reviewers’ and editors’ critiques in which any changes are briefly described. The authors also should provide justification for not altering the manuscript in response to any reviewer comments believed to be inappropriate. Red font should be used to indicate all changes within the manuscript itself, and a clean version of the manuscript should be provided.

The revised manuscript and accompanying reply must be submitted to JNMT via the online submission and review website at https://submit-tech.snmmjournals.org within 30 days of the date of the editorial decision. If circumstances prevent completing the revisions by the deadline, please contact Susan Alexander at 703-326-1185 or at salexand@snmm.org. If the revisions are not received within 3 months after being requested, the manuscript may be started on a new review cycle and given a new manuscript number.

All accepted manuscripts are subject to editing for accuracy, clarity, and style.

IV. ARTICLE TYPES

Original scientific and methodology articles should contain no more than 6,000 words. This word limit includes all data: title page, abstract, text, disclosure, acknowledgments, references, figure legends, and tables. The goal is to limit original articles to 8 printed pages. A maximum of 7 figures (maximum of 14 parts in total with no more than 4 parts per figure preferred), 7 tables, and 40 references is allowed. Abstracts should be structured (see V. C. below) and should contain a maximum of 350 words.

Teaching case studies should contain no more than 750 words. This word limit includes all data: title page, abstract, text, disclosure, acknowledgments, references, figure legends, and tables. A maximum of 5 figures and 5 references is allowed, and the maximum number of authors is three. The objective of teaching case studies is to present images that demonstrate key facts or concepts in clinical nuclear medicine and molecular imaging. Emphasis is placed on studies in which imaging has been useful in helping with the diagnosis. Teaching case studies will be accepted for publication in JNMT at the discretion of the Editor and may also be posted on the SNMMI website. Submissions not accepted for publication in JNMT may be accepted for posting on the SNMMI website only. Teaching case studies should include a brief, unstructured abstract followed by 4 sections: an “Introduction” section briefly describing the point that the article is teaching, explaining the significance of the article, and summarizing its educational value; a “Case Report” section describing relevant medical history, laboratory findings, clinical course, procedures performed, and condition at last follow-up; a “Discussion” section describing any findings, differential diagnosis, and final diagnosis; and a “Conclusion” section summarizing the take-home teaching points.
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V. FORMAT REQUIREMENTS

A. General Requirements

Use a type size of at least 10 points, double spacing every line. Use the following order for the sections of the manuscript: title page; abstract; text; financial disclosure; disclaimer, if any; acknowledgments, if any; references; figures with legends; and tables. Number all pages consecutively. Do not use automated word-processing features or embedding for numbering, footnotes, tables. Figures cannot have more than 14 parts combined; no more than 4 parts per figure is preferred.

Additional online data supplements are permitted for all types of articles.

The text of this section should not repeat information presented in the tables and figures. When percentages are given, the ratio

C. Abstract

A structured abstract must be included with each original scientific manuscript, including brief communications. The abstract should contain a maximum of 350 words for original scientific and methodology articles or 150 words for brief communications or teaching case studies and include 4 clearly identifiable elements of content: rationale (goals of the investigation), methods (description of study subjects, experiments, and observational and analytic techniques), results (major findings), and principal conclusions. Except for the rationale, these sections should be preceded by headings (i.e., Methods, Results, and Conclusion). Three to 5 key words should also be submitted with the abstract.

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Describe procedures in sufficient detail to allow other investigators to reproduce the results. Do not use hyperbolic terms or phrases in the title, abstract, or body of the text. Qualitative claims as to the superiority (superior, best) or primacy (first, novel, unique) of an idea or instrument are not acceptable. Do not use numbered or bulleted lists. Any brand-name or trademarked instrument, pharmaceutical, or other product mentioned must be followed by the name of the manufacturer, in parentheses. The use of generic names is preferred to the use of brand names or trademarked names. Original scientific and methodology articles are divided into the following sections:

Introduction

This section should be brief and focused. The final paragraph should state the hypothesis investigated.

Materials and Methods

This section should include statements about Institutional Review Board approval, written informed consent, compliance with the Health Insurance Portability and Accountability Act, and animal care committee approval, as appropriate. The standard statement for institutional board approval and consent is the following: “The study has been approved by the institutional review board [or equivalent], and all subjects signed an informed consent form [or the need for written informed consent was waived].” The clinical trial registration number should also be included when appropriate (http://www.clinicaltrials.gov/). For any first-in-human study of a new radiopharmaceutical, the mean, standard deviation, and range of the administered mass of drug and mean administered activity need to be provided, as well as clinically detectable pharmacologic effects. The checklist and flow diagram from one of the following evidence-based statements should be followed as appropriate and submitted as supplemental material: STARD (http://www.stard-statement.org); CONSORT (http://www.consort-statement.org); PRISMA (http://www.prisma-statement.org/statement.htm); REMARK (http://www.nature.com/nrclinonc/journal/v2/n8/full/ncponc0252.html). The number and selection of subjects must be clearly described, as well as the prospective or retrospective nature of the study. Procedures must be described in enough detail to allow reproducibility by others. The last paragraph should describe the statistical methods.

Results

The text of this section should not repeat information presented in the tables and figures. When percentages are given, the ratio
of numerator to denominator should be in parentheses. The direction of future research may be mentioned.

Discussion

This section should summarize any advances in knowledge provided by the results and then discuss their implications in relation to other studies. Limitations and biases of the study must be addressed.

Conclusion

This section should be brief, should summarize the key points of the paper, and should not introduce new material or references.

E. References

References (not to exceed 40 in an original scientific or methodology article, 20 in a brief communication, 10 in a letter, or 5 in a teaching case study) should be cited in consecutive numeric order at first mention in the text and designated by reference number italicized, in red font, and in parentheses. References appearing only in a table or figure should be placed at the end of the reference list. When listing references, follow the AMA Manual of Style: A Guide for Authors and Editors (available by subscription at http://www.amamanualofstyle.com/oso/public/index.html). Abbreviate journal names according to the journals database available at PubMed.gov. For journal articles, include the year and volume number in the citation but not the month or issue number.

“Unpublished observations” and “personal communications” should not be used as references, although written or oral personal communications may be noted as such in the text. References cited as “in press” must have been accepted for publication and not merely be in preparation or submitted. The author is responsible for the accuracy of all references and must verify them.

List all authors when 6 or fewer; for 7 or more, list the first 3 followed by “et al.”

Examples of journal articles:


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Authors are encouraged to generate their references using EndNote (Thomson Scientific). The JNMT Output Style for EndNote is available at http://endnote.com/downloads/styles.

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All measurements should be listed in Système Internationale (SI) units. Non-SI units may be used after the SI units but should be placed in parentheses. Use Becquerels, not curies, as the unit of activity (1 mCi = 37 MBq).

G. Abbreviations and Symbols

With the exception of units of measurement, JNMT strongly discourages the use of abbreviations. Whenever possible, terms should be spelled out in full rather than being abbreviated. Every abbreviation, even those that are well known and in common use, must be defined the first time it is mentioned in the manuscript; spell out the full term and place the abbreviation, in parentheses, after the full term.

H. Tables

Place tables at the end of the manuscript file; do not submit them as separate files. Do not submit tables as images. Tabbed or space-separated table text is not allowed; tables should be created in Microsoft Word table format or a similar format. The number of tables is limited to 7, except in the case of dosimetry articles, which may exceed that number in lieu of figures.

Tables should be self-explanatory and should supplement, not duplicate, the text. Each table must be cited in consecutive numeric order in the text. Number the tables consecutively with an Arabic numeral after the word “TABLE.” Titles should be descriptive and brief. Horizontal rules should be placed below the title and column headings and at the end of the table. Do not use vertical rules. Give each column a brief heading.

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The number of figures submitted should not be excessive for the length of the manuscript and in no case should exceed 7. These 7 figures may consist of up to 14 separate parts. No more than 4 parts per figure is preferred. Each figure must be numbered and cited in consecutive numeric order in the text.

If possible, the figures submitted should be the size in which they will appear when published so that no reduction is necessary. Figures should be either single-column format (published width, 8.5 cm; maximum submitted width, 11 cm), mid-size format (published width, 11.4 cm; maximum submitted width, 14 cm), or double-column format (published width, 17.4 cm; maximum submitted width, 22 cm). The Arial font should be used for all figure text, and the size should be 8–12 points. Composite figures should be preassembled, with each figure part (e.g., A, B, C) lettered in 12-point Helvetica type in the upper left corner. Cover images should have a submitted width of 17 cm, and the submitted depth can be no more than 8.5 cm.

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All submitted illustrations become the property of the Society of Nuclear Medicine and Molecular Imaging. Videos can be published as supplemental data online.

J. Figure Legends

Legends for figures should be concise and should not repeat the text. Number the legends with an Arabic numeral after the word “FIGURE.” If a figure has more than one part, describe each part clearly. Any letter designations or arrows appearing on the figures should be identified and described fully. Abbreviations used in each figure should be defined in the legend in alphabetical order.

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- Does the paper have a structured abstract and key words?
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- Are the figures and tables in consecutive numeric order?
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- Was the study approved by an institutional review board or equivalent, and has this approval been mentioned in the “Materials and Methods” section?
- Did all subjects give written informed consent, or did the institutional review board waive the need to obtain informed consent?
- Was the study approved by the animal care committee or equivalent?
- Has the clinical trial registration number been provided?
- Has first-in-human radiopharmaceutical language been included?
- Did you follow the checklist and flow diagram from one of the following evidence-based statements, and did you submit the checklist as supplemental material: STARD (http://www.stard-statement.org); CONSORT (http://www.consort-statement.org); PRISMA (http://www.prisma-statement.org/statement.htm); REMARK (http://www.nature.com/nrclinonc/journal/v2/n8/full/ncponc0252.html).