INSTRUCTIONS FOR AUTHORS

General Policy

IN VIVO (IV) is a multidisciplinary journal designed to bring together original high quality works and reviews on experimental and clinical biomedical research within the frames of human physiology, pathology and disease management. The topics of IN VIVO include: 1. Experimental development and application of new diagnostic and therapeutic procedures; 2. Pharmacological and toxicological evaluation of new drugs, drug combinations and drug delivery systems; 3. Clinical trials; 4. Development and characterization of models of biomedical research; 5. Cancer diagnosis and treatment; 6. Immunotherapy and vaccines; 7. Radiotherapy, Imaging; 8. Tissue engineering, Regenerative medicine; 9. Carcinogenesis; 10. Retrospective studies and case reports. 11. Abstracts and conference proceedings of scientific meetings, following consideration and approval by the Editorial Board. Each article should include a concrete conclusion constituting of a "new piece of knowledge" backed up by unambiguous and accurate scientific evidence. The principal aim of IN VIVO is to provide prompt online publication for accepted articles, generally within 1-2 months from final acceptance.

Manuscripts will be accepted on the understanding that they report original unpublished works that are not under consideration for publication by another journal, and that they will not be published again in the same form. All authors should sign a submission letter confirming the approval of their article contents. All material submitted to IN VIVO will be subject to peer-review, when appropriate, by two to three suitable referees. All manuscripts submitted to IN VIVO are urgently treated with absolute confidence, with access restricted to the Managing Editor, the journal's secretary, the reviewers and the printers. The Editors reserve the right to improve manuscripts on grammar and style.

IV requires that all manuscripts be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals" (https://www.icmje.org/icmje-recommendations.pdf) as published by the International Committee of Medical Journal Editors (ICMJE). We also support and adhere to the "Principles of Transparency and Best Practice in Scholarly Publishing" (https://publicationethics.org/resources/guidelines/principles-transparency-and-best-practice-scholarly-publishing) (a joint statement by COPE, DOAJ, WAME, and OASPA).

The Editors and Publishers of IN VIVO accept no responsibility for the contents and opinions expressed by the contributors. Authors should warrantee due diligence in the creation and issuance of their work.

IV appears bimonthly as an online-only open access journal through HighWire Press. All articles are published with gold open access, which means that the final published version is permanently and freely available to anyone. Our open access articles are distributed under the terms and conditions of the **Creative Commons Attribution (CC BY-NC-ND) 4.0 international license (https://creativecommons.org/licenses/by-nc-nd/4.0).** Upon acceptance, Authors will be asked to pay an online publication fee of USD 850.00 for articles up to 8 online pages (including figures and tables). Each additional excess page will be charged USD 60.00. Color will not be charged. Authors from developing countries may apply for a 25% discount after the acceptance of their paper.

Manuscript Format

Three types of papers may be submitted: (i) Full papers containing completed original work, (ii) review articles concerning fields of recognisable progress, and (iii) letters to the Editor. Papers should contain all essential data in order to make the presentation clear. Reasonable economy should be exercised with respect to the number of tables and illustrations used. Papers should be written in clear, concise American English.

Sections

All manuscripts should be divided into the following sections:

- a. First page including (i) the title of the presented work [not exceeding fifteen (15) words], (ii) full names and affiliations of all authors (with a maximum of 20 authors), (iii) name of the corresponding author(s) (with a maximum of 2 corresponding authors) to whom proofs are to be sent (with affiliation, full postal address, telephone and e-mail), (iv) key words, (v) an abbreviated running title, (vi) an indication "review", "clinical", "epidemiological", or "experimental" study, and (vii) the date of submission. Note: The order of the authors is not necessarily indicative of their contribution to the work. Authors may note their individual contribution(s) in the appropriate section(s) of the presented work. Affiliations should be indicated with a superscript number immediately after each author's name and in front of the appropriate address. Affiliations should not include street, box number or postal (zip) code.
- b. Abstract not exceeding 250 words, organized according to the following headings: Background/Aim Materials and Methods/Patients and Methods Results Conclusion. For Case Reports the structure should be as follows: Background/Aim Case Report Conclusion.
- c. Introduction;
- d. Materials and Methods/Patients and Methods/Case Report;
- e. Results (not needed in a Case Report);
- f. Discussion;
- g. Conclusion;
- h. Conflicts of Interest:
- i. Authors' Contributions;
- j. Acknowledgements;
- k. Funding;
- 1. References.

All pages must be numbered consecutively. Footnotes should be avoided. Review articles may follow a different style according to the subject matter and the author's opinion.

Headings and Subsections

The article should be divided into clearly defined unnumbered sections. Main headings should be typed in bold on a separate line on the left of the page. The subheadings should be typed in bold italics at the left of the page on a separate line, and only the first word should begin with a capital letter. The sub-subheadings should be typed in italics on a new line, aligned full left. The text should start on the same line with subheadings and sub-subheadings.

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All figures should appear at the end of the submitted document file and should be numbered with Arabic numerals (1, 2, 3, etc.) according to their sequence in the text. Once a manuscript is accepted all figures and graphs should be submitted separately in either jpg, tiff, or pdf format and at a minimum resolution of 300 dpi. Graphs must be submitted as pictures made from drawings and must not require any artwork, typesetting, or size modifications. Symbols, numbering, and lettering should be clearly legible. The number and top of each figure must be indicated.

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The journal does not have provision for use of supplementary material (Tables, Figures, Videos, or other material). The authors may (i) include their supplementary Tables/Figures as standard material or (ii) provide their own http/ftp link and upload the material on a website maintained by the authors (in this case the links for the supplementary material are given at the end of the paper under the section "Supplementary Material") or (iii) exclude the material from publication and provide it only for Reviewers' attention.

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All authors will be asked to supply authors' contributions and conflicts of interest information. We encourage authors to outline their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing.

References

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- 1 Kenyon J, Liu W, Dalgleish A: Report of objective clinical responses of cancer patients to pharmaceutical-grade synthetic cannabidiol. Anticancer Res 38(10): 5831-5835, 2018. DOI: 10.21873/anticanres.12924 (DOIs only if applicable)
- 2 McGuire WL and Chamnes GC: Studies on the oestrogen receptor in breast cancer. In: Receptors for Reproductive Hormones. O' Malley BW, Chamnes GC (eds.). New York City, NY, USA, Plenum Publ Corp., pp 113-136, 1973.
- 3 Global Health Estimates 2015: Disease Burden by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva, Switzerland, World Health Organisation, 2016. Available at: http://www.who.int/healthinfo/global_burden_disease/estimates/en/index2.html [Last accessed on April 3, 2018] (The web address should link directly to the cited information and not to a generic webpage)

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nomenclature may be obtained from http://www.informatics.jax.org/. Standard abbreviations are preferable. The authors should define abbreviations that are not standard in this field at their first mention in the abstract, main text, Figures and Table legends, and should ensure consistency of abbreviations throughout the article.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). In humans, a binary sex categorization (male/female) is usually designated at birth ('sex assigned at birth'), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviours and identities of women, men, and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. The terms 'sex' and 'gender' can be ambiguous; thus, it is important for authors of studies on human subjects to define the way they are used.

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When the authors revise their paper, they need to prepare a detailed explanation of how they have dealt with the reviewers' comments and include their response in the first page of the revised manuscript file. In addition, the authors should use the reviewers' edited manuscript file for their corrections (not the original submitted file) and submit online a highlighted version of their revised manuscript. For the highlighted version, the authors may use the Track Changes tool in MS Word or highlight their changes in yellow.

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Unless otherwise indicated, galley proofs will be sent to the corresponding author of the submission. Corrections of galley proofs should be limited to typographical errors. Galley proofs should be returned corrected to the Editorial Office by email (iiar@iiar-anticancer.org) within 24 hours.

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 the paper is short.
- Results given in figures should not be repeated in tables.
- Figures (graphs or photographs) should be prepared at a width of 8 or 17 cm with legible numbers and lettering.
- Photographs should be clear with high contrast, presenting the actual observation described in the legend and in the text. Each legend should provide a complete description, being self-explanatory, including technique of preparation, information about the specimen and magnification.
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This text is a combination of advice and suggestions contributed by Editors, Authors, Readers, and the Managing Editor of IV.

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EDITORIAL POLICIES

General Policy

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IV requires that all manuscripts be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals" (https://www.icmje.org/icmje-recommendations.pdf) as published by the International Committee of Medical Journal Editors (ICMJE). We also support and adhere to the "Principles of Transparency and Best Practice in Scholarly Publishing" (https://publicationethics.org/resources/guidelines/principles-transparency-and-best-practice-scholarly-publishing) (a joint statement by COPE, DOAJ, WAME, and OASPA).

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Conflicts of interest refer to any financial, personal, or professional relationships or activities that could be perceived as potentially influencing the objectivity, integrity, or credibility of the research being published. Authors must disclose all potential competing interests, including those that may be perceived as conflicting, to the journal. This includes relationships or activities that have occurred within the past five years and those that are ongoing or anticipated. Reviewers and editors must also disclose any potential competing interests that could influence their ability to provide unbiased and objective reviews of manuscripts. The journal will carefully evaluate manuscripts that disclose potential competing interests and may seek additional information or clarification. The journal may also require authors to revise their manuscript or provide additional disclosures. Any conflicts of interest will be published along with the manuscript to provide transparency and allow readers to evaluate the potential impact on the research. The journal may take a number of steps to manage potential conflicts of interest, such as requiring authors to recuse themselves from the review process or seeking additional reviews from independent reviewers. If a conflict of interest is discovered post-publication, it will be added in the next available issue as an addendum.

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Authors must adhere to ethical principles in the conduct of their research, including obtaining informed consent from human subjects, minimizing harm to subjects, and protecting their privacy and confidentiality.

Research involving human subjects must be approved by an institutional review board or ethics committee and must comply with international ethical guidelines, such as the **Declaration of Helsinki** (https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2008.pdf) and **Title 45, U.S.**

Code of Federal Regulations, Part 46, Protection of Human Subjects (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46) effective December 13, 2001. Informed consent must be obtained from all human subjects and their privacy and confidentiality must be protected. Research involving the use of human fetuses, fetal tissue, embryos and embryonic cells should adhere to the NIH Grants Policy Statement about Human Fetal Tissue Research (https://grants.nih.gov/grants/policy/nihgps/html5/section 4/4.1.14 human fetal tissue research.htm).

Animal research must follow ethical guidelines for the care and use of laboratory animals, including minimizing harm and discomfort to animals and using alternatives to animals whenever possible. The journal may require authors to provide evidence of compliance with ethical guidelines and may reject manuscripts that do not comply. Research involving animals must adhere to the "Guiding Principles in the Care and Use of Animals" (https://journals.physiology.org/doi/full/10.1152/ajpregu.00279.2002) approved by the Council of the American Physiological Society. The use of animals in biomedical research should be under the careful supervision of a person adequately trained in this field and the animals must be treated humanely at all times.

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Before starting the study, all used protocols must have an ethical approval from the local Institutional Review Board (IRB) or any other appropriate ethics board to ensure that the study meets national and international guidelines for human experimentation. A written statement that acknowledges this, including the name of the Institutional Review Board and the reference/approval number (if any), must be included in the submitted manuscript. If a non-interventional study does not require ethical approval, or if a study is exempt from an ethics committee, then this should be fully detailed in the submitted manuscript. For an approved study, the name of the Institutional Review Board that approved it must also be given. Ethics approval is required for all studies before the research is conducted. Authors should be prepared to provide additional information to the journal editors upon request.

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All clinical trials submitted to IV have to be registered in a public registry prior to submission and the trial registry number must be included in the submitted article. Our journal is in accordance with the trials registration policy of the ICMJE (https://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html). Acceptable registries must meet the following ICMJE requirements: be accessible to the public at no charge, be open to all prospective registrants, be managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and be electronically searchable. An acceptable registry must include the minimum 24-item trial registration data set (https://prsinfo.clinicaltrials.gov/trainTrainer/WHO-ICMJE-ClinTrialsgov-Cross-Ref.pdf) at the time of registration and before enrollment of the first participant. Examples of registries that meet these criteria include ClinicalTrials.gov, the Cochrane Renal Group Registry, the International Standard Randomized Controlled Trial Number Registry, and the European Clinical Trials Database. Randomised Controlled Trials (RCTs) must adhere to the CONSORT statement (https://www.equator-network.org/reporting-guidelines/consort/).

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IV endorses the recommendations of ICMJE for reporting of research and other material published in medical journals, including reporting and reviewing of animal and human research. When publishing identifiable images from human participants, authors must include a statement that they have obtained an informed consent for their publication. If the participant is deceased, then a consent must be sought from the next of kin. Patient anonymity must be protected by all reasonable measures. All material without an appropriate consent will be removed. The submitted statement can be an appropriate permission from the author and/or publisher of the original work or a written and signed consent to publish from each participant. Authors must protect patient anonymity, whether using original content or reproducing content from a primary source.

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