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Manuscripts will be accepted on the understanding that they report original unpublished works that are not under consideration for publication by another journal, and that they will not be published again in the same form.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).

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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;

l. 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 authors should write numbers of 10 or more as numerals except at the beginning of a sentence. Numbers one to nine should be written in words, unless they precede units of measure or are used as designators. The authors should use decimal points (not decimal commas) and a comma for thousands (1,000 and above). Decimals should not be quoted with naked points, for example the authors should quote 0.01, not .01. p-Values for significant outcomes can be quoted as below a threshold significance value (e.g., p<0.05, 0.01, 0.001), but wherever possible should be quoted as an exact probability value. Departure from a significance threshold of 0.05 should be stated and justified in the Methods. Nonsignificant outcomes should be indicated with an exact probability value whenever possible, or as NS or p>0.05, as appropriate for the test.

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Authors must assume responsibility for the accuracy of the references used. Citations for the reference sections of submitted works should follow the form below and must be numbered consecutively. In the text, references should be cited by number in parenthesis, e.g., (1, 2). Examples:


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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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   • Results given in figures should not be repeated in tables.
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   • 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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Selection of Recent Articles

Devitalization of Glioblastoma Cancer Cells by Non-invasive Physical Plasma: Modulation of Proliferative Signalling Cascades. S. LEHMANN, S. BIEN-MÖLLER, S. MARX, S. BEKESCHUS, H.W.S. SCHROEDER, A. MUSTEA, M.B. STOPE (Greiffswald; Bonn, Germany; Boston, MA, USA)


Effect of Antibiotic Treatment on Attenuated Salmonella typhimurium VNP20009 Mediated Schwannoma Growth Control. S.G. AHMED, G.J. BRENNER (Boston, MA, USA)


Measurable Residual Disease Assessment Using Next-Generation Flow in Patients With Relapsed and Refractory Multiple Myeloma Treated With a Combination of Carfilzomib, Lenalidomide, and Dexamethasone. T. YOROIDAKA, T. YAMASHITA, R. MURATA, K. YOSHIHARA, S. YOSHIHARA, M. UEDA, S. NAKAO, K. MATSUE, H. TAKAMATSU (Ishikawa; Hyogo; Chiba, Japan)


The Prognostic Value of Plasma Small Extracellular Vesicles’ Phenotype in Patients With Gastrointestinal Stomal Tumor. C.M. BRINCH, E. HOGDALL, P. DE HEER, L. PENNINGA, R. BÆK, M.M. JORGENSEN, B.E. ENGELMANN, P.B. ROSEN, H.J. MORTENSEN, A. KRARUP-HANSEN, N. AGGERHOLM-PEDERSEN (Herlev; Copenhagen; Aalborg; Aarhus, Denmark)

Disparities in Time to Treatment for Breast Cancer. K. SUKNIAM, A.A. KASBI, M.A. ASHARY, K. POPP, K. ATTWOOD, A. GEORGE, E. GABRIEL (Swansea, GA; Jacksonville, FL; Buffalo, NY, USA)

PTX Treatment of Colon Cancer: Mode of Action Based on Tumor Marker and Cytokine Kinetics. A. MEIROVITZ, L. BAIDER, T. PERETZ, S. STEPHANOS, V. BARAK (Jerusalem, Israel; Ulm, Germany)

Analysis of Clinical Factors in Olaparib-related Anemia Using Adverse Drug Event Reporting Databases. C. SHIRAISHI, T. HIRAI, T. OGYRA, T. IWAMOTO (Tsu, Japan)
General Policy

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Selection of Recent Articles

- Translational Research for Identifying Potential Early-stage Prostate Cancer Biomarkers. N. NAKAMURA, P. ROGERS, R. EGGERSON, S.R. POST, R. DAVIS (Jefferson; Little Rock, AR, USA)

- Evaluating the Impacts of CYP3A4*1B and CYP3A5*3 Variations on Pharmacokinetic Behavior and Clinical Outcomes in Multiple Myeloma Patients With Autologous Stem Cell Transplant. J. LI, Y.K. CHO, D.W. SBOROV, M.A. PHELPS, C.C. HOFMEISTER, M.J. POI (Columbus, OH; Salt Lake City, UT; Atlanta, GA, USA)

- Rah27b, a Regulator of Exosome Secretion, Is Associated With Peritoneal Metastases in Gastric Cancer. S. NAMBARA, T. MASUDA, K. HIROSE, Q. HU, T. TOBO, Y. OZATO, J. KURASHIGE, Y. HIRAI, Y. HISAMATSU, T. IGUCHI, K. SUGIMACHI, E. OKI, T. YOSHIZUMI, K. MIMORI (Beppu; Fukuoka; Kumamoto, Japan)

- Concurrent Reduced Expression of Contiguous PKD1, TSC2 and NTHL1 Leading to Kidney Diseases and Multiple Diverse Renal Cancers. S. MEGURO, K. TOMOYUKI, Y. HAKOZAKI, A. ONAGI, K. MATSUOKA, S. HOSHI, J. HATA, Y. SATO, H. AKAIHATA, M. KATAOKA, S. OGAWA, Y. KOJIMA (Fukushima, Japan)

- Neoplasia-associated Chromosome Translocations Resulting in Gene Truncation. I. PANAGOPoulos, S. HEIM (Oslo, Norway)


- Mapping Proteome Changes in Microsatellite Stable, Recurrent Colon Cancer Reveals a Significant Immune System Signature. M. BERLE, K.E. HESTETUN, H. VETHE, S. CHERA, J.A. PAULO, O. DAHL, M.P. MYKLEBUST (Bergen, Norway; Geneva, Switzerland; Boston, MA, USA)

- Expression of DNA Mismatch Repair Proteins, PD1 and PDL1 in Barrett’s Neoplasia. J.J. SALLER, L.B. MORA, A. NASIR, Z. MAYER, M. SHAHID, D. COTTOLA (Tampa; Bradenton; Gainesville, FL, USA)

- Biomarker Expression Profiling in Cervix Carcinoma Biopsies Unravels WT1 as a Target of Artemisinine. M.E.M. SAEED, C. CIVES-LOSADA, T. EFFERTH (Mainz, Germany; Salamanca, Spain)

- Mutational Signatures Associate With Survival in Gastrointestinal Carcinomas. P. KARIHTALA, K. PORVARI, O. KILPIVAARA (Helsinki; Oulu, Finland)

- Long Non-coding RNAs With In Vitro and In Vivo Efficacy in Preclinical Models of Esophageal Squamous Cell Carcinoma Which Act by a Non-microRNA Sponging Mechanism. U.H. WEIDLE, F. BIRZELE (Fenzberg, Germany; Basel, Switzerland)

- Palmitoylation of the Alternative Amino Terminus of the BTK-C Isoform Controls Subcellular Distribution and Signaling. M. KOKABEE, X. WANG, E. VOORAND, E. ALIN, L. KOKABEE, F. KHAN, S. DESROSISERS, D.S. CONKLIN (Rensselaer, NY, USA)

- Requirement of CLIC4 Expression in Human Colorectal Cancer Cells for Sensitivity to Growth Inhibition by Fucoxanthinol. R. YOKOYAMA, A. KUSHIBIKI, S. YAMADA, A. KUBOTA, H. KOJIMA, T. OHTA, J. HAMADA, H. MAEDA, M. MUTOH, M. TERASAKI (Hokkaido; Aomori; Tokyo, Japan)

General Policy

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**Selection of Recent Articles**

KIFC1: A Reliable Prognostic Biomarker in Rb-positive Triple-negative Breast Cancer Patients Treated With Doxorubicin in Combination With Abemaciclib. B. FLEISHER, C. WERKMAN, B. JACOBS, J. VARKEY, K. TAHA, S. AIT-OUDHIA (Orlando, FL; Kenilworth, NJ, USA)


Endometrial Cancer Incidence in Patients With Atypical Endometrial Hyperplasia According to Mode of Management. A. BARAKAT, A. ISMAIL, S. FAZAL, A. KHAZANCHI, D. COPPOLA (Bradenton, FL, USA)

Testicular Plasmacytoma Masking as Epididymo-orchitis in a Known Multiple Myeloma Patient. U.T. VUSQA, P. ASAWA, S. FAZAL, Y. SAMHOURI (Pittsburgh, PA, USA)


Appropriate Patient Status for Ra-223 Treatment in the Treatment Sequence for Castration-resistant Prostate Cancer. H. ITO, H. YAEGASHI, Y. OKADA, T. SHIMADA, T. YAMAKA, K. OKUMA, T. SAKAMOTO, A. MIZOKAMI (Kyoto; Kanazawa, Japan)

Real-time IR700 Fluorescence Imaging During Near-infrared Photomunotherapy Using a Clinically-approved Camera for Indocyanine Green. S. OKUYAMA, D. FUJIMURA, F. INAGAKI, R. OKADA, Y. MARUOKA, H. WAKIYAMA, T. KATO, A. FURUSAWA, P.L. CHOKE, H. KOBAYASHI (Kyoto; Bethesda, MD, USA)

Cannabidiol May Prolong Survival in Patients With Glioblastoma Multiforme. R. LIKAR, M. KOESTENBERGER, M. STUTSCHNIG, G. NAHLER (Klagenfurt am Wörthersee; Graz; Vienna, Austria)


The Systemic Immune Markers at Diagnosis Can Predict the Survival Benefit in Advanced Breast Cancer. S. NAKAMOTO, M. IKEDA, S. KUBO, M. YAMAMOTO, T. TAMISHITA, C. KUWAHARA (Hiroshima, Japan)