

# IMAGING

## Instructions for Authors

### AIMS AND SCOPE

The aim of **IMAGING** is to create an international platform for education and scientific information exchange for students, fellows, clinicians, and researchers interested in medical imaging. The journal publishes manuscripts encompassing a wide field of medical imaging, covering topics from cardiothoracic imaging, through abdominal, musculoskeletal and neuroimaging, as well as nuclear medicine and molecular imaging. The journal strives to communicate the latest developments in invasive and non-invasive medical imaging and image analysis to stay current with the tide of new information in order to educate and empower trainees and specialists. The journal's language is English.

### INDEXING

**IMAGING** has been included in the following Abstracting and Indexing databases: Web of Science (Emerging Science Citation Index), Scopus, DOAJ.

### EDITORIAL BOARD INFORMATION

Re-founded in 2020, **IMAGING** is a continuing publication of the former **INTERVENTIONAL MEDICINE & APPLIED SCIENCE (IMAS)** with a modified name and scope, with a new editorial board but unchanged publishing house: its founder and publisher is Akadémiai Kiadó, Budapest, Hungary.

### EDITORIAL BOARD

**IMAGING** is handled by an independent Editorial Board of autonomous scholars. Free from any external influence, they decide about the journal's policies in general, and – based on the outcome of the peer review – about the acceptance or rejection of papers in each concrete case. The names and affiliations of the Editorial Board members can be found on the [journal's web page](#).

### CONTACT

In case of any query, please, feel free to contact: Ms. Anikó Hegedűs, email address: [heganico@gmail.com](mailto:heganico@gmail.com).

### ADDRESS OF THE EDITORIAL OFFICE

[Pál Maurovich-Horvat](#), MD, PhD, MPH

Editor-in-Chief

Semmelweis University, Medical Imaging Centre  
2 Korányi Sándor utca, Budapest, H-1083, Hungary

Telephone: +36-20-663-2485

E-mail: [maurovich-horvat.pal@med.semmelweis-univ.hu](mailto:maurovich-horvat.pal@med.semmelweis-univ.hu)

### PUBLICATION SCHEDULE

One volume of two issues is published every year.

### DIGITAL ARCHIVE

The entire journal content is archived in the [Portico](#) preservation archive.

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### SUBMISSION INFORMATION

Papers are accepted on the basis of scientific significance and suitability for publication.

Submission of a paper to IMAGING will be taken to imply that it represents original work not previously published, that it is not being considered elsewhere for publication, and that if accepted for publication it will not be published elsewhere in the same form, in any language, without the consent of editor and publisher.

### SUBMISSION

Authors should submit their manuscripts using the *OJS* online manuscript submission and peer review system. Details are available online at <https://submit.akademiai.com/imaging/index.php/imaging/about/submissions>.

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IMAGING strives to publish high quality papers. To ensure this goal, we apply some basic originality and quality criteria when reviewing a manuscript. Not fulfilling these criteria may lead to desk rejection of a submitted manuscript.

#### REVIEW OF THE MANUSCRIPTS

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Papers accepted for publication by the Editorial Board are subject to editorial revision.

Unpublished results are treated strictly confidentially.

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## AUTHOR CHARGES

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and possible rejection of the manuscript may occur. Authors are encouraged to contact the Editor at any stage in the manuscript review process if they believe that they have relationships that require review.

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It is the responsibility of the author(s) to obtain written permission for quotations, and for the reprinting of illustrations or tables.

### PREPARATION OF THE MANUSCRIPTS

Manuscripts should be written in clear, concise, and grammatically correct English. Pages should be numbered consecutively, the title page being page one. Manuscripts should be typed using double spacing with wide margins. An electronic version of the manuscript should be submitted in Word for Windows files.

The authors are responsible to obtain and provide written permission for reprinting previously published illustrations or tables, if any.

Studies submitted to the **IMAGING** must have been conducted in accordance with the Declaration of Helsinki and according to requirements of all applicable local and international standards. In manuscripts reporting clinical investigations, the authors should state in the Methods section: The study procedures were carried out in accordance with the Declaration of Helsinki. The Institutional Review Board of the ... approved the study. All subjects provided informed consent, or the consent has been waived by the local or national ethics committee.

### PUBLICATION OF ACCEPTED MANUSCRIPTS

Unless Authors explicitly request otherwise, **IMAGING** immediately makes every accepted article available online, without any editing or change, as an *Accepted Manuscript*. *Accepted Manuscripts* are provided as plain PDF files on the journal's website until the final version of the record replaces them. Any supplementary material is published together with the *Accepted Manuscript*. An *Accepted Manuscript* and its final version are published with the same Digital Object Identifier (DOI) to have consistent reference for citing the work.

For the above reason, whenever revising their submission during the review process, authors are expected to prepare and upload to the OJS two versions of their manuscript. The content of these files must be identical. However, in one of them, all changes should be clearly marked for an easier evaluation by the referee. The other file must be a clean version without tracking changes, but formatted as a single file including all figures and tables; this version must be suitable for publication as an *Accepted Manuscript*.

### TYPES OF MANUSCRIPTS

#### ORIGINAL ARTICLES

**Full-length research papers** reporting original results of research. Examples: Study of screening and diagnostic tests, clinical trial, meta-analysis, intervention study, cohort study, case-control study, cost-effectiveness analysis, observational study. Maximum 3500 words (main body of text, excluding abstract, references, tables and figures), 5 Tables and/or Figures, 40 references. Abstract: max 250 words, structured.

**My first publication** are original research articles published by medical students, PhD students and young professionals. The writing process is mentored by a member of the **IMAGING** Editorial Board. The name of the Editorial Board members who have supported the publication will be indicated in the acknowledgement.

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Maximum 3500 words (main body of text, excluding abstract, references, tables and figures), 5 Tables and/or Figures, 40 references. Abstract: max 250 words, structured.

**Short communication** is a focused report of original research or a unique first-time report of clinical cases series, Maximum 1500 words (main body of text, excluding abstract, references, tables and figures) 3 Tables and /or Figures, 20 references. Abstract: max 250 words, structured.

## REVIEW ARTICLES

**Up-to-date review:** review for clinicians on a topic related to medical imaging and a broad focus. The topic should be of general interest to the imaging community. Maximum 5000 words (main body of text, excluding abstract, references, tables and figures), 8 Tables and /or Figures, 80 References. Abstract: max 250 words, unstructured.

**Advances in imaging:** review for imaging experts on various types of medical imaging, novel technologies. Maximum 4000 words (main body of text, excluding abstract, references, tables and figures), 8 Tables or Figures, 80 References. Abstract: max 250 words, unstructured.

**Residents' corner:** Teaching material (review) with practical advice and tips for students and young physicians in training. Maximum 2000 words (main body of text, excluding abstract, references, tables and figures), 5 Tables and/or Figures, 50 References. Abstract: 250 words, unstructured.

## CASE REPORTS

**Clinical cases:** challenging cases with focus on medical imaging. Abstract: max 250 words, unstructured. Maximum 7 authors, 1000 words (main body of text, excluding abstract, references, tables and figures), 2 Figures or Tables, 10 References.

**#MRI first:** illustrative case report highlighting the MRI first strategy in stroke imaging. Abstract: max 250 words, unstructured. Maximum 7 authors, 1000 words (main body of text, excluding abstract, references, tables and figures), 2 Figures or Tables, 10 References.

**Cases from the Semmelweis University:** challenging patient cases from the university hospitals of the Semmelweis University, Budapest, Hungary. Abstract: max 250 words, unstructured. Maximum 7 authors, 1000 words (main body of text, excluding abstract, references, tables and figures), 2 Figures or Tables, 10 References.

**Image Kiosk:** Novel and clinically relevant images of unusual or striking examples of clinical entities. Maximum 3 authors, 150 words, 2 Figures, 5 References. No abstract.

## PICTORIAL ESSAY

is a unique type of educational/teaching review which exhibits a series of cases or images as visual educational material. The amount of text is smaller than that of a typical narrative review article and messages are mainly delivered by figures and their legends. It uses images/illustrations to provide current clinically relevant information of a specific topic. It does not contain data or statistical analysis. It should include sufficient non-copyrighted high-quality images and diagrams to clearly and concisely demonstrate the topic.

Abstract: unstructured maximum of 140 words. Main body: unstructured, however, use section headings, maximum of 2200 words. Maximum number of Figure parts: 30. More illustrative than narrative review mainly for educational purposes

## LETTERS TO THE EDITOR

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All manuscript submissions should be accompanied by a Cover letter, submitted as a separate file. The cover letter should include a statement that the manuscript has not been published and is not being considered for publication elsewhere, in whole or in part in any language. In addition, it should be stated that all authors listed have made a significant contribution to the manuscript with regards to its conception, writing and final approval, and all authors have read and approved the submission of the manuscript.

### ORCID POLICY

All authors are requested to provide their ORCID ID when submitting their manuscript. For more information about ORCID, please visit <https://orcid.org/>.

### TITLE PAGE

The title should be a clear and concise statement of the contents in not more than 25 words. A short running title of no more than 50 characters should be supplied. This is followed by the authors full name and affiliations where the work has been performed. Mailing address, e-mail address, phone number of the corresponding author should also be provided. Finally, numbers of words of abstract, text, Figures, Tables and References should be indicated.

### ABSTRACT

The structured abstract should not exceed 250 words including Background and Aim, Patients and Methods, Results, Conclusions and should be presented on a separate page. A review paper should include an unstructured abstract. Case reports also should include an unstructured abstract. Image Kiosk should have no abstract. Abbreviations should be avoided or explained in the abstract.

### KEY WORDS

Key words (maximum 6) should be added for each manuscript, immediately after the abstract. These will be used for indexing and data retrieval purposes.

### TEXT

The text of the manuscript should be divided into sections with the headings: Introduction, Patients and Methods, Results, Discussion, References (in original papers). Otherwise (in review, case reports) use subheadings as appropriate. In Image Kiosk type manuscripts one or two paragraphs without headings is recommended.

### REFERENCES

In the text, References should be indicated by reference numbers in square brackets [3, 7, 12]. If a reference is cited by author name(s), please use it as a part of the sentence (example: "Smith [6] documented earlier...").

List the References in order of appearance in the text at the end of the paper. Names and initials of all authors should be included in the References if there are six or fewer authors. If there are more than six authors, please

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provide the name and initials of the first 6 authors, followed by et al. For style and punctuation of the References, see the following examples.

**For journals:** Smith LS, Hammer FD: Clinical significance of a new radiological method. *Ann Intern Med* 2019; 56: 536–542.

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## FIGURES

Colour and grey scale images must be at least 300 DPI. Line art (black and white or colour) should be at least 1200 DPI and combinations of grey scale images and line art should be at least 600 DPI. Figures should be numbered consecutively with Arabic numbers. Legends to Figures should be provided on a separate page(s). All Figures should be referred to in the text. Patients have a right to privacy, therefore identifying information should not be included in the submission. Otherwise, written informed consent must be obtained for publication. Written consent must be provided to the journal on request. Figures should be included after the main text on separate pages as part of the manuscript. In addition, all figures should be submitted in TIF or JPG format in separate files (compressed, if necessary), and named based on the figure number (i.e. figure\_1)

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All original research manuscripts and review type papers must have one Central Illustration, which provides a graphical summary of the main message of the manuscript. If one of the figures provided in the paper is a key figure summarizing the major findings, it can be considered as the Central Illustration. The main goal of these illustrations is to provide a visually appealing summary for social media platforms (i.e. Facebook, Twitter, Instagram, LinkedIn, ResearchGate). This illustration must be accompanied by a legend (title and caption).

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### UNITS

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### STATEMENTS

At the end of the manuscript, before the References section, please add the following statements:

**Authors' contribution.** Please specify each author's contribution to the manuscript. Use the monograms of the authors and specify their roles in preparing the manuscript. Please state that all authors reviewed the final version of the manuscript and agreed to submit it to IMAGING for publication.

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**Acknowledgements.** Use this section for any further information you wish to disclose (editing, statistical, linguistic, etc. support).

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