



EDITORIAL DIRECTION

Community Oncology has broad relevance to the problems faced by clinical practitioners, serving as a clinical and economic forum and resource for over 30,000 oncologists, nurses, pharmacists, and administrators.

TYPES OF ARTICLES

Community Translations summarizes pivotal new research findings and places them into the context of community clinical practice. How do the findings—so-called “translational research”—affect community clinical practice? Are they meaningful enough to warrant a change in your practice? What are the economic ramifications? Will insurance reimburse for the treatment? Is it a true new “standard of care”? In this department, a summary of trial findings, written by a seasoned science writer, is followed by commentary from a community oncologist who gives his or her perspective on how the new findings affect practice.

Controversies in Patient Management looks at the difficult questions and uncertainties that arise when delivering quality care in the community oncology setting.

Economics/Practice Management focuses on the most efficient use of medical resources.

Peer-reviewed *Original Research* articles describe the results of clinical trials conducted in the community oncology practice setting.

Patient Advocacy focuses on issues of concern to patients, written from their perspective by advocates.

Practice Survival Skills focuses on the rewarding, exhausting, and exasperating effort it takes to maintain a successful practice.

Psychosocial Oncology details the spiritual, psychological, social, and emotional side of cancer care.

Rare Cancers are case reports from community oncologists, coupled with expert opinion and resources, on infrequently seen tumors.

Technology reviews technologic advances that make healthcare delivery more cost efficient and enhance patient care.

MANUSCRIPT SUBMISSION

Manuscripts should be sent to the journal as an e-mail attachment, addressed to Gail van Koot, Editorial Manager, gail.vankoot@biolc.com. Original research papers and review articles are subject to peer review in the usual manner. Acceptance will be based on originality and importance to the field of community oncology. Each manuscript will also be reviewed by two or more experts, and detailed comments from the reviewers are generally returned to the authors. Articles will generally be published within 12 weeks of acceptance. Authors will be notified of acceptance, need for revision, or rejection of the manuscript within 4 weeks of submission.

Community Oncology conforms, in general, to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (*N Engl J Med* 1997;336:309–315). The decision to publish a manuscript, commentary, case report, or letter to the editor is solely the responsibility of the Editors.

SPECIFICATIONS

Length The number of pages and references vary. Consult our Web site (www.CommunityOncology.net/guide.html) for details or e-mail randi.gould@biolc.com.

Title page The title page should include the title of the paper, each author's full name and professional degree(s), the academic and/or clinical position of each author, and his/her primary affiliation(s), including location. The mailing address, telephone and fax number, and e-mail address of the corresponding author should be clearly indicated on the title page. In addition, a suggested running head and up to six key words should be included.

Abstract Full-length research articles and reviews should include a brief (up to 150 words), unstructured abstract or summary of the article.

Units, abbreviations, and acronyms Use conventional units, not SI units, for units of measure and standard medical or pharmaceutical abbreviations (see, for example, *AMA Style Manual, Ninth Edition*). All non-standard abbreviations and acronyms should be written out the first time they are used.

Drug names Trade names of drugs that are not available generically should be provided in parentheses the first time the drug is mentioned; thereafter, the generic

(USAN) name only should be used. Omit trade names in abstracts, tables, and figures.

Tables and illustrations Table and figure legends should be placed after the References. Tables and figures must be accompanied by a legend or caption explaining exactly what they show. All tables and figures should be cited chronologically in the text using Arabic numbers. Acronyms and abbreviations used in a table or illustration but not in the text should be explained in a footnote. If a table or illustration has been reprinted, a letter of permission from the copyright holder must be provided by the corresponding author upon acceptance of the manuscript.

Wherever possible, illustrations should be provided in electronic form, either as attachments to an e-mail message or, for very large illustrations (over 10 Mb), on a Microsoft Windows-formatted CD-ROM disk. Images may be supplied in EPS, TIFF, JPG, PDF, Photoshop, Illustrator, or PowerPoint format. Macintosh PICT files are not acceptable.

Photographs and other illustrations submitted in hard-copy form should be identified on the back and bear the corresponding author's name. The top of the illustration should be indicated. Illustrations will not be returned unless requested.

References must be cited in the text and listed sequentially at the end of the manuscript. Periodical titles should be abbreviated in conformance with the abbreviations provided in the latest edition of *List of Journals Indexed in Index Medicus*, available at <http://www.nlm.nih.gov/tsd/serials/lji.html>.

References in this journal generally conform to AMA style. Please note that in citing references, there should be no periods or spaces between the authors' initials, and commas should be used only to separate authors' names. If there are more than six authors, list the first three, followed by “et al.” Omit periods after journal abbreviations. Titles of journal articles should be typed in all lower case except for the first letter. Titles of books should be typed with initial capitals.

If you have any questions, please contact Gail van Koot, Editorial Manager, *Community Oncology*, BioLink Communications, 46 Green Street, 2nd Floor, Huntington, NY 11743; telephone: (631) 424-8900, Ext. 309; fax: (631) 424-8905; e-mail: gail.vankoot@biolc.com.