

## I. EDITORIAL POLICY

*The Journal of Nuclear Medicine (JNM)* 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/oso/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, *JNM* follows the Recommendations. When appropriate, *JNM* reserves the right to present the allegations to the author's institution or the agency funding the research.

## II. MANUSCRIPT SUBMISSION

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Inquiries regarding manuscript status and preparation can be directed to [salexand@snmmi.org](mailto:salexand@snmmi.org).

Correspondence about manuscripts should be sent to the *JNM* office:

Dominique Delbeke, MD, PhD  
*The Journal of Nuclear Medicine*  
 Society of Nuclear Medicine and Molecular Imaging  
 1850 Samuel Morse Drive  
 Reston, VA 20190-5316  
 Phone: 703-326-1185  
 Fax: 703-708-9018

### 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.

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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:

1. Contributing to conception and design, or acquiring data, or analyzing and interpreting data;
2. Drafting the manuscript, or critically contributing to or revising the manuscript, or enhancing its intellectual content; and
3. Approving the final content of the manuscript.

Simple participation or collection of data alone does not justify authorship but should be mentioned in the acknowledgment section. Changes in authorship after the first review require a written request by the corresponding author and a written authorization from the authors who are to be added or deleted.

If any figures or tables in the manuscript were previously published, this should be acknowledged and written permission from the publisher should be included.

For human studies, approval must be obtained from the institutional review board or equivalent ethics committee and written informed consent must be obtained from research subjects, unless this requirement is waived by the institutional review board or equivalent. For studies in the United States, compliance with the Health Insurance Portability and Accountability Act is also required. 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.

For any first-in-human study of a new radiopharmaceutical, the following language should be included in the article to facilitate allowing others to study the drug under the Radioactive Drug Research Committee regulations, rather than having to file additional applications for an investigational new drug or an exploratory investigational new drug: "The mean and standard deviation of the administered mass of [drug] was  $XX \pm YY \mu\text{g}$  (range, AA–ZZ  $\mu\text{g}$ ). The mean administered activity was  $XX \pm YY \text{MBq}$  (range, AA–ZZ MBq). There were no adverse or clinically detectable pharmacologic effects in any of the [##] subjects. No significant changes in vital signs or the results of laboratory studies or electrocardiograms were observed [if true]."

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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 *JNM*. 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 *JNM*. 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. Most articles are rejected on grounds of insufficient priority or lack of relevance to *JNM*, not data quality or technical issues.

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 two 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 *JNM* via the online submission and review website at <http://submit-jnm.snmjournals.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@snmmi.org](mailto:salexand@snmmi.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. PUBLICATION CHARGES

Authors of accepted manuscripts will incur publication charges. For original submissions, the publication charge is \$450 for up to 8 printed pages. Articles that exceed 8 printed pages will incur a charge of \$160 per page in excess of 8. For brief communications, the publication charge is \$300. Publication charges are waived for commissioned works, book reviews, and letters to the editor.

### V. ARTICLE TYPES

**Original scientific and methodology articles** should contain no more than 5,000 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 60 references is allowed. Abstracts should be structured (see VI. C. below) and should contain a maximum of 350 words.

**Brief Communications** should present novel and broadly important data, syntheses, or concepts. They should contain no more than 2,500 words; this word limit includes all data: title

Category	Article type	Topic	Maximum no. of...				
			Total words*	Words in abstract	References	Figures	Tables
Uninvited	Original research	Clinical or basic science	5,000	350	60	7	7
	Brief communications	Novel data of broad import	2,500	150	30	4	2
	Letters to the editor	<i>JNM</i> articles or general	800	None	10	None	None
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	Special contributions	Variable	Variable	Variable	Variable	Variable	Variable

\*Includes all data: title page, abstract, text, disclosure, acknowledgments, references, tables, and figure legends.

Tables must fit on 1 page.

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.

page, acknowledgments, references, tables, and figure legends. The goal is to limit brief communications to 5 printed pages in the journal. A maximum of 4 figures, 2 tables, and 30 references is allowed. Abstracts should be structured (see VI. C. below) and should contain a maximum of 150 words.

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## VI. FORMAT REQUIREMENTS

### A. General Requirements

Use margins of at least 1½ in. (4 cm) and 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, or endnotes.

### B. Title Page

The title page of the manuscript should include the following: (1) concise and informative title (fewer than 200 characters); (2) short running title of no more than 40 characters (letters and spaces) placed at the bottom of the title page and identified; (3) complete byline, with first name, middle initial, and last name of each author (a limit of 10 authors is recommended; if there are more than 10 authors, the specific contribution of each author must be substantiated in the cover letter); (4) complete affiliation for each author, with the name of department(s) and institution(s) to which the work should be attributed; (5) disclaimer, if any; (6) name, address, telephone number, fax number, and e-mail address of one author responsible for correspondence about the manuscript and to whom reprint requests should be directed, or statement that reprints are not available; (7) name, address, telephone number, fax number, and e-mail address of the first author, specifying whether this person is currently in training (e.g., fellow, resident, or student); and (8) the word count of the manuscript. Financial support for the work should be noted in a statement on this page as well as in the disclosure (see section VI. K. below).

### 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 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.

### D. Text

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.

For preclinical articles, the methods section should provide the information recommended in “Guidance for Methods Descriptions Used in Preclinical Imaging Papers” (Stout D, Berr SS, LeBlanc A, et al. *Mol Imaging*. 2013;12[7]:1–15).

### 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.

### 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. The direction of future research may be mentioned.

### 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 60 in an original scientific or methodology article, 30 in a brief communication, or 10 in a letter) 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:

Alawneh JA, Moustafa RR, Marrapu ST, et al. Diffusion and perfusion correlates of the <sup>18</sup>F-MISO PET lesion in acute stroke: pilot study. *Eur J Nucl Med Mol Imaging*. 2014;41:736–744.

Fotos JS, Tulchinsky M. Standing prone positioning in establishing causality between matched ventilation-perfusion defects and pleural effusion. *Clin Nucl Med*. September 22, 2014 [Epub ahead of print].

Huang S, Doke A, Zhang Y, Wang X, DeFilippo F, Heston W. A novel [F-18] aluminum-fluoride labeled PSMA tracer with minimal background uptake [abstract]. *J Nucl Med*. 2014;55(suppl 1):499.

Example of a book and book chapter:

Prakash D. *Nuclear Medicine: A Guide for Healthcare Professionals and Patients*. New York, NY: Springer; 2014:118, 147.

Heiss W-D, Drzezga A. PET/MR in brain imaging. In: Carrio I, Ros P, eds. *PET/MRI: Methodology and Clinical Applications*. New York, NY: Springer; 2014:109–126.

Example of an Internet reference:

Orange book: approved drug products with therapeutic equivalence evaluations. U.S. Food and Drug Administration website. <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>. Updated May 17, 2013. Accessed May 8, 2014.

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

## F. Units of Measurement

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, *JNM* 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. The final typeset table must fit on a single page.

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.

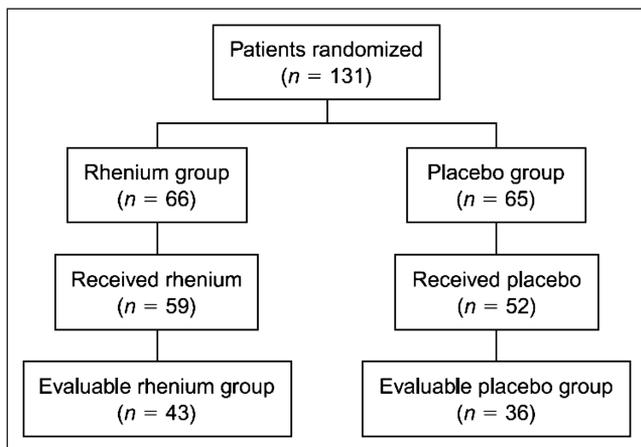
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The number of figures submitted should not be excessive for the length of the manuscript and in no case should exceed 7. These 7 figures may consist of up to 14 separate parts. No more than 4 parts per figure is preferred. Each figure must be numbered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



**EXAMPLE FIGURE.** Flowchart in single-column format. Note the use of Arial font and capitalization of only the first word in each line.

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.

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Acceptable resolution for digital figures is 300 dpi. Internet graphics are not acceptable under most circumstances because the 72-dpi resolution is too low for satisfactory reproduction. The file format must be .tiff, .eps, .jpeg, .ppt, .doc, .docx, .png, or .pdf. If the .jpeg file format is used, the images must be of medium quality or better (quality setting of at least 6). Each figure, including those in .ppt, .doc, and .pdf formats, must be submitted as a separate file. Each figure must also be included in the manuscript file before its respective legend. Crop and size digital figures to match figure specifications and to minimize total file size.

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.

Besides being submitted as a separate file, each figure should be inserted before its respective legend in the figure legends section of the manuscript file.

Original (not previously published) figures are preferred for publication in *JNM*; however, if figures have been published previously, authors are responsible for obtaining written permission from the publisher to reprint. The source of the original material must be cited in the references and the following credit line in parentheses included in the legend: “Reprinted with permission of Ref. X.” All permission letters should be submitted online at the time of manuscript submission.

#### K. Disclosure

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Medical Journal Editors. For the work under consideration for publication, these include any payments received from a third party, such as grants, consulting fees, travel fees, or honoraria. Also disclose any relevant financial activities outside the submitted work, such as employment, royalties, stock options, or patents.

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#### M. Supplemental Data

All data that are needed to support the central conclusions of the article must be presented in the manuscript itself. Other data (e.g., large-scale tabulations) that are integral to the manuscript and of interest to specialists but not practical to include in the printed journal can be submitted for online-only publication as supplemental data. The data may include images with legends, tables, or videos; supplemental text is discouraged (if some of the methods have been described in a previous publication, the manuscript can reference that publication). Each item of supplemental data should be given a brief descriptive title and should be directly referred to in the manuscript (e.g., Supplemental Table 1). Because supplemental data files are placed online unedited, as submitted by the author, the uploaded files need to be final and ready for publication. Any type of article may have supplemental data. Provide original files rather than .pdfs. Do not include a title page.

#### VII. CHECKLIST FOR NEW SUBMISSIONS

- Is all text in the manuscript double-spaced, including the references?
- Does the title page include the title, short running title, and authors' names and complete affiliations; complete address, telephone number, fax number, and e-mail address for the corresponding author; and complete address, telephone number, fax number, and e-mail address for the first author, if different from the corresponding author?
- Does the paper have a structured abstract and key words?
- Are the references in consecutive numeric order and in the correct style?
- Has the financial disclosure section been included?
- Are the figures and tables in consecutive numeric order?
- Have the figures been included in the manuscript file before their respective legends, as well as being submitted as separate image files of an acceptable format and resolution?
- Has permission been obtained from the publisher to reprint previously published figures and tables?
- Has the copyright transfer agreement been signed by all authors?
- 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>).