

AppliedRadiology®

Case Study Submission Instructions and Editorial Policies

Applied Radiology welcomes Radiological Case Studies and Pediatric Radiological Case Studies highlighting medical imaging's role in patient care and treatment. Case studies must pertain to and reflect actual practical application of one or more medical imaging modalities to a specific condition, injury, or disease.

Please follow these instructions in preparing your manuscript for submission. Submissions that do not adhere to these instructions will not be considered for publication. Please also see Editorial Policies (below Submission Instructions) for important information.

As a general rule, *Applied Radiology* follows manuscript submission guidelines and requirements set forth by the International Committee of Medical Journal Editors (ICMJE) found at [ICMJE | Recommendations | Preparing a Manuscript for Submission to a Medical Journal](#) and [CARE \(CAse REport\)](#).

Submission

Please submit your case report to *Applied Radiology* via the [Aries Editorial Manager automated submission system](#). There is no submission fee.

Writing and Formatting Case Studies, Figures and Tables

Manuscripts should be created in a standard word processing format. Submissions should include the following:

Title Page

The title page should include the full title of the case report, which should consist only of the patient's diagnosis (limited to 128 characters), as well as the following information:

- *Author information.* All authors should be listed, including full names, highest degrees, titles and current affiliations (department, institution/company, city and state). All authors must provide email addresses for submission and authorship confirmation purposes. Please include X (formerly Twitter) handles, if applicable, for all authors. Please also see Authorship/Contributorship Requirements (below in Editorial Policies), including information on the use of artificial intelligence (AI)-assisted technology, such as chatbots, etc.
- *Corresponding author.* Please provide full contact information: mailing address, phone, and e-mail address.
- *Author disclosures.* These must be provided and include the following:
 - *Conflict of interest.* Any actual, potential, or apparent conflicts of interest must be disclosed by filling out a [Disclosure of Interest](#) form and returning it to *Applied Radiology*.
 - *Source(s) of support.* These include grants, equipment, drugs, or other support used to aid the work in the article or the writing of the article.

- *Prior publication/presentation.* *Applied Radiology* only accepts original manuscripts. If any part of the case report has been published or presented in another form (eg, published as an abstract or presented at a meeting), the original presentation must be identified with a complete citation. Manuscripts deposited in a preprint service will also be considered and must follow our preprint policy (below in Editorial Policies).
- *Wording of disclosures.* Please use these formats to provide disclosures statement(s) on the title page, amending as needed:

Disclosure: The authors have no conflicts of interest to disclose. None of the authors received outside funding for the production of this original manuscript and no part of this article has been previously published elsewhere.

- *Use of artificial intelligence (AI).* Please see *Authorship/Contributorship Requirements* for our policies on the use of AI in the writing or editing of manuscripts. If AI was used to assist in any part of the writing or editing of your manuscript, it should be disclosed by adding the following statement to the title page:

Declaration on the use of AI: The authors of this manuscript declare that in the writing process of this work, no generative artificial intelligence (AI) or AI-assisted technologies were used to generate content, ideas, or theories. We utilized AI solely for the purpose of enhancing readability and refining language.

Informed consent. *Applied Radiology* does not require that authors obtain patient consent for case report submissions, providing that patient confidentiality is maintained as much as possible (see also Case Summary) and authors follow their institution's policies. However, we do encourage written patient consent whenever possible, and authors may use our informed consent form. This form should not be returned to *Applied Radiology* unless requested. For additional details, please see ***Informed Consent and Patient Details*** below in Editorial Policies.

- *Keywords.* Up to 10 relevant keywords should be listed.

Manuscript

- *Word count:* Cases should not exceed 1,000 words, excluding references, and should incorporate CARE (CAse REport) guidelines wherever possible.
- *Style:* Content, including references, should adhere to the most recent edition of the AMA Manual of Style.
- *Article title:* This should consist only of the patient's diagnosis. Maximum length is 128 characters.
- *Author anonymization:* Please remove identifying information and hidden data from the article for peer review purposes. Identifying information can later be added to the text in accepted submissions.

- *Line numbering*: Please incorporate line numbers for peer review purposes.
- *Multiple-choice Questions*. Three multiple-choice questions based on the case study, each with 4 possible answers, should accompany your case report. One may be a True/False question. The correct answer to each question should also be provided.
- *Case Study Example*: **Click here for an example of a properly completed and formatted case report.**

Formatting the Case Report

1. *Title*. The title should consist only of the diagnosis.
2. *Abstract*. The abstract should briefly provide background, key points, and main lessons to be learned from the case report in no more than 150 words. Keywords should also be listed (5 or fewer).
3. *Case Summary (100-150 words)*. The case summary should consist of a brief review of the patient's presenting complaint, clinical examination, laboratory data, and other relevant clinical features. For purposes of confidentiality, please adhere to the following:

Age: Do not use exact patient ages, but rather range.

- Neonate: less than 1 month
- Infant: 1 month to 1 year
- Toddler 1-3 years
- Child: 3-9 years
- Adolescent: 10-12 years
- Teen: 13-19 years
- Adult: 20-45 years
- Middle Age: 45-65
- Elderly: over 65

Gender: Omit gender in case reports with 2 exceptions:

- When the case references a condition specific to transgender individuals.
- When biological sex is directly related to the diagnosis (eg, when a given entity occurs in an uncommon population or results from an anomaly involving the genitourinary system).

Ethnicity: Omit unless inclusion is directly relevant.

4. *Imaging Findings (100-150 words)*. Provide an explanation of the imaging findings of your case, referencing the pertinent figures (eg, Figure 1, Figure 2, etc.) submitted with your case report.
5. *Diagnosis*. State the case diagnosis and any differential diagnostic considerations, if applicable.
6. *Discussion (500-600 words)*. The discussion should consist of a succinct but thorough review of the pertinent historical, clinical, radiological, and pathological characteristics of the patient's injury, disease or other condition. Radiologic/pathologic correlation is encouraged.

7. *Conclusion (75-100 words)*. The conclusion should consist of one or two paragraphs summarizing key points of the case and condition.
8. *References and citations*. A maximum of 10 references may accompany a case report. A list of references must immediately follow the body of the manuscript. Accuracy of all referenced material is the responsibility of the author(s). Citations within the manuscript should be numbered sequentially in order of first appearance, superscripted, and placed outside of the immediately preceding punctuation. **Reference Lists:** A list of references corresponding numerically to the citations in the manuscript must immediately follow the body. Individual references should be formatted in accordance with the *AMA Manual of Style*. Use the journal title abbreviations set by the National Library of Medicine in Index Medicus and on Medline. If in doubt of the proper abbreviation, include the full journal title. Please do not cut and paste references from online sources; this often results in incorrect formatting and style.

Examples of Commonly Cited References in Correct Format:

- *Journal Article:* Gage BF, Fihn SD, White RH. Management and dosing of warfarin therapy. *Am J Med.* 2000; 109 (6):481-488. doi 10. 1016/S0002-9343(00)00545-553.
- *Websites:* International Society for Infectious Diseases. ProMED-mail. Accessed February 10, 2024. <http://www.promedmail.org>
- *Book:* Etzel RA, Balk SJ, eds. *Pediatric Environmental Health*. American Academy of Pediatrics; 2011.
- *Chapter in a Book:* Prince M, Glozier N, Sousa R, Dewey M. Measuring disability across physical, mental and cognitive disorders. In: Regier Da, Narrow We, eds. *The Conceptual Evolution of DSM-5*. American Psychiatric Publishing Inc; 2011:189-227.

Figures, Legends, and Tables

- *Figures.* Case studies should contain a maximum of 3 figures, comprising a total of no more than 6 individual images. Each figure should be cited in numerical order within the text. Images must be JPEG, PNG, GIF or PDF files with a resolution of ≥ 4 inches wide at 300 dpi (or 22 inches wide at 72 dpi). To maintain image quality, please provide images in their original format and do not paste images into a Word document. Instead, send them as separate files. Parts of the same image (A, B, C, etc.) should be provided separately and not featured together as one image with several components. Do not include labels (A, B, C etc.) on the images themselves. Name and save images as figure 1A, figure 1B, figure 1C, etc. Do not supply images taken directly from websites. [Download Image Submission Guidelines](#).
- *Technical Adjustments.* It is acceptable to provide images that are technically adjusted for readability (eg, improved color balance, contrast or brightness only if applied to the entire digital image vs select parts). Unacceptable manipulation involves augmenting, obscuring, or omitting/adding elements to an image. If technical adjustments are made, the author should note this during the submission process.

- *Legends.* A legend must accompany each figure; legends should clearly describe the appearance/relevance of the figure without duplicating case report text.
- *Tables:* All tables must be cited in text, numbered in order of first appearance in the article (Table 1, Table 2, etc.). Tables should be submitted as editable text (not images) since they will be reformatted to fit our publication style. Indicate appropriate table title and define all abbreviations, symbols, and footnotes used. For abbreviations, follow this format: *Abbreviations: ICI, immune checkpoint inhibitor; RT, radiation therapy; SVI, seminal vesicle invasion.*
- *Previously published and/or copyrighted figures and tables.* These are permitted; however, the author must obtain written permission from the publisher (eg, Elsevier, McGraw-Hill) and supply the permission upon manuscript submission to *Applied Radiology*. Please do not submit materials that do not have explicit copyright permission.

Decision Timeline

Please allow 4-6 weeks for review of your case report and notification of acceptance or rejection. To enhance your case report's chances of acceptance, search the *Applied Radiology* online archives to ensure a similar case has not been published within the past 3-5 years.

Copyright Assignment

Once a manuscript is accepted for publication, it becomes the property of Anderson Publishing, Ltd., publisher of *Applied Radiation Oncology* and *Applied Radiology*. On submission, all authors must sign and return the copyright transfer agreement. The assignment of rights to Anderson Publishing, Ltd. includes, but is not limited to, rights to edit, publish, reproduce, distribute copies, and publish in electronic form or other media. Authors retain the right to revise, adapt, prepare derivative works, present orally, or distribute the article, provided permission to reprint is given.

Questions?

Please direct any inquiries or questions to Claudia Stahl, managing editor, at claudia@appliedradiology.com.

EDITORIAL POLICIES

AUTHOR GUIDELINES

Authorship/Contributorship Requirements

Authors must ensure that no part of their manuscript has been published or is under review by another publishing house. *Applied Radiology* only accepts original unpublished work. Portions of the manuscript presented at a conference as an abstract, poster, presentation or exhibit may be published with an acknowledgement of the disclosure. Authors must indicate any use of copyrighted material and provide permission to reprint the material with their submission. Authors must also identify individuals who provide writing assistance and disclose any funding source for this assistance.

The order of authors listed in a manuscript should indicate level of contribution (first author listed is the lead author; co-leads are acceptable). The International Committee of Medical Journal Editors (ICMJE) lists [four requirements for authorship](#), which all authors must meet.

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
2. Drafting the article or revising it critically for important intellectual content.
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributors who do not meet all four criteria should be listed in an acknowledgement statement. As the ICMJE further states: In addition to being accountable for their parts of the work, an author should be able to identify which co-authors are responsible for specific other parts of the work. (*Applied Radiology* advises that contributions be declared on submission using the roles, as applicable, outlined by [CRediT – Contributor Roles Taxonomy](#)). Each submission should list a corresponding author and their contact information; this author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. Authors should have confidence in the integrity of their co-authors' contributions. Concerns raised regarding authorship problems will be addressed using COPE guidance described at and within: COPE Council. COPE Flowcharts and infographics — [How to Recognize Potential Authorship Problems](#) — English. ©2021 Committee on Publication Ethics (CC BY-NC-ND 4.0)

Authors should follow the additional guidelines listed in the [Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Requirements for Manuscripts](#) as set forth by ICMJE.

Applied Radiology also follows the [Editorial Policies](#) developed by the Council of Science Editors (CSE), which describes the rights and responsibilities of editors of peer-reviewed journals.

Use of Artificial Intelligence (AI)-Assisted Technology: Authors must disclose on submission whether AI-assisted technology (eg, chatbots [such as ChatGPT], image creators, large language models) were used in producing their work. AI writing assistance should be reported in the disclosures section (see Title Page/Author disclosures). Authors should not list or cite AI and AI-assisted technologies as an author/coauthor as such tools cannot fulfil author responsibility to ensure accuracy, integrity, and originality of the work. As such, humans are responsible for submitted items that utilized AI, with careful review of materials, given that AI can produce information that is biased, incomplete or erroneous. Authors must also confirm that their manuscript does not include plagiarized material, including information provided by AI. Likewise, authors must confirm that quoted material is appropriately attributed and cited.

Fees

There are no fees for manuscript submission or related publishing services.

Conflicts of Interest

Authors must state any actual, potential, or apparent conflicts of interest on the article cover page, and submit a disclosure form during the manuscript submission process. All sources of financial support for the article or any author relationships with manufacturers of any products mentioned in the article must be stated. Conflicts of interest will be included in final publication to maintain scientific integrity. Cases of potential undisclosed conflicts of interest will be investigated in accordance with guidelines by the Committee of Publication Ethics: COPE Council. COPE Flowcharts and infographics — Undisclosed Conflict of Interest in a Submitted Manuscript — English. Peer reviewers, editors, and publishers must also disclose conflicts of interest and recuse themselves from any publishing activities in which a conflict exists.

Data Sharing and Reproducibility

Applied Radiology does not mandate data sharing. Authors must be transparent about their data-sharing intentions, and data should be made available to *Applied Radiology* for inspection upon request, when appropriate. *Applied Radiology* recommends the sharing and archiving of data and related artifacts that support the results stated in a manuscript in a relevant public repository, such as Dryad, Vivli, The Cancer Imaging Archive (TCIA), Figshare, Synapse, etc. A data availability statement, which will be published in the article, must be included in research manuscripts and state 1) the type of data used, 2) whether data are being shared for reuse and/or any restrictions thereof, 3) the data location or repository used along with a persistent identifier link (eg, a digital object identifier [DOI]), 4) how to access the data, and 5) any relevant licensing information. If the data are not publicly available or accessible, this information should be indicated. Data noted in the data-sharing statement should be cited in the manuscript and included in the references.

Manuscripts reporting a clinical trial must follow Requirements for Clinical Trial Data Sharing developed by the International Committee of Medical Journal Editors (ICMJE). *Applied Radiology* supports FAIR (findable, accessible, interoperable, reproducible) data principles, and recommends adherence to the Data Citation Synthesis Group: Joint Declaration of Data Citation Principles. Martone M. (ed.) San Diego CA: FORCE11; 2014, and New Models of Data Stewardship for NIH-funded biomedical data.

Data availability statements should begin with the following italicized language as it applies (or a combination thereof):

- *Data are available in a public, open access repository.*
Please list repository name, the persistent URL (eg, DOI), and any reuse requirements (eg, license, embargo).
- *Data are available upon reasonable request.*
Please state what the data are (eg, deidentified participant data), who the data are available from, their publishable contact details (eg, email address or ORCID identifier – permission must be granted for their use) and under what conditions reuse is allowed. Please note whether additional information is available (eg, protocols, statistical analysis plans)?
- *Data may be obtained from a third party and are not publicly available.*
Please state what the data are (eg, deidentified participant data), who the data are

available from, their publishable contact details (eg, email address or ORCID identifier – permission must be granted for their use) and under what conditions reuse is permitted. Please note whether additional information is available (eg, protocols, statistical analysis plans)?

- *All data relevant to the study are provided in the article or supplement.*
- *Data sharing is not applicable as no datasets were generated/analyzed for this study.*
- *No data are available.*

Copyright and Licensing

Once a manuscript is accepted for publication, it becomes the property of Anderson Publishing, Ltd., publisher of *Applied Radiology*. All authors must sign a copyright transfer agreement. The assignment of rights to Anderson Publishing includes, but is not limited to, rights to edit, publish, reproduce, distribute copies, and publish in electronic form or other media. Authors retain the right to revise, adapt, prepare derivative works, present orally, or distribute the article, provided notice of copyright is given. To obtain permission please fill out the copyright permission form. For additional information, contact Kieran Anderson, publisher, at (908) 301-1995 or kieran@appliedradiology.com.

REVIEWER GUIDELINES

Peer Review Process and Reviewer Policies

All case reports are reviewed by radiologists and related experts whose expertise most closely matches the article topic. A minimum of 1 peer reviewer is required for each submission, and the case editor recruits the reviewer unless they reject the case initially. Peer reviewers are responsible for critically evaluating a submission and providing constructive and honest feedback to authors about their submission. Peer reviewers should examine the strengths and weaknesses of the article and suggest ways to heighten the quality of the work. Reviews are double-blind and assess the practicality, originality, scope, accuracy, organization, clarity, presentation, usefulness, and overall content and quality of the manuscript and related materials, as well as adherence to the article submission policies. Reviewers typically have 10 business days to comment and recommend one of the following: reject, major revision, minor revision, accept. After peer review, the case editor may decide to reject the article. If the article is not rejected, the case editor provides the editor-in-chief with their comments and reviewer comments. Authors receive a summary of comments, which may include tracked changes, and they must address each point when submitting revisions. Revisions should be submitted within approximately 2 weeks. The editor-in-chief makes the final publishing decision for cases that are not rejected by the case editor.

Applied Radiology follows the recommendations for peer reviewers as set forth in Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals developed by ICMJE. These recommendations state that because manuscripts submitted to journals are privileged communications, reviewers must keep manuscripts and the information they contain strictly confidential. Reviewers must not publicly discuss authors' work and must not appropriate authors' ideas before manuscript publication. Reviewers who solicit aid with a review from other experts (who must also ensure confidentiality of the manuscript) should

acknowledge these contributions in the written comments provided to the editor. Reviewers must not retain the manuscript for personal use and should destroy copies of manuscripts after submitting their reviews. Reviewers are expected to respond promptly to requests to review, and to submit reviews within the time agreed. Reviewers' comments should be constructive, honest, and polite; hostile or unprofessional reviews will not be accepted. Reviewers should declare their conflicts of interest using the [ICMJE form](#) or equivalent and recuse themselves from the peer-review process if a conflict exists. In addition, reviewers should be on the lookout for and flag any possible ethical concerns in the article such as citation manipulation, image manipulation, plagiarism, and data falsification/fabrication.

Applied Radiology only edits reviews to address issues of tone, language/grammar, and deviations from journal policy and reviewer guidelines. The journal will not alter the meaning or intention of the review or change the reviewer's professional opinion regarding the submission's quality, content, or intellectual validity. If significant edits are needed for a review, *Applied Radiology* will inform the reviewer and ask for revisions.

Applied Radiology also follows the [Ethical Guidelines for Peer Reviewers](#) developed by the Committee on Publication Ethics (COPE), and provides these and additional resources/directions to reviewers to assist training.

Appeals

If an author believes their manuscript was rejected because of an error or misunderstanding, they may contact the editorial office in writing to describe their concern. Reasons for an appeal, which are not commonly granted, may not be based on conflicting opinions regarding manuscript originality, interest, or suitability. Rather, an appeal must provide strong evidence or new data that addresses and alleviates concerns with a manuscript. The editor-in-chief will consider the appeal, and the response will be final. Re-evaluation may require additional peer review, significant revisions, and/or additional mechanisms of assessment such as editorial advisory board review.

ETHICAL CONCERNS

Ethical Guidelines – Overview

Applied Radiology adheres to ICMJE's [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) with regard to suspected scientific misconduct. Authors involved in ethical misconduct may be banned from submitting future manuscripts, and articles that violate ethical practices will be retracted. Ethical misconduct in publishing includes plagiarism, data falsification, duplicate publishing, and inappropriate authorship (eg, article submission with author agreement, inclusion of authors who did not significantly contribute to the work, or exclusion of authors contributed extensively). *Applied Radiology* follows guidelines set forth by the [Committee on Publication Ethics](#) (COPE) in dealing with ethics allegations. See *Applied Radiology's* individual policies for details.

Post-Publication Discussions

Post-publication critiques are a way for readers to voice concerns or seek clarification about published articles. Readers may submit a letter to the managing editor of *Applied Radiology* for consideration. If accepted, *Applied Radiology* will invite the article authors to respond within a suggested time frame of two weeks. The critique and response may undergo peer review, if deemed appropriate. Critiques should contain reasonable content that focuses on the substance of the article, and be timely, constructive, and useful to readers, adding to the value of the manuscript. Critiques should be less than 1,000 words, must not contain libelous or defamatory content, and must provide evidence/data to uphold claims. The comment and reply are published in the same journal edition, with the reply following the comment. If several similar comments are received, the editors may publish only a portion of them. An editorial decision will be made within two weeks if possible whether any additional action is appropriate regarding a critique, such as article corrections, retraction or related amendments. This policy follows COPE's [Post-Publication Discussions and Corrections](#) policy. Citation: COPE Council. COPE Flowcharts and infographics — [Handling of Post-Publication Critiques](#) — English. ©2021 Committee on Publication Ethics (CC BY-NC-ND 4.0)

Complaints

Applied Radiology abides by the [Committee on Publication Ethics \(COPE\) Core Practices](#). Authors, reviewers, readers, and associated parties who have a well-founded concern that the conduct of the journal, its staff, editorial board or publisher deviates from the Core Practices should email the journal's editor-in-chief and Group Publisher Kieran Anderson at Kieran@appliedradiology.com. Valid concerns will be addressed as promptly as possible.

Corrections (Errata)

Errors or important omissions made by authors or introduced by editors, production staff or printers will be corrected at the first opportunity. This means providing a correction notice in the next available journal issue and correcting the error within the article in question as soon as possible. Corrections will be noted in the table of contents.

Allegations of Research Misconduct

Should the editors, publisher or other affiliates of *Applied Radiology* be made aware of any misconduct allegation involving pre-publication or post-publication in the journal, the editors/publisher will adhere to [guidelines set forth by COPE](#) to address allegations. Such allegations include, but are not limited to, plagiarism, citation manipulation, and data falsification/fabrication.

To help identify and prevent research misconduct, peer reviewers and editors should flag any concerns including but not limited to potential plagiarism, citation manipulation, and data fabrication/falsification, so that *Applied Radiology* may investigate accordingly using additional specialized reviews and COPE protocols. Plagiarism is defined as "unauthorized appropriation of other people's ideas, processes or text without giving correct credit and with intention to present it as own property. Appropriation of own published ideas or text and passing it as original is

denominated self-plagiarism and considered as bad as plagiarism.”¹ There are four types of self-plagiarism: publishing an article in more than one journal; partitioning one study into several publications (salami-slicing); text recycling; and copyright infringement.²

Citation manipulation occurs when references are listed only to expand the number of citations in an article without supporting article content. Including or suggesting citations that are self-promotional to any party (author, reviewer, editor, etc.) is a violation of publication ethics. Citations of the journal or the editor-in-chief’s work must not be included with any expectation that it will foster publication acceptance. In addition, to help prevent image manipulation, *Applied Radiology* requests that authors submit original radiographical images when applicable; however, is acceptable for authors to provide images that are technically adjusted for readability (eg, improved color balance, contrast or brightness if applied to the entire digital image vs select parts). Unacceptable manipulation involves augmenting, obscuring, or omitting/adding elements to an image. If technical adjustments are made, the author should note this during the submission process. Concerns raised regarding image manipulation will be investigated according to COPE protocols found at: COPE Council. COPE Flowcharts and infographics — [Inappropriate Image Manipulation in a Published Article](#) — English. ©2021 Committee on Publication Ethics (CC BY-NC-ND 4.0). Additional concerns about potential data fabrication will be addressed using the protocol: COPE Council. COPE Flowcharts and infographics — [Fabricated Data in a Published Article](#) — English. ©2021 Committee on Publication Ethics (CC BY-NC-ND 4.0).

References

¹Mehić B. Plagiarism and self-plagiarism. *Bosn J Basic Med Sci.* 2013;13(3):139.

doi:10.17305/bjbms.2013.2344

²Roig M. Avoiding plagiarism, self-plagiarism, and other questionable writing practices: A guide to ethical writing (Revised on-line version published in August. 2013). [Avgest 20.2013].

Preprint Servers

Applied Radiology allows for submission of manuscripts previously deposited on preprint servers. The author must link any preprint version to the final published article. The name and website of the server, as well as the preprint DOI, must be provided. Submissions are subject to peer review.

Informed Consent and Patient Details

To help provide privacy/security of personal information, details that identify patients should be omitted from all articles, illustrations, and related materials if they are not essential; it is generally not sufficient to use eye bars or face-blurring techniques. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning. In manuscripts involving potentially vulnerable groups, *Applied Radiology* advises that editors and other involved parties pay added attention to confidentiality and related details to ensure standards are met. Vulnerable groups are those who are incapable of protecting their own interests; they may have insufficient power, intelligence, education, resources, strength, or other necessary traits to protect their interests.

Human, Animal Rights

Authors/researchers must ensure that the planning conduct and reporting of human research comply with the [Helsinki Declaration](#). Authors should secure approval to conduct research from an independent local, regional, or national review body such as an institutional review board, ethics committee, etc. If unsure whether the research complied with the Helsinki Declaration, the authors must explain the rationale for their approach and show that the review body approved any doubtful elements of the study.

Any animal experiments should comply with the ARRIVE guidelines and be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978). The manuscript should state that such guidelines have been met. Additional guidelines on animal research ethics are available from the International Association of Veterinary Editors' Consensus Author Guidelines on Animal Ethics and Welfare.

JOURNAL MANAGEMENT

Revenue and Advertising Policies

Applied Radiology is supported by advertisements. *Applied Radiology* follows the recommendations for advertising set forth by the ICMJE's Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. These recommendations state that advertisements should not be juxtaposed with editorial content on the same product and should be clearly identifiable as advertisements. Editors have full and final authority for approving advertisements and for enforcing advertising policy. *Applied Radiology* will not carry advertisements for products proven to be seriously harmful to health and will consider all criticisms of advertisements for publication. Advertisements are not related in any way to editorial decision making. Online advertisements are displayed at random vs being linked to content or reader behavior. Types of advertisements include banner advertisements, and sponsorships of webinars, supplements, white papers, online sections and other options.

Business and Marketing Practices

Applied Radiology, published by Anderson Publishing in Scotch Plains, NJ, engages in various methods of direct marketing to foster brand recognition, build its subscriber base, and increase awareness of the journal content and its online offerings such as free continuing medical education credit opportunities, free educational webinars, blogs, and industry news. Direct marketing methods include use of social media (such as X, Instagram and Facebook), newsletters, eblasts, house ads, cover wraps, and website pop-ups.

Diversity, Equity and Inclusion

Applied Radiology supports the Joint Statement of Principles [Joint Statement of Principles – Coalition for Diversity and Inclusion in Scholarly Communications](#) set forth by the Coalition for Diversity & Inclusion in Scholarly Communications (C4DISC). These principles state: "In principle and in practice, collectively, C4DISC member and partner organizations value and seek accessibility,

diversity, and equitable and inclusive practices within the scholarly communications ecosystem. Our goal is to promote involvement, innovation, and expanded access to leadership opportunities that maximize engagement across identity groups and professional levels.” Among initiatives, *Applied Radiology* and its publisher Anderson Publishing strive to advance diversity, equity and inclusion throughout its editorial operations and policies by promoting these principles among the editorial advisory board, team of editors and publication professionals, peer reviewers and authors.

Software

Applied Radiology has contracted with Editorial Manager by Aires Systems, a leading cloud-based manuscript submission and peer-review tracking system for scholarly journals, reference works, books and other publications. The EM system requests that authors provide their ORCID ID (Open Researcher and Contributor ID). An industry standard, this ID is a free unique, persistent identifier for individuals to use as they engage in research, scholarship, and innovation activities.

Archiving

Applied Radiology has contracted with Portico preservation archive to guarantee long-term electronic backup and digital preservation of journal content.