

# Radiología (English Edition)

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## Introduction

### Introduction

Founded in 1912, *Radiología* is the official journal of the Spanish Society of Medical Imaging (Spanish Acronym: SERAM).

*Radiología* is published bimonthly (6 issues per year) accepts articles in Spanish or in English and the Journal publishes two editions Spanish and English. All articles undergo a rigorous double-blind review process.

*Radiología* focuses mainly on original research and review articles, although it also publishes other material.

The journal is indexed in: Emerging Sources Citation Index (Thomson Reuters), Medline, and EMBASE/Excerpta Medica.

We suggest that articles by Spanish authors should comply with the general criteria of Law 14/2007, from 3rd July, for biomedical research (BOE n 159), which protects the rights of individuals who are subjects of research. Clinical assays should be registered with public databases prior to their initiation and patient recruitment, and only after approval of the institutional or regional Clinical Research Ethics Committee. The authors should provide the archive number and database where the assay is registered. For all clinical assays that initiate patient recruitment as of 1 January 2017, registration in public databases will be mandatory. Assays with patient recruitment prior to this date may still be submitted to the Journal for evaluation.

## Types of article

The Journal publishes the following sections or article types:

### 1. Original article:

#### 1. Original article

##### Original research articles

*Radiología* will give priority to the publication of works of this type, so that they will have a shorter wait to the moment they appear. These papers are on clinical or basic research, including meta-analysis, on aspects related to diagnostic imaging, interventional Radiology or any technological aspect in which the image is applied. They can be prospective or retrospective. In this section, reports that do not include a statistical study will not be accepted. The maximum number of authors is 7 and the maximum length is 4,000 words (Introduction, Material and methods, Results and Discussion). There can be up to 40 citations in the reference list. The authors should include the images and tables that are indispensable for illustrating and improving the understanding of the text, although a maximum of 4 tables and 7 figures is recommended. The abstract should be structured (Background and objectives; Materials and methods; Results; Conclusion). For manuscripts utilizing artificial intelligence, we recommend consulting "AI Reporting Guidelines: How to Select the Best One for Your Research" (<https://pubs.rsna.org/doi/full/10.1148/ryai.230055>) and applying the appropriate guidelines for writing. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>.

##### Clinical original article

These works are generally retrospective, and should describe a sufficient number of cases to make it possible to reach conclusions regarding a disease or a disease process, or the technological application. Statistical analysis is not generally necessary, but it is important to address novel aspects of the subject or the disease being dealt with, either because of the characteristics of the image itself or due to the management of the disease in question. The maximum number of authors is 7 and the maximum length is 2,000 words (Introduction, Material and methods, Results and Discussion). References should not exceed 20. The authors should include the images and tables that are indispensable for illustrating and improving the understanding of the text, although a maximum of 1 table and 5 figures is recommended. The abstract should be structured (Background and objectives; Materials and methods; Results; Conclusion). The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>.

## 2. Update in Radiology

These articles review different aspects of diagnostics using images, interventional Radiology or the technology applied to the image. These are not in-depth reviews as though they were scientific papers, but

updates. Thus, the maximum length is 4,000 words (excluding references, figure legends and tables). There should not be more than 75 references, and the tables and images that are indispensable for illustrating and improving the understanding of the text (a maximum of 3 tables and 10 figures is recommended). These are usually commissioned by the Editorial Board, although *Radiología* will consider spontaneous communications. In the latter case, the authors must, necessarily, consult first with the editor-in-chief through the E-mail address: [editor-radiologia@seram.es](mailto:editor-radiologia@seram.es). The maximum number of authors is 5. The abstract is not structured and should not exceed the maximum of 150 words. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>

For *continuing training credits*, 10 multiple choice questions should be included (five responses, only one correct).

### 3. Article from a resident

The norms are the same as for the Update in Radiology section, except that the articles must have necessarily been agreed to with the Editor. The maximum number of authors is 2, first a resident and, the second, a specialist who supervised him or her.

### 4. Radiology through images

These are educational works focused on continuing medical training, based mainly on the images and the figure legends. The text will concentrate on the key aspects of a general term that is illustrated in the images. The maximum number of figures is 15, with a maximum number of images of 30. All of the figures portraying a single patient will have the same number as the figure and will begin with the following data: Patient, age, sex, situation or main clinical topic (e.g. Fig. 1 – 48-year-old man with chest pain). The maximum number of words is 2,000 and this must include the key educational points (from 3 to 5), with the legend “It should be remembered that” with the words in color. It can include up to 30 references. The maximum number of authors is 5. It must include a structured abstract in the sections “Objective” and “Conclusion”, with a limit of 150 words. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>

For *continuing training credits*, 10 multiple choice questions should be included (five responses, only one correct).

### 5. Humanities in Radiology

These articles provide informative contents on different subjects that relate Humanities to Medicine and, specifically to Radiology, that may be of interest to the journal’s readers. This includes all the branches of Humanities, and the articles can be anthropological, sociological, historic, artistic or the biography of relevant figures, among others. The objective of this section is to recall the figure of the physician (radiologist) as someone with experience in human conception as a whole, in all of its aspects. These are review articles that will follow the same structure and publication standards as those of “Update in Radiology”. Thus, the maximum length is 4,000 words (excluding the references, figure legends and tables). The articles should include available evidence on the subject being dealt with, supported by its corresponding references (no more than 75). It can be accompanied by tables and figures (no more than 3 tables and 10 figures). Before preparing the text, it should be proposed to the editor, at the address: [editor-radiologia@seram.es](mailto:editor-radiologia@seram.es)

Once the manuscripts are ready, they will be included in the database and their final acceptance will undergo the same review circuit by peers from the journal. The maximum of authors is four.

### 6. Evidence-based Radiology

Critically Appraised Topics (CATs) are structured abstracts from research articles that respond to a specific clinical query with the best available evidence, and are evaluated critically to confirm their validity. Articles of this type are characterized by their conciseness and, thus, the maximum length of the

text is 1,100 words (excluding the references). A maximum of 12 references are permitted. The maximum number of authors is 4. The abstract is not structured. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>

The manuscript should be structured using the following sections: - Clinical problem: brief summary of the clinical setting and of the diagnostic doubt generated. - Clinical query: Structured according to the PICO strategy (patient-intervention-comparison-outcome). The translation of the query into search terms will also be provided. - Search strategy employed: the major databases consulted and the number of references found. The documents to be selected are those that best synthesize the evidence of the clinical problem or those original articles with the highest level of evidence, according to the Oxford classification. This section can be summarized in a Table. Critical reading of the articles selected: summarize the major parameters analyzed that will guarantee the quality of the results. Applicability and conclusions: brief commentary that explains whether the results of other investigations serve to solve our query and if they are sufficiently important to change any aspect of our routine practice.

## 7. Brief report

These works are short in length, and are based on one or several clinical-radiological cases. *Radiología* considers publishing them, although it will be restrictive when the time comes to accepting them. The reasons for presenting a work of this type could be the extreme rarity of the disease or how unusual its manifestation in a more common disease. In the case of interventional Radiology a reason could also be how innovative or the rarity of its management. In the presenting letter, the authors should highlight what it is that makes the case something exceptional, more than just its rarity. The authors should consider that it is a concise description, and a review of the literature is not appropriate. Therefore, the maximum extension is 1,100 words, with 10 references, and the figures will be limited to those essential to illustrate the findings described, up to a maximum of three. In general, tables should not be included. The maximum number of authors is 4. The abstract will not be structured. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>

Necessarily, in the letter of presentation, the authors must refer to the reason for the exceptionality of the case and why they consider that it should be reviewed. The simple rarity, without adding anything beyond the previously described cases, is not a sufficient criteria. The discussion of the article should begin with an explicit allusion to what makes the case exceptional and, then, the discussion should focus on that exceptionality, and not simply review what has been reported elsewhere.

## 8. Opinion article

These contributions are brief compositions that reflect the opinion of the author on any controversial issue within the scope of the specialty. The author must necessarily consult with the editor-in-chief before submitting it. The maximum extension is 1,300 words. It can be accompanied by a maximum of 4 figures or tables, and can include no more than 5 references. As these are personal views, they will generally be contributions of a single author or, at most, two. Opinion articles do not require an abstract.

## 9. Radiology today

These articles provide a review of the most recent information related to controversial matters or the current situation in the area of diagnostic imaging and therapy guided by imaging techniques. The articles are commissioned, although the editor is open to considering individual proposals. They should never be sent to *Radiología* without having consulted previously with the editor-in-chief. The style is free, although it must always have an introductory section, which ends with a specific objective, and a conclusion at the end of the manuscript. The maximum extension is 2,500 words and 30 references. A maximum of 5 figures or tables can be included. The number of authors is a maximum of three. The abstract is not structured. The authors should provide 3 to 10 keywords, according to the terms used in the MeSH (Medical Subject Headings) of the Index Medicus/Medline, available at: <https://www.ncbi.nlm.nih.gov/mesh>.

## 10. Letter to the Editor

The Editorial Board encourages the readers of *Radiología* to send their objections or comments relative to articles published in *Radiología*, as well as their comments on any aspect related to *Radiología*. This section will also include comments concerning the editorials of *Radiología*. The maximum extension is 500 words and there can be 5 references. In general the number of authors will be one or two. They should not include abstract, tables or figures. Exceptionally, a figure may be published, but it would first have to be considered by the Editorial Board.

## 11. Scientific letters

The Editorial Board of *Radiología* will evaluate clinical descriptions that contain information that, because of their relevance, could have a clearly instructive value for the journal's readers. The maximum extension is 650 words and it can include up to 2 figures and 5 references. The number of authors will be a maximum of two. They do not include abstract or tables.

## 12. Other sections

*Radiología* is a dynamic journal and, as such, considers the introduction of new sections over time. These sections will generally be grouped under the title "special articles". The articles in these sections will be commissioned by the editor-in-chief and, in principal, spontaneous contributions will not be considered.

## Contact details for submission

All manuscripts must be submitted online through the *Radiología* Editorial Manager site at <https://www.editorialmanager.com/RX/default.aspx>.

## Page charges

This journal has no page charges.

## Language

This journal is published in Spanish and in English language.

## Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

### Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

### *Manuscript*

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided; Indicate clearly if color should be used for any figures in print

*Graphical Abstracts / Highlights files* (where applicable)



*Supplemental files* (where applicable)

Further considerations:

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)
- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed

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## Before you begin

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Please see our information on [Ethics in publishing](#).

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The journal will not accept manuscripts that contain data derived from unethically sourced organs or tissue, including from executed prisoners or prisoners of conscience, consistent with recommendations by [Global Rights Compliance on Mitigating Human Rights Risks in Transplantation Medicine](#). For all studies that use human organs or tissues authors must provide sufficient evidence that they were procured in line with [WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation](#). The source of the organs or tissues used in clinical research must be transparent and traceable. Authors of manuscripts describing organ transplantation must additionally declare within the manuscript:

1. that autonomous consent free from coercion was obtained from the donor(s) or their next of kin; and
2. that organs/tissues were not sourced from executed prisoners or prisoners of conscience.

All animal experiments should comply with the [ARRIVE guidelines](#) and should 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 Research Council's [Guide for the Care and Use of Laboratory Animals](#) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or

association) of sex on the results of the study.

## **Informed consent and patient details**

Studies on patients or volunteers (including organ/tissue donors) require informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author, but copies should not be provided to the journal.

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When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

## Reporting sex- and gender-based analyses

### *Reporting guidance*

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research \(SAGER\) guidelines](#) and the [SAGER guidelines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

### *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). 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, behaviors, 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. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous--thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the [resources on this page](#) offer further insight around sex and gender in research studies.

## Authorship

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or 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 submitted.

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Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

## Reporting clinical trials

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrolment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

## Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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