



Radiología

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

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:

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. 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. 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 Radiologia will consider spontaneous communications. In the latter case, the authors must, necessarily, consult first with the editor-in-chief through the E-mail address: rx@elsevier.com. The maximum number of authors is 6. 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. 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 6. 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).

4. 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.

5. Opinion articles

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.

6. 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>

7. 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.

8. Letters 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.

9. Other sections

Radiología is a dynamic journal and, as such, considers the introduction of other subjects like "Humanities and Radiology", series of articles about a specific topic, or Consensus Documents. These special articles will be commissioned by the editor-in-chief and, in any case, the topic should always be agreed upon before submission.

The summary table with the characteristics of the types of articles can be found [Here](#).

Contact details for submission

You can send your manuscript at <http://ees.elsevier.com/rx>

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:

First page:

- One author has been designated as the corresponding author with contact details (E-mail address, Full postal address).
- All necessary files have been uploaded.

Anonymous 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.
- **Check that the body of the manuscript (with figures, tables, references, and acknowledgments) or the graphical abstract do not include the authors' identification or their affiliations.**

Graphical Abstracts / Highlights files (where applicable): The official template can be downloaded [Here](#).

Supplemental files (where applicable).

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- 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.
- Referee suggestions and contact details provided, based on journal requirements.

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BEFORE YOU BEGIN

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Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

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Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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 Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) 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 require ethics committee approval and 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. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the [Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#). Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Declaration of interest

All authors must disclose any financial and personal relationships with other people or

organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information](#).

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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.

Authors must specify in the article the contribution level of each of the signatories of the manuscript.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

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.

Clinical trial results

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, enrollment, 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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PREPARATION

Peer review

This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review](#).

Double-blind review

This journal uses double-anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

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Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use

tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - unnumbered sections

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

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

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- **Author names and affiliations.** Please clearly indicate the given name(s) and family

name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

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- **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Highlights

Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: [example Highlights](#).

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Structured abstract

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction and Objectives», «Patients or Materials and Methods», «Results» y «Conclusions».

Visual abstract

Although a visual abstract is optional, its use is encouraged as it draws more attention to the online article and visibility in social media. The visual abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Visual abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files.

You can download the official template [Here](#).

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Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

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Image manipulation

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

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Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

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- Submit graphics that are disproportionately large for the content.

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Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

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