

## Policies - Editorial Ethics and Policies

Publications policies and requirements applied in the Atlas of Genetics and Cytogenetics in Oncology and Haematology follow the International Committee of Medical Journal Editors (ICMJE, <http://www.icmje.org>) policies "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals" with minor modifications, as well as with the "publication ethics and malpractice statement" defined by the Committee on publication ethics (COPE), see [http://publicationethics.org/files/u2/New\\_Code.pdf](http://publicationethics.org/files/u2/New_Code.pdf) and <http://publicationethics.org/resources/guidelines>.

## Editorial Ethics and Policies

### 1 Peer Review Process

The Atlas of Genetics and Cytogenetics in Oncology and Haematology **does not publish** research articles.

#### **Commissioned papers vs Unsolicited papers**

Manuscripts submitted to the Atlas of Genetics and Cytogenetics in Oncology and Haematology are mainly commissioned papers, solicited by the Editor (up to 97% of the papers). These commissioned papers are review articles on genes, cytogenetics and clinical entities in cancer, and cancer-prone diseases, and Deep insights. Authors of these review articles are selected by our board according to the quality of their previous publications on the given topic, as can be searched for and found in PubMed. In our author-selection process, the journals which hold our attention are the main scientific journals in each of the different areas under study (leukemia, pathology, genetics and cell biology, oncology...). We therefore conduct a reviewing process '*a priori*'. Whence a paper is received, it is analysed by 2 independent inside reviewers, and, when necessary, by outside reviewers. Authors wishing to submit an unsolicited paper in these above mentioned sections are invited to contact the Editor prior to submission (except to papers for the Case report section, which are, indeed, unsolicited papers, see below).

Unsolicited papers are papers of the Case report section (the remaining 3% of the papers), where the reviewing process can only be '*a posteriori*', and must therefore be extremely cautious. There is 1 inside reviewer and 3 to 4 outside reviewers for each Case report.

#### **Frameworks**

Furthermore, all papers (except "Deep Insights") are strictly framed/defined by the requirement to follow a framework (see: [Submission form for GENES](#), [Submission form for LEUKAEMIAS](#), [Submission form for SOLID TUMOURS](#), [Submission form for CANCER PRONE DISEASES](#), [Submission form for CASE REPORTS](#)), which implies that the paper will meet as much completeness as possible on the topic under study.

#### **Responsibility for the reviewers**

- Judgments should be objective
- Reviewers should have no conflict of interest with respect to the authors and/or the research funding agency
- Reviewers should point out relevant published work which is not yet cited
- Reviewed articles should be treated confidentially.
- See also the COPE Peer Review Guidelines

<http://publicationethics.org/files/u7140/Peer%20review%20guidelines.pdf>

## Editorial responsibilities

- Editors have complete responsibility and authority to reject/accept an article;
- Editors should have no conflict of interest with respect to articles they reject/accept;
- Only accept a paper when reasonably certain;
- When errors are found, promote publication of correction or retraction;
- Preserve anonymity of reviewers.
- For more details, see the COPE Code of Conduct for Journal Editors

[http://publicationethics.org/files/Code\\_of\\_conduct\\_for\\_journal\\_editors\\_Mar11.pdf](http://publicationethics.org/files/Code_of_conduct_for_journal_editors_Mar11.pdf)

## **2 Conflict of interest-Competing interests**

The ICMJE <http://www.icmje.org>, in the section: Author Responsibilities—Conflicts of Interest states that : "Public trust in the peer-review process and the credibility of published articles depend in part on how well conflict of interest is handled during writing, peer review, and editorial decision making".

Conflict of interest exists when an author, reviewer, or editor has any kind (personal or financial, including consultancies, remunerated expertise, employment, honoraria payment, or stock ownership) relationships that could influence (bias) his views on scientific matters.

Authors must state explicitly whether potential conflicts do or do not exist. Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript. The editor and the editorial board members must disclose any potential conflict.

A Conflict of Interest Disclosure Form is available at:

[http://www.icmje.org/downloads/coi\\_disclosure.pdf](http://www.icmje.org/downloads/coi_disclosure.pdf)

## **3 Privacy and Confidentiality - Iconography**

The following paragraph applies mainly to the "Case Report" section.

Patients have a right to privacy. Identifying details should be omitted. Although laboratory tests and investigations reported in the Case Report section -by definition- have been performed as routine exams for diagnostic purposes only (e.g. blood tests, cytological examination, karyotypes) -and not for research purposes-, it is preferable, whenever possible (patients still alive and not lost to follow-up) that patients gave informed consent. Patients' names, initials, and hospital numbers should not be used.

### **Photographs of patients:**

This paragraph applies mainly to the "Cancer Prone Diseases" section. If complete anonymity is difficult to achieve, and persons appearing in photographs for publication in the Atlas are identifiable, informed consent should be obtained. In the case an informed consent cannot be obtained (deceased or lost to follow-up patient), an ethical committee approval is required. The cover letter must contain a statement that the work has been approved by the appropriate ethical committees related to the institution(s) in which it was performed. By obtaining ethical approval from an ethical committee, one can ensure that the material published is in accordance with good research governance and legal requirements.

**Old medical observations** In some cases, papers would deal with patients examined prior to the legislations on patient's informed consent, and/or patients are deceased, and an informed consent cannot be obtained.

**See also:** <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html> : "Patients have a right to privacy that should not be violated without informed consent. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the

manuscript to be published. Authors should disclose to these patients whether any potential identifiable material might be available via the Internet as well as in print after publication. Patient consent should be written and archived (...). Since a journal that archives the consent will be aware of patient identity, some journals may decide that patient confidentiality is better guarded by having the author archive the consent and instead providing the journal with a written statement that attests that they have received and archived written patient consent".

#### **4 Protection of Human Subjects and Animals in Research**

This paragraph does not apply to the Atlas of Genetics and Cytogenetics in Oncology and Haematology, since there is no report including experiments on human subjects nor on animals in the Atlas of Genetics and Cytogenetics in Oncology and Haematology.

#### **5 Duplicate Publication / Plagiarism**

##### **Duplicate Publication**

Authors should not submit the same manuscript simultaneously to another journal (see: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html> )

##### **Plagiarism**

Plagiarism is scientific misconduct (see: Scientific Misconduct, Expressions of Concern, and Retraction <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/> section "Misconduct, Expressions of Concern, and Retraction").

#### **6 Retracting a publication**

see the COPE Retraction Guidelines <http://publicationethics.org/files/retraction%20guidelines.pdf>

<http://AtlasGeneticsOncology.org>