

Radiation Environment and Medicine

Instructions for Authors

Revised 20 January 2016

The journal welcomes original papers that contribute to the progress in radiation environment medicine. Submissions from all countries are invited.

Only manuscripts written in clear, concise English will be accepted for review. Authors who are not native English speakers should note that only manuscripts checked and edited by a native English speaker with sufficient scientific knowledge will be accepted.

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Please send the manuscript to the following address in mail attachment.

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Types of Manuscript

The Journal publishes Reviews, Regular Articles, Notes and Others.

1. Reviews: Describing the research results of the author.
2. Regular Articles: The manuscript being submitted must consist of original research performed by the authors and the research must include new information that is of significance.
3. Notes: Papers containing new facts and important data derived from incomplete or partial studies may be suitable as a Note including case reports. In general, a Note should not exceed 2,000 words (approximately 4 printed pages).
4. Others

Manuscript Preparation

1. Manuscript The text, figures, and tables should be submitted as three separate files. Please type manuscripts double-space with 12-point size for Word files. Please type the page number on every page. All files should have a page setup for 210 mm × 279 mm sized paper when printed. Tables can be displayed horizontally if necessary.

(1) Title Page (Page 1) State categories of articles and fields (choose from epidemiology, biological effect, dose assessment, education, radiochemical analysis, radiation nursing, health physics, radiation measurement, or clinical activities).

State the title of the article, name of author (full name), affiliated organization, and address (postal code).

Place an asterisk (*) on the right shoulder of the name of the corresponding author. State the name of the corresponding, affiliated organization and address, telephone number, fax number, and e-mail address at the lower left.

(2) Abstract and Keywords (Page 2) Provide an abstract (within 200 words) and key words (3-6 words).

(3) Main Text (Page 3) Write in the order of text, acknowledgements, and references. Enter the serial numbers for any structural formulae, figures, and tables. Print double space with a 25mm margin in all directions on A4 size paper (generally 23 lines/page), with page numbers entered in the middle of the bottom of the page and serial line numbers on the

left side of the page.

2. Tables Tables should be numbered consecutively with Arabic numerals. The proportions of the printed page should be considered in designing the table. Footnotes to tables should be identified with superscript lowercase italic letters, *a, b*, etc., and placed at the bottom of the page containing the table.

3. Figures Figures may be submitted in the following formats: Adobe Illustrator, PDF, Microsoft PowerPoint, TIFF, and JPEG sized less than 10 megabytes. Most graphics programs have the option to save figures in one or more of these formats. Please note that pasting figures created in another format into any of these programs will result in poor-quality figures that will not be acceptable. We may ask for higher resolution photographs and/or figures for printing.

With the exception of some chemical structures, all illustrations are to be considered as figures, and each graph, drawing or photograph should be numbered in sequence with Arabic numerals. Figures should be designed to fit the proportions of the printed page within single column (85 mm) or double columns (175 mm) width.

If a figure contains more than one panel, each panel (A, B, etc.) should be labeled within the panel, and the same letters should be used in the text and legends. A double-spaced listing of the figure legends should be provided in the text file.

(1) Graphs and other line drawings must be of a sufficient quality for reproduction. High-resolution (at least 600 dpi for line art) digital files should be submitted. All lines, including those used for curve fitting, should be at least 1 point in weight. The drawings should be sharp and should show a high contrast. Symbols used to identify points within a graph should be large enough that they will be easily distinguishable when the figure is reduced.

(2) Halftone and color photographs should be of sufficient quality to permit accurate reproduction. High-resolution (at least 400 dpi for halftones or color images) digital files should be submitted. The best results will be obtained if authors match the contrast and density of all figures appearing on a single plate. Magnification scales on photographs should be indicated by means of bars (-). The printed and electronic versions of the journal will contain the same versions of the figures (i.e. either black and white or color in both places).

4. Abbreviated words Abbreviations should be spelled out the first time they are used and the abbreviated form inserted in brackets immediately afterwards, and then the abbreviations used thereafter. Abbreviations that can be used without definition include the following:

ATP (adenosine 5'-triphosphate), cAMP (adenosine 3', 5'-cyclic monophosphate), CD (cluster of differentiation), cDNA (complementary DNA), DNA (deoxyribonucleic acid), ED50 (50% effective dose), HPLC (high-pressure liquid chromatography, high-performance liquid chromatography), IC50 (inhibitory concentration, 50%), LD50 (50% lethal dose), mRNA (messenger RNA), MS (mass spectrum), RNA (ribonucleic acid), rRNA (ribosomal RNA), tRNA (transfer RNA), UV (ultraviolet), AED (Aerodynamic Equivalent Diameter), AM (Arithmetic Mean), AMAD (Activity Median Aerodynamic Diameter), AMD (Activity Median Diameter), AMTD (Activity Median Thermodynamic Diameter), ATD (Alpha Track Detector), Bq (Becquerel), BEIR (Biological Effects of Ionizing Radiation), BSS (Basic Safety Standard), Ci (Curie), CI (Confidence Interval), CMD (Count Median Diameter), DCF (Dose Conversion Factor), EEC (Equilibrium-Equivalent Concentration (Bq/m³)), EERC (Equilibrium-Equivalent Radon Concentration (Bq/m³)), EETC (Equilibrium-Equivalent Thoron Concentration (Bq/m³)), EPA (The United States Environmental Protection Agency), Gy (Gray), GM (Geometric Mean), HRT (Human Respiratory Tract), IAEA (International Atomic Energy Agency), ICRP (International Commission on Radiological Protection), ICRU (International Commission on Radiation Units and Measurements), IEC (International Electrotechnical Commission), ISO (International Organization for Standardization), LET (Linear Energy Transfer), LLD (Low Limit of Detection), LSC (Liquid Scintillation Counters), LUDEP (Lung Dose Evaluation Program), MCA (Multi Channel Analyzer), MDA (Minimal Detectable Activity), MMD (Mass Median Diameter), OR (Odds Ratio), PADC (Poly Allyl Diglycol Carbonate), PAEC (Potential Alpha Energy Concentration (J/m³)), RDPs (Radon Decay Products), REL (Restricted Energy Loss), Sv (Sievert), SD (Standard Deviation), SRIM (Stopping and Range of Ions in Matter), SSNTDS (Solid State Nuclear Track Detectors), UNSCEAR (Solid State Nuclear Track Detectors), WHO (World Health Organization), WL (Working Level), WLM (Working Level Month), ALARA (As Low As Reasonably Achievable), WL (Working Level), WLM (Working Level Month), ALARA (As Low As Reasonably Achievable), ALI (Annual Limit on Intake), ATM (Ataxia Telangiectasia Mutated), CT (Computed Tomography), CBRT (Convergent Beam Radiotherapy), Dq (Quasi-threshold Dose), DSB (Double-strand Breaks), EGF (Epidermal Growth Factor), FISH (Fluorescent In Situ Hybridization), FSD (Focus Surface Distance), GVHD (Graft Versus Host Disease), HVL (Half-Value Layer), IRMA (immunoradiometric assay), LD (Lethal Dose), LNT (Linear Non-Threshold), LQ (Linear-Quadratic), MRI (Magnetic Resonance Imaging), NHEJ (Nonhomologous End Joining), NMR (Nuclear Magnetic Resonance), OER (Oxygen Enhancement Ratio), PCR (Polymerase Chain Reaction), PET (Positron Emission [computed] Tomography), QOL (Quality Of Life), RIA (Radioimmunoassay), ROS (Reactive Oxygen Species), SLD (Sub-Lethal Damage), SLDR (Sub-Lethal Damage Repair), SPECT (Single Photon Emission Computed Tomography), SSB (Single Strand Break), TBI (Total Body Irradiation), TDF (Time, Dose and Fractionation), TER (Thermal Enhancement Ratio), TGF (Transforming Growth Factor), TLD (Thermoluminescent Dosimeter), VEGF

(Vascular Endothelial Growth Factor)

5. Units The following units should be used: Length (m, cm, mm, μ m, nm, Å), mass (kg, g, mg, μ g, ng, pg, mol, mmol), mass (kg, g, mg, g, ng, pg, mol, mmol), volume (l, ml, μ l), time (s, min, h, d), temperature (°C, K), radiation (Bq, cpm, Gy, Sv), concentration (M, mM, mol/l, mmol/l, mg/ml, μ g/ml, %, % (v/v), % (w/v), ppm, ppb)

6. Naming Convention The naming convention with compounds should follow rules established by IUPAC. However, naming conventions of indexes of Chemical Abstracts and Ring Index can also be used.

7. References This journal uses "Vancouver" style, as outlined in the ICMJE sample references. https://www.nlm.nih.gov/bsd/uniform_requirements.html References should be serially numbered in order of appearance (one number assigned to each quoted reference) and indicated in superscript Arabic numerals with right parentheses at the right shoulder of the text. They should be arranged in order of the number and the list provided at the end of the article as References.

Typical reference styles:

1. Mameli A, Greco F, Fidanzio A, Fusco V, Cilla S, D'Onofrio G, et al. CR-39-detector-based thermal neutron flux measurements in the photo neutron project. *Nucl Instrum Methods*. 2008 Aug;266:16:3656–60.
2. Chen CY, Yang KC, Pan LK. Bubble technique for evaluating effective dose of diagnostic x-rays: a feasibility study. *J Radiat Res*. 2009;50(5):449–56.
3. Furusawa Y. Advantages for the use of heavy ion irradiation on cancer cells at radiotherapy. In: Tsujii H, Ban S, editors. *Toward the Tailor-made Radiotherapy*. Tokyo: Jitsugyou-Kouhou-Sha; 2003. p. 85–90.
4. Horsman MR and Overgaard J. The oxygen effects and tumor microenvironment. In: Steel GG editor. *Basic Clinical Radiobiology*. 3rd ed. London: Hodder; 2002. p. 158–68.
5. IAEA. Biological weighting of absorbed dose: The specific issue of RBE in ion beam therapy. In: *Relative Biological Effectiveness in Ion Beam Therapy*. Vienna: International Atomic Energy Agency; 2008. TRS 461:p. 8–25.
6. ICRP. 1990 Recommendations of the International Commission on Radiological Protection, ICRP Publication 60. *Ann ICRP* 21. Oxford: Pergamon Press; 1991.
7. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs*. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>Article
8. Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

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Personal financial interests: Stocks or shares in companies that may gain or lose financially through publication; consultation fees or other forms of remuneration from organizations that may gain or lose financially; patents or patent applications whose value may be affected by publication.

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