

## **Palliative & Supportive Care**

### **AIMS AND SCOPE**

*Palliative & Supportive Care* publishes papers on psychiatric disorders and their management in the palliative care setting, including but not limited to depression, delirium, anxiety, and post-traumatic stress disorder and bereavement. Evolving constructs of particular relevance to the interface of psychiatry/psychology and palliative medicine, such as demoralization, meaning, dignity, hopelessness, will to live, suffering and developmental growth at the end of life are a major focus of this journal. Research focusing on these issues, including epidemiology, diagnostic screening, assessment, management, and intervention drug and psychotherapy trials, are also addressed. In addition, the journal provides a forum for the discussion of psychosocial and sociocultural matters such as caregiver burden, health care provider burnout, counseling interventions, the impact of psychosocial factors related to intervention of pain and physical symptom control, and communication issues. The journal features full-length research reports and review articles as well as short communications.

### **ORIGINALITY AND COPYRIGHT**

To be considered for publication in *Palliative & Supportive Care* a manuscript cannot have been published previously, nor can it be under review for publication elsewhere. Papers with multiple authors are reviewed with the assumption that all authors have approved the submitted manuscript and concur in its submission to *Palliative & Supportive Care*. A Transfer of Copyright Agreement must be executed before an article can be published. Government authors whose articles were created in the course of their employment must so certify in lieu of copyright transfer. Authors are responsible for obtaining written permission from the copyright owners to reprint any previously published material included in their article.

### **MANUSCRIPT SUBMISSION AND REVIEW**

An original and three high quality photocopies plus a Word file with the Copyright Transfer Agreement should be submitted to:

Donna Cassetta  
Managing Editor, Palliative & Supportive Care  
Memorial Sloan Kettering Cancer Center  
Department of Psychiatry and Behavioral Sciences, Box 421  
1242 Second Avenue  
New York, NY 10021  
Phone: 212-639-3907  
Fax: 212-717-3763

Contributors may choose to submit their manuscript electronically by sending an e-mail to [palliative@mskcc.org](mailto:palliative@mskcc.org).

Each manuscript will normally be reviewed by at least two referees with relevant scientific experience. Authors may suggest appropriate reviewers, but final selection of referees will be made by the Editor. Reviewers are asked to evaluate manuscripts for their scientific merit and clarity of presentation.

## **MANUSCRIPT PREPARATION AND STYLE.**

Manuscripts must be in English and typed double-spaced on one side only of 8-1/2 × 11" or A4 size good quality paper. Allow margins of at least 1" (20 mm); use a 5-space paragraph indent; do not hyphenate words at the end of lines and do not justify right margins. Minor corrections to the manuscript may be typed or neatly printed in ink; retyping is required for significant changes. Numbers should be spelled out when they occur at the beginning of a sentence; use Arabic numerals elsewhere. Abbreviations should be used sparingly and nonstandard abbreviations should be defined at their first occurrence. Metric system (SI) units should be used. Manuscripts that do not conform to the style of *Palliative & Supportive Care* will be returned without review. Authors of accepted manuscripts will be requested to provide the final text both as hard copy and on diskette or electronically via e-mail to [palliative@mskcc.org](mailto:palliative@mskcc.org). The diskette (or electronically e-mailed manuscript) should be formatted in the latest version of MS Word for Macintosh or IBM compatible computers.

## **MANUSCRIPT ELEMENTS AND ORDER**

Unless there are obvious and compelling reasons for variation (e.g. review articles, short communications), manuscripts should be organized as follows:

**Title page.** This page 1. The title should be concise, informative, and free of abbreviations, chemical formulae, technical jargon, and esoteric terms. This page should include (a) the article's full title, (b) names and affiliations of all authors, (c) the name, mailing address, email address, and telephone number of the corresponding author, (d) the address for reprint requests if different from that of the corresponding author, (e) a short title of 50 characters or less, and (f) a list of the number of manuscript pages, number of tables, and number of figures

**Abstract and keywords page.** This is page 2 and should include (a) the article's full title, (b) an abstract of no more than 300 words, and (c) up to 5 keywords or phrases that reflect the content and major thrust of the article. The abstract should give a succinct account of the objective, methods, results, and significance of the research.

**Introduction.** This section begins on page 3 and should clearly state the objective of the research in the context of previous work bearing directly on the subject. An extensive review of the literature is not usually appropriate.

**Methods.** This section should be brief but provide sufficient information to permit others to replicate the study. Pertinent details of species, apparatus and equipment, procedures and experimental design should be described.

*All experiments involving human subjects must be conducted in accordance with principles embodied in the Declaration of Helsinki (Code of Ethics of the World Medical Association). Experiments involving animal subjects must conform to the principles regarding the care and use of animals adopted by the American Physiological Society and the Society for Neuroscience. The editor may refuse papers that provide insufficient evidence of adherence to these principles.*

**Results.** The results should be presented clearly and concisely, using figures and tables to summarize or illustrate the important findings. Quantitative observations are often more effectively displayed in graphs than in tables.

**Discussion.** The discussion should summarize the major findings and explain their significance in terms of the study's objectives and relationship to previous, relevant work. This section should present compact, clearly developed arguments rather than wide-ranging speculation or uncritical collation of earlier reports.

**Acknowledgments.** Use a separate page to recognize the contributions of individuals and supporting institutions.

**References.** In the text, references should be cited as follows:

as shown by Cella and Tusky (1990)  
(Bloom et al., 2000)  
(Cella & Tusky, 1990; Bloom et al., 2000)

Each in-text citation must have a corresponding reference and vice versa. List works by different authors who are cited within the same parentheses in chronological order, beginning with the earlier work. Journal titles should not be abbreviated. Only published articles and articles in press should appear in this list. Responsibility for the accuracy of references cited lies with the authors. Brief examples:

*Journal article*

Cella, D.F. & Tusky, D.S. (1990). Measuring quality of life today: Methodological aspects. *Oncology*, 4, 29-38.

*Book*

Tompar-Tiu, A. & Sustento-Seneriches, J. (1995). *Depression and Other Mental Health Issues: The Filipino American Experience*. San Francisco: Jossey-Bass.

*Chapter in an edited book*

Karnofsky, D.A. & Burchenal, J.H. (1949). The clinical evaluation of chemotherapeutic agents in cancer. In *Evaluation of Chemotherapeutic Agents in Cancer*, Macleod, C.M. (ed.), pp. 191-205. New York: Columbia University Press.

For more than one work by the same author(s) published in the same year, use (Jones, 1986a, 1986b) in text and likewise in the reference section.

**The alphabetical list of references begins a new page, and must be typed double-spaced.**

**Tables.** Tables should be numbered consecutively with Arabic numerals and each should be typed double-spaced on a separate sheet. All tables are to be grouped together after the

references. A short explanatory title and column headings should make the table intelligible without reference to the text. All tables must be cited and their approximate positions indicated in the text.

**Figures and legends.** The number of figures should be the minimum necessary to make the essential points of the paper. Figures should be supplied no larger than 8 ¥ 10" (approx. 200 ¥ 250 mm) and must be camera-ready. Photographs for halftone reproduction must be on white glossy paper. Figures should be composed to occupy a single column (8.3 cm) or two columns (17 cm) after reduction. Diagrams and illustrations must have a professional appearance and be typed or drawn with sharp, black lettering to permit reduction. To assure legibility, letters, numbers, and symbols on figures should have a minimum height of 1 mm when reduced. Photomicrographs must include a calibration bar; if symbols are used on micrographs, they must contrast sufficiently with the background to be clearly visible when printed. Photocopies of micrographs are not acceptable for review purposes.

Artwork should normally be in black and white; if authors have color figures, the publisher will provide a price quotation for the additional production costs. All figures must be identified on the back with the short title of the paper, figure number, and figure orientation (top or bottom). Preferably, figures should be mounted on heavy sheets of the same size as the manuscript. Four complete sets of figures should be carefully packaged in protective envelopes, one to accompany each copy of the manuscript. Each figure must be cited and its approximate position clearly indicated within the text.

Figures must be numbered consecutively with Arabic numerals and be accompanied by a descriptive caption typed double-spaced on a separate sheet. The captions, collected at the end of the manuscript, should concisely describe the figure and identify any symbols and/ or calibration bars.

Authors are also encouraged to submit figures in electronic form, preferably TIFF (line drawings should be at least 600 dpi, halftone or grey scale images should be at least 300 dpi) or EPS (with fonts embedded) format. Color figures must be at least 300 dpi CMYK.

**Offprints.** The corresponding author will received 25 free article offprints. An order form will accompany the page proofs allowing orders for complete copies of the issue and for the purchase of additional offprints. Offprint requirements of all co-authors must be included on this form. Orders received after issue printing will be subject to a 50% reprint surcharge.

## **COPYEDITING AND PAGE PROOFS.**

The publisher reserves the right to copyedit manuscripts to conform to the style of *Palliative & Supportive Care*. The corresponding author will receive page proofs for final proofreading. No rewriting of the final accepted manuscript is permitted at the proof stage, and substantial changes may be charged to the authors. Page proofs can be distributed as PDF files by email, and authors are encouraged to choose this option.